

How to Read Your Member Identification Card

The Harvard Pilgrim member ID card **helps you identify important product and coverage information about your plan.** Visit your secure online account to see complete information.

- 1 Plan Name:** The plan you chose for your coverage
- 2 ID #:** Your full ID number includes the prefix HP and the nine digit member-specific number
- 3 OV:** Office visit copayment; May be subject to deductible
- 4 ER:** Emergency Room (ER) copayment (waived if admitted); May be subject to deductible
- 5 Rx:** Formulary and member cost share; May be subject to deductible
- 6 Ded:** In network and/or out of network deductible may apply
- 7 OOPM:** Out of pocket maximum (OOPM) is the total member cost share liability for the policy period
- 8 OptumRx:** Your pharmacy drug coverage is provided in partnership with OptumRx



Harvard Pilgrim HealthCare
a Point32Health company

UnitedHealthcare Access America

ID#: HP-00

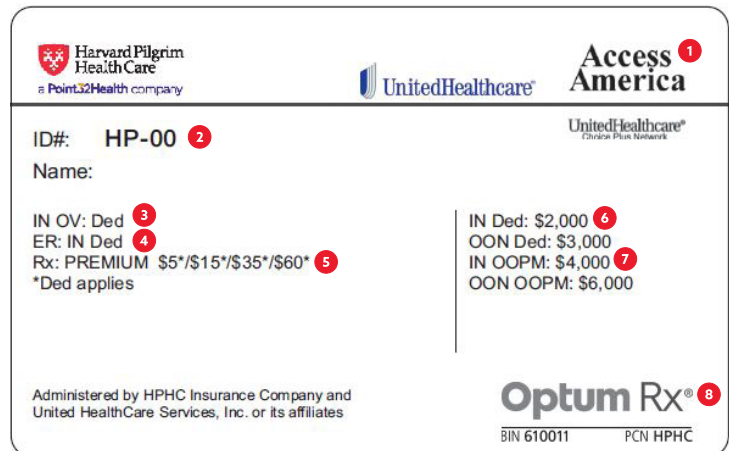
Name:

OV: \$25/\$40
ER: \$200
Rx: PREMIUM \$5/\$15/\$35/\$60

Ded: \$1,000
OOPM: \$2,000

Administered by HPHC Insurance Company and United HealthCare Services, Inc. or its affiliates

Optum Rx®
BIN 610011 PCN HPHC



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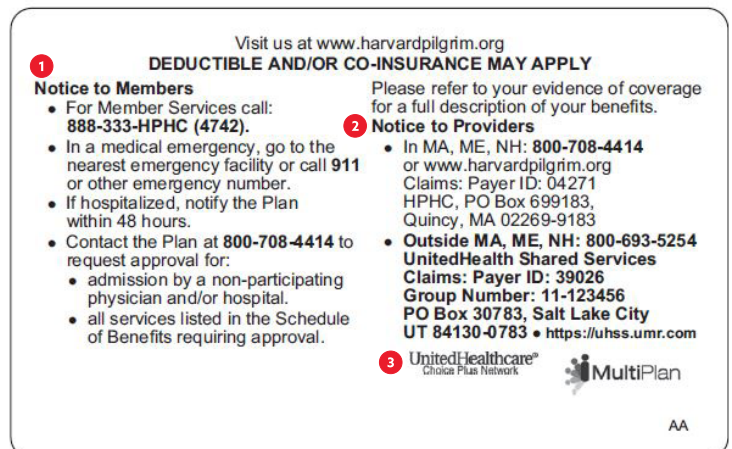
IN OV: Ded
ER: IN Ded
Rx: PREMIUM \$5*/\$15*/\$35*/\$60*
*Ded applies

IN Ded: \$2,000
OON Ded: \$3,000
IN OOPM: \$4,000
OON OOPM: \$6,000

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Optum Rx®
BIN 610011 PCN HPHC

- 1 Notice to Members:** Member Services contact numbers and hospitalization and emergency information
- 2 Notice to Providers:** This **UnitedHealth Shared Services** information is important to share with your provider when seeking services outside of MA, ME & NH
- 3 The UnitedHealthcare Choice Plus:** This logo represents the national network offered jointly by Harvard Pilgrim and UnitedHealthcare



Visit us at www.harvardpilgrim.org

DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY

1 Notice to Members

- For Member Services call: **888-333-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.

2 Notice to Providers

- In MA, ME, NH: **800-708-4414** or www.harvardpilgrim.org
Claims: Payer ID: 04271
HPHC, PO Box 699183, Quincy, MA 02269-9183
- Outside MA, ME, NH: **800-693-5254**
UnitedHealth Shared Services
Claims: Payer ID: 39026
Group Number: 11-123456
PO Box 30783, Salt Lake City UT 84130-0783 • <https://uhss.umar.com>

3 UnitedHealthcare Choice Plus Network MultiPlan

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