

# Earn a \$25 reward

## Blood pressure check

### Get your blood pressure checked and earn a \$25 reward

The higher your blood pressure, the more at risk you are for certain 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 visit 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 using a telephone, computer or mobile device.

#### Tips to keep your blood pressure in a healthy range:

- Eat a healthy diet, low in salt
- Be physically active every day
- Don't smoke or use tobacco
- Limit alcohol use
- Take medications as directed

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.

Check your member contract for a list of covered preventive services. These preventive services are no cost to you when provided by an in-network provider. If a test or exam is considered diagnostic, you may be responsible for some costs.

#### Terms and conditions

- Limit one reward per program per calendar year for one blood pressure check between July 1 – December 31, 2024 for eligible members diagnosed with hypertension
- 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 Individual & Family Plans, UCare Individual & Family Plans with M Health Fairview & North Memorial, UCare Connect + Medicare, UCare's Minnesota Senior Health Options (MSHO), Minnesota Senior Care Plus (MSC+), UCare Medicare Plans (excluding UCare Advocate Plans) or UCare Medicare with M Health Fairview & North Memorial
- 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.

UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.



## \$25 reward

### Blood pressure check

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 \_\_\_\_\_

2024 date of blood pressure check: \_\_\_\_\_

Was this a telehealth visit?  Yes  No

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

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

#### To be completed by doctor/clinic staff or with doctor/clinic staff during a telehealth visit:

Blood pressure check documented in the patient record?  Yes  No

Blood pressure (hypertension) management plan created for patient?  Yes  No

- If reading is done by member or any non-certified healthcare professional, the readings must be done on a digital (not manual) blood pressure monitor
- Blood pressure measurements must be reported as distinct diastolic and systolic measurements

Doctor/clinic staff signature or name \_\_\_\_\_

*(Signature required for in-person visits; doctor name required for telehealth visits)*

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

Mail to:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

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U8016 (11/2023)





## 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