

MINNESOTA HEALTH CARE PROGRAMS  
PO BOX 64984  
ST. PAUL, MN 55164-0984



WKR ID: PWMCARE SVC LOC: 111  
JOHANNA Q PUBLIC  
444 LAFAYETTE ROAD N  
ST. PAUL, MN 55155-9999

09/13/16

## ANNUAL HEALTH PLAN SELECTION

You can change your health plan each year for anyone listed below. You can choose one of the health plans listed on the back of this letter. Your current health plan may no longer be available.

This selection process is separate from the MN health care programs renewal process. If your health care program case has a renewal due you must also complete and return the renewal paperwork in order for your selected health plan to continue. Your renewal paperwork will arrive in a separate mailing.

### **IF YOUR CURRENT HEALTH PLAN IS NOT LISTED ON THE BACK OF THIS LETTER, YOU MUST CHOOSE A NEW HEALTH PLAN.**

If your health plan is listed on the back of this letter, and you want to keep the same health plan, you DO NOT have to do anything more with this letter.

To change health plans, circle ONE of the health plans listed and mail this letter back by December 1, 2016. If you need more information to make a choice, do not select a health plan. Return this letter in the envelope provided, and information will be mailed to you. We will send you information as soon as we get your request. You will need to make your health plan choice by December 1, 2016.

If you change plans, the new health plan will start on January 1, 2017.

If you keep your same health plan, but want to change your clinic, call your health plan member services. The phone number is on the back of your health plan card.

### **Household members who can change health plans are:**

Case Number: 88888888

<u>Member ID</u>	<u>Member Name</u>	<u>Current Health Plan</u>	<u>Program</u>
7777777	JOHANNA Q PUBLIC	HEALTHPARTNERS	MINNESOTACARE



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Case Number: 88888888

### Health Plans In CROW WING County:

HEALTHPARTNERS  
BLUE PLUS

I cannot decide which health plan I want. Please send me more information.

### What do I need to do now?

- If your health plan is listed above and you **DO NOT** want to change, you do not need to do anything else with this letter.
- If your health plan is **NOT** listed above, you **MUST** choose a new plan by December 1, 2016. If your health plan is **NOT** listed above and you do not choose a new plan, you will be enrolled in the first plan listed above.
- To make your decision, you may want to contact your primary care clinic. Ask them if they are part of one of the health plans listed above.
- **To change your health plan**
  - \* circle **ONE** of the health plans listed above and return this sheet in the enclosed envelope
  - or
  - \* call the Member Help Desk at 651-431-2670 or 1-800-657-3739 to choose your health plan.

### How can I get more information?

You have the right to request the following information: your rights; benefits covered and how to get those services; cost sharing or copays; and the names, addresses, phone numbers and languages spoken by providers in your service area. If you would like this information, please check the box above and return in the enclosed envelope. If you want to get this health care information by email, please print your name and your email address below and return this sheet in the enclosed envelope.

Name (please print clearly): \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_