





## Medical Assistance with copay

		<b>Blue Advantage</b>	
<b>Name</b> [ELIZABETH SAMPLENAM46]		<b>GRP</b> [PP412-ZS] Medicaid ID	
<b>ID</b> [LMN#####]			
<b>Svc Types</b> [Med, Rx, Dental]			
Office Visit Copay	[3.00]	Care Type	[MN HLTH Care Program]
ER Copay	[NONE]	Dental Network	[Minnesota Select Dental]
Non-ER Copay	[3.50]	Dental Copay	[NONE]
Eyeglasses Copay	[NONE]	RX Bin	[610455]
Brand Name Copay	[3.00]	RX PCN	[MCAIDMN]
Generic Copay	[1.00]		
Rx Network	[C]		


		[bluecrossmn.com/publicprograms]	
[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]			
[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]		Member Services:/ 24/7 NurseLine [1-800-711-9862] [(TTY 711)]	
[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]		Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448]	
DHS Ombudsman: [651-431-2680], TTY 711		Prime Therapeutics/ Prescription Questions: [1-844-765-5939]	
[DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249]		Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [(TTY 711)]	
[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]		Stop Smoking Program: [1-844-421-5661]	
[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]		Blue Ride: [1-866-340-8648]	
[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]			
MN00		Revised 7/25/18	


## Medical Assistance no copay

		<b>Blue Advantage</b>	
<b>Name</b> [ELIZABETH SAMPLENAM46]		<b>GRP</b> [PP412-ZS] Medicaid ID	
<b>ID</b> [LMN#####]			
<b>Svc Types</b> [Med, Rx, Dental]			
Office Visit Copay	[NONE]	Care Type	[MN HLTH Care Program]
ER Copay	[NONE]	Dental Network	[Minnesota Select Dental]
Non-ER Copay	[NONE]	Dental Copay	[NONE]
Eyeglasses Copay	[NONE]	RX Bin	[610455]
Brand Name Copay	[NONE]	RX PCN	[MCAIDMN]
Generic Copay	[NONE]		
Rx Network	[C]		


		[bluecrossmn.com/publicprograms]	
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[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]		Member Services:/ 24/7 NurseLine [1-800-711-9862] [(TTY 711)]	
[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]		Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448]	
DHS Ombudsman: [651-431-2680], TTY 711		Prime Therapeutics/ Prescription Questions: [1-844-765-5939]	
[DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249]		Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [(TTY 711)]	
[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]		Stop Smoking Program: [1-844-421-5661]	
[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]		Blue Ride: [1-866-340-8648]	
[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]			
MN01		Revised 7/25/18	


## MinnesotaCare – copay

		<b>MinnesotaCare</b>	
<b>Name</b> [ELIZABETH SAMPLENAM46]		<b>GRP</b> [PP412-ZS] Medicaid ID	
<b>ID</b> [LMN#####]			
<b>Svc Types</b> [Med, Rx, Dental]			
Office Visit Copay	[25.00]	Care Type	[MN HLTH Care Program]
ER Copay	[75.00]	Dental Network	[Minnesota Select Dental]
Non-ER Copay	[75.00]	Dental Copay	[NONE]
Eyeglasses Copay	[25.00]	RX Bin	[610455]
Brand Name Copay	[25.00]	RX PCN	[MCAIDMN]
Generic Copay	[7.00]		
Rx Network	[C]		


		[bluecrossmn.com/publicprograms]	
[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]			
[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]		Member Services:/ 24/7 NurseLine [1-800-711-9862] [(TTY 711)]	
[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]		Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448]	
DHS Ombudsman: [651-431-2680], TTY 711		Prime Therapeutics/ Prescription Questions: [1-844-765-5939]	
[DHS Appeals Unit PO Box 64941 St. Paul, MN 55164-0249]		Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [(TTY 711)]	
[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]		Stop Smoking Program: [1-844-421-5661]	
[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]		Blue Ride: [1-866-340-8648]	
[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]			
MN02		Revised 7/25/18	


