



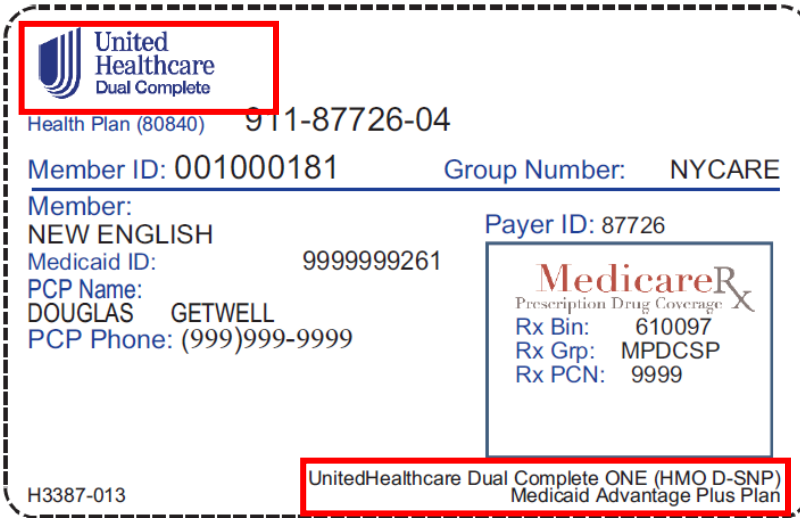
Mount Sinai


UnitedHealthcare Community Plan Coverage Sample Member ID Cards

You can confirm which UnitedHealthcare Community Plan you are in by looking at the front of your insurance card. See examples below.

Sample Member ID Cards

Dual Complete Plan Example





 Health Plan (80840) 911-87726-04

Member ID: 001000181 Group Number: NYCARE

Member: NEW ENGLISH Payer ID: 87726

Medicaid ID: 9999999261

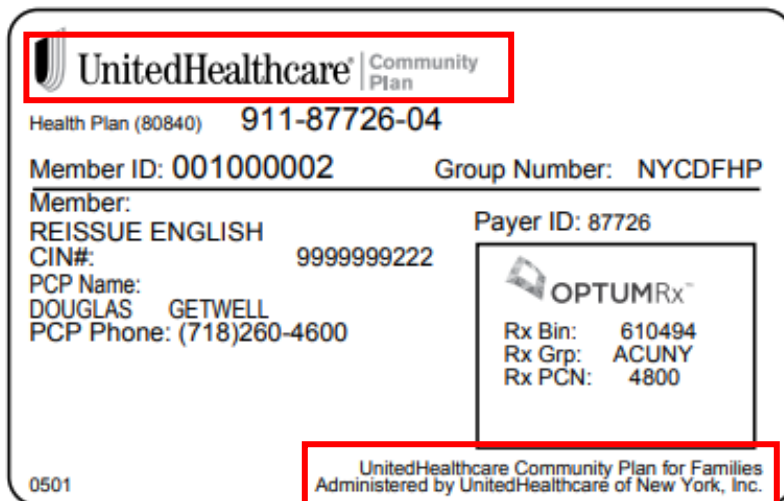
PCP Name: DOUGLAS GETWELL


PCP Phone: (999)999-9999

MedicareRx
 Prescription Drug Coverage
 Rx Bin: 610097
 Rx Grp: MPDCSP
 Rx PCN: 9999

H3387-013 UnitedHealthcare Dual Complete ONE (HMO D-SNP) Medicaid Advantage Plus Plan

Medicaid Plan Example





 Health Plan (80840) 911-87726-04

Member ID: 001000002 Group Number: NYCDFHP

Member: REISSUE ENGLISH Payer ID: 87726

CIN#: 9999999222

PCP Name: DOUGLAS GETWELL

PCP Phone: (718)260-4600

OPTUMRx™
 Rx Bin: 610494
 Rx Grp: ACUNY
 Rx PCN: 4800



0501 UnitedHealthcare Community Plan for Families Administered by UnitedHealthcare of New York, Inc.



UnitedHealthcare Community Plan Coverage Sample Member ID Cards

Essential Plan Examples

Essential Plan 1

UnitedHealthcare | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000034 Group Number: NYEPP1

Member:
REISSUE ENGLISH Payer ID: 87726

PCP Name:
DOUGLAS GETWELL
PCP Phone: (718)260-4600

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

Copay: OFFICE/SPEC/ER/UrgCare/Rdlyg
\$15/\$25/\$75/\$25/\$25

0501 UnitedHealthcare Community Plan Essential Plan 1
Administered by UnitedHealthcare of New York, Inc.

Essential Plan 2

UnitedHealthcare | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000042 Group Number: NYEPP2

Member:
REISSUE ENGLISH Payer ID: 87726

PCP Name:
DOUGLAS GETWELL
PCP Phone: (718)539-6611

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

Copay: OFFICE/SPEC/ER/UrgCare/Rdlyg
\$0/\$0/\$0/\$0/\$0

0501 UnitedHealthcare Community Plan Essential Plan 2
Administered by UnitedHealthcare of New York, Inc.

Essential Plan 3

UnitedHealthcare | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000050 Group Number: NYEPP3

Member:
REISSUE T ENGLISH Payer ID: 87726
CIN#: 9999999134

PCP Name:
DOUGLAS GETWELL
PCP Phone: (516)827-5757

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

Copay: OFFICE/SPEC/ER/UrgCare/Rdlyg
\$0/\$0/\$0/\$0/\$0

0501 UnitedHealthcare Community Plan Essential Plan 3
Administered by UnitedHealthcare of New York, Inc.

Essential Plan 4

UnitedHealthcare | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000053 Group Number: NYEPP4

Member:
NEW ENGLISH Payer ID: 87726
CIN#: 9999999141

PCP Name:
DOUGLAS GETWELL
PCP Phone: (315)492-3403

OPTUMRx™
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

Copay: OFFICE/SPEC/ER/UrgCare/Rdlyg
\$0/\$0/\$0/\$0/\$0

0501 UnitedHealthcare Community Plan Essential Plan 4
Administered by UnitedHealthcare of New York, Inc.



UnitedHealthcare Community Plan Coverage Sample Member ID Cards

Child Health Plus Example

