

Underwriter: Crum & Forster SPC
Policy Number:
Policy Year: 2025-2026
Plan Name: My Physician PCP Plus Plan

Below is your international Insurance Plan Medical Identification Card. **Cut it out and keep it with you at all times.** The card can be used to verify your coverage and coverage for dependents, if applicable.

How to use this plan



Visit a PPO network provider. The primary PPO network for this plan is **UnitedHealthcare Options PPO**. First charges must be incurred within 30 days from the date of a Covered Accident or Sickness. To locate a **UnitedHealthcare Options PPO** provider, Visit www.whyuhc.com/us1.

Copay:
Physician Visit: \$35
Specialist: \$35
Urgent Care: \$75
ER: \$100

DO NOT GO TO THE HOSPITAL FOR MINOR ILLNESS OR INJURIES!
Referral by PCP is required for non-primary care services including specialists and hospital care, Emergency Room and Urgent Care visits do not require referrals

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	Health Plan: (80840) 911-87601-04 Group Number: 76570148	For Questions about benefits, eligibility, or claims, call Administrative Concepts, Inc. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations, and exclusions of the policy. File claims electronically to Payer ID or mail claims to the address indicated.												
Member Name: [Redacted]	Coverage Start: [Redacted]	MEMBERS: Carry this card at all times.												
Member #: [Redacted]	Coverage End: [Redacted]													
<i>Insurance Underwritten by</i> Crum & Forster SPC	Plan: My Physician PCP Plus Copays: Physician Visit: \$35 Specialist: \$35 Urgent Care: \$75 ER: \$100	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Member / Provider Services:</td> <td style="width: 40%;">Administrative Concepts, Inc.</td> <td style="width: 30%; text-align: center;">(800) 476-4802</td> </tr> <tr> <td>PPO Network</td> <td>www.whyuhc.com/us1</td> <td></td> </tr> <tr> <td>Mailing Address:</td> <td>Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426 Fax: (610) 293-9299</td> <td></td> </tr> <tr> <td>Non-UHCG Claims</td> <td></td> <td style="text-align: center;">Payer ID: 22384</td> </tr> </table>	Member / Provider Services:	Administrative Concepts, Inc.	(800) 476-4802	PPO Network	www.whyuhc.com/us1		Mailing Address:	Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426 Fax: (610) 293-9299		Non-UHCG Claims		Payer ID: 22384
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Plan	Primary PPO: UnitedHealthcare Options PPO													
UHC Global Network Provider Services:	(833) 205-1965													
UHC Global Eligibility Verification for Providers:	www.usnetworksuhc.com													
Provider Claims:	UHC Global													
Mailing Address:	P.O. Box 30526, Salt Lake City, UT 84130-0526													
	Payer ID: USN01													

If there are any discrepancies between this document and the Policy, the Policy will govern.
 NETWORKS ARE NOT AFFILIATED WITH CRUM & FORSTER SPC

WELCOME TO YOUR NEW PRESCRIPTION MEDICATION PLAN

We are pleased you have chosen SHIELD, powered by RX VALET, for your new Major Medical Medication Plan. Enclosed are your membership cards to keep in a safe place for future use.

PROGRAM DETAILS

1. The Prescription Medication Plan includes all prescription medications and their co-pay listed on the formulary. Co-pay amounts are based on drug tier and require mail-order fulfillment after the first retail purchase.
2. Co-pays are available at virtually any retail pharmacy of your choice (over 70,000 in our network).
3. Tier 1 Generics include:
 - a. \$25 co-pay all generic medications have up to a \$25 co-pay at retail or up to \$50 co-pay for mail-order for a 90-day supply.
 - b. Refills on non-acute medication will need to be done by mail-order.
4. Tier 2 Brand medications (Preferred and Non-Preferred) are \$50 co-pay first retail fill then \$100 for up to a 90-day supply through mail-order.
5. Tier 3 Specialty medications are discounted with 100% member responsibility.
6. Prescription Assistance Program (PAP) if available on over 1,400 branded medications. This requires an application process. All PAP approved medications will have a \$25 co-pay for the member.
7. Present your Rx Card to the pharmacy of your choice to utilize benefits.
8. After your first retail purchase, all CHRONIC medications should be filled using our mail-order service. Our team will contact and work with you to transfer your prescription.
9. All medications require a prescription.

SHIELD PRESCRIPTION MEDICATION PLAN

SHIELD offers multiple ways to save on medications. And YOU decide which choice is right for you.

ACTIVATE YOUR TRUCARE MEMBER PORTAL

1. Go to www.SHIELDPBM.com.
2. Click on 'Login With Member/Group ID'.
3. Enter the Member ID and Rx Group (Group ID) number from your Rx Member ID Card below.
4. Click 'Log In' to update your profile and create a new password.

FOR MORE SAVINGS OPTIONS, SUCH AS HOME DELIVERY OR PRESCRIPTION ASSISTANCE

1. Go to www.SHIELDPBM.com and login or register.
2. If you are needing a medication immediately, choose retail pick-up. Over 70,000 pharmacies are in our network. The site will then prompt through your order.
3. If you can wait up to 10 days, mail-order will be your most cost effective option. Click on mail-order and the site will prompt you through your order.
4. Reorders will be processed every 90 days for all mail-order prescriptions.

Mail-order is fulfilled by our partner pharmacies and prices are subject to change without notice.

QUESTIONS ABOUT YOUR RX BENEFITS?

PLEASE CALL US AT (877) 659-6101.

Your card is active and can be used on or after your Effective Date of Coverage.

Whether you choose to use your pharmacy savings card, retail pick-up or home delivery to get your medications, now would be a great time to visit SHIELDPBM.com to review all the ways we can help you minimize your prescription costs.

Don't forget to bookmark us for quick access to our website and to add us to your email safe-sender list or address book so you don't miss any important transactional notices!



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<p>SHIELD powered by RX VALET Feel better.™</p> <hr/> <p>Member Name: Group Name: My Physician PCP Plus Plan Coverage Start: Coverage End: Member #: Rx BIN: 026556 Rx PCN: SHIELD Rx Group: PCPLUS Coverage: Major Medical Medication Plan Log into TruCareRx.com to view available formularies and medications.</p>	<p>Present this card at the pharmacy with a valid prescription.</p> <p>In order to get the most out of your Major Medical Medication Plan with SHIELD PBM, utilize our mail-order program by activating your member portal at www.SHIELDPBM.com.</p> <p>If logging in for the first time, click "Login With Member/Group ID" and enter the Member ID and Rx Group Number (Group ID) from the FRONT of this card.</p> <p>Customer Support: (877) 659-6101 Mon–Thu: 8am–8pm & Fri 8am–7pm EST. Escribe: 04229971 Efax: (888) 870-3823</p>	<p>We provided you with direct access to medications at negotiated PBM pricing and Home Delivery Pharmacy pricing on a pre-paid basis. This program offers solutions for medications high-priced specialty medications via an International Pharmacy or PAP service. In addition, a discount pharmacy solution is available, where for specialty medications you search discount options and are directed to a specific pharmacy for super-low pricing. Sometimes this can be your lowest price option. Only certain doses and quantities for each medication are offered through this program.</p>
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FOR A LONGER LASTING CARD, PRINT ON THICKER PAPER. REFER TO YOUR PRINTER DOCUMENTATION FOR PAPER TYPE INSTRUCTIONS. NETWORKS ARE NOT AFFILIATED WITH CRUM & FORSTER SPC