

**Members – Medica.com/SignIn**

Claims: Medica PO Box 30990, Salt Lake City, UT 84130  
 Member Services: 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](http://www.medica.com)  
 Notification Services: 1 (866) 745-9920  
 UnitedHealthcare Providers: 1 (877) 842-3210 or [www.uhcprovider.com](http://www.uhcprovider.com)  
 Medica Behavioral Health: 1 (800) 848-8327  
 Medica CallLink Nurse Line: 1 (800) 962-9497  
 EAP: Emotional Wellbeing Solutions 1 (800) 626-7944



Minnesota Department of Commerce Appeals: 651-539-1600 or 800-657-3602



Payer ID: 94265  
 ID: **984567643** Group: **14773**

Name:  
**ANDREW SHARP**  
 Dependents:

Rx BIN:	003858
Rx PCN:	A4
Rx Group:	1MEDICA

CareType: **MEDICA CHOICE PASSPORT**  
 SVC Type: **MEDICAL**

	Ded IND/FAM	OOPM IND/FAM
In Network:	\$3,300/\$6,600	\$3,300/\$6,600
Out of Network:	\$5,000/\$10,000	\$10,000/\$20,000

Medica Choice With UnitedHealthcare Choice Plus