



Subscriber: Jack Jackson  
Group: Jackson Inc  
Member: Jack Jackson

Subscriber #: 100000000001  
Group #: A0000000  
Member #: 100000000001

PCP Copay \$50  
Specialist Copay \$100  
In-Network Ind Ded \$4000

Out-of-Network Ind Ded \$5000  
In-Network Ind OOP \$8000  
Out-of-Network Ind OOP \$10000

If services are rendered outside South Dakota or surrounding counties in the Avera Service area, please reference the back of the card.



RXBIN: 004336  
RXPCN: ADV  
RXGRP: RX2365

11944HR 627A IC(New) 2-A0000011-2331-Standard-UHCW-M(D)(U)W

20230725T0B Sh: 0 Bin 1  
J0F6 Env [2] CSets 1 of 1



## MEMBERS:

Customer Care:  
**1-888-322-2115**

Pharmacy Services:  
**1-855-848-9166**

Pharmacy Services TDD:  
**1-800-231-4403**

Log in to see benefit information  
at: **AveraHealthPlans.com**

This card does not guarantee eligibility for  
benefits or payment of claims.

## PROVIDERS:

Providers outside South Dakota or surrounding  
counties in the Avera Service area, submit medical  
claims to: UHSS, PO Box 30783, Salt Lake City,  
UT 84130-0783. Payor ID 39026

**UHSS Provider Services:**  
888-830-0179 <https://uhss.umr.com>

UnitedHealthcare®  
Options PPO Network

UHSS Member ID:  
UN1000000000

UHSS Group ID: 78-000000

**For Prior-Authorizations call UHSS:**  
866-397-7466.

Failure to get prior-authorization may reduce  
benefits.

**Providers inside South Dakota** or surrounding counties in the Avera Service Area, submit  
medical claims to: Avera Health Plans 5300 S Broadband Ln Ste 200 Sioux Falls, SD 57108.  
Payor ID 46045. Avera Health Plans Provider Services: 833-964-0711 [AveraHealthPlans.com](https://Avera.org/PA).  
For Prior-Authorizations: <https://Avera.org/PA>.  
Failure to get prior-authorization may reduce benefits.

