

Mayo Medical Plan Fact Sheet

Overview

Medica began administering medical benefits for Mayo Clinic employees through Medica Health Plan Solutions, a division of Medica, in 2019. Mayo Clinic employees enroll in the “Mayo Medical Plan,” which has a tiered network as outlined below. To verify network providers for Mayo Medical Plan, [see the provider directory on medicahp.com](http://www.medicahp.com/provider-directory).


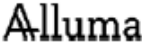


2020 ID Card Example (MN/WI)

<p>Mayo Medical Plan</p> <p>Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John A0021/ACOMMMN SE03/ Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p>Administered by MEDICA.</p>	 	<p>Members: Medica.com/MemberSite</p> <p>Claims: Medica, PO Box 211435, Eagan, MN 55121</p> <p>Chiropractic Claims: Magellan Healthcare, 7805 Hudson Rd, Ste 190, Woodbury, MN 55125. ED# 41150</p> <p>Customer Service: 1-866-839-4015</p> <p> TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com</p> <p>Provider Service: 1-800-458-5512 or Medica.com/Providers</p> <p>AirMed: 1-833-878-9765 or 1-507-242-4477</p> <p>NurseLine: 1-800-226-1144</p> <p style="text-align: center;">   </p> <p>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</p> <p style="text-align: center;">Medica includes Medica Health Plan Solutions</p>
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2021 ID Card Example (MN/WI)

<p>Mayo Medical Plan</p> <p>Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John ACOMMNSE08/STD/A0021 Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p>Administered by MEDICA.</p>	 	<p>Members: Medica.com/MemberSite</p> <p>Claims: Medica, PO Box 211435, Eagan, MN 55121</p> <p>Customer Service: 1-866-839-4015</p> <p> TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com</p> <p>Provider Service: 1-800-458-5512 or Medica.com/Providers</p> <p>AirMed: 1-833-878-9765 or 1-507-242-4477</p> <p>NurseLine: 1-800-226-1144</p> <p style="text-align: center;">  </p> <p>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</p> <p style="text-align: center;">Medica includes Medica Health Plan Solutions</p>
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2020 ID Card Example (AZ)

<p>Mayo Medical Plan</p> <p>AZ EDI ID: 53589 AZ Group ID: MAY001 Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John A0021/ACOMMNSB01/ 123456789100 Jane Samplemember 123456789101 Joe Samplemember 123456789102 Julie Samplemember 123456789103 Jake Samplemember 123456789104 Joshua Samplemember 123456789105</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p>Administered by MEDICA.</p>	 	<p>Members: Medica.com/MemberSite</p> <p>Claims: Medica, PO Box 211435, Eagan, MN 55121</p> <p>BCBSAZ contracted Providers/Facilities within the state of AZ should transmit electronic claims directly to BCBSAZ using EDI# 53589</p> <p>Customer Service: 1-866-839-4015</p> <p> TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com</p> <p>Provider Service: 1-800-458-5512 or Medica.com/Providers</p> <p>AirMed: 1-833-878-9765 or 1-507-242-4477</p> <p>NurseLine: 1-800-226-1144</p> <p>Outside of AZ:  </p> <p><small>All claims for contracted facilities within the State of Arizona must be submitted to BCBSAZ. Arizona network provided by Blue Cross®/Blue Shield® of Arizona (BCBSAZ). BCBSAZ provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.</small></p> <p>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</p> <p style="text-align: center;">Medica includes Medica Health Plan Solutions</p>
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2021 ID Card Example (AZ)

<p>Mayo Medical Plan</p> <p>AZ EDI ID: 53589 AZ Group ID: MAY001 Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John ACOMMNSE01/STD/A0021 123456789100 Jane Samplemember 123456789101 Joe Samplemember 123456789102 Julie Samplemember 123456789103 Jake Samplemember 123456789104 Joshua Samplemember 123456789105</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p style="text-align: right;">Administered by MEDICA.</p>	 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;"> Rx BIN: 005377 Rx PCN: 10000019 Rx GROUP: MAYORX </div> <p>Alluma</p>	<p>Members: Medica.com/MemberSite Claims: Medica, PO Box 211435, Eagan, MN 55121 BCBSAZ contracted Providers/Facilities within the state of AZ should transmit electronic claims directly to BCBSAZ using EDI# 53589</p> <p>Customer Service: 1-866-839-4015 TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com Provider Service: 1-800-458-5512 or Medica.com/Providers AirMed: 1-833-878-9765 or 1-507-242-4477 NurseLine: 1-800-226-1144</p> <p>Outside of AZ:  First Health Network</p> <p><small>All claims for contracted facilities within the State of Arizona must be submitted to BCBSAZ. Arizona network provided by Blue Cross®/Blue Shield® of Arizona (BCBSAZ). BCBSAZ provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.</small></p> <p><small>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</small></p> <p style="text-align: right;"><small>Medica includes Medica Health Plan Solutions</small></p>
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2020 ID Card Example (FL)

<p>Mayo Medical Plan</p> <p>Payer ID: 88090 ID: 1234567891 Group #: A0021</p> <p>Name: John A0021/ACOMMNSE06/ Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p style="text-align: right;">Administered by MEDICA.</p>	 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;"> Rx BIN: 005377 Rx PCN: 10000019 Rx GROUP: MAYORX </div> <p>Alluma</p>	<p>Members: Medica.com/MemberSite Claims: Zelis/Medica P1MB 404, 15560 N Frank Lloyd Wright Blvd, Scottsdale, AZ 85260</p> <p>Customer Service: 1-866-839-4015 TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com Provider Service: 1-800-458-5512 or Medica.com/Providers AirMed: 1-833-878-9765 or 1-507-242-4477 NurseLine: 1-800-226-1144</p> <p style="text-align: center;"> <small>Custom Network Access in FL</small></p> <p><small>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</small></p> <p style="text-align: right;"><small>Medica includes Medica Health Plan Solutions</small></p>
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2021 ID Card Example (FL) – note new address for Zelis claims.

