



PO Box 30543
Salt Lake City UT 84130-0543

001

ADDRESS SERVICE REQUESTED

>001696 00000000 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.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: 36879357

Group Number: 76-416183

Member:

MAGGIE SAMPLE 00 MED

Dependents:

TED SAMPLE 01 MED

Copay: OFFICE/SPEC/ER/Urg
\$50/\$100/\$300/\$150

UnitedHealthcare®
Choice Plus Network

0730

Self-funded plan administered by UMR



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03122 4871109 0000 0001715 0001696 158 1 116



This card must be presented each time services are requested.

Printed: 05-22-2023

Medical:	In Net	Out of Net
Ded:	\$5,100/\$10,200	\$10,000/\$20,000
OOPM:	\$5,100/\$10,200	\$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

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

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

Mailing/Meter Date:

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