IMPORTANT NOTICE: Your Medicare plan won't be offered in 2026.

October 2, 2025

<Member Name>
<Member Address>
<City>, <State> <ZIP>

Dear <Member Name>,

UCare won't offer your Medicare plan in 2026. This means your coverage through UCare Connect + Medicare (HMO D-SNP) will end **December 31, 2025** and you will need to choose how you want to get your health care and prescription drug coverage. Whichever choice you make, you will still have Medicare and Medical Assistance benefits, including prescription drug coverage. If you don't choose another prescription drug plan by December 31, 2025, Medicare will choose a new drug plan for you, and you'll have health coverage through Original Medicare starting January 1, 2026.

Even if Medicare places you in Original Medicare and chooses a drug plan for you, you still have other opportunities to join a Medicare health or drug plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2026.

If you join a new Medicare plan AFTER December 31, your coverage in the new plan won't start until the month after you join.

After December 31, you will no longer receive your Medical Assistance coverage through UCare Connect + Medicare. If you don't make a choice by December 8, you will get your Medical Assistance coverage directly from any provider that accepts Medical Assistance.

What do you need to do?

You need to choose how you want to get your Medicare health and prescription drug coverage for 2026. Here are your options:

> **Option 1: Depending on where you live, you can join an integrated Dual Eligible Special Needs Plan (D-SNP).** D-SNPs are a type of health plan designed specifically for people who have both Medicare and Medicaid. If you choose to enroll in one of these plans, it will cover your Medicare and most or all of your Medicaid benefits, including prescription drugs. An integrated D-SNP may also cover additional services such as vision, dental services, and care coordination.
>
> To find out which integrated D-SNPs are in your area call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or

visit Medicare.gov to choose a new plan. Make sure to select "Medicaid" when asked if you get help with your Medicare health or drug costs. If you join an integrated D-SNP AFTER December 31, your coverage in the new plan won't start until the month after you join.

Option 2: You can join another Medicare Advantage health plan. Medicare health plans are offered by private companies that contract with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental.

Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. Or visit Medicare.gov to find out which Medicare health plans are in your area, or to choose a new Medicare health plan. The calls are free.

Option 3: You can change to Original Medicare. Original Medicare is coverage managed by the Federal Government. If you choose Original Medicare and don't choose a prescription drug plan by December 31, Medicare will enroll you in a separate Medicare prescription drug plan. You will only be enrolled into the separate prescription drug plan if you don't make another selection by December 31.

Important Information:

In general, you can change plans only at certain times during the year.

- **From October 15 through December 7,** anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year. You can make as many changes as you need during this period. Your last coverage choice will take effect on January 1, 2026.

- **From January 1 through March 31,** anyone enrolled in a Medicare Advantage Plan (except a Medicare Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).

- In addition, because you have Medicaid, you can make certain changes to your Medicare coverage any month including:
  - Disenrolling from a Medicare health plan and changing to Original Medicare by enrolling in a Medicare prescription drug plan,
  - If you have coverage through Original Medicare, enrolling in a Medicare prescription drug plan or changing to a different Medicare drug plan if you already have one, or
  - If eligible, enroll in an integrated Dual Eligible Special Needs Plan (D-SNP) that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call **1-800-MEDICARE (1-800-633-4227)**. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Your Medical Assistance coverage will continue. For questions about Medical Assistance, contact your county or tribe. You can find your county or tribe contact information at https://mn.gov/dhs/health-care/county-tribal-offices/. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance coverage.

If you have an employer or union group health plan, **VA benefits, or TRICARE for Life,** contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

How do you get help comparing Medicare Plans?

To get help comparing your options, you can:

- Visit Medicare.gov or refer to your Medicare & You handbook for a list of Medicare health and prescription drug plans in your area. You may also refer to the attached list of Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

- **Call Minnesota Aging Pathways** at 1-800-333-2433 or TTY: 711, Monday – Friday from 8 am – 4:30 pm, for **free**, personalized health insurance counseling.

- **Call your State Ombudsperson for Public Managed Health Care Programs** at 1-800-657-3729 or TTY: 1-800-627-3529, Monday – Friday from 8 am – 4:30 pm. Representatives are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.

- **Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.** Tell them you got a letter saying your plan isn't going to be offered next year and you want help choosing a new plan. TTY users can call 1-877-486-2048. The calls are free.

- **Visit Medicare.gov.** Medicare's official website has tools that can help you compare plans and answer your questions. **Click** the "Find Plans Now" tab to compare the plans in your area.

  Note: Medicare isn't part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

Disregard any 2026 plan materials you received before October 1, 2025.

If you need more information, please call us at 1-855-260-9707 toll-free (TTY 1-800-688-2534 toll-free), 8 am – 8 pm, seven days a week. Tell the customer service representative you got this letter.

Important Information from the Minnesota Department of Human Services (DHS):

You have the option to select a new Special Needs BasicCare (SNBC) health plan or to receive your Medical Assistance coverage as fee-for-service, also called "straight MA," beginning January 1, 2026.

To learn more about your options and to select a new health plan for your Medical Assistance, visit mn.gov/dhs/snbc and go to the "NEW: Select an SNBC health plan for 2026" section.

IMPORTANT:

- If you do not choose a new SNBC health plan before December 8, 2025, you will begin receiving your Medical Assistance coverage as fee-for-service beginning on January 1, 2026.
- You will not receive a separate notice from the Department of Human Services (DHS) regarding these changes to your Medical Assistance health plan.

We are grateful for the opportunity to have served you, and we apologize for the inconvenience this transition may cause.

Sincerely,

Hilary Marden-Resnik
President and CEO

You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-260-9707 (TTY 1-800-688-2534). The call is free.

Keep this letter. It's proof that you have a special right to join a Medicare plan.

Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တကွၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဇဉ်လံာ် တီလံာ်မီတခါအံၤနူဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂ့ၢ်လၢထးအံၤနူဉ်တကွၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll Free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

NO ENGLISH 1-800-203-7225 612-676-3200

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፦ አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH 1-800-203-7225 612-676-3200

TRS: 711

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤကညီကျိာ်အဃိ, နမၤန့်, ကျိာ်တ၊်ဆီဉ်ထွဲမၤစ၊ၤ လ၊တလာ်ဘူဉ်လာ်စ့ၤ ဒီးတအိဉ်ဒီး တ၊်မၤယံာ်မၤနီ၊်သးဘဉ်နၣ်လီၤ. အါန့်အနၣ်, တ၊်အိဉ်စ့၊်ကီးဒီး တ၊်မၤစ၊ၤတ၊်နှ၊်ဟူဒီး တ၊်မၤစ၊ၤတ၊်မၤတဖဉ် လ၊ကဟ့ဉ်တ၊်ဂ့၊်တ၊်ကျိၤ လ၊ပှၤအါဂၤန၊်ပ၊်အီၤသ့ လ၊တအိဉ်ဒီးအဘူးအလဲ ဒီးချူးဆ၊ချူးကတိၤနၣ်လီၤ. ဝံသးစူၤ ကိးနိဉ်ဂံ၊်လ၊ထး မ့တမ့၊် တဲသကိးတ၊်ဒီး ပှၤလ၊အဟ့ဉ်နၤတ၊်မၤစ၊ၤ တက့၊်. ကညီကျိာ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta’e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda’u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda’an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta’an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

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LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

ucare

2026 Medicare plan options in your service area

Contract number	Organization	State	County	Customer service phone	Customer service TTY phone	Contract type
H2001	SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.	MN	Becker, Cass, Clay, Cook, Itasca, Kittson, Koochiching, Lake, Lake of the Woods, Marshall, Morrison, Roseau, St. Louis	(800) 711-0646	711	Local PPO
H2416	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	MN	Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Nobles, Redwood, Swift, Yellow Medicine	(800) 366-2906	711	HMO/HMOPOS
H2417	ITASCA MEDICAL CARE	MN	Itasca	(800) 843-9536	(800) 627-3529	HMO/HMOPOS
H2425	HMO Minnesota	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine	(888) 740-6013	711	HMO/HMOPOS
H2450	MEDICA INSURANCE COMPANY	MN	Aitkin, Carlton, Cook, Itasca, Kanabec, Koochiching, Lake, Le	(800) 234-8755	711	1876 Cost

