



000018 0000000 0000000 000018 1/1

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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03082 9587609 0000 0000018 0000018 310 8 114



Health Plan (80840) 911-87726-04



Member ID: 123456789 Group Number: 704201

Member: SUBSCRIBER SMITH QUALCOMM PREMIER QDHP

Dependents

SPOUSE SMITH  
CHILD1 SMITH  
CHILD2 SMITH  
CHILD3 SMITH

Payer ID 87726



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

0502

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



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Member ID: 123456789 Group Number: 704201

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SPOUSE SMITH  
CHILD1 SMITH  
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Payer ID 87726



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Rx PCN: ADV  
Rx Grp: RX4810

0502

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

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 @ 13:43:03  
MaxMover: N

UHG JOB ID: 9210 GRP: 0704201 PV: 0001 RC: 0001 MKT: 77777  
MT: 00 SA: 03 OI: 01 FORM: K20018 CPAY: B INTL ID:  
DALE BROWN: NO LTR: QUALPREMIER STOCK ID : STAN  
TEMPLATE: NEW FAMILY/IIND : STD FAMILY : 2SHRT : 2SHRT  
RSN CD: