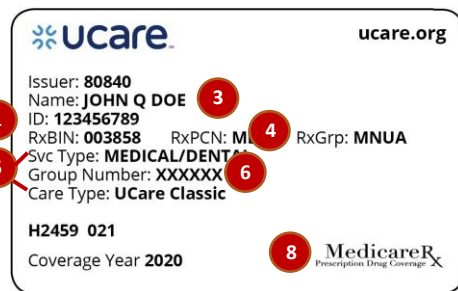
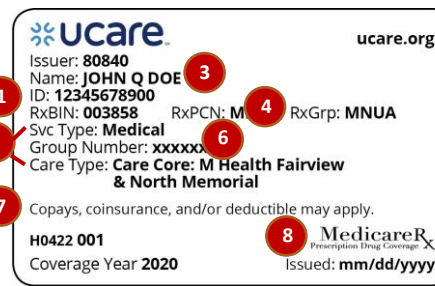


2020 UCare Member ID Cards

UCare members should present their member ID card when they seek health care services. Following are samples of how the front of a UCare member ID card may look.



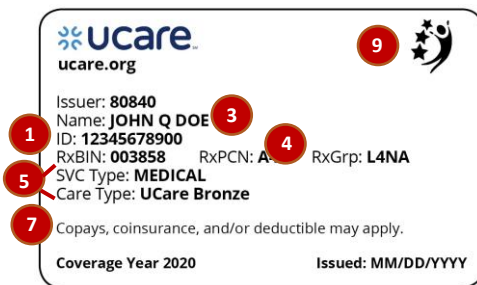
UCare Medicare Plans, UCare Medicare Group Plans



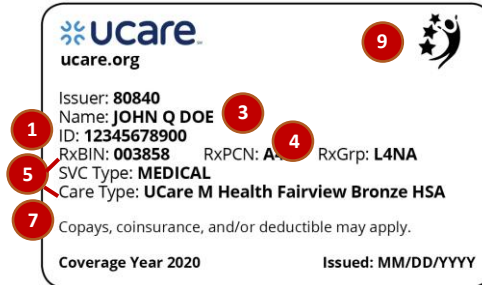
UCare Medicare with M Health Fairview & North Memorial



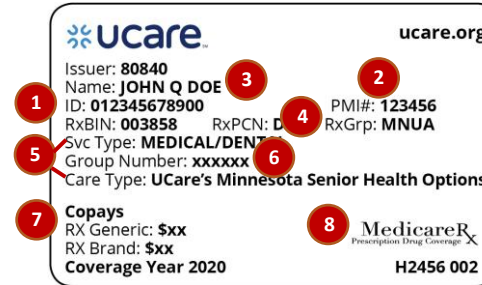
EssentiaCare



UCare Individual & Family Plans



UCare Individual & Family Plans with M Health Fairview



MSHO, UCare Connect + Medicare



MnCare, MSC+, PMAP, UCare Connect

- Member ID number.** The unique number assigned to each UCare member.
- PMI number.** The unique number used to identify a person's eligibility under the Minnesota Health Care Programs.
- Covered member.** The name and sometimes date of birth of the member.
- Prescription drug information.** The information used to process prescription drug claims.
- Services type/care type.** The type of coverage (medical or dental) and name of the specific UCare plan.
- Group number.** The number to help identify the specific UCare plan.
- Copays.** Copayments required for specific services (not on all cards). PMAP and MSC+ have sliding scale copays.
- Medicare Prescription Drug Coverage icon.** Signifies that the member has Medicare drug coverage.
- Health Club Savings/SilverSneakers® icon.** Member is eligible to receive reimbursement for attending a fitness club a set number of times per month or member has a SilverSneakers membership. Icon may be placed on any panel of the UCare member ID card.

Examples of types of information on the backs of member identification cards.

