



# Understanding your new ID card

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

The number assigned to identify your group health plan.

A list of the family members who are covered under your plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.

**UMR** A UnitedHealthcare Company  
 YOUR COMPANY NAME HERE  
 Issuer (80840) 911-39026-02  
 Member ID: 12345685 Group Number: 76-123456  
 Member: JAMES A SAMPLE 00 MED DEN  
 Dependents: JOANNE SAMPLE 01 MED DEN, JOHN SAMPLE 02 MED DEN, JOSEPH SAMPLE 03 MED DEN  
 OPTUMRx  
 Rx BIN: 610127, Rx PCN: 01960000, Rx GRP: 0196XXXX  
 UnitedHealthcare Choice Plus Network  
 Self-funded plan administered by UMR  
 CO-PAYS MAY APPLY 0730

## More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to [umr.com](http://umr.com) to check your benefits, claims status, accumulators and eligibility.

Your in-network (In-Net) and out-of-network (Out of Net) medical individual and family deductibles (Ded) and out-of-pocket maximums (OOPM) information.

Call this number only when you need medical services and your plan requires prior authorization for those services.

Call this number when you have questions about pharmacy benefits.

This card must be presented each time services are rendered.

Medical:	In-Net	Out of Net
Ded:	\$1,500/\$2,250	\$1,500/\$3,150
OOPM:	\$3,000/\$6,000	\$3,000/\$7,200

Call UMR CARE at 866-844-4502 for plan required prior authorization.  
 FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.  
 For Members: www.umar.com 8XX-XXX-XXXX  
 Nurseline: 8XX-XXX-XXXX

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

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

Expanded Network (If Applicable) | Secondary Network (If Applicable) | Dental Benefits Provider | Connection Dental Network

Pharmacists & Members: 877-559-2955