UnitedHealthcare® | Shared Services

Member ID: 799190000100 **Issuer:** (80840) **Group Number:** 78800479

Group Name: Celebration, Inc.
Member: John Sample
Medical Copay:
Doctor Visit: $25 / Specialist: $50

Medical Coinsurance:
In-Network: $5,000 deductible, then 80%
OON: $7,000 deductible, then 50%

Out-of-Pocket Maximum:
In-Network: $8,150 / OON: $16,300

Rx Copay Retail (30-day supply):
Generic $0 / Brand $35 / Non-Form $75

Rx Copay Retail & Mail Order (90-day supply):
Generic $0 / Brand $70 / Non-Form $150

VERUS Rx

Rx BIN:	023286
Rx PCN:	VRX
Rx GRP:	79919

UnitedHealthcare® Choice Plus Network

PROVIDERS CALL 888-830-0179

UnitedHealthcare Shared Services
Provider Directory:
https://whyuhc.com/uhss

1250-xx 53B2 79919--25--- M(0D()V()

20250109TB5 Sh: 0 Bin 2
J019 Env [1] CSets 1 of 1

UnitedHealthcare® | Shared Services

Member ID: 799190000100 **Issuer:** (80840) **Group Number:** 78800479

Group Name: Celebration, Inc.
Member: John Sample
Medical Copay:
Doctor Visit: $25 / Specialist: $50

Medical Coinsurance:
In-Network: $5,000 deductible, then 80%
OON: $7,000 deductible, then 50%

Out-of-Pocket Maximum:
In-Network: $8,150 / OON: $16,300

Rx Copay Retail (30-day supply):
Generic $0 / Brand $35 / Non-Form $75

Rx Copay Retail & Mail Order (90-day supply):
Generic $0 / Brand $70 / Non-Form $150

VERUS Rx

Rx BIN:	023286
Rx PCN:	VRX
Rx GRP:	79919

UnitedHealthcare® Choice Plus Network

PROVIDERS CALL 888-830-0179

UnitedHealthcare Shared Services
Provider Directory:
https://whyuhc.com/uhss

PROOF
PROPOSED - Rule date: 1/9/25 9:09 AM

1250-xx 53B2 79919--25--- M(0D()V()

20250109TB5 Sh: 0 Bin 2
J019 Env [1] CSets 1 of 1

This card doesn't guarantee coverage. Printed: 01/09/2025

You, or your provider, must call 866-207-2260 prior to a hospital admission.
FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

Telemedicine 24/7 via your HealthJoy App

For Members:	www.abadmin.com	469-977-1881
Rx Help Desk:	www.verus-rx.com	800-838-0007
Rx E-Fax:		800-856-0327
For Providers:	https://uhss.umr.com	888-830-0179
Clinical Intake:		866-207-2260
Medical Claims:	EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783	

20250109TB5 Sh: 0 Bin 2
J019 Env [1] CSets 1 of 1
1250-xx 53B3 79919--25--- M(D(V(

This card doesn't guarantee coverage. Printed: 01/09/2025

You, or your provider, must call 866-207-2260 prior to a hospital admission.
FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

Telemedicine 24/7 via your HealthJoy App

For Members:	www.abadmin.com	469-977-1881
Rx Help Desk:	www.verus-rx.com	800-838-0007
Rx E-Fax:		800-856-0327
For Providers:	https://uhss.umr.com	888-830-0179
Clinical Intake:		866-207-2260
Medical Claims:	EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783	

PROOF
PROPOSED - Rule date: 1/9/25 9:09 AM