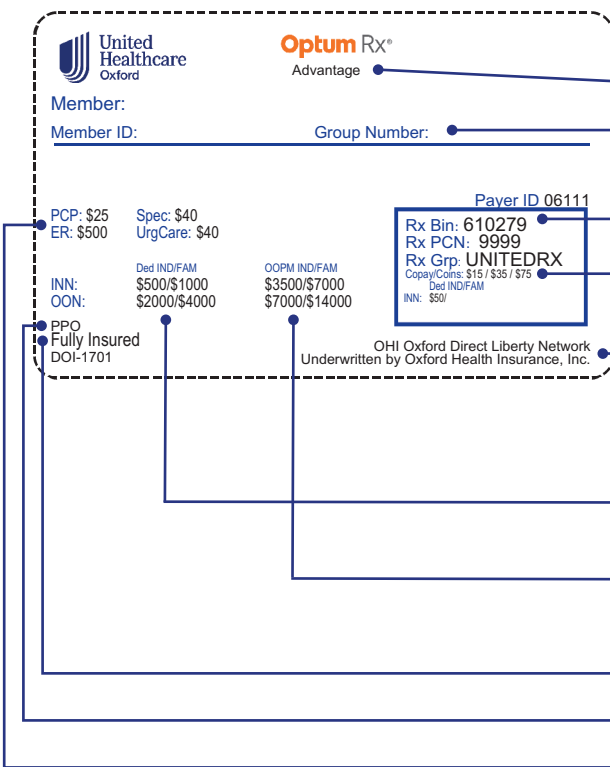




Features of your health plan ID card

The images below are examples of a health plan identification (ID) card. Please become familiar with the sample card that applies to your plan—fully insured or self-funded.

Members with a New York Oxford fully insured plan



Front of the card

Member ID and Group Number

Use these when registering on myuhc.com[®] or calling with questions. Also, **your providers (e.g., doctor, pharmacy) will need this information from you.**

Your prescription coverage

Your pharmacist will use this to determine which medications are covered.

Formulary

Prescription copay or coinsurance

Your plan identifier and plan network

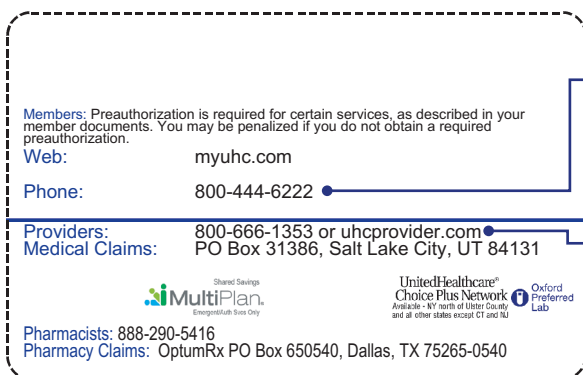
Deductible (Individual and Family amounts); in-network care, out-of-network care

Out-of-Pocket Maximum (Individual and Family amounts); in-network care, out-of-network care

Plan funding type

Product

Medical copay or coinsurance



Back of the card

Your member toll-free phone number

For prompt customer service, provide your Member ID to the automated attendant when you call.

Provider website

The provider website for your plan is uhcprovider.com. Please share this information with your provider when you visit.

continued



Members¹ (plan participants) with a New York Oxford self-funded plan

Front of the card

Member ID and Group Number
Use these when registering on myuhc.com or calling with questions. Also, **your providers (e.g., doctor, pharmacy) will need this information from you.**

Your prescription coverage
Your pharmacist will use this to determine which medications are covered.

Your plan identifier and plan network
Payer ID 06111
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UNITEDRX
Copy/Coins: \$15 / \$35 / \$75
Ded IND/FAM
INN: \$50

Plan funding type
PPO Fully Insured DOI-1701

Deductible (Individual and Family amounts); in-network care, out-of-network care
PCP: \$25 Spec: \$40
ER: \$500 UrgCare: \$40
INN: Ded IND/FAM \$500/\$1000
OON: Ded IND/FAM \$2000/\$4000
OOPM IND/FAM \$3500/\$7000 \$7000/\$14000

Out-of-Pocket Maximum (Individual and Family amounts); in-network care, out-of-network care
OHI Oxford Direct Liberty Network
Underwritten by Oxford Health Insurance, Inc.

Back of the card

Your member toll-free phone number
For prompt customer service, provide your Member ID to the automated attendant when you call.

Provider website
The provider website for your plan is uhcprovider.com. Please share this information with your provider when you visit.

Members: Preauthorization is required for certain services, as described in your member documents. You may be penalized if you do not obtain a required preauthorization.
Web: myuhc.com
Phone: 800-444-6222

Providers: 800-666-1353 or uhcprovider.com
Medical Claims: PO Box 31386, Salt Lake City, UT 84131

Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 650540, Dallas, TX 75265-0540

Your personalized health plan ID card² that you receive in the mail from your health plan includes information about you and your coverage. Carry it with you wherever you go, and show it when you visit your doctor or pharmacy so they know how to bill for their services. Remember to destroy your old ID card when you receive a new one from us in the mail.

**United
Healthcare
Oxford**

¹Members: Also refers to participants of a self-funded (ASO) plan administered by Oxford Health Plans LLC.

²ID card images are for illustrative purposes only. Your actual ID card will show information specific to you and your plan.

UnitedHealthcare and Oxford do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card Monday through Friday, 8 a.m. to 6 p.m. ET. TTY users can dial 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc.
Administrative services provided by Oxford Health Plans LLC.