



A UnitedHealthcare Company

Oklahoma County

Plan Access

About your medical and pharmacy benefits

You will be receiving UMR ID cards for your medical and prescription drug benefits that will be effective **July 1, 2024**. Until you receive your ID card, please provide the following information to your doctor or pharmacy.

Medical claims

Group Plan Number:	76417044
UMR Medical Customer Service:	800-826-9781
UMR Medical Provider Line:	877-233-1800
Claim Filing Address:	UMR PO Box 211762 Eagan, MN 55121 EDI Payor # 39026

AffirmedRx prescription claims

(provide the following information to your pharmacy)

RXBin#	025060
RXPCN#	EMRX
Rx GRP#	EMRX
Member Portal	www.affirmedrx.com

If your Pharmacist has questions or concerns, they may contact 1-888-460-1579

To find a provider

Your preferred provider network: **UHC CHOICE PLUS**

1. Go to www.umar.com
2. Select "Find a provider"
3. Select "Medical"
4. Select **UnitedHealthcare Choice Plus Network** (English)
5. Choose the green "**View Providers**" button
6. You can choose to search by physician, hospital, other facilities, or you can call UMR Customer Service at **1-800-826-9781**.

Medical & Rx Sample ID card
Single Coverage
Effective July 1, 2024

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03122 7814911 0000 0001145 0001137 166 1 115

UMR A UnitedHealthcare Company

Oklahoma County



Issuer (80840) 911-39026-02

Member ID: 43670261

Group Number: 76-417044

Member:

ADAM SAMPLE 00 MED

AffirmedRx
PUBLIC BENEFIT CORPORATION

Rx BIN: 025060
Rx PCN: EMRX
Rx GRP: EMRX

Office Copay \$25

Self-funded Plan

5030

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

UnitedHealthcare
Choice Plus Network

This card must be presented each time services are requested.

Printed: 06-13-2024

Medical:	In Net	Out of Net
Ded:	\$500	\$1,000
OOPM:	\$3,000	No Limit

Rx: In Net

OOPM: \$3,600

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

800-826-9781

For Providers: www.umar.com

877-233-1800

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

Pharmacists & Members: 888-460-1579



CONNECT
BENEFIT

www.affirmedrx.com



Medical & Rx Sample ID card
Family Coverage
Effective July 1, 2024

UMR A UnitedHealthcare Company

Oklahoma County



Issuer (80840) 911-39026-02

Member ID: 43670264 Group Number: 76-417044

Member:

BEN SAMPLE 00 MED

Dependents:

DEPENDENT SAMPLE 01 MED

DEPENDENT SAMPLE 02 MED

AffirmedRx
PUBLIC BENEFIT CORPORATION

Rx BIN: 025060

Rx PCN: EMRX

Rx GRP: EMRX

Office Copay \$25

Self-funded Plan

5030

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

UnitedHealthcare
Choice Plus Network

UMR A UnitedHealthcare Company

Oklahoma County



Issuer (80840) 911-39026-02

Member ID: 43670264 Group Number: 76-417044

Member:

BEN SAMPLE 00 MED

Dependents:

DEPENDENT SAMPLE 01 MED

DEPENDENT SAMPLE 02 MED

AffirmedRx
PUBLIC BENEFIT CORPORATION

Rx BIN: 025060

Rx PCN: EMRX

Rx GRP: EMRX

Office Copay \$25

Self-funded Plan

5030

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

UnitedHealthcare
Choice Plus Network

03122 7814911 0000 0002330 0002318 166 9 117



This card must be presented each time services are requested.

Printed: 06-13-2024

Medical: In Net
Ded: \$500/\$1,500
OOPM: \$3,000/\$9,000

Out of Net
\$1,000/No Limit
No Limit/No Limit

Rx: In Net

OOPM: \$3,600/\$4,200

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

800-826-9781

For Providers: www.umar.com

877-233-1800

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



Pharmacists & Members: 888-460-1579

www.affirmedrx.com

This card must be presented each time services are requested.

Printed: 06-13-2024

Medical: In Net
Ded: \$500/\$1,500
OOPM: \$3,000/\$9,000

Out of Net
\$1,000/No Limit
No Limit/No Limit

Rx: In Net

OOPM: \$3,600/\$4,200

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

800-826-9781

For Providers: www.umar.com

877-233-1800

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



Pharmacists & Members: 888-460-1579

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