Missouri Department of SOCIAL SERVICES

MANAGED CARE HEALTH PLAN
ANNUAL OPEN ENROLLMENT FORM

MOHealthNet

Welcome to MO HealthNet Managed Care. Please see the enclosed information about each Managed Care Health Plan available to you. You must choose a Health Plan for every person listed on this form by the deadline listed below. **If you do not choose a health plan, one will be chosen for you**. You also need to include the name of the Primary Care Provider (PCP or doctor) you want for each person listed below. You have three ways to enroll—online, mail, or by phone. If you choose to enroll by mail, please fill out, sign, and return this form in the prepaid envelope provided in this packet.

You can also ENROLL ONLINE or with your mobile device, use your PIN# and go to: https://apps.dss.mo.gov/mhdOnlineEnroll/

Member Identification	Contact Information On File	Write contact changes below
PIN #:	Address:	
Date:		
Case DCN:		
Primary Contact:	Home Phone:	
County Name:	Work Phone:	
Region:	Other Phone:	

ID Number	Member Name	Current MO HealthNet Managed Care Health Plan	Deadline to Enroll	Check one health plan	PCP Name (first and last name)	Do you have other Insurance?
12345678	LASTNAMEEEEEEEEEEE SUF, FIRSTNAMEEEE X	HEALTH PLAN	00/00/0000	☐ Health Plan A ☐ Health Plan B ☐ Health Plan C		☐ Yes ☐ No
23456789	LASTNAMEEEEEEEEEEE SUF, FIRSTNAMEEEE X	HEALTH PLAN	00/00/0000	☐ Health Plan A ☐ Health Plan B ☐ Health Plan C		☐ Yes ☐ No
34567890	LASTNAMEEEEEEEEEEE SUF, FIRSTNAMEEEE X	HEALTH PLAN	00/00/0000	☐ Health Plan A ☐ Health Plan B ☐ Health Plan C		☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

CHECK ONE

☐ I choose the Health Plan(s) written above to manage all covered health care services for each person on my case. I have made a free choice of the **Health Plan**(s) and **PCP**(s) available to me.

☐ I do not want to choose a **Health Plan**. I know that one will be chosen for me.

Mail Prepaid Envelope to:
MO HealthNet Division
PO Box 104928
Jefferson City, MO 65110

SIGNATURE: _____ **DATE:** _____

*To enroll by phone or for help with enrollment, call the Enrollment Helpline at **1-800-348-6627**.*