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Printed: 11/06/17

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.
For Members: qualcommpremierplans.com 844-884-7266
UnitedHealthcare: myuhc.com 800-861-8417

For Providers: UHCprovider.com 877-842-3210
Medical Claims: PO Box 30555, Salt Lake City UT 84130-0555
Call 858-678-6205 PRIOR to admission for possible transfer to Scripps

UnitedHealthcare Options PPO Network



Pharmacy Claims: PO Box 52136, Phoenix, AZ 85072-2136
For Pharmacists: 800-364-6331 For Members Rx: 844-345-2839

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Health Plan (80840) 911-87726-04



Member ID: 123456789 Group Number: 704201

Member: SUBSCRIBER SMITH QUALCOMM PREMIER PPO

Dependents

SPOUSE SMITH
CHILD1 SMITH
CHILD2 SMITH
CHILD3 SMITH

Payer ID 87726



Rx Bin: 004336
Rx PCN: ADV
Rx Grp: RX4810

Copays:
Office: \$30

Spec: \$50

0502

Qualcomm Premier PPO-Scripps
Administered by [Appropriate Legal Entity]



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0502

Qualcomm Premier PPO-Scripps
Administered by [Appropriate Legal Entity]

03082 9587609 0000 0000020 0000020 310 6 112

Shipper ID: 00000000
Shipping Method: 2ND DAY
CARRIER: UPS
Address:
TO: Qualcomm
Qualcomm
ATTN: Benefits
5775 Morehouse Drive
San Diego, CA 92121

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: 20171106
PDF Date: Mon Nov 06, 2017 @ 13:44:10
MaxMover: N

UHG JOB ID: 9210 GRP: 0704201 PV: 0001 RC: 0001 MKT: 77777
MT: 00 SA: 03 OI: 01 FORM: K20019 CPAY: B INTL ID:
DALE BROWN: NO LTR: QUALPREMIER STOCK ID : STAN
TEMPLATE: NEW FAMILY/IIND : STD FAMILY : 2SHRT : 2SHRT
RSN CD: