



PO Box 211762
Eagan MN 55121

001

ADDRESS SERVICE REQUESTED

>000005 0000000 003122
CHRIS 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

03122 6454576 0000 0000005 0000005 347 3 113



A UnitedHealthcare Company

Issuer (80840) 911-39026-02

Member ID: Y46660810

Group Number: 76-410532

Member:

CHRIS SAMPLE 00 MED

Dependents:

SPOUSE SAMPLE 01 MED



Rx BIN: 610852
Rx PCN: CHM
Rx GRP: JD158

UnitedHealthcare®
Choice Plus Network

Self-funded Plan

0730

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

ST. LUKE'S HOSPITAL



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This card must be presented each time services are requested.

Preliminary 2026

Medical:	Tier 1	Tier 2	Out of Net
Ded:	\$3,400*	\$10,000*	\$11,400
OOPM:	\$3,800*	\$14,000*	\$16,400

*includes pharmacy

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

For Members: www.umar.com
Capital Rx: www.cap-rx.com

800-826-9781
888-302-2779

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

Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

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Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
CHRIS 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: 20241212

PDF Date: Wed Dec 18, 2024 @ 17:14:59

MaxMover: N

UHG JOB ID: 8100 GRP: 76410532 PV: 001 RC: FAM MKT:

MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID:

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

TEMPLATE: TPA C30 : FAMILY T07 : 2SHRT

SORT HCN: