

# Earn a \$25 reward

## Blood pressure check

### Complete your blood pressure screening 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 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.

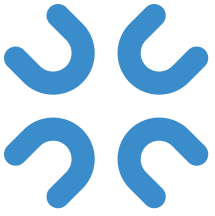
### Tips to keep your blood pressure in a healthy range:

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

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 one blood pressure screening between July 1 – December 31, 2025, for eligible members who have been diagnosed with hypertension
- 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, Minnesota Senior Care Plus or UCare Medicare (excluding UCare Advocate 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.



## \$25 reward

### Blood pressure screening

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 \_\_\_\_\_

2025 date of blood pressure screening: \_\_\_\_\_

*(Screening must be completed July 1 – December 31, 2025.)*

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 screening 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 health care 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 for distinct date(s)

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

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

Mail to:

ATTN HEALTH PROMOTION

UCARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682



## 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