

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. 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 eligible members with diabetes
- 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).

EssentiaCare

Essentia Health + UCare

\$30 reward

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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:

EssentiaCare 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 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 _____

Allow 4 – 6 weeks for reward delivery.

Mail to:

ATTN HEALTH PROMOTION

UCARE ESSENTIACARE

PO BOX 52

MINNEAPOLIS, MN 55440-9682

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