

# Earn a \$30 reward

## Annual urine protein test

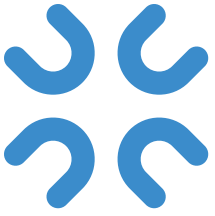
### Complete a urine protein test and earn a \$30 reward.

Early detection matters. A urine protein test detects abnormal levels of protein in the urine and should be performed yearly to check your kidneys for any signs of damage. An annual urine protein test is recommended even if your diabetes is being managed by eating healthy foods, living an active lifestyle and taking any medicines as prescribed by your doctor. You should also have a yearly dilated or retinal eye exam and blood glucose (A1C) test. These tests help your doctor detect signs of damage to your heart, blood vessels, nervous system or kidneys.

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](https://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 with diabetes
- Member must be enrolled in one of these plans at the time of the exam, test or screening and at the time of redemption: Individual & Family Plans, UCare's Minnesota Senior Health Options, UCare Connect + Medicare, UCare Connect, Minnesota Senior Care Plus, Prepaid Medical Assistance Program, MinnesotaCare, UCare Medicare (excluding UCare Advocate Plans) or UCare Your Choice Plans.
- Date of service must be in the plan year listed on the voucher and the voucher must be mailed to UCare 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. If you have not received a card, one will be mailed to you.
- 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. UCare reserves the right to deny rewards for any reason.



## \$30 reward

### Annual diabetes urine protein test

This voucher must be mailed to UCare within 120 days of the date of service.  
Please use black ink. All fields required. Allow 4 – 6 weeks for reward delivery.

#### 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:

Urine Albumin/Creatinine Ratio Lab Test and result documented and reported as CPT 82043/82570  
in patient medical record?  Yes  No

Diabetic condition documented in patient record?  Yes  No

2025 date of urine protein test \_\_\_\_\_

Clinic name \_\_\_\_\_

Clinic phone \_\_\_\_\_

Doctor/clinic staff signature \_\_\_\_\_

Mail to:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

H2456\_H5937\_Y0120\_2459\_8070\_7756\_122024\_C

U7756 (01/2025)



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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ 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.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လီၤဝဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໄພາຍເລກຂ້າງເທິງນີ້.

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](mailto: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
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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](mailto: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
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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](mailto: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