

County Name
Address
Address

month/date/year

Group: MA
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 Prepaid Medical Assistance Program (PMAP) 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 each person wants for September 01, 2025.

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

Household Members	PMI #	Current Health Plan	Health Plans Available September 01, 2025 (Pick one per person)
first name middle initial last name		UCARE	<input type="checkbox"/> BLUE PLUS <input type="checkbox"/> MEDICA