

MINNESOTACARE
PO BOX 64838
SAINT PAUL, MN 55164-0838

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

[Date]

Group: MCRE
Case Number:

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

Annual Health Plan Selection (AHPS) Notice

Dear JEANINE Q PUBLIC6

All members listed on the next page of this notice are enrolled in MinnesotaCare and 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 the listed household members want for next year.

Note: All household members must enroll in the same health plan. All household members in the following list are currently enrolled in UCare.

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

Health plans available January 01, 2025. (Pick only one.)

- ☐ Blue Plus
☐ HealthPartners
☐ UCare

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

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)

MINNESOTACARE
PO BOX 64838
SAINT PAUL, MN 55164-0838

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

[Date]

Group: MCRE
Case Number:

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

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Dear JEANINE Q PUBLIC6

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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]: 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 the listed household members want for next year.

Note: All household members must enroll in the same health plan. All household members in the following list are currently enrolled in UCare.

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

Health plans available January 01, 2025. (Pick only one.)

- ☐ Blue Plus
☐ HealthPartners

Household Members	PMI#
JEANINE Q PUBLIC6	PMI00601
JEFFREY Q PUBLIC6	PMI00602
JONES Q PUBLIC6	PMI11111

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ADA1 (3-24)

MINNESOTACARE
PO BOX 64838
SAINT PAUL, MN 55164-0838

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

[Date]

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Case Number:

WKR ID: PWMCARE
SVC LOC: MCR
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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).

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