

Template with Medicare elements  
in red brackets

Name: <John Doe>	DOB: <01/01/1949>
ID: <G1234567801>	Issue Date: <01/01/2019>
PMI# <12345678>	Issuer: 80480 <H2419-001>
Svc Type: Medical/Dental/Rx	<Medicare RxPCN: 06190000>
Care Type: <SCHA SNCARE>	<Medicare RxBIN: 012353>
Dental Netwk: MN Select Dental	Medicaid RxPCN: 06180000 Medicaid Rx BIN: 600428
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<a href="http://www.mnscha.org">www.mnscha.org</a>	< MedicareRx > <small>Prescription Drug Coverage</small>

Authorization is not required for emergency care.

**Member Services:** 1-866-567-7242 TTY 1-800-627-3529 or 711  
**Dental:** Delta Dental of MN 1-800-774-9049 TTY 711  
**24/7 Nurse Advice:** 1-866-538-1226 TTY 1-877-777-6534  
**Plan Grievances & Appeals:** 1-866-567-7242, fax 507-444-7774, or write SCHA, Grievance & Appeals Dept., 2300 Park Dr., Ste. 100, Owatonna, MN 55060.  
**State Appeal:** DHS Appeals Unit, PO Box 64941, St. Paul, MN 55164.  
**Ombudsman:** 1-651-431-2260 (metro) or 1-800-657-3729 (greater MN) TTY 711.

**Provider Services:** Medical: 1-888-633-4055 Dental 1-800-774-9049  
 <Medicare Pharmacy: 1-966-935-6681> Medicaid Pharmacy: 1-866-935-8874  
**Medical claims to SCHA,** Electronic Payer ID# 81600, or mail to: 2300 Park Dr., Ste. 100, Owatonna, MN 55060.  
**Dental claims to Delta Dental of Minnesota,** PO Box 1328, Minneapolis, MN 55440-1328

How Medicaid cards will look without the  
Medicare elements

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