




Medica Choice Passport

Overview


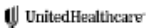

Medica Choice® Passport is a joint venture between Medica and UnitedHealthcare®. Medica Choice Passport allows Medica to offer a comprehensive multi-state approach. Employers with headquarters in Minnesota, Wisconsin, South Dakota or North Dakota can choose a single health plan for their employees located throughout the country.

NOTE: Sample cards do not reflect the actual format of the Group number, which is 5 digits.

ID Card Example for 2022-2023 (Choice Plus)

  <p>Payer ID: 94265 ID: 999999901 Group: DFLT</p> <p>Name: JOHN Q 01335/00684XXXX</p> <p>Dependents: JANE R DOE DAUGHTER R DOE SON T DOE BABY1 U DOE BABY2 V DOE</p> <p>CareType: MEDICA CHOICE PASSPORT SVC Type: MEDICAL</p> <table border="0"> <tr> <td>In Network:</td> <td>Ded IND/FAM \$555.61.555</td> <td>OOPM IND/FAM \$3,333.66.666</td> <td>RX OOPM IND/FAM \$1,111.22.222</td> </tr> <tr> <td>Out of Network:</td> <td>\$3,333.69.999</td> <td>NA/NA</td> <td></td> </tr> </table> <p>Rx BIN: 003858 Rx PCN: A4 Rx Group: 1MEDICA</p> <p>Medica Choice With UnitedHealthcare Choice Plus</p>	In Network:	Ded IND/FAM \$555.61.555	OOPM IND/FAM \$3,333.66.666	RX OOPM IND/FAM \$1,111.22.222	Out of Network:	\$3,333.69.999	NA/NA		<p>Members – Medica.com/SignIn</p> <p>Claims: Medica PO Box 30990, Salt Lake City, UT 84130</p> <p>Customer Service: 1 (952) 945-8000 or 1 (800) 952-3455 Hearing Impaired: 711 Pharmacists: 1 (800) 922-1557 Medica Providers: 1 (800) 458-5512 or www.medica.com Notification Services: 1 (866) 745-9920 UnitedHealthcare Providers: 1 (877) 842-3210 or www.unitedhealthcareonline.com</p> <p>Medica Behavioral Health: 1 (800) 848-8327 Medica CallLink Nurse Line: 1 (800) 952-9497 EAP: 1 (800) 626-7944</p> <p> Shared Savings</p> <p>Office of the Commissioner of Insurance: 608-266-3585 or 800-236-8517</p>
In Network:	Ded IND/FAM \$555.61.555	OOPM IND/FAM \$3,333.66.666	RX OOPM IND/FAM \$1,111.22.222						
Out of Network:	\$3,333.69.999	NA/NA							

ID Card Example for 2022-2023 (Options PPO)

  <p>Payer ID: 94265 ID: 999999901 Group: DFLT</p> <p>Name: JOHN Q 01335/00670XXXX</p> <p>Dependents: JANE R DOE DAUGHTER R DOE SON T DOE BABY1 U DOE BABY2 V DOE</p> <p>CareType: MEDICA CHOICE PASSPORT SVC Type: MEDICAL</p> <table border="0"> <tr> <td>In Network:</td> <td>Ded IND/FAM \$555.61.555</td> <td>OOPM IND/FAM \$3,333.66.666</td> <td>RX OOPM IND/FAM \$1,111.22.222</td> </tr> <tr> <td>Out of Network:</td> <td>\$3,333.69.999</td> <td>NA/NA</td> <td></td> </tr> </table> <p>Rx BIN: 003858 Rx PCN: A4 Rx Group: 1MEDICA</p> <p>Medica Choice With UnitedHealthcare Options PPO</p>	In Network:	Ded IND/FAM \$555.61.555	OOPM IND/FAM \$3,333.66.666	RX OOPM IND/FAM \$1,111.22.222	Out of Network:	\$3,333.69.999	NA/NA		<p>Members – Medica.com/SignIn</p> <p>Claims: Medica PO Box 30990, Salt Lake City, UT 84130</p> <p>Customer Service: 1 (952) 945-8000 or 1 (800) 952-3455 Hearing Impaired: 711 Pharmacists: 1 (800) 922-1557 Medica Providers: 1 (800) 458-5512 or www.medica.com Notification Services: 1 (866) 745-9920 UnitedHealthcare Providers: 1 (877) 842-3210 or www.unitedhealthcareonline.com</p> <p>Medica Behavioral Health: 1 (800) 848-8327 Medica CallLink Nurse Line: 1 (800) 952-9497 EAP: 1 (800) 626-7944</p> <p> Shared Savings</p> <p>Office of the Commissioner of Insurance: 608-266-3585 or 800-236-8517</p>
In Network:	Ded IND/FAM \$555.61.555	OOPM IND/FAM \$3,333.66.666	RX OOPM IND/FAM \$1,111.22.222						
Out of Network:	\$3,333.69.999	NA/NA							

Availability

- Available for both self-insured and fully insured employer groups
- Allows members open access to providers across the nation: to Medica Choice network providers in Minnesota, South Dakota, North Dakota and western Wisconsin, and to the UnitedHealthcare® national network outside of these 4 states

Specialty Networks

- Chiropractic: Optum Physical Health
- Behavioral Health: Medica Behavioral Health (MBH), administered by Optum
- Transplants: Optum
- Pharmacy: Express Scripts

Claim Submission

Claims should be submitted to:

- Payer ID: 94265

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