

## How to Read Your Member ID Card

1. Name of your Preferred Provider Organization (PPO) health plan.
2. The Claims Payer for the Compass Rose Health Plan.
3. An internal UMR number.
4. A unique number assigned to you and your covered family members. This is important for accurate claims processing.
5. A unique number that categorizes our entire member population.
6. Name of the insured.
7. Indicates your coverage type—medical.
8. The name(s) of your dependent(s)—spouse and children are listed if applicable.
9. The required out-of-pocket expenses owed to your provider at the time of your appointment, if applicable.
10. The plan's Pharmacy Benefit Manager, Express Scripts.
11. The numbers your pharmacist will use to process your prescription(s) at the pharmacy.
12. A unique Group ID number that categorizes our entire member population for pharmacy claims.
13. When available, the **Unitedhealthcare Choice Plus** network of doctors, hospitals and labs.
14. The date the card was printed.
15. Machine-readable data that contains information to file claims.
16. The number your provider should call to start the prior authorization process.
17. The link to our Member Portal, where you can access your health coverage.
18. The number you call for questions regarding your medical claims and benefits.
19. An online tool to manage your Express Scripts prescriptions.
20. The number you call for prescription inquiries.
21. An online resource that providers can use for contract and/or pricing inquiries.

**FRONT**

1 COMPASS ROSE HEALTH PLAN  
 2 UMR  
 3 Issuer (80840) 911-39026-02  
 4 Member ID: Y76414492  
 5 Group Number: 76-411449  
 6 Member: 06 R05 MED SAMPLE 00 MED  
 7 Dependents: 06 R05 MED SAMPLE 01 MED, 06 R05 MED SAMPLE 02 MED  
 8  
 9 Co-Pays: Office Visit \$15 / Specialist \$25, Emergency Room \$100 / Urgent Care \$50, Medicare B Co-Pay: \$0, 5011  
 10 EXPRESS SCRIPTS  
 11 Rx BIN: 610014  
 12 Rx GRP: DFGFEHB  
 13 UnitedHealthcare Choice Plus Network Administered by UMR

**BACK**

14 Printed: 12-22-2016  
 15  
 16 Call UMR Care Management at 800-808-4424 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.  
 17 For Members: Portal: https://member.compassrosebenefits.com, 888-438-9135  
 18 Prescriptions: www.express-scripts.com/pharmacy, 877-438-4449  
 19  
 20  
 21 For Providers: www.umar.com, 877-233-1800  
 22 Pharmacists: www.express-scripts.com/pharmacy, 800-922-1557  
 23  
 24  
 25 Medical Claims: FDI # 39026, UMR, PO Box 8095, Wausau, WI 54402-8095  
 26  
 27 LabCorp

22. The number your provider calls for claim and benefit inquiries.
23. An online resource that providers can use for Express Scripts Prescription Benefit Plan inquiries.
24. The number your pharmacist or doctor calls for prescription inquiries.
25. A number used by many providers to file claims electronically.
26. The mailing address for claims.
27. The Lab provider for 100% covered outpatient laboratory testing.

## How to Read Your Explanation of Benefits (EOB)

1. The Claims Payer for the Compass Rose Health Plan.
2. The mailing address for claims.
3. The number you call for questions regarding your medical claims and benefits.
4. The URL for Compass Rose Benefits Group's website.
5. This box includes member and patient information for whom the claim was processed.
6. Hospital, physician or other health care provider that performed the services.
7. Account number assigned by the hospital, physician or other health care provider.
8. The unique claim control number UMR assigns to each claim received.
9. Description of services and/or procedures that were performed by the hospital, physician or other health care provider.
10. Date(s) services were performed.
11. Amount billed for the services provided.
12. Amount not payable by the health plan.
13. Refers to the codes used to explain the charges listed in "Amount Not Payable" (#12) and "See Note Section" (#21).
14. Amount applied to the deductible.
15. Amount you pay when it is a specific amount for the service.
16. Charges allowed for payment—this is the difference between the "Amount Billed" (#11) and the "Amount Not Payable" (#12) and/or "Less Deductible" (#14) and the co-pay amount (#15) columns.

1 UMR  
 2 PO BOX 8095 WAUSAU WI 54402-8095  
 3 1-888-438-9135  
 4 www.compassrosebenefits.com  
 5 Member Address: 1234 W Quince Blvd, West City, WI 53401  
 6 Member ID: 100000001  
 7 Patient Notice Date: 01-04-17  
 8 Health Plan Name: Compass Rose Health Plan  
 9 Health Plan Number: 7670.00.411449  
 10 EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL  
 11 Provider: JON DOE, MD  
 12 Patient Account: C123456789000  
 13 Claim Control Number: 99999999999  

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	Less Deductible	Co-pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
MEDICAL EXAMINATION	12.31.16 12.31.16	\$85.00	\$47.42	\$37.58	\$25.00	\$12.58	100	\$12.58	\$12.58	\$25.00
<b>Totals</b>		\$85.00	\$47.42	\$37.58	\$25.00	\$12.58		\$12.58	\$12.58	\$25.00

 21 Note Section: 908 Provider negotiated discount. You are not responsible for this amount. Your Claim was processed at the In Network Level of Benefits.  
 22 Payment To: BEST DOCTOR, USA  
 23 Payment Date: 01-04-17  
 24 Payment Amount: \$12.58  

Benefit Period	Benefit Level	Applied To Date
01-01-16	\$350 IN NET IND CAL YR DEDUCTIBLE	\$350.00 MET
01-01-16	\$700 IN NET FAM CAL YR DEDUCTIBLE	\$400.00 MET
01-01-16	\$400 OUT NET IND CAL YR DEDUCTIBLE	\$400.00 MET
01-01-16	\$800 OUT NET FAM CAL YR DEDUCTIBLE	\$400.00 MET
01-01-16	\$4,000 IN NET IND OUT-OF-POCKET	\$1,480.16
01-01-16	\$4,000 IN NET FAM OUT-OF-POCKET	\$1,480.16
01-01-16	\$7,000 OUT NET IND OUT-OF-POCKET	\$1,480.16
01-01-16	\$7,000 OUT NET FAM OUT-OF-POCKET	\$1,480.16

 25

17. Percentage at which the allowable charges are paid.
18. Amount actually payable by the health plan.
19. Amount the health plan paid to the provider.
20. If applicable, this is the amount you may be responsible to pay to the hospital, physician or other health care provider.
21. Explains codes provided in the "See Note Section" (#13) column. Lists the specific code and its definition.
22. Provider or facility the check was issued to.
23. The date the payment was issued to the hospital, physician or other health care provider.
24. The total amount paid by your health plan.
25. This box provides the benefit period and benefit levels, amounts applied to individual/family deductibles and out-of-pocket maximums.

If you have any questions, please contact a Compass Rose Specialist at (866) 368-7227 (Option 3).