

## **My MNsure Online Account Information**

Keep this form in a safe place. This information is needed to access your MNsure account online and is helpful when contacting the MNsure Contact Center (855-366-7873).

Name entered on application as primary contact person:	
Username:	Can be 1-20 characters. Only use letters and numbers, no spaces or special characters, cannot be the same as first or last name.
Password:	At least 8 characters. Must include at least 1 uppercase letter, 1 lowercase letter, 1 number and 1 of the following special characters: ! " $\#$ % & ' ( ) , . : = ? @ + []_`or space character.
"Shared Secret":	Something you can remember, at least four characters (letters or numbers).
Verification Questions: Select and answ	wer <b>5</b> of the following questions:
What is the name of your favorite childho	od friend?
Where did you meet your spouse/partner	?
What city would you like to retire to?	
What is your favorite food?	
What is your favorite sports team?	
What is/was your grandfather's occupation	on?
In what city/town did your mother and fat	her meet?
What was the model of your first car?	

## If you have questions about your coverage

**Qualified Health Plan (QHP) Coverage:** Please call the MNsure Contact Center at 855-366-7873 or the health insurance carrier directly.

- BlueCross BlueShield Minnesota Metro: 651-662-8000, Outside Metro Area: 1-800-382-2000
- HealthPartners Metro: 952-883-5599, Outside Metro Area: 1-877-838-4949
- Medica Metro: 952-945-8000, Outside Metro Area: 1-800-952-3455
- UCare Metro: 612-676-6606, Outside Metro Area: 1-855-307-6975

**Medical Assistance or MinnesotaCare Coverage:** Call your local county human services agency or the DHS Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 or 800-657-3739. MinnesotaCare Information Line: 651-297-3862 or 1-800-657-3672.

## Your assister is:

## \_\_\_\_\_, Health Access MN

St. Paul: 651-645-0215, Southeast MN: 507-589-8649 Email: \_\_\_\_\_\_@h



<u>@healthaccess.mn</u>