<date>

<Member Name>

<Member Address>

<City, State, Zip>

Dear <Member Name>:

Hello, my name is <Case Manager Name>. As your UCare case manager, I want to work with you to help improve your health and address any health care needs you have.

Unfortunately, I have been unable to reach you by phone.

Please call me at <CM phone number>. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

I look forward to talking with you.

Sincerely,

<Case Manager Name>

<Case Manager Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

UCare Health, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in UCare Health depends on contract renewal.

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