

Earn a \$25 reward

Blood pressure screening

Complete your blood pressure screening and earn a \$25 reward.

The higher your blood pressure, the more at risk you are for other health problems, such as heart disease, heart attack and stroke. Tracking your blood pressure can help identify health concerns early, when they're easier to treat.

Complete this screening in person or as a telehealth visit if offered by your doctor. A telehealth visit is a scheduled appointment. It offers the convenience of talking to your doctor on your telephone, computer or mobile device.

Manage your rewards and 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 member ID card.

Terms and conditions

- Limit one reward per program, per calendar year for one blood pressure screening between July 1 December 31, 2025 for eligible members diagnosed with hypertension
- Member must be enrolled in an eligible EssentiaCare plan at the time of the exam, test or screening and at the time of redemption
- Date of service must be completed during the plan year listed on the voucher and submitted within 120 days of the exam, test or screening
- 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
- Reward dollars on your Healthy Benefits+ Visa card will expire 365 days from the date of deposit. If your plan is terminated, all funds on your Healthy Benefits+ Visa card will expire.
- Rewards are subject to change. EssentiaCare reserves the right to deny rewards for any reason.

Statement of Nondiscrimination

EssentiaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY 612-676-6810/1-800-688-2534).



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Voucher must be mailed to EssentiaCare within 120 days of the date of service.

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	
2025 date of blood pressure screening: (Screening must be completed July 1 – December 31, 20	
Was this a telehealth visit? ☐ Yes ☐ No	
Clinic name	
Clinic phone	
To be completed by doctor/clinic staff or with Blood pressure screening documented in the patient rec	
Blood pressure (hypertension) management plan create	d for patient? ☐ Yes ☐ No
• If reading is done by member or any non-certified hea digital (not manual) blood pressure monitor	Ithcare professional, the readings must be done on a
• Blood pressure measurements must be reported as di	screte diastolic and systolic measurements
Doctor/clinic staff signature or name(Signature required for in-person visits; doctor name rec	
Allow 4 – 6 weeks for reward delivery.	

Mail to:

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