<p>10</p> <p>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., P.O. Box 981808, El Paso, TX 79998-1808 11 Provider Assistance Center: 612-676-3300 or 1-888-531-1493 Express Scripts Help Desk for Pharmacies: 1-800-922-1557</p> <p>Issued: MM/DD/YYYY</p>	<p>FOR MEMBER USE – For emergency care go to the nearest hospital or call 911. Customer Service: 612-676-3600 or 1-877-523-1515, TTY: 612-676-6810 or 1-800-688-2534 UCare 24/7 Nurse Line: 1-888-778-8204, TTY: 1-855-307-6976 Behavioral Health Services: 612-676-6533 or 1-833-276-1185 TruHearing: 1-833-750-5896 Appeals and Grievances: Call UCare: 612-676-6841 or 1-877-523-1517, TTY: 612-676-6810 or 1-800-688-2534</p> <p> 9 </p>	<p>7 Copays Primary Care Office Visit: \$x Specialty Office Visit: \$xx Urgent Care: \$xx Emergency Room: \$xxx Inpatient: \$xxx</p> <p>Deductible: \$xxx Deductible does not apply to tiers 1 & 2.</p> <p>4</p> <p style="text-align: center;">TIERS</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Preferred Network</td> <td style="text-align: center;">\$x</td> <td style="text-align: center;">/ \$x</td> <td style="text-align: center;">/ \$xx</td> <td style="text-align: center;">/ xx%</td> <td style="text-align: center;">/ xx%</td> </tr> <tr> <td>Standard Network</td> <td style="text-align: center;">\$x</td> <td style="text-align: center;">/ \$xx</td> <td style="text-align: center;">/ \$xx</td> <td style="text-align: center;">/ xx%</td> <td style="text-align: center;">/ xx%</td> </tr> </table>		1	2	3	4	5	Preferred Network	\$x	/ \$x	/ \$xx	/ xx%	/ xx%	Standard Network	\$x	/ \$xx	/ \$xx	/ xx%	/ xx%
	1	2	3	4	5															
Preferred Network	\$x	/ \$x	/ \$xx	/ xx%	/ xx%															
Standard Network	\$x	/ \$xx	/ \$xx	/ xx%	/ xx%															

- 10. **Claims information.** Where to submit claims for different services. Covered services vary by product.
- 11. **Provider Assistance Center number.** The phone number to call when you need assistance working with UCare.

Delta Dental Customer Services: UCare Medicare Plans/EssentiaCare: 1-855-648-1416,
 UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview: 1-855-648-1417, all other products: 1-855-648-1415

GROUP NUMBERS BY UCARE PLAN

Please Note: The group numbers by plan for 2020 may have changed since 2019.

EssentiaCare – NEW FOR 2020: U00003_001, U00003_002

MinnesotaCare: MNNOMN, MNSOMN, MN62MN, MNMETR, MNHENN

Minnesota Senior Care Plus: MENMMP, MEMEMP

Minnesota Senior Health Options: MSNMIN, MSNMCB, MSNMCC, MSNMEH, MSNMFH, MSNMCO, MSMEIN, MSMECB, MSMECC, MSMEEH, MSMEFH, MSMECO

Prepaid Medical Assistance Program: MENOMA, MEMTMA, ME62MA, ME27MA, MESOMA

UCare Connect: CTCNMT, CTCYMT, CTCNNO, CTCYNO, CTCNSO, CTCYSO

UCare Connect + Medicare: SICYMT, SICYNO, SICYSO

UCare Individual & Family Plans/UCare Individual & Family Plans with M Health Fairview – REVISED 1-29-20: Not applicable.

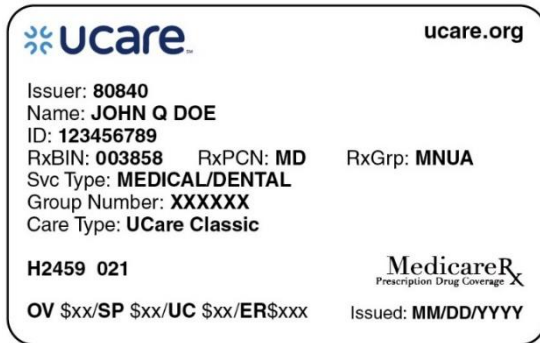
UCare Medicare Plans – NEW FOR 2020: U00002_001, U00002_002, U00002_003, U00002_004, U00002_005, U00002_006, U00002_007. For UCare Medicare Group Plan numbers, please [click here](#).

UCare Medicare Plans with M Health Fairview and North Memorial – NEW FOR 2020: U00004_001, U00004_002

QUESTIONS? Contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.


Addendum August 2020: New ID Card Format

UCare introduced a new Member ID card format on Aug. 1, 2020. It will be issued for members who join UCare or seek a replacement card during the remainder of 2020. UCare will not replace cards issued earlier this year. Providers should accept both ID card designs through the end of 2020.



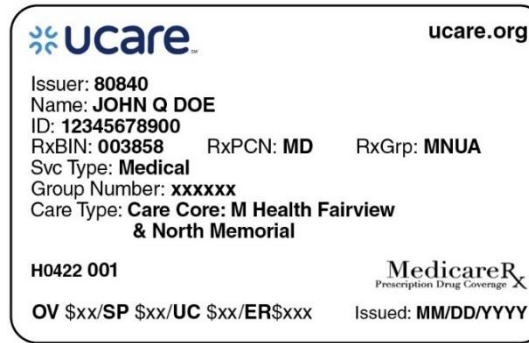
ucare.org

Issuer: 80840
 Name: JOHN Q DOE
 ID: 123456789
 RxBIN: 003858 RxPCN: MD RxGrp: MNUA
 Svc Type: MEDICAL/DENTAL
 Group Number: XXXXXX
 Care Type: UCare Classic

