El Paso County

UMR A UnitedHealthcare Company

Issuer (80840) 911-39026-02

Member ID: 39422868 Group Number: 76-414547

Member:
BEN SAMPLE 00 MED

Dependents:
SPOUSE SAMPLE 01 MED

EXPRESS SCRIPTS®
Rx BIN: 003858
Rx PCN: A4
Rx GRP: ELPASO16

Copay: OFFICE $50, SPEC $50, ER $200, Urg $50
Rx Copay 30 day supply: $6/$30/$50
Rx Copay 90 day supply: $15/$75/$125
Self-funded Plan

UnitedHealthcare® Choice Plus Network

5030

Provider: For effective date of coverage call 866-885-2496

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03122 4600237 0000 0000003 0000003 274 4 115

This card must be presented each time services are requested. Printed: 09-30-2024

Medical: In Net
Ded: $0
OOPM: $3,000/$6,000

Precert Req: All In-Pat and SNF, OP surgeries, Home Health/Hospice, Dialysis, DME>$1500 and rentals, MRI/MRA/Pet scans, Transplants, IOP or PHP, Genetic testing, Oncology.

For Members:	elpasocobenefits.com	866-885-1484
Pharmacists:	express-scripts.com	855-738-1153
EPC Health Centers:	mypremisehealth.com	719-520-7600
24/7 Telehealth:	mypremisehealth.com	877-272-0813
For Providers:	www.ccbyqh.com	866-885-2496
Fax:		855-475-5694

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

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