			Sueur, Pine, Rice, Rock, St. Louis, Yellow Medicine			
H2456	UCARE MINNESOTA	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Winona, Yellow Medicine	(866) 280-7202	(800) 688-2534	HMO/HMOPOS
H2458	MEDICA HEALTH PLANS	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Clay, Crow Wing, Faribault, Fillmore, Houston, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Mahnomen, Marshall, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Rice, Roseau, St. Louis, Todd, Wadena, Watonwan, Wilkin, Winona	(888) 347-3630	711	HMO/HMOPOS
H2461	BCBSM, Inc.	MN	Aitkin, Carlton, Cook, Itasca, Kanabec, Koochiching, Lake, Le Sueur, Pine, Rice, Rock, St. Louis, Yellow Medicine	(866) 340-8654	711	1876 Cost
H2926	PRIMEWEST RURAL MN HEALTH CARE ACCESS INITIATIVE	MN	Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Nobles, Redwood, Swift, Yellow Medicine	(877) 600-4913	711	HMO/HMOPOS

H3186	SANFORD HEALTH PLAN OF MINNESOTA	MN	Becker, Clay, Lac qui Parle, Mahnomen, Marshall, Nobles, Norman, Otter Tail, Pennington, Polk, Red Lake, Rock, Wilkin	(888) 278-6485	(888) 279-1549	Local PPO
H3219	ALLINA HEALTH AND AETNA INSURANCE COMPANY	MN	Blue Earth, Kanabec, Le Sueur, Nicollet	(833) 570-6671	711	Local PPO
H4882	HEALTHPARTNERS, INC.	MN	Kandiyohi, Morrison, Redwood, Swift, Todd	(866) 233-8734	711	Local PPO
H5216	HUMANA INSURANCE COMPANY	MN	Aitkin, Blue Earth, Carlton, Faribault, Fillmore, Freeborn, Houston, Kanabec, Lake, Le Sueur, Martin, Morrison, Mower, Nicollet, Olmsted, Pine, Winona	(800) 457-4708	711	Local PPO
H5959	BCBSM, Inc.	MN	Becker, Blue Earth, Cass, Chippewa, Clay, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Red Lake, Redwood, Roseau, Swift, Todd, Wadena, Watonwan, Wilkin, Winona	(800) 711-9865	711	Local PPO
H6154	MEDICA HEALTH PLANS	MN	Becker, Cass, Chippewa, Crow Wing, Kandiyohi, Otter Tail, Swift, Todd, Wadena	(866) 269-6804	711	HMO/HMOPOS
H8145	HUMANA INSURANCE COMPANY	MN	Blue Earth, Faribault, Fillmore, Freeborn, Houston, Mower, Nicollet, Olmsted, Winona	(800) 457-4708	711	PFFS
H8889	MEDICA HEALTH PLANS	MN	Becker, Blue Earth, Cass, Chippewa, Clay, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Jackson, Kandiyohi,	(866) 269-6804	711	Local PPO

			Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Red Lake, Redwood, Roseau, Swift, Todd, Wadena, Watonwan, Wilkin, Winona			
H9834	QUARTZ HEALTH PLAN MN CORPORATION	MN	Fillmore, Houston	(800) 394-5566	(800) 877-8973	HMO/HMOPOS
S4802	WELLCARE PRESCRIPTION INSURANCE, INC.	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine	(888) 550-5252	711	PDP
S5601	SILVERSCRIPT INSURANCE COMPANY	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock,	(866) 235-5660	711	PDP

			Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine			
S5617	MEDCO CONTAINMENT LIFE AND MEDCO CONTAINMENT NY	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine	(800) 222-6700	711	PDP
S5743	WELLMARK IA & SD, & BCBS MN, MT, NE, ND,& WY	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine	(888) 832-0075	711	PDP
S5884	Humana Insurance Co. & Humana Insurance Co. of NY	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca,	(800) 281-6918	711	PDP

			Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine			
S5921	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY	MN	Aitkin, Becker, Blue Earth, Carlton, Cass, Chippewa, Clay, Cook, Cottonwood, Crow Wing, Faribault, Fillmore, Freeborn, Houston, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Swift, Todd, Wadena, Watonwan, Wilkin, Winona, Yellow Medicine	(866) 460-8854	711	PDP