



UMR A UnitedHealthcare Company

Jones

Issuer (80840) 911-39026-02

Member ID: 34830059

Group Number: 76-414693

Member:

REBECCA SAMPLE 00 MED

Dependents:

SPOUSE SAMPLE 01 MED

Optum Rx[®]

Rx BIN: 610127

Rx PCN: 01960000

Rx GRP: 01963470

COPAY:TIER 1 /2 /3

\$5 /\$40 /\$90

Copay: OFFICE/SPEC/ER/Urg
\$15/\$30/\$350/\$25

UnitedHealthcare[®]
Choice Plus Network

0730

Self-funded plan administered by UMR

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03122 7217740 0000 0004533 0004448 006 3 115



This card must be presented each time services are requested.

Printed: 12-27-2022

Medical: In Net	Out of Net
Ded: \$1,500/\$3,000	\$3,000/\$6,000
COPM: \$9,000/\$18,000*	\$18,000/\$36,000

*includes pharmacy

Call UMR at the member customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members:	www.umar.com	844-600-0919
Nurseline:		877-950-5083
Teladoc:	www.Teladoc.com	800-835-2362

For Providers: www.umar.com 877-233-1800

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Pharmacists & Members: 877-559-2955

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Pharmacists & Members: 877-559-2955

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
REBECCA SAMPLE
115 W WAUSAU AVE
WAUSAU, WI 54401

Mailing/Meter Date:

Insert #1	Insert #2
Insert #3	Insert #4
Insert #5	Insert #6
Insert #7	Insert #8
Insert #9	Insert #10
Insert #11	Insert #12

Cycle Date: 20230106

PDF Date: Fri Jan 06, 2023 @ 19:45:55

MaxMover: N

UHG JOB ID: 8100 GRP: 76414693 PV: CCM RC: FAM MKT:

MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID: S0523

DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:

TEMPLATE: TPA C30 : FAMILY T07 : 2SHRT

SORT HCN: S0523