

Servicing Agency Name

Address

MINNESOTACARE
GRACE MONTH
PREMIUM

Date & Time

Applicant Name

Address

Case Number:

Date Due:

NOW

Amount Due Now:

\$0.00

Total Amount Due:

\$0.00

MinnesotaCare Members: Enrollee Name

Coverage Month

Month/Year

Premium Amount

\$0.00

Date Due

NOW

Amount Paid

\$0.00

Balance Due

\$0.00

We did not receive your MinnesotaCare premium payment for MONTH coverage. You are in a grace month and will have coverage through the end of MONTH. If we get your payment in full by noon on the last working day of MONTH, coverage will continue. If we do not get your premium payment in full by the last working day of the month, your coverage will end at the end of MONTH, and you will have a gap in coverage. If your coverage ends, coverage will begin again on the first day of the month after you pay the premium for the grace month and a premium for a future month of coverage. See Minnesota Statutes, section 256L.06, subdivision 3, paragraph (d).

Call DHS Health Care Consumer Support with questions about your MinnesotaCare premium.

Phone: Metro: 651-297-3862 Outstate: 800-657-3672

Grace Month Premium

Enrollee Name

MinnesotaCare
PO BOX 64834

ST. PAUL, MN 55164-0834

See next page for payment options ==>

Case Number:

Worker Number:

Bill Number:

Amount Due: \$

Payment Due Date: NOW

Make checks payable to MinnesotaCare.

Amount Paid:

\$



For **accessible** formats of this information or **assistance** with additional equal access to human **services**, write to DHS.info@state.mn.us, call **800-657-3739**, or use your preferred relay **service**.

Starting Your Coverage

We must receive your premium payment by noon on the last working day of a month for your coverage to start on the first day of the next month. See Minnesota Statutes, section 256L.05, subdivision 3.

Continuing Your Coverage

Once your MinnesotaCare coverage starts, you will get a bill every month. Your MinnesotaCare premium is due on the 15th of each month. If you do not pay your premium by noon on the last working day of the month, your coverage will continue for one additional month. This is a grace month. You must pay the past-due premium in full by noon on the last working day of the grace month for your coverage to continue. If we do not receive your payment by noon on the last working day of the grace month, your coverage will end on the last day of the grace month. See Minnesota Statutes, section 256L.06, subdivision 3, paragraph (d).

If the bank returns your check unpaid, you have not paid your premium. You must replace your returned check with a cashier's check, money order or cash. Cash payments can only be made in person. Do not send cash through the mail. See Minnesota Statutes, section 256L.06, subdivision 3, paragraph (b).

Members Who Are Not Required to Pay a Premium

Certain MinnesotaCare members are not charged premiums. They include the following:

- People in a household with income under 35 percent of the federal poverty limit
- Members of the military who become eligible for MinnesotaCare within 24 months after completing active duty, and their households. These MinnesotaCare members do not pay premiums for 12 months
- American Indians and Alaska Natives and their households
- Children under the age of 21

How to pay your MinnesotaCare premium

You can pay online, by phone, by mail or in person.

1. Online: <http://payments.dhs.state.mn.us>. Acceptable forms of payment are credit card (VISA and MasterCard), debit card or electronic check.
2. By phone: Call 800-657-3672 and select the correct option from the phone menu. Acceptable forms of payment are credit card (VISA, MasterCard or Discover), debit card or electronic check.
3. By mail: Mail a check or money order, and the enclosed payment stub, using the self-addressed envelope included with your bill. Write your case number on your check or money order.
4. In person: Bring your bill to the Minnesota Department of Human Services at the address listed here. If you want to pay in cash, you must have the exact amount. The cashier does not have change. You can pay in person Monday through Friday, 8:00 a.m.-5:00 p.m.

Department of Human Services
MinnesotaCare
540 Cedar Street
St. Paul, MN 55101

When you provide a check as payment, you authorize us to do either of the following: 1) use information from your check to make a one-time electronic funds transfer from your account or 2) process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If you have any questions or concerns, please contact MinnesotaCare at 651-297-3862 in the Twin Cities metro area or 800-657-3672 toll free from outside the Twin Cities. Or use your preferred relay service.

For more information, visit our website at
<https://mn.gov/dhs/minnesotacare>

Appeal Rights

An appeal is when you ask in writing for a human services judge to review a decision made about your MinnesotaCare case. You can appeal if you disagree with an action we take. You can appeal an action about your coverage or your premium. You must appeal within 30 days from the date you receive the premium bill or coverage cancellation notice. You can file an appeal request by doing any of these:

- logging in to your account at www.mnsure.org
- calling the MNsure Contact Center at 855-366-7873
- mailing your appeal request to MNsure, 81 Seventh Street East, Suite 300, St. Paul, MN 55101-2211 or to DHS Appeals Division, P.O. Box 64941, St. Paul, MN 55164-0941
- completing and submitting the online form available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG-eform>
- visiting in person the Minnesota Department of Human Services, Information Desk, 444 Lafayette Road North, St. Paul, MN 55155

You can appeal for up to 90 days from the date of the premium bill or coverage cancellation notice if you show good cause for not appealing sooner.

Continuation of Your Benefits

To have benefits automatically continue during the appeal, you must both file an appeal and pay all past-due premiums by the end date on the coverage cancellation notices. Tell DHS in writing if you do not want your benefits to continue.

Important: If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.

You must keep paying premiums until the appeal is decided. See Minnesota Statutes, section 256L.06, subdivision 3.

You may be able to get free legal advice or help with an appeal from your local legal aid office. To contact your local legal aid office, call one of these numbers:

- Hennepin County: 612-334-5970
- Ramsey County: 651-222-4731
- All other counties: 888-354-5522 (toll-free)

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- | | | | |
|---------------------|----------------------|----------------------------|---|
| * race | * creed | * public assistance status | * disability |
| * color | * religion | * marital status | * sex (including sex stereotypes and gender identity) |
| * national origin | * sexual orientation | * age | |
| * political beliefs | | | |

Auxiliary Aids and Services:

DHS 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 the Minnesota Health Care Program (MHCP) Member Help Desk at dhs.info@state.mn.us or 800-657-3739, or use your preferred relay service.

Language Assistance Services:

DHS 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 the Minnesota Health Care Program (MHCP) Member Help Desk at dhs.info@state.mn.us or 800-657-3739, or use your preferred relay service.

Civil Rights Complaints

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

711 or 800-627-3529 (MN Relay)
651-296-9042 (fax) info.MDHR@state.mn.us (email)

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

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

- | | |
|-------------------|--------------|
| * race | * age |
| * color | * disability |
| * national origin | * sex |

Contact the OCR directly to file a complaint:

Director, U.S. Department of Health and Human Services'
Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

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

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

Contact the MDHR directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) 800-657-3704 (toll free)

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
- * creed
- * religion
- * sexual orientation
- * disability
- * marital status
- * age
- * public assistance status
- * sex (including sex stereotypes and gender identity)
- * political beliefs

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. After we get your complaint, 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 the outcome 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