

Samples of Minnesota Health Care Programs – Prepaid Health Plan (HMO) Enrollee Cards

BlueCross BlueShield of Minnesota

Blue Advantage

Name: **ELIZABETH SAMPLENAME**
 ID: **FBOXZ1234567** Member #: **00**

GRP: **PP021-ZA**

PCP: **PROVIDER NAME LINE 1**
PROVIDER NAME LINE 2

Svc Types: **NONE**
 Office Visit Copay: **NONE**
 ER Copay: **NONE**
 Non-ER Copay: **NONE**
 Eyeglasses Copay: **NONE**
 Brand Name Copay: **NONE**
 Generic Copay: **NONE**
 RxNetwork: **SELECT**

Dental Copay: **NONE**
 Dental Network: **CIVICSMILES**

Care Type: **MN HLTH CARE PROG**
 RxBIN: **610455**
 RxPCN: **PGIGN**

HealthPartners

ID: **55555555** Group: **41##** January

Name: **John Doe**
 Care Type: **HealthPartners Care** PM01062363
HealthPartners Dental Pkg: **GSP##**

Office: **\$0.00**
 Rx BIN 610468 RxPCN HP: **See Contract**
 ER: **\$0.00**
 Urgent: **\$0.00**
 Deductible: **\$0.00**

PCP Code: **PCP or Network** PCP Phone: **612-347-2300**

Medical: **244 HCMC GENERAL MEDICINE** 612-347-2300
 Preventive Dental: **244 HCMC GENERAL MEDICINE** 612-347-2300
 Rx: **\$1 Generic, \$3 Brand - \$12 Monthly Max**

INTEGRITY

RxBIN: **610415** RxPCN: **PCS**
 RxGrp: **T394 FARM**
 Issuer: **80840**
 ID #: *********
 Name: **Member Name**
 Care Type: **Varies**
 Svc Type: **Minnesota Health Care Program**
 Pharmacy: **Pharmacy Name**
 Chiropractor: **Chiropractor Name**

CAREMARK
It all starts with care

PCP: **PCP Name**
 PCP Phone Number: **PCP Phone Number**

MEDICA.

CLM SBM#
 Rx BIN: **003685** Rx PCN: **99500**

ID: **59118999999903-00**
 NAME: **JOHN Q 00009/00402/59118**

Account: **59118**
 Care Type: **Medica Choice Care**
 Svc Type: **Medical/ Comprehensive Dental**

MHP

RxBIN: [BIN] Rx PCN: [PCN]
 RxGrp: [GRP]
 Issuer: **Metropolitan Health Plan**
 ID-Group: **999999998-1300** Rx ID: **0999999998**
 Name: **JOHN J MA/1300**
 Care Type: **Medical Assistance**
 Svc Type: **OV \$0**
ER \$0
RX [Copay Value]
Eyewear \$0
IP \$0
Dental \$0
 Medical Home: **[CLINIC]**

Minnesota Health Care Programs (MHCP)
 Present this card every time you go for medical care.

Member Number: **1234567890**
 Member Name: **JANE A DOE**
 Birth Date: **11/15/2005**
 Gender: **FEMALE**
 Rx BIN: **610459**

More information on back of card.

PrimeWest HEALTH

Grp: **(80840)**
 Issuer: **(80840)**
 ID #: *********
 Name: *********
 RxBIN: **610455**
 RxPCN: *********
 Care Type: **<Program>**
 PCC: *********

Svc Type: **OV**
ER
IP
Eyewear
Dental
RX

SOUTH COUNTRY HEALTH ADVANCE

PMAP

Name: **SAMPLE, JOSEPH Q** Effective Date: **01/01/2007**
 ID: **00123456701** PMW: **01234567**
 DOB: **02/10/1981** Svc Type: **Medical/Vb**
 Group: **SCHA** Care Type: **SCHAMA**
 PCC: **CLINIC LOCATION** Phone: **(555)555-5555**

Office Visit Copay: **\$** Non-Emergency ER: **\$** Eye Glasses: **\$**
 PCN: **SHCMD** RxBIN: **610455**

PRIME THERAPEUTICS

Ucare

500 Stinson Boulevard N.E.
 Minneapolis, MN 55413
 612-678-3200 or 1-800-203-7225

Issuer: **80840** DOB: **<mm/dd/yyyy>**
 ID: **<00099999999>** PMI#: **<xxxxxxxx>**
 Name: **<SAMPLE CARD - U2320A>**
 Care Type: **<UCARE PMAP/MNCARE/GAMC>**
 Svc Type: **<xxxxxxxxxxxxxxxx>**
 PCP: **<xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx>**
 Account: **<xxxxxx>**

Adult Copay (non-pregnant):
 Rx Brand/Generic: **<\$/\$x>** OV: **<\$x>**
 Glasses: **<\$x/\$x>** Non Emergency ER: **<\$x>**
 Inpatient Hospital: **xx% with \$xxxx annual max**
 Printed 10/09