

October 25, 2024

202



Kartavya Singh
223 Martin Luther King Drive E
Cincinnati, OH 45219

Thank you for being a UnitedHealthcare Student Resources member.

We're glad you're here.

This is your UnitedHealthcare health plan ID card. It has information about you and your coverage so you'll want to take it with you wherever you go.

Please be sure all the information on your ID card is correct. Call us using the toll-free member number on your ID card if any information is not correct or you need assistance. You can start using your ID card on your effective date.

To get the most of out of your plan, follow these steps:

1. Get access on the go.

Create your My Account at www.uhcsr.com/myaccount. Our mobile friendly website will help you:

- Find and estimate the cost of the care you need.
- See what's covered and get information about any additional benefits available to you.
- View claim details and account balances and much more.

2. Check out our videos page.



www.UHCSR.com/video has many informative videos on how to access and utilize key elements in your My Account, as well as a large library of mental health videos provided by Psych Hub.

3. Know your network.

With almost every plan, you'll pay less if you choose doctors, clinics and hospitals in your network. Search for network providers on www.uhcsr.com or the UHCSR mobile app.

STD (4/24)

Attached is your new UnitedHealthcare ID card. The ID card contains important phone numbers and claim filing instructions.

 UnitedHealthcare Student Resources		2024-25 Academic Year
Insured: Kartavya Singh		
SR ID #: 8522817	Policy # (80840): 2024-202-1	
Plan Name: University of Cincinnati Main Campus		
Members: Customer Service 1-866-589-1053	Providers: Customer Service 1-888-224-4875	
RX DED: \$200		Optum Rx®
DED IND/FAM	OOPM IND/FAM	Rx Bin: 610279
INN: \$500/	INN: \$5000/\$10000	Rx PCN: 9999
OON: \$800/	OON: \$12700/	Rx Group: UHCSTRC01
 MultiPlan Complementary Network		UnitedHealthcare Choice Plus
ID1:24 ODI	Underwritten by UnitedHealthcare Insurance Company	

CLAIMS INSTRUCTIONS	
Submit claims to the company within 90 days or as required by state law after the date of service. Mail all medical bills along with the insured student's name, patient's name, SR ID number, address, and plan name to the address listed below.	
Send claims to: Student Resources P.O. Box 809025 Dallas, TX 75380-9025 EDI Payer ID: 74227	For emergencies while traveling call: UnitedHealthcare Global 1-877-461-2273 (Toll-free) or 1-410-453-6330 or email: assistance@uhcglobal.com ID#: 355751
For Hospital pre-admission notification call UnitedHealthcare at 1-877-295-0720.	
NOTICE TO ALL HEALTHCARE PROVIDERS	
This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.	
23-ID1	www.uhcsr.com