

CARRIER NAME IN FUJI: GEHA UHC SHARED SERVICES

CARRIER CODE: GE005

Sample Member ID Card (front)

 **Harvard Pilgrim Health Care**  **Access America**

ID#: **HP4440020-00**
Name: **SAMPLE CARD**
Copay: **\$20 OV \$100 ER* \$5 ALLERGY INJ \$20 CHIRO**
***APPLIES AFTER DEDUCTIBLE IS MET**

DEDUCTIBLES: IND \$2000 FAM \$6000

RX: **\$5/15/25/40 MAIL \$10/30/50/120**

Underwritten by HPHC Insurance Company and UnitedHealthcare Insurance Company or its affiliates


BIN 003585 PCN 35000

Sample Member ID Card (back)

Visit us at www.harvardpilgrim.org
DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY

Notice to Members


- For Member Services call: **888-333-HPHC (4742)**.
- For Mental Health and Substance Abuse services, call United Behavioral Health at: **888-777-HPHC (4742)**.
- In a medical emergency, go to the nearest emergency facility or call **911** or other emergency number.
- If hospitalized, notify the Plan within 48 hours.
- Contact the Plan at **800-708-4414** to request approval for:
 - admission by a non-participating physician and/or hospital.
 - all services listed in the Schedule of Benefits requiring approval.

Please refer to your evidence of coverage for a full description of your benefits.

Notice to Providers

- In MA, ME, NH: **800-708-4414** or www.harvardpilgrim.org
- Medical Claims: Payer ID: 04271
HPHC, PO Box 699183,
Quincy, MA 02269-9183
- Outside MA, ME, NH: **800-693-5254**

Shared Services
Payer ID: 39026
-123456
Lake City
www.uhis.com

 **UnitedHealthcare**
Choice Plus Network

shared savings
MultiPlan
AA