

>000403 9928009 001 003122
 CHRISTOPHER R SAMPLE
 115 W WAUSAU AVE
 WAUSAU WI 54401



PO Box 30543
 Salt Lake City UT 84130-0543
 001

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.

If the MultiPlan or First Health logo is displayed on the back of your card, it represents a cost containment network and can be used if your primary medical network provider is not available. The covered charges will be paid at the "out-of-network" benefit, but will not be subject to usual and customary charges.

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



FAITH TECHNOLOGIES INC



Issuer (80840) 911-39026-02

Member ID: 14201713

Group Number: 76-411010

Member:

CHRISTOPHER R SAMPLE 00 MED

Dependents:

SHARON A SAMPLE 01 MED

RODNEY S SAMPLE 02 MED



Rx BIN: 610127
 Rx PCN: 01960000
 Rx GRP: 01961037



Administered by UMR

CO-PAYS MAY APPLY

0712

This card must be presented each time services are requested.

Printed: 09-17-2012

Call UMR Care Management at 866-494-4502 for plan required notification or refer to your employee benefit booklet. FAILURE TO CALL WITH NOTIFICATION MAY REDUCE BENEFITS.

For Members: www.umar.com 800-716-2826
 Nurseline: 866-494-4502
 The Alliance: www.the-alliance.org 800-223-4139

For Providers: www.umar.com 800-716-2826

All Medical Claims: WEBMD# 88461, McKesson HCFA 2712 UB 1935
 The Alliance, PO Box 44365, Madison, WI 53744-4365
 All Other Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541



Pharmacists & Members: 877-559-2955



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Pharmacists & Members: 877-559-2955

03122 9928009 0000 0000384 0000403 264 3 114

Shipper ID: 00000000
 Shipping Method: DIRECT
 CARRIER: USPS
 Address:
 CHRISTOPHER R 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: 20120920

PDF Date: Thu Sep 20, 2012 @ 11:18:01

MaxMover: N

UHG JOB ID: 8100 GRP: 76411010 PV: 001 RC: FAM MKT:

MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY:

DALE BROWN: N DIVISION : CARD TYPE:

TEMPLATE: TPA B12 : FAMILY T07 : STANDARD