

CARRIER NAME IN FUJI: GEHA UHC SHARED SERVICES

CARRIER CODE: GE005

Sample Member ID Card (front)



Sample Member ID Card (back)



Member:
Member ID: 000000000000

| | | | |
|-----------|----------|------------------------|---------------|
| Group No: | 00000000 | In Net Ded IND/FAM | \$1200/\$3600 |
| | | Out of Network Ded | Not Covered |
| | | In Net OOP IND/FAM | \$4500/\$9000 |
| | | Out of Net OOP IND/FAM | Not Covered |

Rx BIN: 000000
Rx Group: 0000000
Rx Member ID:
Dental ID:

For detailed benefit information
including Deductible and Out of Pocket
maximums, please visit ewbtf.org

EDI #39026
UnitedHealthcare Shared Services
PO Box 30783
Salt Lake City, UT 84130-0783

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|------------------------------|--|
| Provider Directory: | www.whyuhc.com/uhss |
| Provider Services: | 1-888-830-0179 |
| Provider Portal: | https://uhss.umar.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.