



PO Box 30543
Salt Lake City UT 84130-0543

JOP

ADDRESS SERVICE REQUESTED

>004402 0000000 003122
A SAMPLE
115 W WAUSAU AVE
WAUSAU WI 54401

Enclosed find your new identification card(s). Please be sure to present your card to your health care provider to ensure proper routing of claims.

Your primary medical network logo is prominently displayed on the front of your card and should be readily recognized by the network's contracted providers. If your primary network is a regional or local network, you may also have access to a "travel" network, which would appear on the back of your ID card. Claims from a "travel" provider are paid at the in-network benefit level.

Visit us at www.umar.com to access online claims, benefits, locate a health care provider, and research health-related topics of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll-free number listed on the back of your card.

We are pleased to be working with you to administer your health benefit plan!

UMR Customer Service



Issuer (80840) 911-39026-02



Member ID: 29691356 Group Number: 76-415370

Member:

A SAMPLE 00 MED

Dependents:

DEPENDENT SAMPLE 01 MED

OV: \$25/SPEC: \$45/ER: \$150/URG: \$50

Mercy
First Health
AHH Medical Management



5030

Self-funded plan administered by UMR



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03122 8180444 0000 0004472 0004402 081 8 112



This card must be presented each time services are requested.

Printed: 03-09-2022

Medical: In Net
Ded: \$750/\$1,500
OOPM: \$4,000/\$8,000*
*includes pharmacy

For Members: www.umar.com 800-826-9781
First Health: www.myfirsthealth.com 800-226-5116
Mercy: www.mercyoptions.net

For Providers: www.umar.com 877-233-1800

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



This card must be presented each time services are requested.

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Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
A SAMPLE
115 W WAUSAU AVE
WAUSAU, WI 54401

Mailing/Meter Date:

Insert #1
Insert #3
Insert #5
Insert #7
Insert #9
Insert #11
Insert #2
Insert #4
Insert #6
Insert #8
Insert #10
Insert #12

Cycle Date: 20220322

PDF Date: Tue Mar 22, 2022 @ 12:36:15

MaxMover: N

UHG JOB ID: 8100 GRP: 76415370 PV: JOP RC: FAM MKT:
MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID: L0107

DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:

TEMPLATE: TPA C30 : FAMILY T50 : 2SHRT

SORT HCN: L0107