<p>Mayo Medical Plan</p> <p>Payer ID: 88090 ID: 1234567891 Group #: A0021</p> <p>Name: John ACOMMNSE06/STD/A0021 Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p style="text-align: right;">Administered by MEDICA.</p>	 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;"> Rx BIN: 005377 Rx PCN: 10000019 Rx GROUP: MAYORX </div> <p>Alluma</p>	<p>Members: Medica.com/MemberSite Claims: Zelis/Medica PO Box 2639 Farmington Hills, MI 48333</p> <p>Customer Service: 1-866-839-4015 TTY Users: 711</p> <p>Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com Provider Service: 1-800-458-5512 or Medica.com/Providers AirMed: 1-833-878-9765 or 1-507-242-4477 NurseLine: 1-800-226-1144</p> <p style="text-align: center;"> <small>Custom Network Access in FL</small></p> <p><small>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</small></p> <p style="text-align: right;"><small>Medica includes Medica Health Plan Solutions</small></p>
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2020 ID Card Example (Other States)

<p>Mayo Medical Plan</p> <p>Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John A0021/ACOMMN SE04/ Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p style="text-align: right;">Administered by MEDICA.</p>	  	<p>Members: Medica.com/MemberSite Claims: Medica, PO Box 211435, Eagan, MN 55121 Customer Service: 1-866-839-4015 TTY Users: 711 Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com Provider Service: 1-800-458-5512 or Medica.com/Providers AirMed: 1-833-878-9765 or 1-507-242-4477 NurseLine: 1-800-226-1144</p> <p style="text-align: center;"></p> <p>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</p> <p style="text-align: center;">Medica includes Medica Health Plan Solutions</p>
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2021 ID Card Example (Other States)

<p>Mayo Medical Plan</p> <p>Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>Name: John ACOMMNSE08/STD/A0021 Jane Samplemember Joe Samplemember Julie Samplemember Jake Samplemember Joshua Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <p style="text-align: right;">Administered by MEDICA.</p>	  	<p>Members: Medica.com/MemberSite Claims: Medica, PO Box 211435, Eagan, MN 55121 Customer Service: 1-866-839-4015 TTY Users: 711 Pharmacy Benefit: 1-833-789-5310 or www.allumaco.com Provider Service: 1-800-458-5512 or Medica.com/Providers AirMed: 1-833-878-9765 or 1-507-242-4477 NurseLine: 1-800-226-1144</p> <p style="text-align: center;"></p> <p>Utilization Management: Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Customer Service or Provider Service.</p> <p style="text-align: center;">Medica includes Medica Health Plan Solutions</p>
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Network

Minnesota/Wisconsin:

- Tier 1 (In-network): Mayo Medical Plan Network
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; First Health Network
- Tier 3 (Out-of-network): MultiPlan

Arizona:

- Tier 1 (In-network): Mayo Medical Plan Network; Blue Cross Blue Shield of Arizona (except for certain specialty services)
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; First Health Network (outside Arizona)
- Tier 3 (Out-of-network): MultiPlan

Florida:

- Tier 1 (In-network): Mayo Medical Plan Network; PHCS Florida Network
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; PHCS Florida Network; Zelis/PHX Networks (outside Florida)
- Tier 3 (Out-of-network): Zelis/PHX Networks

All Other States:

- Tier 1 (In-network): Mayo Medical Plan Network; First Health Network

- Tier 2 (Expanded in-network): Mayo Medical Plan Network
- Tier 3 (Out-of-network): MultiPlan

Member Benefits

- Pharmacy: Prescription drug benefits administered by Alluma.
- Medica NurseLine: Access to a nurse by phone available 24 hours a day, seven days a week
- AirMed: Air ambulance available when travelling more than 150 miles from home, providing transportation to a Mayo Clinic facility at no cost when approved by the plan
- Transplant: Call Medica’s Provider Service Center toll-free at 1-800-458-5512 for details

Claim Submission

Claims should be submitted as indicated on the back of the member ID cards, since it depends on the location. Payer IDs also vary. The following table summarizes this information.

Employee residence	Payer ID	Claims address
Minnesota/Wisconsin	71890	Medica PO Box 211435 Eagan, MN 55121
Arizona	53589 (BCBSAZ); 71890 (Medica)	Medica PO Box 211435 Eagan, MN 55121 <i>(BCBSAZ providers in AZ submit to EDI #53589)</i>
Florida	88090 (PHX)	Zelis/Medica PO Box 2839 Farmington Hills, MI 48333 new address for 2021
Other states	71890	Medica PO Box 211435 Eagan, MN 55121

[See details on claim submission and product guidelines](#)