

NRECA Medical Plan participants, please share this notice with Hospital Corporation of America (HCA) providers. As always, our goal is to ensure you and your family have access to affordable, quality health care.

ATTENTION

HCA Providers

PLEASE READ CAREFULLY

To help our participants, the NRECA Medical Plan continues to consider services for our participants as in-network even if the provider isn't currently participating in the UnitedHealthcare network.* We ask that you serve our participants, submit claims and accept only their copay or coinsurance amount as payment *at the time of service*. Ask to see the patient's health ID card with the NRECA logo (as pictured on front of the card) when they receive care.



Services may receive additional discounts through NRECA's secondary network contract with **First Health** (as pictured on back of the card), or you may agree to a negotiated discount. *Participants shouldn't be billed for secondary or negotiated discounts.*

Please be aware that **preauthorization** is always required for all hospital admissions and other medical services such as high-end radiology scans. While it's the patient's responsibility to ensure preauthorization is obtained to avoid a possible penalty, you may acquire preauthorization by calling **800.526.7322**.

**While your services are considered at the in-network benefit level, the NRECA Medical Plan also provides participants some level of coverage for out-of-network services.*

GRPFY22014 08/2024

FRONT

Member: ~~SAMPLE MEMBER~~ 00 MED DEN VIS

Member ID: 406001888010 Group Number: 76-411406

Dependents:
SAMPLE MEMBER 01 MED DEN VIS
SAMPLE MEMBER 02 MED DEN VIS
SAMPLE MEMBER 03 MED DEN VIS
SAMPLE MEMBER 04 MED DEN VIS

CVS caremark
Rx BIN: 004336
Rx PCN: ADV
Rx GRP: RX7641

For Members: 866-673-2299, Option 1 www.cooperative.com
CVS Caremark: 888-796-7322 www.caremark.com
VSP Vision: 800-877-7195 www.vsp.com
Teladoc: 800-835-2362
FutureMe coaching: 888-321-1521

UnitedHealthcare
Choice Plus Network

9836

BACK

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Preauthorization is required for inpatient admissions and certain services, per your Summary Plan Description. You or your provider must call 800-526-7322. Failure to preauthorize may reduce benefits.

For Providers: 877-233-1800 www.umar.com
Find a Dentist: 877-277-6872 www.gehasolutions.com
Pharmacist Help Desk: 800-364-6331

Claims: EDI # 39026, UMR, PO Box 30515, Salt Lake City, UT 84130-0515
VSP Claims: VSP, PO Box 385018, Birmingham, AL 35238-5018

Medical office visit copay: \$15
Emergency room copay: \$100
Preventive copay: None

Medical:	In-Net*	Out-of-Net*
Ded*:	\$500/\$1,000	\$1,000/\$2,000
OOP*:	\$0	\$1,200/\$2,400

*Net=Network, Ded=Deductible, OOP=Out of Pocket

