MNsure
PO Box 64253
St. Paul, MN 55164-0253

[redacted]

Date: October 27, 2026

Re: Important Information Regarding Your MNsure Coverage for 2027
Household ID: [redacted]

Dear [redacted],

MNsure's open enrollment is coming soon

We used your current information to renew the coverage you currently have for 2027.

You will receive another letter about your updated eligibility and financial help. Review that information carefully - your financial help may have changed.

Plan renewals

Your health plan enrollment is renewed for 2027.

We could not renew your dental plan enrollment because of the following reason(s):

- No previous year enrollment available for renewal

Health plan renewal information

- Issuer Name: [redacted]
- Plan Name: [redacted]
- Monthly Advanced Premium Tax Credit (APTC) Amount: $[redacted]
- Net Premium: $[redacted]

Member Name	Renewal Status	Reason
[redacted]	Renewed	
[redacted]	Renewed	
[redacted] (Subscriber)	Renewed	
[redacted]	Renewed	

Open enrollment is 11/01/2026 through 01/15/2027.

- December 15, 2026, is the deadline to enroll for coverage starting January 1. January 15, 2027, is the deadline to enroll for coverage starting February 1, 2027.
- Open enrollment is your chance to review your options and find the best plan for your needs and your budget.
- Even if you've had the same plan for years, it's important to compare options to make sure you're getting the best value.
- Get free, expert help choosing the plan that's right for you from a MNsure-certified broker. Find a broker near you at https://enroll.mnsure.org/hix/broker/search.

Next steps:

- If you have been successfully enrolled in your plan(s) and would like to continue this coverage in 2027, no further action is needed.
- If you have not been successfully renewed in your plan(s) and would like coverage for 2027, enroll now at https://enroll.mnsure.org/hix or find a broker at https://enroll.mnsure.org/hix/broker/search to help you enroll.

Questions?

Call MNsure at 1-855-366-7873.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

Thank you,
MNsure

Important Appeal Rights

What if I do not agree with the action taken on my application?

You will get a health care notice that lets you know whether you qualify to get coverage through MNsure. If you disagree with MNsure's action, you can ask for an escalated review of your case by calling MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities). You can also file an appeal.

How do I appeal?

Do any of the following to start an appeal:

- Call MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities).
- Complete an appeal form: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG.
- Write to MNsure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.
- Come in person to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, St. Paul, MN 55155.
- Visit https://www.mnsure.org/help/appeals/ and follow the instructions.

What can I appeal?

- If MNsure did not act on your request about health care coverage or processed your request too slowly.
- If you do not agree with the action taken.

Important: You must file your appeal within 90 days of the date of your health care notice. Also, an appeal decision for one household member may affect the eligibility of other household members.

What do I do after I file my appeal?

- Gather information related to the action that you think will prove or explain your case.
- Attend your appeal hearing. You will get a letter telling you the date and time of your hearing. Many hearings are done over the phone.
- Continue to report changes to your household within 30 days by logging in to your account at MNsure.org and update your application.

What if it's an emergency?

You have a right to request an expedited (sped-up) appeal for an emergency. An emergency happens when a person's life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" on the Appeal Request Form when asked whether the appeal involves a medical emergency and tell us the reason. Or call MNsure at the number listed above.

What happens to my benefits during my appeal?

If you are appealing a change in your benefits, you can continue to get the level of benefits you received before the change by checking, "I want to keep getting benefits at the same rate as before" on the Appeal Request Form. If you lose your appeal and requested to continue benefits, you may have to pay back the benefits you got while your appeal was pending.

Note: The term “benefits” has meanings that change with the appeal type. If you appeal an advanced premium tax credit and/or cost-sharing reductions, “benefits” means the amount of the tax credits and/or reductions. If you appeal the eligibility to purchase a qualified health plan (QHP) through MNsure, “benefits” means the eligibility to purchase a QHP through MNsure.

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

Can I get help with my appeal?

You may speak for yourself at the appeal hearing or you may have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the Appeal Request Form. If your income is below a certain limit, you may be able to get legal advice or help from your local legal aid office.

Your Civil Rights

Discrimination is against the law. MNsure does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Free Services

Auxiliary aids: If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

Language assistance: If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 651-539-2099 or 855-366-7873 (toll free).

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.

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

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following: race, color, national origin, age, disability, or sex (including stereotypes and gender identity).

Contact the **OCR** directly to file a complaint:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building Washington, DC 20201
800-368-1019 (voice), 800-537-7697 (TDD)
OCRComplaint@hhs.gov (email)
https://ocrportal.hhs.gov

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, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Ave North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice) or 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

MNsure

You have a right to file a complaint with MNsure 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, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Complaints must be in writing and filed within one year 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.

MNsure 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 MNsure 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 remedies.

Contact **MNsure** directly to file a discrimination complaint:

MNsure Accessibility and Equal Opportunity (AEO) Office
PO Box 64253
St.Paul, MN 55164-0253
651-539-2099 or 855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)

651-539-2099 / 855-366-7873

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လ်ာ် တီလ်ာ်မီတခါအံၤန္ဉ်,ကိးဘဉ်လီတဲစိနိ်ဂ်ၢ်လၢထးအံၤန္ဉ်တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

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