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ADDRESS SERVICE REQUESTED

>001696 000000 003122 MAGGIE SAMPLE 115 W WAUSAU AVE WAUSAU WI 54401

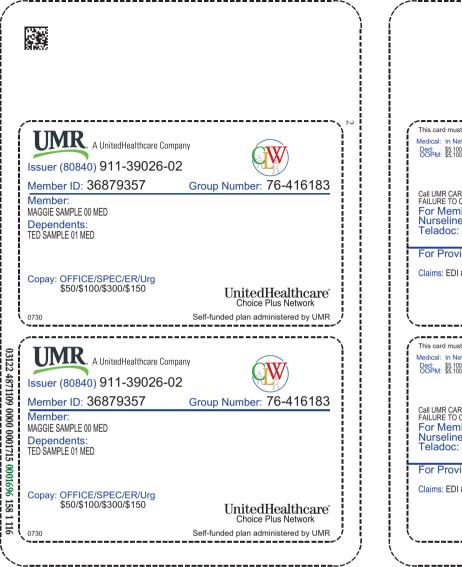
Enclosed find your new identification card(s). Please be sure to present your card to your health care provider to ensure your claims are submitted properly.

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



Shipper ID: 0000000 Shipping Method: DIRECT CARRIER: USPS Address: MAGGIE SAMPLE 115 W WAUSAU AVE WAUSAU, WI 54401

Mailing/Meter Date:

This card must be presen	ted each time services are requested.	Printed: 05-22-2023
Medical: In Net Ded: \$5,100/\$10,200 OOPM: \$5,100/\$10,200	Out of Net \$10,000/\$20,000 \$10,000/\$20,000	
FAILURE TO CALL FOR	94-4502 for plan required prior authorization. PRIOR AUTHORIZATION MAY REDUCE BENEFITS.	
For Members: Nurseline: Teladoc:	www.umr.com www.Teladoc.com	800-826-9781 877-950-5083 800-835-2362
For Providers:	www.umr.com	877-233-1800
This card must be presen Medical: In Net Ded: \$5,100\$10,200 OOPM: \$5,100\$10,200	ted each time services are requested. Out of Net \$10,000(\$20,000 \$10,000(\$20,000	Printed: 05-22-2023
Medical: In Net Ded: \$5,100(\$10,200 OOPM: \$5,100(\$10,200 Call UMR CARE at 866-44 FAILURE TO CALL FOR For Members:	Out of Net	800-826-9781
Medical: In Net Ded: \$5,100(\$10,200 OOPM: \$5,100(\$10,200 Call UMR CARE at 866-4: FAILURE TO CALL FOR	Out of Net \$10,000(\$20,000 \$10,000(\$20,000 94-4502 for plan required prior authorization. PRIOR AUTHORIZATION MAY REDUCE BENEFITS.	
Medical: In Net Ded: \$5,100\\$10,200 OOPM: \$5,100\\$10,200 Call UMR CARE at 866-44 FAILURE TO CALL FOR For Members: Nurseline:	Out of Net \$10,000/\$20,000 \$10,000/\$20,000 94-4502 for plan required prior authorization. PRIOR AUTHORIZATION MAY REDUCE BENEFITS. WWW.UMT.COM	800-826-9781 877-950-5083

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: 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