

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.



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






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.

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

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

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.



NAME
FIRSTNAME M
LASTNAME
IDENTIFICATION NUMBER
QQN109465762001

Group: XXXXXXXXX

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






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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
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QQL109465762001

Group: XXXXXXXXX

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






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QQL109465762001

Group: XXXXXXXXX

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






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MN Dept of Health	
Appeals and Grievances:	1-800-657-3916
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QQN109465762001

Group: **XXXXXXXXXX**

SVC Type **Medical, Rx, Den**
Network
Strive MA Metro Region

Care Type **HMO-POS**
Office Copay **\$XX**
Specialist Visit **\$XX**
ER Copay **\$XX**
CMS **H2446 001**

RxBIN **610455**
RxPCN **EMNH2446**


HMO-POS


MedicareRx
Prescription Drug Coverage



www.bluecrossmnonline.com

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Group: **XXXXXXXXXX**

SVC Type **Medical, Rx, Den**
Network
Medicare Southern MN

Care Type **PPO**
Office Copay **\$XX**
Specialist Visit **\$XX**
ER Copay **\$XX**
CMS **H5959 009**

RxBIN **610455**
RxPCN **EMNH5959**


PPO


MedicareRx
Prescription Drug Coverage



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XZL109465762001

Group: **XXXXXXXXXX**

SVC Type **Medical, Rx, Den**
Network
Medicare High Value

Care Type **PPO**
Office Copay **\$XX**
Specialist Visit **\$XX**
ER Copay **\$XX**
CMS **H5959 014**

RxBIN **610455**
RxPCN **EMNH5959**


PPO


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Prescription Drug Coverage



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