



A UnitedHealthcare Company

CSL Behring

Issuer (80840) 911-39026-02

Member ID: 26317472

Group Number: 76-414109

Member:

ANASTASIA GAULKE 00 MED

Dependents:

KHIRA CALDWELL 01 MED

KHYIA CALDWELL 02 MED

 CVS caremark

Rx BIN: 004336

Rx PCN: ADV

Rx GRP: RX4867

Copay: OFFICE/SPEC/ER
\$30/\$50/\$150

UnitedHealthcare
Choice Plus Network

0710

Self-funded plan administered by UMR



Call number below for plan required prior authorization. FAILURE TO CALL FOR
PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members:	member.accolade.com	877-727-0903
CVS Caremark®:	www.caremark.com	855-212-0861
Teladoc:	www.Teladoc.com	800-835-2362

For Providers:	www.umar.com	866-661-1780
Pharmacy Help Desk:		800-364-6331

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541
Rx Claims: CVS Caremark Claim Dept, PO Box 52136, Phoenix, AZ 85072-2136