

COUNTY SERVICE AGENCY NAME HERE  
444 LAFAYETTE ROAD NORTH  
COUNTY RETURN ADDR-LN2 HERE  
SAINT PAUL, MN 55155-1111

09/11/20

WKR ID: WRKCARE SVC LOC: ZZZ  
JOHNNY Q PUBLIC2  
444 LAFAYETTE ROAD N  
SAINT PAUL, MN 55155-9999

## ANNUAL HEALTH PLAN SELECTION (AHPS)

You can change your health plan each year for anyone listed on this page. You can choose one of the health plans listed on the back of this letter. For more information about choosing a plan during annual health plan selection (AHPS), go to the AHPS website:

<https://mn.gov/dhs/health-plan-selection/>

To change health plans, you must act by December 4, 2020. See the instructions on the back of this letter. If you change plans, your enrollment in the new health plan begins on January 1, 2021.

You may be up for renewal of your Minnesota Health Care Programs (MHCP) eligibility at the same time. If you are due to renew your health care, you will get a separate mailing. Follow the directions in the renewal mailing to be sure that your eligibility can be redetermined and your selected health plan enrollment continues. If you do not reply timely to your renewal, the selection you make for a health plan will not go into effect and your coverage will close.

**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.**

If you keep your same health plan but want to change your primary care provider or 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>
99999999	MEMBER01 QPUBLIC2	UCARE	MSC+ MINNESOTA SENIOR CAR

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## ANNUAL HEALTH PLAN SELECTION- page 2

Case Number: 88888888

### Health Plans in COUNTY-NAME County:

- HEALTHPARTNERS
- MEDICA
- UCARE
- BLUE PLUS

### What do I need to do now?

- If your health plan is NOT listed on this page, you MUST choose a new plan by December 4, 2020. If your health plan is not listed and you do not choose a new plan, you will be enrolled in the first plan on the list.
- If your health plan is listed on this page and you DO NOT want to change, you do not need to do anything else with this letter.
- To decide on a plan, you may want to contact your primary care clinic. Ask them if they are part of one of the health plans listed on this page.
- You can also look at each plan's provider directory to see whether your primary care clinic is part of the health plan. To view a plan's provider directory, go to this web page and click the link for the plan's provider directory: <https://mn.gov/dhs/health-plan-selection/resources/>.
- If you are over the age of  or are a person with a disability currently on Special Needs BasicCare (SNBC) an insert is enclosed about additional program options if you have Medicare.

### To change your health plan, choose one of these options:

- Circle ONE of the health plans listed on this page and return this page in the enclosed envelope by December 4, 2020.

or

- Call COUNTY at 763-324-2410 by December 4, 2020.

### How can I get more information?

To get more information, go to the AHPS website at: <https://mn.gov/dhs/health-plan-selection/>.