

Through your agreement with GEHA's Connection Dental Network®, you may be an in-network provider for Blue Cross Blue Shield of Minnesota (BCBSMN) Medicare Advantage members effective January 1, 2019. United Concordia will administer the dental benefit plan for these members.

Paper Claims Mailing Address	Dental Claims Administrator PO Box 69449 Harrisburg, PA 17106-9449
Electronic Claims Submission	Use your United Concordia Payer ID.
Customer Service Mailing Address	United Concordia Dental Dental Customer Service PO Box 69420 Harrisburg, PA 17106-9420
Dental Customer Service Phone #	(844) 397-4182 This number is available 01/01/2019 to assist with benefit information.
Benefit Information	Patient information such as eligibility, benefits, claim status, maximums/deductibles, procedure history, procedure code information and Maximum Allowable Charge schedules can be obtained through <i>My Patients' Benefits</i> , an electronic inquiry product offered by United Concordia. <i>My Patients' Benefits</i> can be accessed from our website at UnitedConcordia.com .
ID Card Information – example cards provided below.	When a Blue Cross and Blue Shield of Minnesota member visits your office, please review their ID card. On the card, you will find the group name and number, the patient/subscriber name, a phone number and an address to submit claims.

BlueCross BlueShield Minnesota

NAME: _____
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
XZL109465762001

Group: XXXXXXXXX

SVC Type **Medical, Rx, Den** Care Type **PPO**
 Network Office Copay **\$XX**
Medicare High Value Specialist Visit **\$XX**
 RxBIN **610455** ER Copay **\$XX**
 RxPCN **EMNH5959** CMS **H5959 010**

MA PPO  **MedicareRx**
 MEDICARE ADVANTAGE Prescription Drug Coverage

BlueCross BlueShield Minnesota
www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-800-711-9865**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

BlueCross BlueShield Minnesota

NAME: _____
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
QQN109465762001

Group: XXXXXXXXX

SVC Type **Medical, Rx, Den** Care Type **HMO-POS**
 Network **Strive MA Metro Region** Office Copay **\$XX**
 Specialist Visit **\$XX**
 RxBIN **610455** ER Copay **\$XX**
 RxPCN **EMNH2446** CMS **H2446002**

MEDICARE ADVANTAGE HMO-POS  **MedicareRx**
 Prescription Drug Coverage

BlueCross BlueShield Minnesota
www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-855-373-2583**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

BlueCross BlueShield Minnesota

NAME: _____
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
QQL109465762001

Group: XXXXXXXXX

SVC Type **Medical, Den** Care Type **PPO**
 Network **Medicare Southern MN** Office Copay **\$XX**
 Specialist Visit **\$XX**
 RxBIN **610455** ER Copay **\$XX**
 RxPCN **XXXXX** CMS **H5959 008**

MA PPO  **MedicareRx**
 MEDICARE ADVANTAGE Prescription Drug Coverage

BlueCross BlueShield Minnesota
www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-800-711-9865**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

BlueCross BlueShield Minnesota

NAME: _____
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
QQL109465762001

Group: XXXXXXXXX

SVC Type **Medical, Rx, Den** Care Type **PPO**
 Network **Medicare Southern MN** Office Copay **\$XX**
 Specialist Visit **\$XX**
 RxBIN **610455** ER Copay **\$XX**
 RxPCN **EMNH5959** CMS **H5959 011**

MA PPO  **MedicareRx**
 MEDICARE ADVANTAGE Prescription Drug Coverage

BlueCross BlueShield Minnesota
www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-800-711-9865**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

 **BlueCross BlueShield Minnesota**

NAME: _____ Group: XXXXXXXXX
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
QQN109465762001

SVC Type	Medical, Rx, Den	Care Type	HMO-POS
Network	Strive MA Metro Region	Office Copay	\$XX
		Specialist Visit	\$XX
RxBIN	610455	ER Copay	\$XX
RxPCN	EMNH2446	CMS	H2446 001

MEDICARE ADVANTAGE **HMO-POS**  **MedicareRx**
 Prescription Drug Coverage

 **BlueCross BlueShield Minnesota**

www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-855-373-2583**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number.
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

 **BlueCross BlueShield Minnesota**

NAME: _____ Group: XXXXXXXXX
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
QQL109465762001

SVC Type	Medical, Rx, Den	Care Type	PPO
Network	Medicare Southern MN	Office Copay	\$XX
		Specialist Visit	\$XX
RxBIN	610455	ER Copay	\$XX
RxPCN	EMNH5959	CMS	H5959 009

 **PPO**  **MedicareRx**
 MEDICARE ADVANTAGE Prescription Drug Coverage

 **BlueCross BlueShield Minnesota**

www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-800-711-9865**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number.
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.

 **BlueCross BlueShield Minnesota**

NAME: _____ Group: XXXXXXXXX
FIRSTNAME M
LASTNAME
 IDENTIFICATION NUMBER
XZL109465762001

SVC Type	Medical, Rx, Den	Care Type	PPO
Network	Medicare High Value	Office Copay	\$XX
		Specialist Visit	\$XX
RxBIN	610455	ER Copay	\$XX
RxPCN	EMNH5959	CMS	H5959 014

 **PPO**  **MedicareRx**
 MEDICARE ADVANTAGE Prescription Drug Coverage

 **BlueCross BlueShield Minnesota**

www.bluecrossmnonline.com

Members: See your Evidence of Coverage for covered services or other important information. Possession of this card does not guarantee eligibility of benefits.

Providers: Claim filing and inquiries to local Blue Cross and/or Blue Shield plan. For all other inquiries, notifications or authorizations, call Provider Service.

Blue Cross and Blue Shield of Minnesota and Blue Plus are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Minnesota and Blue Plus
 P.O. Box 64338
 St Paul, MN 55164-0338

Customer Service: **1-800-711-9865**
 Provider Service: **1-888-420-2227**
 24-Hour Nurse Advice: **1-800-622-9524**
 Medical TTY: **711**
 MN Dept of Health
 Appeals and Grievances: **1-800-657-3916**
 Find a Pharmacy: **1-800-509-0545**
 Pharmacist Only: **1-800-648-2778**
 Dental Customer Service*: **1-844-397-4182**

Electronic Dental Claims: Use your United Concordia* Payer ID, remove the three character prefix immediately preceding the unique identifying number.
 PO Box 69449
 Harrisburg, PA 17106-9449
 *An independent company contracted to provide administrative services for this dental product.