Earn a $25 gift card

COVID-19 Vaccine

Get your vaccine today and a $25 reward!

You may have heard of the new variants of COVID-19 that have been found globally and in the United States. Centers for Disease Control and Prevention (CDC) data so far shows the COVID-19 vaccines work well against these variants. To protect yourself and your family from COVID-19, including these variants, it is important to get the vaccine.

The available COVID-19 vaccines are considered safe and effective by the CDC. Check with your doctor to make sure the COVID-19 vaccine is right for you and your children. There is no cost to you for the vaccine.

UCare offers a $25 UCare reward card for a completed vaccine. One shot of the Johnson & Johnson vaccine or two shots of Pfizer/Moderna vaccine must be completed between September 1, 2021 – December 31, 2021.

If you would like help finding the vaccine in your community, getting signed up for the Minnesota COVID-19 Vaccine Connector or have questions about the COVID-19 vaccine, call the UCare COVID-19 vaccine hotline at 1-833-951-3189, TTY 1-800-688-2534.

Terms and conditions

- Limit one $25 reward per member for COVID-19 vaccine
- One reward per completed vaccine (one shot for Johnson & Johnson or two shots for Pfizer or Moderna vaccine) for UCare members age 12+
- Member must be enrolled in one of these UCare plans at the time of vaccination: UCare Connect (SNBC), Minnesota Senior Care Plus (MSC+), Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), Connect + Medicare, or Minnesota Senior Health Options (MSHO)
- We will return incomplete or ineligible vouchers.
- UCare reserves the right to deny voucher for any reason.

Find out how to protect yourself and what to do if you are diagnosed with COVID-19 at ucare.org/covid19.
$25 reward card  
COVID-19 vaccination  
Please use black ink. All fields required.

To be completed by member:
UCare member ID number ___________________________ Member date of birth ___________________  
(Must be age 12 or older)
Member name ______________________________________

Please tell us where to send the reward card:
Mailing name ________________________________ Phone __________________
Mailing address _________________________________________________________________________
City, State, ZIP __________________________________________________________

To be completed by doctor/clinic staff or with doctor/clinic staff visit:
Date 2021 COVID-19 vaccination visit was completed: _________________________________
Clinic name _________________________________________________________________
Clinic phone _____________________________________________________________________
Has the visit been documented in the patient medical record?  □ Yes  □ No
Doctor/clinic staff signature ________________________________


Return in enclosed envelope or mail to:
ATTN HEALTH PROMOTION  
UCARE  
PO BOX 52  
MINNEAPOLIS, MN 55440-9682

UCare's MSHO (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

H2456_11117_082021 accepted  
H5937_11117_082021_C  
U11117(08/2021)
Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

โปรดสุข. ทุกท่านต้องการความช่วยเหลือในการแปลเอกสารฉบับนี้ จึง ขอติชมะย์ผู้จัดทำที่นี่.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenneenne bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)
Contact the OCR directly to file a complaint:
U.S. Department of Health and Human Services’
Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the MDHR directly to file a complaint:
Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:
   Civil Rights Coordinator
   Minnesota Department of Human Services
   Equal Opportunity and Access Division
   P.O. Box 64997
   St. Paul, MN 55164-0997
   651-431-3040 (voice) or use your preferred relay service

**UCare Complaint Notice**

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political belief

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

**UCare**
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org