

Updated 6/10/2024

Aerostar (Available Nationwide)

Program Requirements:

- Must be an Aerostar employee only
- 8 visits = up to \$30 reimbursement



Avera Health

Program Requirements:

- Eligible adult must be enrolled on the Avera Health Employee Health Plan
- Must be an Avera employee and/or spouse only
- 8 visits = up to \$20 reimbursement
- One (1) card per member

(Available Nationwide)



Blue Cross Blue Shield of North Dakota

- Program Requirements:Up to 2 people per household
- Subscriber and subscriber's spouse
- 12 visits = redeemable for points
- 9-Month program only ~ Jan-Sept
- One (1) card per household





(Available Nationwide)

Fargo Public Schools

Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse; both must be covered under the District's health insurance program
- 12 visits = up to \$20 reimbursement
- Employee's spouse adds an "S" at the end of the badge #

(Available in greater MN and the ND area)





HealthPartners

Program Requirements:

- Up to 2 people per household; Must be 18 years or older
- 12 visits = up to \$20 reimbursement
- One (1) card per member

(Available Nationwide per sponsor)

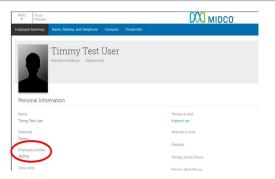


Midco

Program Requirements:

- Employee + spouse; Spouse adds an "S" at the end of the Employee Id #
- 8 visits = up to \$20 reimbursement
- Employee ID is located on internal system; no physical card

(Cable/TV Company in select cities Nationwide)



Northern Plains Insurance Pool

Program Requirements:

- Employee Only
- 8 visits = up to \$20 reimbursement
- One (1) card per employee

(**52** School Districts in South Dakota)





Prime Health

Program Requirements:

- 2 Eligible people per household
- Member and/or 2nd dependent adult (18 years of age of older)
- 12 visits = up to \$20 reimbursement
- One (1) card per household

(Available in Minnesota)

(Available in Minnesota)



PrimeWest

Program Requirements:

- Eligible programs: Senior Health Complete (MSHO),
 Prime Health Complete,
 - Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SNBC)
- 0 visits = up to \$30 reimbursement
- One (1) card per member

PrimeWest HEALTH 3905 Dakota St Alexandria, MN 56308 www.primewest.org Member: ID #: Issuer: (80840) Care Type: Wed Grp: Svc Type: Medical/Dental/Rx RxGrp: PRW01 RxBIN: 015574 RxPCN: PWPROD1 Minnesota Health Care Programs Minnesota Health Care Programs Minnesota Health Care Programs Minnesota Health Care Programs

Card issued:

Sanford Health Plan

Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse; enter an "E" for Subscriber and "S" for Spouse in the Dep ID # field
- 12 visits = up to \$20 reimbursement
- One (1) card per member

(Available Nationwide)

Medimpact





South Country Health Alliance

(Available in Minnesota)

Program Requirements:

No limit of participants per household*

SeniorCare Complete:

- No minimum visits = up to \$40 reimbursement
- Must have a paid membership

AbilityCare:

- No minimum visits = up to \$65 reimbursement
- Must have a paid membership

MSC+, SharedCare & SingleCare:

- 4 visits = up to \$20 reimbursement
- One (1) card per

SAMPLE

Name: John Doe
ID: G1234567801
PMI# 12345678

Svc Type: Medical/Dental/Rx
Care Type: SCHA MSC+
Dental Netwk: MN Select Dental

www.mnscha.org

*There is no limit per household, as long as each participant is eligible and enrolled during the respective month and has a paid gym membership.

UCare (Available Nationwide)

Program Requirements:

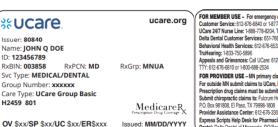
One (1) card per member

Medicare Members:

- No Minimum visits = up to \$30 reimbursement
- Must have a paid membership

Individual Family Plan (IFP), UCare MinnesotaCare, and UCare MA:

12 visits = up to \$20 reimbursement



FOR MEMBER USE - For emergency care go to the nearest hospital or call 911.

Customer Service: 612-676-6940 or 1477-447-485, TTY: 612-676-6810 or 1400-688-2534

Ucare 2AT Nuses Line: 1889: 778-695, TTY: 1455-576-810 or 1400-688-2534

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Behavioral Health Services: 612-67-650 or 1483-276-1185

Truf-sering: 1433-770-5856

Appeals and Grienaness: Call Ucare: 612-676-6941 or 1407-523-1517,
TTY: 612-67-6910 or 1400-688-2534

FOR PROVIDER USE – MIN primary claims must be submitted electronically.
For outside Mis submit claims to Ucare, DC. Box TR, Minneapolis, Min 35440-0070.
Prescription drug claims must be submitted electronically to Express Scripts.

Submit chichopartic claims for Enione Health (no. P.O. Box S1900, El Paso, 177. 79998-1808)

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Provider Assistance Center: 612-678-3300 or 1-888-531-1433

Express Scripts Help Desk for Pharmacies: 1400-922-1537

Dental: Delba Center of Minnesse, Desk 9120, Farmington Hils, MI 45333-9120

National Independent Health Club Association

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