



PO Box 30543  
Salt Lake City UT 84130-0543

001

**ADDRESS SERVICE REQUESTED**

>001697 0000000 003122  
PAULA 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.umar.com](http://www.umar.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



A UnitedHealthcare Company



Issuer (80840) 911-39026-02

Member ID: 36879378

Group Number: 76-416183

Member:

PAULA SAMPLE 00 MED

Dependents:

TINA SAMPLE 01 MED

Copay: OFFICE/SPEC/ER/Urg  
\$30/\$60/\$250/\$100

UnitedHealthcare®  
Choice Plus Network

0730

Self-funded plan administered by UMR



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\$30/\$60/\$250/\$100

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0730

Self-funded plan administered by UMR

03122 487109 0000 0001716 0001697 158 1 115

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

Mailing/Meter Date:



This card must be presented each time services are requested.

Printed: 05-22-2023

Medical: In Net  
Ded: \$2,500/\$5,000  
OOPM: \$4,450/\$8,900

Out of Net  
\$5,000/\$10,000  
\$10,000/\$20,000

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

Nurseline:

Teladoc:

www.Teladoc.com

800-826-9781

877-950-5083

800-835-2362

For Providers:

www.umar.com

877-233-1800

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

This card must be presented each time services are requested.

Printed: 05-22-2023

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Ded: \$2,500/\$5,000  
OOPM: \$4,450/\$8,900

Out of Net  
\$5,000/\$10,000  
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Insert #1  
Insert #3  
Insert #5  
Insert #7  
Insert #9  
Insert #11

Insert #2  
Insert #4  
Insert #6  
Insert #8  
Insert #10  
Insert #12

Cycle Date: 20230607

PDF Date: Thu Jun 08, 2023 @ 09:39:36

MaxMover: N

UHG JOB ID: 8100 GRP: 76416183 PV: 001 RC: FAM MKT:  
MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID: L0107

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

TEMPLATE: TPA C30 : FAMILY T07 : 2SHRT

SORT HCN: L0107