H2459 021 


OV \$xx/SP \$xx/UC \$xx/ER\$xxx Issued: MM/DD/YYYY

UCare Medicare Plans



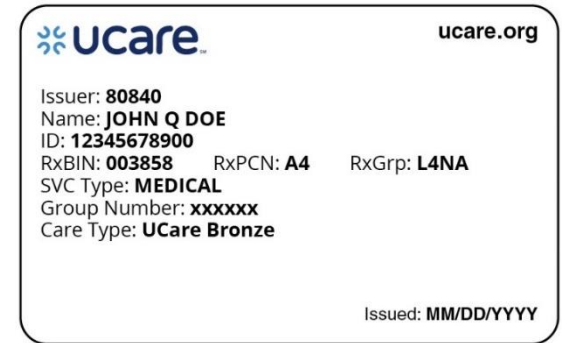
ucare.org

Issuer: 80840
 Name: JOHN Q DOE
 ID: 12345678900
 RxBIN: 003858 RxPCN: MD RxGrp: MNUA
 Svc Type: Medical
 Group Number: xxxxxx
 Care Type: Care Core: M Health Fairview & North Memorial

H0422 001 

OV \$xx/SP \$xx/UC \$xx/ER\$xxx Issued: MM/DD/YYYY

UCare Medicare with M Health Fairview & North Memorial

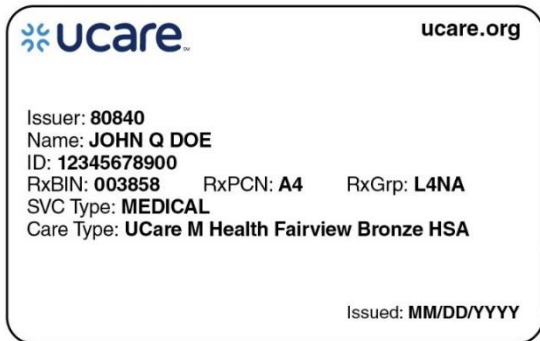


ucare.org

Issuer: 80840
 Name: JOHN Q DOE
 ID: 12345678900
 RxBIN: 003858 RxPCN: A4 RxGrp: L4NA
 SVC Type: MEDICAL
 Group Number: xxxxxx
 Care Type: UCare Bronze

Issued: MM/DD/YYYY

UCare Individual & Family Plans



ucare.org

Issuer: 80840
 Name: JOHN Q DOE
 ID: 12345678900
 RxBIN: 003858 RxPCN: A4 RxGrp: L4NA
 SVC Type: MEDICAL
 Care Type: UCare M Health Fairview Bronze HSA


Issued: MM/DD/YYYY

UCare Individual & Family Plans with M Health Fairview



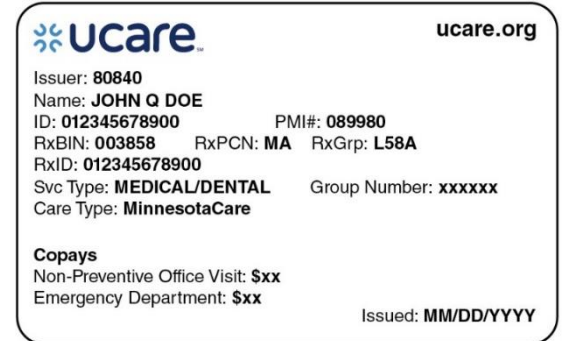
ucare.org

Issuer: 80840
 Name: JOHN Q DOE
 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

H2456 002 

Issued: MM/DD/YYYY

Minnesota Senior Health Options, UCare Connect + Medicare




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: MinnesotaCare

Copays
 Non-Preventive Office Visit: \$xx
 Emergency Department: \$xx

Issued: MM/DD/YYYY


Minnesota Senior Care Plus (MSC+), UCare Connect (SNBC), Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare)



EssentiaCare™ **ucare.org**
 Essentia Health + UCare

Issuer: 80840 

Name: JOHN Q DOE
 ID: 123456789
 RxBIN: 003858 RxPCN: MD RxGrp: MNUA
 RxID: 1235678900
 Svc Type: MEDICAL / DENTAL
 Group Number: xxxxxx
 Care Type: EssentiaCare Grand

H8783 002 

Medicare Limiting Charges Apply
 OV \$xx/SP \$xx/UC \$xx/ER\$xxx Issued: mm/dd/yyyy

EssentiaCare



To the right is an example of how the back of the new UCare Member ID cards look.



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 UCare 24/7 Nurse Line: 1-888-778-8204, TTY: 1-855-307-6976
 Delta Dental Customer Services: 651-788-1416, TTY users call State Relay 711, 1-855-648-1416
 Behavioral Health Services: 612-676-6533 or 1-833-276-1185
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 Express Scripts Help Desk for Pharmacies: 1-800-922-1557
 Dental: Delta Dental of Minnesota, P.O. Box 9120, Farmington Hills, MI 48333-9120

