

MINNESOTACARE  
PO BOX 64838  
SAINT PAUL, MN 55164-0838

month/date/year

Group: MCRE  
Case Number:

WKR ID: SVC LOC:  
First name middle initial Last name  
Address  
Address

### Special Enrollment Period Notice

Dear **first name middle initial last name**,

All members listed on the next page of this notice are currently enrolled in MinnesotaCare and have UCare as their health plan. UCare is no longer available effective September 01, 2025.

**Here's what you need to do by July 28, 2025:**

1. Review the next page to see what health plans are available in your county beginning September 01, 2025.
  - You need to choose a new health plan for September 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.**
2. Respond by returning this completed notice in the enclosed envelope by July 28, 2025. If you have questions call the Minnesota Department of Human Services (DHS) Health Care Consumer Support by July 28, 2025 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 at:  
<https://mn.gov/dhs/health-plan-selection/>.

**To change your health plan in (insert county name) County, place an X in the box next to the health plan the listed household members want for September 01, 2025.**

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

**Reminder:** If you do not respond to this notice, a health plan will be chosen for you.

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

☐ BLUE PLUS

☐ MEDICA

Household Members	PMI #
first name middle initial last name	