

MEDICA®

Minnesota Senior Care Plus (MSC+)

Card Issued: 12/20/18

Payer ID: 94265
ID: 999999902 Group: 59191

Card Issuer: 80840
MHCP

Name: JOHN Q 00009/00937/59191

Care Type: Medica Choice Care-MSC PLUS
SVC Type: Medical/Comprehensive Dental

OV/CONV/URGI/ER/[CD5]
\$XX / \$XX / \$XX / \$XX / [\$XX]

In case of EMERGENCY go to the
nearest Emergency Room or call 911.

\$3.50 copay for urgent care services in the ER.
Full drug coverage through Medica.

Rx BIN: 004336
Rx PCN: MCAIDMN
Rx Group: RX6419

medica.com/choicecaremsc

Member Services (TTY 711): 1-888-347-3630
NurseLine™ by HealthAdvocate™: 1-866-715-0915
Medica Behavioral Health: 1-800-848-8327
Delta Dental Questions: 1-800-459-8574
Pharmacies call CVS: 1-866-693-4620
Providers call: 1-800-458-5512

Medical claims to: Medica, PO Box 30990, Salt Lake City, UT 84130-0990

Dental Claims: Delta Dental®, PO Box 1328, Minneapolis, MN 55440-1328

RX Claims: CVS Caremark, PO Box 52136, Phoenix, AZ 85072-2136

Appeals and Grievances:

State of MN - DHS Appeals Unit, PO Box 64941, St Paul, MN 55164-0941

Managed Care Ombudsman - 1-651-431-2660 or 1-800-657-3729 (TTY: 711)

MEDICA®

Minnesota Senior Health Options (MSHO)

Card Issued: 12/20/18

Payer ID: 94265
ID: 999999902 Group: 07592

Card Issuer: 80840
MHCP

Name:
JOHN Q 00057/00203/07592
PCP: PCP CLINIC ON THE LAKE DOWNTOWN
PCP Phone: (123) 456-7890

Care Type: Medica DUAL Solution
SVC Type: Medical, Dental/Part D

In case of EMERGENCY go to the
nearest Emergency Room or call 911.

MedicareRx
Prescription Drug Coverage

Rx BIN: 004336
Rx PCN: MEDDMCDMN
Rx Group: RX8623

CMS: Hxxxx-xxx

medica.com/dual

Member Services (TTY 711): 1-888-347-3630
Nurseline™ by HealthAdvocate™: 1-866-715-0915
Medica Behavioral Health: 1-800-848-8327
Delta Dental Questions: 1-800-459-8574
Pharmacies call CVS: 1-866-693-4620
Providers call: 1-800-458-5512

Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130-0990
Dental Claims: Delta Dental®, PO Box 1328, Minneapolis, MN 55440-1328
Rx Claims: CVS Caremark, PO Box 52066, Phoenix, AZ 85072-2066
Appeals and Grievances:
State of MN - DHS Appeals Unit, PO Box 64941, St Paul, MN 55164-0941
Managed Care Ombudsman - 1-651-431-2660 or 1-800-657-3729 (TTY: 711)

MEDICA®

Special Needs BasicCare (SNBC) With Medicare

Card Issued: 12/20/18

Payer ID: 94265
ID: 999999902 Group: 08979

Card Issuer: 80840
MHCP

Name:
JOHN Q 00057/01672/08979
PCP: PCP CLINIC ON THE LAKE DOWNTOWN
PCP Phone: (123) 456-7890

Care Type: AccessAbility Enh SNBC
SVC Type: Medical, Dental/Part D

In case of EMERGENCY go to the
nearest Emergency Room or call 911.

MedicareRx
Prescription Drug Coverage

Rx BIN: 004336
Rx PCN: MEDDMCDMN
Rx Group: RX8719

CMS: Hxxxx-xxx

medica.com/ase

Member Services (TTY 711): 1-888-347-3630
Nurseline™ by HealthAdvocate™: 1-866-715-0915
Medica Behavioral Health: 1-800-848-8327
Delta Dental Questions: 1-800-459-8574
Pharmacies call CVS: 1-866-693-4620
Providers call: 1-800-458-5512

Medical Claims: Medica, PO Box 30990, Salt Lake City, UT 84130-0990
Dental Claims: Delta Dental®, PO Box 1328, Minneapolis, MN 55440-1328
Rx Claims: CVS Caremark, PO Box 52066, Phoenix, AZ 85072-2066
Appeals and Grievances:
State of MN - DHS Appeals Unit, PO Box 64941, St Paul, MN 55164-0941
Managed Care Ombudsman - 1-651-431-2660 or 1-800-657-3729 (TTY: 711)

MEDICA®

Special Needs BasicCare (SNBC) No Medicare

Card Issued: 12/20/18

Payer ID: 94265
ID: 999999902 Group: 05055

Card Issuer: 80840
MHCP

Name: JOHN Q 00009/00924/05055

Care Type: Medica AccessAbility Solution
SVC Type: Medical/Comprehensive Dental

OV/CONV/URGI/ER/[CD5]
\$XX / \$XX / \$XX / \$XX / [\$XX]

In case of EMERGENCY go to the
nearest Emergency Room or call 911.

No Medicare coverage.
Full drug coverage through Medica.

Rx BIN: 004336
Rx PCN: MCAIDMN
Rx Group: RX6419

medica.com/accessability

Member Services (TTY 711): 1-888-347-3630
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Medica Behavioral Health: 1-800-848-8327
Delta Dental Questions: 1-800-459-8574
Pharmacies call CVS: 1-866-693-4620
Providers call: 1-800-458-5512

Medical claims to: Medica, PO Box 30990, Salt Lake City, UT 84130-0990

Dental Claims: Delta Dental®, PO Box 1328, Minneapolis, MN 55440-1328

RX Claims: CVS Caremark, PO Box 52136, Phoenix, AZ 85072-2136

Appeals and Grievances:
State of MN - DHS Appeals Unit, PO Box 64941, St Paul, MN 55164-0941
Managed Care Ombudsman - 1-651-431-2660 or 1-800-657-3729 (TTY: 711)