

COUNTY A
555 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: SNBC Non-Duals
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear JEANINE Q PUBLIC6,

You are currently enrolled in UCare Special Needs BasicCare (SNBC). You are eligible to change your health plan for January 01, 2025 as part of Annual Health Plan Selection (AHPS). **If you want to keep your current health plan, do nothing with this notice.** If you want to change your health plan or opt out of SNBC and keep Medical Assistance (MA) fee for service, continue reading.

If there are other members of your household enrolled in Minnesota Health Care Programs, they will receive a separate AHPS notice.

- **To choose a different health plan or opt out of SNBC, respond to this notice by December 06, 2024.** You can respond by returning this notice in the enclosed envelope or by calling Disability Hub MN™ at 866-333-2466, going to disabilityhubmn.org, or using your preferred relay service. Disability Hub MN™ can assist you in reviewing your current benefits and comparing your choices or to opt out of SNBC and keep MA fee for service.

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 you want for next year.

Reminder: Respond only if you are choosing a new health plan or are opting out of SNBC.

Household Member	PMI#	Current Health Plan	Health Plans Available January 01, 2025 (Pick one)
JEANINE Q PUBLIC6	PMI00601	UCare	<input type="checkbox"/> HealthPartners <input type="checkbox"/> Medica <input type="checkbox"/> UCare <input type="checkbox"/> Opt out of SNBC and receive MA fee for service

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
555 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: SNBC Non-Duals
Case Number:

Annual Health Plan Selection (AHPS) Notice

Dear JEANINE Q PUBLIC6,

You are currently enrolled in UCare Special Needs BasicCare (SNBC). Your health plan is not available for next year. **You need to choose a new health plan or opt out of SNBC and go to MA fee for service.** If you do not, a health plan will be chosen for you.

If there are other members of your household enrolled in Minnesota Health Care Programs, they will receive a separate AHPS notice.

- **To choose a different health plan or opt out of SNBC, respond to this notice by December 06, 2024.** You can respond by returning this notice in the enclosed envelope or by calling Disability Hub MN™ at 866-333-2466, going to disabilityhubmn.org, or using your preferred relay service. Disability Hub MN™ can assist you in reviewing your current benefits and comparing your choices or to opt out of SNBC and keep MA fee for service.

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 you want for next year.

Reminder: Respond only if you are choosing a new health plan or are opting out of SNBC.

Household Member	PMI#	Current Health Plan	Health Plans Available January 01, 2025 (Pick one)
JEANINE Q PUBLIC6	PMI00601	UCare	<input type="checkbox"/> HealthPartners <input type="checkbox"/> Medica <input type="checkbox"/> Opt out of SNBC and receive MA fee for service