

INTENTIONALLY BLANK

03122 692257 0000 0000079 0000031 039 7 115



YOUR COMPANY NAME HERE

Customer Logo  
(If Applicable)

Issuer (80840) 911-39026-02

Member ID: 12345686

Group Number: 76-123456

Member:

JAMES A SAMPLE 00 MED DEN



Rx BIN: 610127  
Rx PCN: 01960000  
Rx GRP: 0196XXXX

Primary Network  
Logo  
(If Applicable)

CO-PAYS MAY APPLY

0730

Self-funded plan administered by UMR



This card must be presented each time services are requested.

Printed: 10-27-2021

Medical: In-Net	Out of Net
Ded: \$750*	\$1,500
OOPM: \$3,000*	\$6,000

\*includes pharmacy

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](http://www.umar.com)  
Nurseline:  
Network Line: [www.xxxxx.com](http://www.xxxxx.com)

8XX-XXX-XXXX  
8XX-XXX-XXXX  
8XX-XXX-XXXX

For Providers: [www.umar.com](http://www.umar.com)

877-233-1800

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

Secondary Network  
Logo  
(If Applicable)



Pharmacists & Members: 877-559-2955

Shipper ID: 00000000  
Shipping Method: 2ND DAY  
CARRIER: UPS  
Address:  
TO: UMR

ATTN: KELLY PETERSON  
115 W WAUSAU AVE  
WAUSAU, WI 54401

Mailing/Meter Date:

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: 20220208  
PDF Date: Wed Feb 09, 2022 @ 07:51:09  
MaxMover: N

UHG JOB ID: 8100 GRP: 76123456 PV: 001 RC: EMP 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: