UMR A UnitedHealthcare Company

PO Box 211762
Eagan MN 55121

001

ADDRESS SERVICE REQUESTED

>000005 0000000 003122
CHRIS SAMPLE
115 W WAUSAU AVE
WAUSAU WI 54401

Enclosed find your new identification card(s). Please be sure to present your card to your health care provider to ensure your claims are submitted properly.

Your medical network logo is prominently displayed on the front of your ID card. This is your primary network and the logo should be readily recognized by their contracted providers.

Visit us at www.umr.com to access online claims, benefits, find a health care provider, and research health-related topics of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll-free number listed on the back of your card.

We are pleased to be working with you to administer your health benefit plan!

UMR Customer Service

If there is a difference between this communication and your plan documents, the terms of your plan documents will apply. Your health plan ID card is for identification only. Your provider will need to verify your eligibility for coverage. Please note that the following abbreviations may be used on your ID card: Ded=Deductible; OOPM=Out of Pocket Max; Rx=Pharmacy; In Net=In Network; Out of Net=Out of Network; Benefit Tiers=Tier 1, Tier 2, etc. The first Tier is your highest level of benefits, and the last Tier is your lowest level of benefits (Out of Network). Your ID card may show a subset of these terms due to state and federal regulations. If applicable, individual Deductible and Out of Pocket amounts are listed first, and family amounts are listed second. Individual plans will only show an individual amount. Family plans will only show the family amounts.

03122 6454579 0000 0000005 0000005 347 7 223

ST. LUKE'S HOSPITAL

UMR A UnitedHealthcare Company

St. Luke's HOSPITAL

Issuer (80840) 911-39026-02

Member ID: Y46660810 Group Number: 76-410532

Member:
CHRIS SAMPLE 00 MED

Dependents:
SPOUSE SAMPLE 01 MED

Capital Rx
Rx BIN: 610852
Rx PCN: CHM
Rx GRP: JD158

UnitedHealthcare® Choice Plus Network

Self-funded Plan

0730 Provider: For effective date of coverage call 877-233-1800

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03122 645476 0000 0000005 0000005 347 3 113

This card must be presented each time services are requested. Printed: 12-12-2024

Medical:	Tier 1	Tier 2	Out of Net
Ded:	$3,400*	$6,000*	$7,400
OOPM:	$3,800*	$10,000*	$12,400

*includes pharmacy

Call CARE Clinical at 866-494-4502 for plan required prior authorization.
FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: www.umr.com 800-826-9781
Capital Rx: www.cap-rx.com 888-302-2779

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

Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

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Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
CHRIS 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: 20241212
PDF Date: Wed Dec 18, 2024 @ 17:14:59
MaxMover: N
UHG JOB ID: 8100 **GRP:** 76410532 **PV:** 001 **RC:** FAM **MKT:**
MT: 00 **SA:** 90 **OI:** 02 **FORM:** K2H000 **CPAY:** **PKG ID:**
DALE BROWN: N **LETTER NM:** LETTER2 **DIVISION :** **CARD TYPE:**
TEMPLATE: TPA C30 **:** FAMILY T07 **:** 2SHRT
SORT HCN: