

COUNTY A
505 CEDAR ST
SOMEWHERE, MN 56999-9999

***This notice will be sent if there
are no changes to available
health plans***

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

[Date]

Group: MA
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear JEANINE Q PUBLIC6 ,

All members listed on the next page of this notice are eligible to change their health plan for January 01, 2025 as part of annual health plan selection (AHPS). If there are members of your household enrolled in other Minnesota Health Care Programs they will receive a separate AHPS notice.

Here's what you need to do by December 06, 2024:

1. Review the next page to see what health plans are available in your county beginning January 01, 2025.
 - 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 01. **You do not need to return this notice.**
 - If you would like to choose a new health plan, follow the instructions on the next page.
2. Respond only if you've chosen a new health plan by returning this completed notice in the enclosed envelope by December 06, 2024. You can also choose your health plan by calling the Minnesota Department of Human Services (DHS) Health Care Consumer Support by December 06, 2024 at 651-431-3722 or 833-970-0047 (this call is free).

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/>.

To change your health plan in [insert county of residence], place an X in the box next to the health plan each person wants for next year.

Reminder: Respond only if you are choosing a new health plan.

Household Members	PMI#	Current Health Plan	Health Plans Available January 01, 2025 (Pick one per person)
JEANINE Q PUBLIC6	PMI00601	UCare	<input type="checkbox"/> Blue Plus <input type="checkbox"/> HealthPartners <input type="checkbox"/> Hennepin Health <input type="checkbox"/> UCare
JEFFREY Q PUBLIC6	PMI00602	Blue Plus	<input type="checkbox"/> Blue Plus <input type="checkbox"/> HealthPartners <input type="checkbox"/> Hennepin Health <input type="checkbox"/> UCare

For accessible formats of this communication or assistance with additional equal access to human services, email us at DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service.
ADA1 (3-24)

COUNTY A
505 CEDAR ST
SOMEWHERE, MN 56999-9999

This notice will be sent if a health plan is no longer available

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

[Date]

Group: MA
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear [insert household member 01],

All members listed on the next page of this notice are eligible to change their health plan for January 01, 2025 as part of annual health plan selection (AHPS). If there are members of your household enrolled in other Minnesota Health Care Programs they will receive a separate AHPS notice.

Here's what you need to do by December 06, 2024:

1. Review the next page to see what health plans are available in your county beginning January 01, 2025.
 - 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 01. **You do not need to return this notice.**
 - If you would like to choose a new health plan, follow the instructions on the next page.
 - These health plans are no longer an option for January 01 in [insert county of residence]: HealthPartners
2. Respond only if you've chosen a new health plan by returning this completed notice in the enclosed envelope by December 06, 2024. You can also choose your health plan by calling the Minnesota Department of Human Services (DHS) Health Care Consumer Support by December 06, 2024 at 651-431-3722 or 833-970-0047 (this call is free).

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/>.

To change your health plan in [insert county of residence], place an X in the box next to the health plan each person wants for next year.

Reminder: Respond only if you are choosing a new health plan.

Household Members	PMI#	Current Health Plan	Health Plans Available January 01, 2025 (Pick one per person)
JEANINE Q PUBLIC6	PMI00601	UCare	<input type="checkbox"/> Blue Plus <input type="checkbox"/> Hennepin Health <input type="checkbox"/> UCare
JEFFREY Q PUBLIC6	PMI00602	Blue Plus	<input type="checkbox"/> Blue Plus <input type="checkbox"/> Hennepin Health <input type="checkbox"/> UCare

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ADA1 (3-24)

COUNTY A
505 CEDAR ST
SOMEWHERE, MN 56999-9999

This notice will be sent if a household member's current health plan is no longer available

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

[Date]

Group: MA
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear [insert household member 01],

All members listed on the next page of this notice are eligible to change their health plan for January 01, 2025 as part of annual health plan selection (AHPS). If there are members of your household enrolled in other Minnesota Health Care Programs they will receive a separate AHPS notice.

Here's what you need to do by December 06, 2024:

1. Review the next page to see what health plans are available in your county beginning January 01, 2025.
 - 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 01. **You do not need to return this notice.**
 - If you would like to choose a new health plan, follow the instructions on the next page.
 - If your current health plan **is not available**, you need to choose a new health plan for January 01 from the health plans listed on the next page. **If you do not respond to this notice, a health plan will be chosen for you.**
 - These health plans are no longer an option for January 01 in [insert county of residence]: UCare
2. Respond only if you've chosen a new health plan by returning this completed notice in the enclosed envelope by December 06, 2024. You can also choose your health plan by calling the Minnesota Department of Human Services (DHS) Health Care Consumer Support by December 06, 2024 at 651-431-3722 or 833-970-0047 (this call is free).

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/>.

To change your health plan in [insert county of residence], place an X in the box next to the health plan each person wants for next year.

Reminder: Respond only if you are choosing a new health plan.

Household Members	PMI#	Current Health Plan	Health Plans Available January 01, 2025 (Pick one per person)
JEANINE Q PUBLIC6	PMI00601	UCare	<input type="checkbox"/> Blue Plus <input type="checkbox"/> HealthPartners <input type="checkbox"/> Hennepin Health
JEFFREY Q PUBLIC6	PMI00602	Blue Plus	<input type="checkbox"/> Blue Plus <input type="checkbox"/> HealthPartners <input type="checkbox"/> Hennepin Health

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ADA1 (3-24)