## MinnesotaCare – no copay

		<b>MinnesotaCare</b>	
<hr/>			
Name	GRP	[PP412-ZS]	
[ELIZABETH SAMPLENAM46]	Medicaid ID		
<hr/>			
ID			
[LMN#####]			
<hr/>			
Svc Types	[Med, Rx, Dental]	Care Type	[MN HLTH Care Program]
Office Visit Copay	[NONE]	Dental Network	[Minnesota Select Dental]
ER Copay	[NONE]	Dental Copay	[NONE]
Non-ER Copay	[NONE]	RX Bin	[610455]
Eyeglasses Copay	[NONE]	RX PCN	[MCAIDMN]
Brand Name Copay	[NONE]		
Generic Copay	[NONE]		
Rx Network	[C]		


		<a href="http://bluecrossmn.com/publicprograms">[bluecrossmn.com/publicprograms]</a>	
<p><small>[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]</small></p>			
<p><small>[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]</small></p>		<p><small>Member Services/ 24/7 NurseLine: [1-800-711-9862] [TTY 711]</small></p>	
<p><small>[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]</small></p>		<p><small>Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448] Prime Therapeutics/ Prescription Questions: [1-844-765-5939] Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [TTY 711]</small></p>	
<p><small>[DHS Ombudsman: [851-431-2660], TTY 711]</small></p>		<p><small>Stop Smoking Program: [1-844-421-5661] Blue Ride: [1-866-340-8648]</small></p>	
<p><small>[DHS Appeals Unit PO Box 64641 St. Paul, MN 55164-0249]</small></p>		<hr/> <p><small>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]</small></p>	
<p><small>[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]</small></p>			
<p><small>[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</small></p>			
<p><small>MN03</small></p>		<p><small>Revised 7/25/18</small></p>	


## Minnesota Senior Care Plus (MSC+) with copay

		<b>Blue Advantage</b>	
<hr/>			
Name	GRP	[PP412-ZS]	
[ELIZABETH SAMPLENAM46]	Medicaid ID		
<hr/>			
ID			
[LMN#####]			
<hr/>			
Svc Types	[Med, Rx, Dental]	Care Type	[MN HLTH Care Program]
Office Visit Copay	[3.00]	Dental Network	[Minnesota Select Dental]
ER Copay	[NONE]	Dental Copay	[NONE]
Non-ER Copay	[3.50]	RX Bin	[610455]
Eyeglasses Copay	[NONE]	RX PCN	[MCAIDMN]
Brand Name Copay	[3.00]		
Generic Copay	[1.00]		
Rx Network	[C]		

		<a href="http://bluecrossmn.com/publicprograms">[bluecrossmn.com/publicprograms]</a>	
<p><small>[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]</small></p>			
<p><small>[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]</small></p>		<p><small>Member Services/ 24/7 NurseLine: [1-800-711-9862] [TTY 711]</small></p>	
<p><small>[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]</small></p>		<p><small>Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448] Prime Therapeutics/ Prescription Questions: [1-844-765-5939] Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [TTY 711]</small></p>	
<p><small>[DHS Ombudsman: [851-431-2660], TTY 711]</small></p>		<p><small>Stop Smoking Program: [1-844-421-5661] Blue Ride: [1-866-340-8648]</small></p>	
<p><small>[DHS Appeals Unit PO Box 64641 St. Paul, MN 55164-0249]</small></p>		<hr/> <p><small>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]</small></p>	
<p><small>[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]</small></p>			
<p><small>[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</small></p>			
<p><small>MN04</small></p>		<p><small>Revised 7/25/18</small></p>	

## Minnesota Senior Care Plus (MSC+) – no copay

		<b>Blue Advantage</b>	
<hr/>			
Name	GRP	[PP412-ZS]	
[ELIZABETH SAMPLENAM46]	Medicaid ID		
<hr/>			
ID			
[LMN#####]			
<hr/>			
Svc Types	[Med, Rx, Dental]	Care Type	[MN HLTH Care Program]
Office Visit Copay	[NONE]	Dental Network	[Minnesota Select Dental]
ER Copay	[NONE]	Dental Copay	[NONE]
Non-ER Copay	[NONE]	RX Bin	[610455]
Eyeglasses Copay	[NONE]	RX PCN	[MCAIDMN]
Brand Name Copay	[NONE]		
Generic Copay	[NONE]		
Rx Network	[C]		

