

MINNESOTACARE
PO BOX 64838
SAINT PAUL, MN 55164-0838

WKR ID: PWMCARE SVC LOC:
MCR JEANINE Q PUBLIC6
444 LAFAYETTE ROAD
NORTH SAINT PAUL, MN
55155-9999

10/01/20

Group: MCRE
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear (insert household member 01),

All members listed on the back of this notice are enrolled in MinnesotaCare and eligible to change their health plan for January 1, (insert year), as part of annual health plan selection (AHPS).

Here's what you need to do by December (insert date):

1. Review the following page to ensure your health plan is still available in your county beginning January 1, (insert year).
 - **If your current health plan is available and you want to stay with that health plan you do not need to do anything. You will remain enrolled in the same health plan for January 1. Stop here.**
 - If your current health plan is not available, you need to choose a new health plan for January 1 from the health plans listed on the following page.
2. Review the following page to see what health plans are available in your county beginning January 1, (insert year).
 - Choose a new health plan on the following pages for each member of your household.
 - Return this completed notice in the enclosed envelope by December (insert date). Don't wait!
or
 - Call the Department of Human Services (DHS) Health Care Consumer Support by December (insert date), to choose your health plan, at 651-431-3722 or 833-970-0047.

Note: When choosing a health plan, you may want to ask your providers if they are part of the health plan. Or you can refer to the health plan provider directories and other resources on the AHPS website at: <https://mn.gov/dhs/health-plan-selection/>.

The following health plans are no longer options for January 1 in your county: (insert list)

To change your health plan in (insert county of residence), do the following:

1. If your current health plan is listed and you would like to keep that health plan for next year, do nothing with this letter. You will be automatically enrolled in your current plan for January 1, (insert year).
2. If you want to change plans, place an X in front of the health plan each person wants for next year.
3. All household members must enroll in the same health plan. All household members listed below are currently enrolled in (insert health plan).

Health plans available January 1, (insert year). (Pick only one.)

- _____ Blue Plus
- _____ Health Partners
- _____ UCare

Household Members	PMI#
JEANINE Q PUBLIC6	PMI00601
JEFFREY Q PUBLIC6	PMI00602
JONES Q PUBLIC6	PMI111111

For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1 12-18)