<Name>

<Street Address or PO Box>

<City, State, Zip>

Dear <Member>:

As a member of UCare’s Minnesota Senior Health Options (MSHO) health program, you are assigned a Care Coordinator.

I am the Care Coordinator who works with you. I want you to know about a change in my contact information.

<My new phone number is: Phone Number>

<My new email address is: e-mail address>

If you have questions, please call me at <telephone number>. If you reach my voice mail, please leave a message and your phone number. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

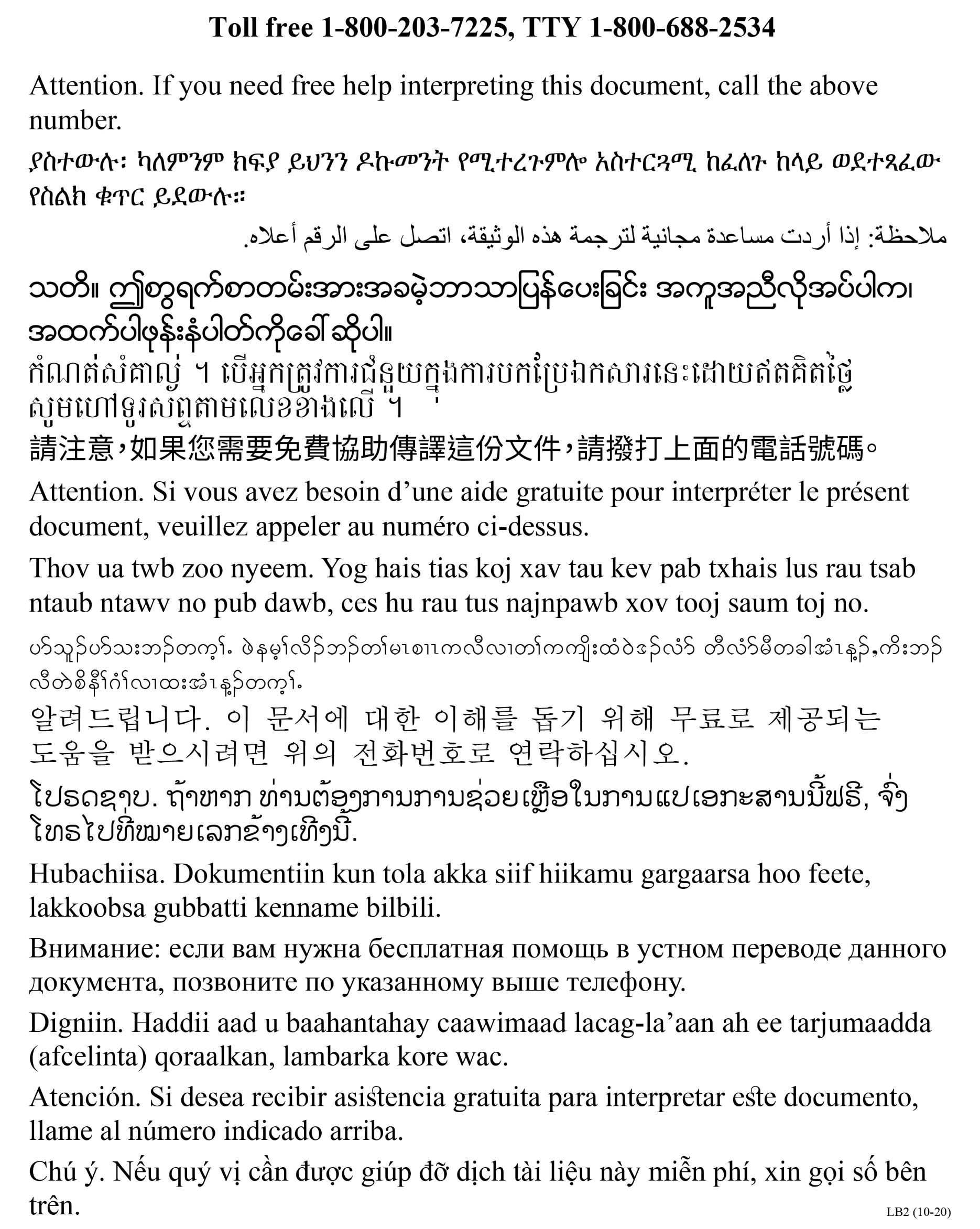
Sincerely,

<Care Coordinator Name>  
<Care Coordinator Job Title>  
<County or Agency Name>

<Phone Number>  
<E-mail Address>

UCare's MSHO (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

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