

# Earn a \$30 reward

# Cervical cancer screening

## Complete your screening and earn a \$30 reward

Early detection matters. Regular screening is the best way to find cervical cancer in its early stages. If found early, cervical cancer is one of the most treatable cancers. Talk to your doctor about what screenings are right for you.

### Recommended screenings:

- Pap test: Every three years for ages 21 30
- Pap and HPV test: Every five years beginning at age 30

Find out what other rewards you may be eligible for — sign in or create an online member account at **member.ucare.org.** Once you're signed in, go to *Health & Wellness*, then *Wellness, Rewards & Allowance*. For more information, call the customer service number on the back of your UCare member ID card.

#### Terms and conditions

- · Limit one reward per program, per calendar year, for eligible members
- Member must be enrolled in one of these UCare plans at the time of the exam, test or screening and at the time of redemption: UCare Connect, UCare Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview, Prepaid Medical Assistance Program (PMAP) or MinnesotaCare
- Date of service must be completed during the plan year listed on the voucher and mailed back to UCare within the plan year
- · Members must have a provider complete and sign the voucher prior to returning it
- · Incomplete or ineligible vouchers will be denied, and you will be notified by mail
- Reward dollars will be loaded on your Healthy Benefits+ Visa® card. If you have not received a card, one will be mailed to you.
- Reward dollars on your Healthy Benefits+ Visa card will expire upon plan termination
- Rewards are subject to change. UCare reserves the right to deny rewards for any reason.



# \$30 reward

# Cervical cancer screening

Please use black ink. All fields required.

To be completed by member:	
UCare member ID number	Member date of birth
Member name	
Mailing address	
City, state, zip	
To be completed by doctor/clinic staff:	
Type of screening □ Pap □ HPV	
Screening documented in the patient medical record?   Yes	□ No
2024 date of screening	
Clinic name	
Clinic phone	
Doctor/clinic staff signature	

Allow 4 – 6 weeks for reward delivery. For eligible visits completed in 2024.

Mail to:

ATTN HEALTH PROMOTION UCARE PO BOX 52 MINNEAPOLIS, MN 55440-9682



# Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល្ល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပာ်သူဉ်ပာ်သးဘဉ်တက္ ဂ်. ဖဲနမ့်၊လိဉ်ဘဉ်တ၊မၤစၢၤကလီလ၊တ၊ကကျိးထံဝဲ¢ဉ်လံာ် တီလံာ်မီတခါအံၤန္ဉ်,ကိုးဘဉ် လီတဲစိနီါဂ်ါလ၊ထးအံၤန္ဉ်ာတက္ ဂ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## **Civil Rights Notice**

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status

- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status

- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

**UCare** 

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052 Toll Free: 1-800-203-7225 TTY: 1-800-688-2534

Fax: 612-884-2021 Email: cag@ucare.org

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

race

age

religion (in some cases)

color

disability

national origin

sex

Contact the OCR directly to file a complaint:

Office for Civil Rights

U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019

TDD Toll-free: 800-537-7697 Email: ocrmail@hhs.gov

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

race

creed

public assistance

• color

sex

status

national origin

sexual orientation

disability

religion

• marital status

### Contact the MDHR directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201

St. Paul, MN 55104

651-539-1100 (voice)

800-657-3704 (toll-free)

711 or 800-627-3529 (MN Relay)

651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

## Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service