

## Medical Assistance



ucare.org

Issuer: **80840**  
Name: **JOHN Q DOE**  
ID: **012345678900** PMI#: **089980**  
RxBIN: **003858** RxPCN: **MA** RxGrp: **L58A**  
RxID: **012345678900**  
Svc Type: **MEDICAL/DENTAL** Group Number: **xxxxxx**  
Care Type: **Families and Children**

### Copays may apply

Non-Preventive Office Visit: **\$x** RX Brand/Generic: **\$xx/\$xx**  
Non-Emergency ER: **\$xx**

Coverage Year **2019**

### FOR MEMBER USE -

**For emergency care go to the nearest hospital or call 911.**

**Customer Services:** 612-676-3200 or 1-800-203-7225 for information on eligibility, benefits, authorization, pre-certification requests, reporting complaints, requesting appeals, and general information. TTY: 612-676-6810 or 1-800-688-2534.

**UCare 24/7 Nurse Line:** 1-800-942-7858 or TTY: 1-855-307-6976

**Appeals and Grievances:** UCare Plan - 612-676-6841 or 1-877-523-1517, fax 612-844-2021 or 1-866-283-8015, TTY: 612-676-6810 or 1-800-688-2534  
State of MN - DHS Appeals Unit, P.O. Box 64941, St. Paul, MN 55164  
Managed Care Ombudsman - 1-651-431-2260 or 1-800-657-3729, TTY 711

### FOR PROVIDER USE -

**MN primary claims must be submitted electronically.** For outside MN submit claims to UCare, P.O. Box 70, Minneapolis, MN 55440-0070.

**Prescription drug claims must be submitted electronically to Express Scripts.**

**Submit chiropractic claims to:** Fulcrum Health, Inc., c/o eviCore, P.O. Box 13977, Sacramento, CA 95853-3977

**Provider Assistance Center:** 612-676-3300 or 1-888-531-1493

**Express Scripts Help Desk for Pharmacies:** 1-800-922-1557



Issued: **MM/DD/YYYY**



### DENTAL INFORMATION -

Call the **UCare Dental Connection** for help setting up an appointment, scheduling transportation to a dental appointment, or if you have any other dental questions. Learn more at [dentalcareforu.org](http://dentalcareforu.org).

**UCare Dental Connection:** 651-768-1415 or 1-855-648-1415  
TTY users call State Relay 711, 7 AM to 7 PM, Monday through Friday

**Submit all dental claims:** Delta Dental of Minnesota, P.O. Box 1328, Minneapolis, MN 55440-1328

MinnesotaCare

<p> <b>ucare.org</b></p> <p>Issuer: <b>80840</b> Name: <b>JOHN Q DOE</b> ID: <b>012345678900</b>      PMI#: <b>089980</b> RxBIN: <b>003858</b>      RxPCN: <b>MA</b>      RxGrp: <b>L58A</b> RxID: <b>012345678900</b> Svc Type: <b>MEDICAL/DENTAL</b>      Group Number: <b>xxxxxx</b> Care Type: <b>MinnesotaCare</b></p> <p><b>Copays</b> Non-Preventive Office Visit: <b>\$x</b>      Inpatient Hospital: <b>\$xxx</b> Emergency Department: <b>\$xx</b>      RX Brand/Generic: <b>\$xx/\$xx</b></p> <p><b>Coverage Year 2019</b></p>	<p><b>FOR MEMBER USE -</b> <b>For emergency care go to the nearest hospital or call 911.</b> <b>Customer Services:</b> 612-676-3200 or 1-800-203-7225 for information on eligibility, benefits, authorization, pre-certification requests, reporting complaints, requesting appeals, and general information. TTY: 612-676-6810 or 1-800-688-2534. <b>UCare 24/7 Nurse Line:</b> 1-800-942-7858 or TTY: 1-855-307-6976 <b>Appeals and Grievances:</b> UCare Plan - 612-676-6841 or 1-877-523-1517, fax 612-844-2021 or 1-866-283-8015, TTY: 612-676-6810 or 1-800-688-2534 State of MN - DHS Appeals Unit, P.O. Box 64941, St. Paul, MN 55164 Managed Care Ombudsman - 1-651-431-2260 or 1-800-657-3729, TTY 711</p>
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**Minnesota Senior Care Plus (MSC+)**



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RxID: **012345678900**  
Svc Type: **MEDICAL/DENTAL** Group Number: **xxxxxx**  
Care Type: **Minnesota Senior Care Plus**

**Copays may apply**  
Non-Preventive Office Visit: **\$x** RX Brand/Generic: **\$xx/\$xx**  
Non-Emergency ER: **\$xx**

**Coverage Year 2019**

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## Special Needs BasicCare (SNBC)

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## Minnesota Senior Health Options (MSHO)



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ID: **012345678900** PMI#: **123456**  
RxBIN: **003858** RxPCN: **DE** RxGrp: **MNUA**  
Svc Type: **MEDICAL/DENTAL**  
Group Number: **xxxxxx**  
Care Type: **UCare's Minnesota Senior Health Options**

### Copays

RX Generic: **\$xx**  
RX Brand: **\$xx**  
Coverage Year **2019**



**H2456 002**

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