

SOUTHERN TRUST COMPANY  
6100 RED HOOK QUARTER, B-3  
ST THOMAS VI 00802-0000



Download a free QR code reader and scan this code to learn about convenient Smartphone access to benefit and provider information with myuhc.com® mobile.

You are receiving this card because your pharmacy benefit services will be administered by OptumRx - THIS CARD IS VALID AS OF 09/01/2013.



>001600 3485303 001 003082  
J.EPSTEIN  
6100 RED HOOK QUARTER B-3  
ST THOMAS VI 00802-0000

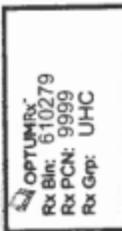


Health Plan (80840)  
Member ID:  
Member:  
JEFFREY EPSTEIN

Group Number:  
SOUTHERN TRUST COMPANY

Payer ID 87726

Office: \$20 ER: \$200  
UrgCare: \$75 Spec: \$30



UnitedHealthcare Choice Plus  
Underwritten by UnitedHealthcare Insurance Company

DOI - 0501

**Please Review: New Member ID Card Enclosed**

Your pharmacy benefit services will soon be administered by OptumRx. The attached ID card is updated with information needed to process your pharmacy claims. **PLEASE CONTINUE USING YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE ON THE FRONT OF THIS CARD CARRIER.** If you have questions, please review the pharmacy transition letter and FAQ recently mailed to you from UnitedHealthcare, or call the member phone number on the back of this card.

**Revise la Nueva Tarjeta de Identificación de Membresía Adjunta**

Próximamente, OptumRx administrará los servicios de sus beneficios farmacéuticos. La tarjeta de identificación adjunta está actualizada con la información necesaria para procesar sus reclamos farmacéuticos. **USANDO SU TARJETA ACTUAL HASTA LA FECHA DE VIGENCIA QUE FIGURA EN EL ANVERSO DE ESTE TARJETERO.** Si tiene preguntas, consulte la carta sobre la transición de farmacias y las Preguntas Frecuentes que UnitedHealthcare le envió por correo recientemente, o llame al número de teléfono para miembros que se encuentra en el reverso de esta tarjeta.

The review and approval of health care services, based on medical necessity, does not guarantee coverage under your policy. Also, verification of eligibility for benefits and coverage does not guarantee coverage. Actual benefits and coverage will be determined under the terms and conditions of your policy when a claim is submitted. This Medical ID Card is to be used solely in connection with and is subject to the terms and conditions of your health or medical coverage issued or administered by UnitedHealthcare or its affiliates. UnitedHealthcare and its affiliates reserve all rights in the event of improper use.

Printed 08/18/13

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.  
For Members: [www.myuhc.com](http://www.myuhc.com)  
Care24:  
Mental Health:

For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)  
Medical Claims: P.O. BOX 740800 ATLANTA GA 30374-0800  
PR - MAPFRE - P.O. Box 70297, San Juan, PR 00936-8297  
MAPFRE MultiPlan  
Pharmacy Claims: OptumRx P.O. Box 29044 Hot Springs, AR 71903  
For Pharmacists