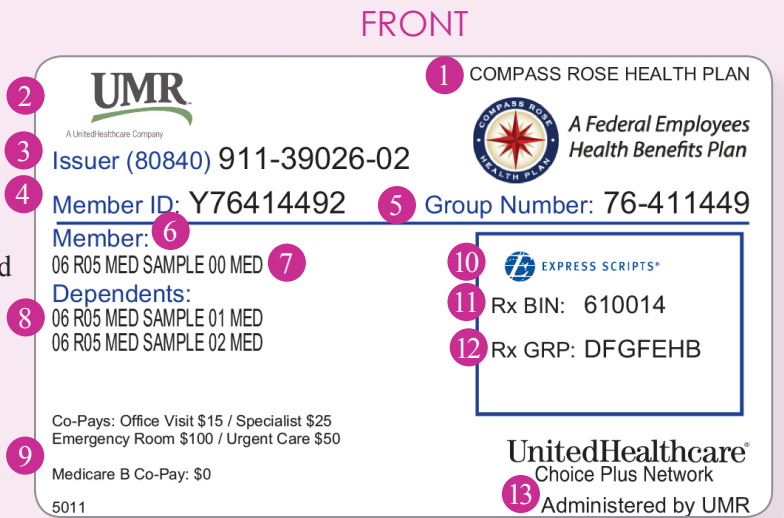


## How to Read Your Member ID Card

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

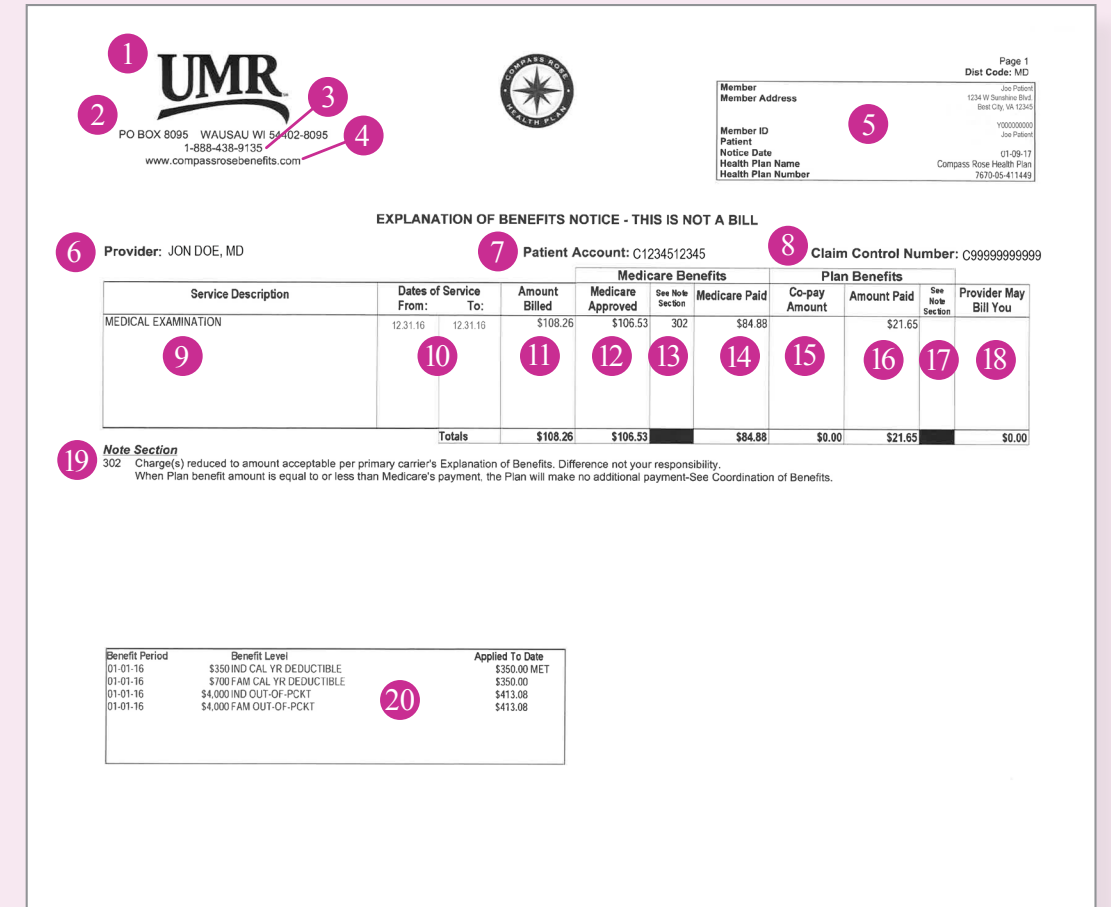


BACK

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. The amount billed for the services provided.
12. The Medicare approved amount.
13. Refers to codes used to explain charges that were reduced or not payable by the Plan – “See Note Section” (#19).
14. In most cases, the amount equals approximately 80% of the Medicare Approved amount (#12).
15. Amount you pay when it is a specific amount for the service.
16. The amount paid by the Compass Rose Health Plan



- when it is a percentage payment; usually equals 20% of the Medicare Approved amount (#12).
17. Refers to codes used to explain charges that were reduced or not payable by the Plan – “See Note Section” (#19).
18. If applicable, this is the amount you may be responsible to pay to the hospital, physician or other health care provider.
19. Explains codes provided in the “See Note Section” columns (#13 and #17). Lists the specific code and its definition.
20. 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).*