

03122 5336349 0000 0000017 0000017 187 2 115

**UMR** A UnitedHealthcare Company

Self-funded Plan

Issuer (80840) 911-39026-02



Member ID: 37641192

Group Number: 76-416259

Member:

CAROL SAMPLE 00 MED

**Optum Rx**

Rx BIN: 610127  
Rx PCN: 01960000  
Rx GRP: 01964270

After Deductible Copays Apply  
\$15 PCP / \$25 Spec / UC \$40 / ER \$75  
Rx Copays: \$7/\$21/\$42/\$100

**UnitedHealthcare**  
Choice Plus Network

5030

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

This card must be presented each time services are requested.

Printed: 07-06-2023

Medical: In Net	Out of Net
Ded: \$2,500*	\$5,000
OOPM: \$4,000*	\$8,000

\*includes pharmacy

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

For Members:	www.umar.com	800-826-9781
Teladoc:	www.Teladoc.com	800-835-2362

For Providers:	www.umar.com	877-233-1800
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Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Pharmacists & Members: 877-559-2955