CARRIER NAME IN FUJI: GEHA UHC SHARED SERVICES

CARRIER CODE: GE005



UnitedHealthcare

Access America

Sample Member ID Card (front)

HP4440020-00 SAMPLE CARD Name:

\$20 OV \$100 ER* \$5 ALLERGY INJ \$20 CHIRO

*APPLIES AFTER DEDUCTIBLE IS MET

DEDUCTIBLES: IND \$2000 FAM \$6000

RX: \$5/15/25/40 MAIL \$10/30/50/120

Underwritten by HPHC Insurance Company and UnitedHealthcare Insurance Company or its affiliates



Sample Member ID Card (back)

Visit us at www.harvardpilgrim.org

DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY

Notice to Members

- · For Member Services call:
- Romental Health and Substance
 Abuse services, call United Behavioral Health at: 888-777-HPHC (4742).
- In a medical emergency, go to the nearest emergency facility or call 911
- or other emergency number.

 If hospitalized, notify the Plan within 48 hours.
- Contact the Plan at 800-708-4414 to request approval for:
 - · admission by a non-participating physician and/or hospital.

 • all services listed in the Schedule
 - of Benefits requiring approval.

Please refer to your evidence of coverage for a full description of your benefits. Notice to Providers

- In MA, ME, NH: 800-708-4414 or www.harvardpilgrim.org or www.narvaropigrim.org Medical Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-9183 • Outside MA, ME, NH: 800-693-5254 Shared Sarvices

Shared Services Payer ID: 39026 oup Number 1-123456 Lake City

UT 84130-0783 * w ww.uhis.com

UnitedHealthcare®

shared savings MultiPlan





\$1200/\$3600

Not Covered

\$4500/\$9000

Not Covered

Member:

Member ID: 000000000000

Group No: 000000000

Rx BIN: 000000 Rx Group: 0000000

Rx Member ID: Dental ID:

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Out of Network Ded In Net OOP IND/FAM Out of Net OOP IND/ FAM

In Net Ded IND/FAM

For detailed benefit information including Deductible and Out of Pocket maximums, please visit ewbtlorg

EDI #39026 UnitedHealthcare Shared Services PO Box 30783 Salt Lake City, UT 64130-0783



United Fruithcur' Opines 790 Netweek



Provider Directory: www.whyuhc.com/uhss
Provider Services: 1-888-830-0179
Provider Portal: https://uhss.umr.com
Teladoc: 1-800-835-2362
www.teladochealth.com

 Pre-Certification - Conifer:
 1-800-757-0391

 Member Services:
 317-923-4577

 SavRx:
 1-866-233-4239

 Delta Dental of Indiana:
 1-800-524-0149

 Vision Benefits:
 317-923-4577

Possession of this card does not guarantee eligibility for benefits. Providers: If Medicare is primary pre-certification is not required.

