

Mayo Medical Plan Fact Sheet

Overview


Medica administers medical benefits for Mayo Clinic employees through Medica Health Plan SolutionsSM, part of Medica. Mayo Clinic employees enroll in the “Mayo Medical Plan,” which has a tiered network as outlined below. To verify network providers for Mayo Medical Plan, [see the provider directory on Medica.com](#).

2023-2024 ID Card Example (MN/WI)





<p>Mayo Medical Plan</p> <p>Payer ID: 71890 ID: 1234567891 Group #: A0021</p> <p>JOHN Q ACOMMNSE07/STD/A0021 JANE Q Samplemember JOE Q Samplemember JULIE Q Samplemember JAKE Q Samplemember</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <table style="width: 100%; font-size: small;"> <tr> <td>Ded IND/FAM:</td> <td>OOPM IND/FAM:</td> <td>RX OOPM IND/FAM:</td> </tr> <tr> <td>Tier 1: \$1,111/\$2,222</td> <td>\$3,333/\$6,666</td> <td>\$1,000/\$2,000</td> </tr> <tr> <td>Tier 2: \$2,525/\$5,050</td> <td>\$5,100/\$10,200</td> <td></td> </tr> <tr> <td>Out of Network: \$3,333/\$6,666</td> <td>\$22,222/\$44,444</td> <td></td> </tr> </table> <p style="text-align: center;">Administered by </p>	Ded IND/FAM:	OOPM IND/FAM:	RX OOPM IND/FAM:	Tier 1: \$1,111/\$2,222	\$3,333/\$6,666	\$1,000/\$2,000	Tier 2: \$2,525/\$5,050	\$5,100/\$10,200		Out of Network: \$3,333/\$6,666	\$22,222/\$44,444		<div style="text-align: center;">   </div> <div style="border: 1px solid black; padding: 2px; font-size: x-small; margin: 5px 0;"> Rx BIN: 003858 Rx PCN: A4 Rx GROUP: MAYOCRX </div> <p>Members: Medica.com/SignIn</p> <p>Claims: Medica, PO Box 211435, Eagan, MN 55121</p> <p>Chiropractic Claims: Magellan Healthcare, 7805 Hudson Rd, Ste 190, Woodbury, MN 55125. EDI# 41150</p> <p>Medica Member Services: 1 (866) 839-4015</p> <p>TTY Users: 711</p> <p>Pharmacy Contact: 1 (877) 239-7159 or www.Allumaco.com</p> <p>Provider Service: 1 (800) 458-5512 or Medica.com/Providers</p> <p>AirMed: 1 (833) 878-9765 or 1 (507) 242-4477</p> <p>Medica CallLink Nurse Line: 1 (800) 226-1144</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="font-size: x-small;">Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Medica Member Services or Provider Service.</p> <p style="text-align: center; font-size: x-small;">Medica includes Medica Health Plan Solutions</p>
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Note: Effective 1/1/2024, chiropractic claims for MN/WI should be submitted to EDI# LNDMK or Fulcrum Health, Inc. P.O. Box 981808, El Paso, TX 79998-1808. This information is **not** reflected on the ID Card. Questions? Contact Fulcrum at 1 (877) 886-4941, option 9, or by e-mail at providerservices@fulcrumhealthinc.org.





2023-2024 ID Card Example (AZ)

<p>Mayo Medical Plan</p> <p>AZ EDI ID: 53589 AZ Group ID: MAY001 Payer ID: 71890 outside of Arizona ID: 1234567891 Group #: A0021</p> <p>JOHN Q ACOMMNSE05/STD/A0021 123456789100 JANE Q Samplemember 123456789101 JOE Q Samplemember 123456789102 JULIE Q Samplemember 123456789103 JAKE Q Samplemember 123456789104</p> <p>Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <table style="width: 100%; font-size: small;"> <tr> <td>Ded IND/FAM:</td> <td>OOPM IND/FAM:</td> <td>RX OOPM IND/FAM:</td> </tr> <tr> <td>Tier 1: \$1,111/\$2,222</td> <td>\$3,333/\$6,666</td> <td>\$1,000/\$2,000</td> </tr> <tr> <td>Tier 2: \$2,525/\$5,050</td> <td>\$5,100/\$10,200</td> <td></td> </tr> <tr> <td>Out of Network: \$3,333/\$6,666</td> <td>\$22,222/\$44,444</td> <td></td> </tr> </table> <p style="text-align: center;">Administered by </p>	Ded IND/FAM:	OOPM IND/FAM:	RX OOPM IND/FAM:	Tier 1: \$1,111/\$2,222	\$3,333/\$6,666	\$1,000/\$2,000	Tier 2: \$2,525/\$5,050	\$5,100/\$10,200		Out of Network: \$3,333/\$6,666	\$22,222/\$44,444		<div style="text-align: center;">   </div> <div style="border: 1px solid black; padding: 2px; font-size: x-small; margin: 5px 0;"> Rx BIN: 003858 Rx PCN: A4 Rx GROUP: MAYOCRX </div> <p>Members: Medica.com/SignIn</p> <p>Claims: Medica, PO Box 211435, Eagan, MN 55121</p> <p>BCBSAZ contracted Providers/Facilities within the state of AZ should transmit electronic claims directly to BCBSAZ using EDI# 53589</p> <p>Medica Member Services: 1 (866) 839-4015</p> <p>TTY Users: 711</p> <p>Pharmacy Benefit: 1 (877) 239-7159 or www.Allumaco.com</p> <p>Provider Service: 1 (800) 458-5512 or Medica.com/Providers</p> <p>AirMed: 1 (833) 878-9765 or 1 (507) 242-4477</p> <p>Medica CallLink Nurse Line: 1 (800) 226-1144</p> <p>Outside of AZ: </p> <p style="font-size: x-small;">All claims for contracted facilities within the State of Arizona must be submitted to BCBSAZ. Arizona network provided by Blue Cross® Blue Shield® of Arizona (BCBSAZ). BCBSAZ provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona. Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Medica Member Services or Provider Service.</p> <p style="text-align: center; font-size: x-small;">Medica includes Medica Health Plan Solutions</p>
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2023-2024 ID Card Example (FL)

<p>Mayo Medical Plan Payer ID: 88090 ID: 1234567891 Group #: A0021 JOHN Q ACOMMNSE06/STD/A0021 JANE Q Samplemember JOE Q Samplemember JULIE Q Samplemember JAKE Q Samplemember Care Type: Mayo Medical Plan Benefit Plan: [Care Type Text From data] SVC Type: MEDICAL</p> <table border="0"> <tr> <td>Ded IND/FAM:</td> <td>OOPM IND/FAM:</td> <td>RX OOPM IND/FAM:</td> </tr> <tr> <td>Tier 1: \$1,111/\$2,222</td> <td>\$3,333/\$6,666</td> <td>\$1,000/\$2,000</td> </tr> <tr> <td>Tier 2: \$2,525/\$5,050</td> <td>\$5,100/\$10,200</td> <td></td> </tr> <tr> <td>Out of Network: \$3,333/\$6,666</td> <td>\$22,222/\$44,444</td> <td></td> </tr> </table> <p>Administered by </p>	Ded IND/FAM:	OOPM IND/FAM:	RX OOPM IND/FAM:	Tier 1: \$1,111/\$2,222	\$3,333/\$6,666	\$1,000/\$2,000	Tier 2: \$2,525/\$5,050	\$5,100/\$10,200		Out of Network: \$3,333/\$6,666	\$22,222/\$44,444		 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> Rx BIN: 003858 Rx PCN: A4 Rx GROUP: MAYOCRX </div> 	<p>Members: Medica.com/SignIn Claims: Zelis/Medica PO Box 2839 Farmington Hills, MI 48333 Medica Member Services: 1 (866) 839-4015 TTY Users: 711 Pharmacy Benefit: 1 (877) 239-7159 or www.Allumaco.com Provider Service: 1 (800) 458-5612 or Medica.com/Providers AirMed: 1 (833) 878-9765 or 1 (507) 242-4477 Medica CallLink Nurse Line: 1 (800) 226-1144</p>  <small>Custom Network Access in FL</small> Prior authorization is required for certain services. Possession of this card or obtaining prior authorization does not guarantee coverage or payment of the services or procedures reviewed. If there are benefit questions, visit Medica.com or call Medica Member Services or Provider Service. Medica includes Medica Health Plan Solutions
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2023-2024 ID Card Example (Other States)

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Network

Minnesota/Wisconsin:

- Tier 1 (In-network): Mayo Medical Plan Network
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; First Health Network
- Tier 3 (Out-of-network): MultiPlan

Arizona:

- Tier 1 (In-network): Mayo Medical Plan Network; Blue Cross Blue Shield of Arizona (except for certain specialty services)
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; First Health Network (outside Arizona)
- Tier 3 (Out-of-network): MultiPlan

Florida:

- Tier 1 (In-network): Mayo Medical Plan Network; PHCS Florida Network
- Tier 2 (Expanded in-network): Mayo Medical Plan Network; PHCS Florida Network; Zelis/PHX Networks (outside Florida)
- Tier 3 (Out-of-network): Zelis/PHX Networks

All Other States:

- Tier 1 (In-network): Mayo Medical Plan Network; First Health Network
- Tier 2 (Expanded in-network): Mayo Medical Plan Network
- Tier 3 (Out-of-network): MultiPlan

Member Benefits

- Pharmacy: Prescription drug benefits administered by Alluma
- Medica NurseLine: Access to a nurse by phone available 24 hours a day, seven days a week
- AirMed: Air ambulance available when travelling more than 150 miles from home, providing transportation to a Mayo Clinic facility at no cost when approved by the plan.
- Transplant: Call Medica’s Provider Service Center toll-free at 1 (800) 458-5512 for details
- Eligible Mental Health and Substance Abuse care from Tier 3 Out of Network providers will be processed at the Tier 2 In Network benefit level and allow balance billing. Prior Authorization continues to be required for inpatient admissions.

Claim Submission

Claims should be submitted as indicated on the back of the member ID cards, since it depends on the location. Payer IDs also vary. The following table summarizes this information.

(Please note: All Mayo Clinic/Mayo Clinic Health System federal tax ID numbers and locations should submit claims to payer ID #71890.)

Employee residence	Payer ID	Claims address
Minnesota/Wisconsin	71890	Medica PO Box 211435 Eagan, MN 55121
Arizona	53589 (BCBSAZ) 71890 (Medica)	<i>(BCBSAZ providers in AZ submit to EDI #53589 – electronically only)</i> Medica PO Box 211435 Eagan, MN 55121 (All other providers)
Florida	88090 (PHX)	Zelis/Medica PO Box 2839 Farmington Hills, MI 48333
Other states	71890	Medica PO Box 211435 Eagan, MN 55121

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