		<a href="http://bluecrossmn.com/publicprograms">[bluecrossmn.com/publicprograms]</a>	
<p><small>[Members: Possession of this card does not guarantee eligibility of benefits. Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.]</small></p>			
<p><small>[Delta Dental of Minnesota PO Box 1328 Minneapolis, MN 55440-1328]</small></p>		<p><small>Member Services/ 24/7 NurseLine: [1-800-711-9862] [TTY 711]</small></p>	
<p><small>[Blue Plus P O Box 64033 St. Paul, MN 55164-4033]</small></p>		<p><small>Behavioral Health Crisis Line: [1-844-410-0745] Provider Service: [1-866-518-8448] Prime Therapeutics/ Prescription Questions: [1-844-765-5939] Pharmacist Only: [1-844-765-5940] Delta Dental of MN: [1-800-774-9049] [TTY 711]</small></p>	
<p><small>[DHS Ombudsman: [851-431-2660], TTY 711]</small></p>		<p><small>Stop Smoking Program: [1-844-421-5661] Blue Ride: [1-866-340-8648]</small></p>	
<p><small>[DHS Appeals Unit PO Box 64641 St. Paul, MN 55164-0249]</small></p>		<hr/> <p><small>[Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.]</small></p>	
<p><small>[Providers: Submit claims to the local Blue Cross and/or Blue Shield plan.]</small></p>			
<p><small>[Blue Plus, PO Box 61249 Virginia Beach, VA 23466]</small></p>			
<p><small>MN05</small></p>		<p><small>Revised 7/25/18</small></p>	

# Card Front Minnesota Senior Health Options (MSHO)

# Card Back



SecureBlue<sup>SM</sup> (HMO SNP)  
H2425001

Name  
**<Member Name>**  
ID  
**<JTM><9 Digit Facets ID>**

Group # **<8 digits>**  
Medicaid ID **<8 digits>**  
[PCC][<1<sup>st</sup> initial, lstname>][<clinic name>]  
[PCC Telephone] [<1-xxx-xxx-xxx>]

Svc Types **<Med, RX>**  
Brand Name Copay **<\$3.80/\$8.50/  
NONE/15%>**  
Generic Copay **<\$1.25/\$3.40/  
NONE/15%>**  
RX Network **<Standard>**  
Dental Network **<MN Select>**

Care Type **<MN HLTH Care Prog>**  
RX Bin **<610455>**  
RX PCN **<SBPARTD>**  
[RX ID] **[<RX ID#>]**  
Issuer **<80840>**

MEDICARE  
ADVANTAGE | **HMO**

**Medicare<sub>Rx</sub>**  
Prescription Drug Coverage



<bluecrossmn.com/secureblue>

**Members:** Authorization not required for emergency care. For appeals or grievances, call the applicable number or write to an address below.

[<Delta Dental of Minnesota,  
PO Box 1328,  
Minneapolis, MN 55440-1328>]  
[<Blue Plus Appeals and Grievances  
PO Box 64033,  
St. Paul, MN 55164-4033>]  
[<DHS Appeals Unit, PO Box 64941  
St. Paul, MN 55164-0942>]

**Providers:** Submit claims to the local Blue Cross and/or Blue Shield plan.

[<Blue Plus  
PO Box 61249  
Virginia Beach, VA 23466>]

Member Services **<1-888-740-6013>**  
Behavioral Health **<1-844-410-0745>**  
DHS Ombudsman **<651-431-2660>**  
**<TTY 711>**  
Nurse Line **<1-888-740-6013>**  
Medical TTY **<711>**  
Provider Service **<1-866-518-8448>**  
Prime Therapeutics /  
Prescription Questions **<1-888-877-6424>**  
Pharmacist Only **<1-800-648-2778>**  
Delta Dental of MN **<1-800-774-9049>**  
Dental TTY **<711>**  
Stop Smoking Program **<1-844-421-5661>**  
Blue Ride **<1-866-340-8648><(TTY 711)>**

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