

COUNTY A
555 CEDAR ST
SOMEWHERE, MN 56999-999

This notice will be sent to all PMAP enrollees with one plan available

WKR ID: WRKR000
SVC LOC: REC
JENNIFER A PUBLIC2
444 LAFAYETTE ROAD
NORTH SAINT PAUL,
MN 55155-9999

[date]

Group: MA
Case Number: 88888888
County of Residence: 000 COUNTY NAME

Annual Health Plan Selection (AHPS) Notice

Itasca Medical Care is the only Medical Assistance (MA) health plan available to the members listed on this notice for next year.

Your health plan can answer questions about primary care providers or clinics available to you. Use the phone number on the back of your health plan member ID card to contact them.

You can find a list of providers that are part of your health plan at: <https://mn.gov/dhs/health-plan-selection/>. Click on “Health Plan Provider Directory.”

YOU DO NOT NEED TO DO ANYTHING WTH THIS LETTER.

Information about covered services is included with this notice.
If you have questions, call [insert county contact].

Members who are enrolled in Itasca Medical Care are:

Case Number: 88888888 County of Residence: 000 COUNTY NAME

<u>Member ID</u>	<u>Member Name</u>	<u>Current Health Plan</u>	<u>Program</u>
12345678	JOHANNA Q PUBLIC	ITASCA MEDICAL	PMAP PREPAID
23456789	JOHN Q PUBLIC	ITASCA MEDICAL	PMAP PREPAID

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.
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