

DMBA: 2020 IDENTIFICATION CARDS

EMPLOYER PLANS

FRONT

DESERET CHOICE HAWAII ID CARD		DMBA	
Name	<<Card Name>>	YOUR CONTRACTED PROVIDER COPAYMENTS:	
Issuer	DMBA	Primary Care	\$15
DMBA ID	<<ID1>>	Specialist	\$20
Group	<<Group1>>	Urgent Care	\$25
UHC ID	<<ID2>>	Emergency Room	\$75
UHC Group	<<Group2>>	ADDITIONAL NETWORKS	Utah, Hawaii, & Southeast Idaho:
RxBin	610245	MagellanRx	Administered By
PCN	05490000	MANAGEMENT	MDX
Card issue date:	<<Date>>	All Other Areas:	UnitedHealthcare
			Options PPO Network

BACK

PARTICIPANT:

- For benefit questions: 808-675-3972 (Hawaii), 808-675-4873 (Hawaii), 801-578-5600, or 800-777-3622
- For prescription questions: 877-879-9722
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:

- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to: DMBA, P.O. Box 45530, Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to: EDI #39026, UHSS, P.O. Box 30783, Salt Lake City, UT 84130-0783

THIS CARD DOES NOT GUARANTEE BENEFITS OR COVERAGE.

FRONT

DESERET SELECT ID CARD		DMBA	
Name	<<Card Name>>	YOUR CONTRACTED PROVIDER COPAYMENTS:	
Issuer	DMBA	Primary Care	\$20
DMBA ID	<<ID1>>	Specialist	\$35
Group	<<Group1>>	Urgent Care	\$45
UHC ID	<<ID2>>	Emergency Room	\$100
UHC Group	<<Group2>>	ADDITIONAL NETWORKS	Utah, Hawaii, & Southeast Idaho:
RxBin	610245	MagellanRx	Administered By
PCN	05490000	MANAGEMENT	MDX
Card issue date:	<<Date>>	All Other Areas:	UnitedHealthcare
			Options PPO Network

BACK

PARTICIPANT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:

- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to: DMBA, P.O. Box 45530, Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to: EDI #39026, UHSS, P.O. Box 30783, Salt Lake City, UT 84130-0783

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FRONT

DESERET PREMIER ID CARD		DMBA	
Name	<<Card Name>>	YOUR CONTRACTED PROVIDER COPAYMENTS:	
Issuer	DMBA	Primary Care	\$20
DMBA ID	<<ID1>>	Specialist	\$35
Group	<<Group1>>	Urgent Care	\$45
UHC ID	<<ID2>>	Emergency Room	\$100
UHC Group	<<Group2>>	ADDITIONAL NETWORKS	Utah, Hawaii, & Southeast Idaho:
RxBin	610245	MagellanRx	Administered By
PCN	05490000	MANAGEMENT	MDX
Card issue date:	<<Date>>	All Other Areas:	UnitedHealthcare
			Options PPO Network

BACK

PARTICIPANT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:

- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to: DMBA, P.O. Box 45530, Salt Lake City, UT 84145-0530

All Other Areas:





- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to: EDI #39026, UHSS, P.O. Box 30783, Salt Lake City, UT 84130-0783

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DMBA: 2020 IDENTIFICATION CARDS (CONTINUED)

EMPLOYER PLANS (CONTINUED)

FRONT

DESERET VALUE ID CARD		
Name	<<Card Name>>	YOUR CONTRACTED PROVIDER COPAYMENTS: Primary Care \$20 Specialist \$35 Urgent Care \$45 Emergency Room \$100 ADDITIONAL NETWORKS Utah, Hawaii, & Southeast Idaho:   All Other Areas:  Options PPO Network
Issuer	DMBA	
DMBA ID	<<ID1>>	
Group	<<Group1>>	
UHC ID	<<ID2>>	
UHC Group	<<Group2>>	
RxBin	610245	
PCN	05490000	
Card issue date: <<Date>>		

BACK

PARTICIPANT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:





- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to:
DMBA
P.O. Box 45530
Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to:
EDI #39026, UHSS
P.O. Box 30783
Salt Lake City, UT 84130-0783

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FRONT

DESERET PROTECT ID CARD		
Name	<<Card Name>>	YOUR CONTRACTED PROVIDER COPAYMENTS: Primary Care \$20 Specialist \$40 Urgent Care \$55 Emergency Room \$100 ADDITIONAL NETWORKS Utah, Hawaii, & Southeast Idaho:   All Other Areas:  Options PPO Network
Issuer	DMBA	
DMBA ID	<<ID1>>	
Group	<<Group1>>	
UHC ID	<<ID2>>	
UHC Group	<<Group2>>	
RxBin	610245	
PCN	05490000	
Card issue date: <<Date>>		

BACK

PARTICIPANT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:

- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to:
DMBA
P.O. Box 45530
Salt Lake City, UT 84145-0530

All Other Areas:



- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
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DMBA: 2020 IDENTIFICATION CARDS (CONTINUED)

MEDICARE SUPPLEMENT PLANS

FRONT

DESERET ALLIANCE ID CARD MEDICARE SUPPLEMENT PLAN CMS-53875 0802		
Name <<Card Name>>	DESERET ALLIANCE COPAYMENTS:	
Issuer DMBA	Primary Care \$15	
DMBA ID <<ID1>>	Specialist \$15	
RxGroup <<Group1>>	Urgent Care \$15	
RxBin 021106	Emergency Room \$50	
RxPCN 08053875		
RxID <<ID2>>	MedicareRx Prescription Drug Coverage	
Card issue date: <<Date>>		
TO PURCHASE PRESCRIPTION DRUGS, USE THIS ID CARD AT THE PHARMACY.		

BACK

PARTICIPANT:



- You must receive services from Medicare-eligible providers.
- For general benefit questions: 800-777-3622
- For prescription questions: Contact Granite Alliance directly, 855-586-2573 or TTY users call 711 or visit DMBA's website at www.dmba.com

PROVIDERS:

- Deseret Alliance is a Medicare supplement plan for DMBA participants on Medicare. Send all claims to your local Medicare carrier.
- For pharmacy technical support: 801-503-3860 or 855-586-2574
- You must bill Medicare—do not bill DMBA.**
- For questions about supplemental benefits not covered by Medicare, call 800-777-3622 or visit www.dmba.com/provider.

THIS CARD DOES NOT GUARANTEE BENEFITS OR COVERAGE.

FRONT

DESERET ALLIANCE ID CARD MEDICARE SUPPLEMENT PLAN		
Name <<Card Name>>	DESERET ALLIANCE COPAYMENTS:	
Issuer DMBA	Primary Care \$15	
DMBA ID <<ID1>>	Specialist \$15	
RxGroup <<Group1>>	Urgent Care \$15	
RxBin 610245	Emergency Room \$50	
RxPCN 05490000	ADDITIONAL NETWORKS	
Card issue date: <<Date>>		
TO PURCHASE PRESCRIPTION DRUGS, USE THIS ID CARD AT THE PHARMACY.		

BACK

PARTICIPANT:

- You must receive services from Medicare-eligible providers.
- For general benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722 or visit DMBA's website at www.dmba.com



PROVIDERS:

- Deseret Alliance is a Medicare supplement plan for DMBA participants on Medicare. Send all claims to your local Medicare carrier.
- You must bill Medicare—do not bill DMBA.**
- For questions about supplemental benefits not covered by Medicare, call 801-578-5600 or 800-777-3622 or visit www.dmba.com/provider.

THIS CARD DOES NOT GUARANTEE BENEFITS OR COVERAGE.

PLAN Z

FRONT

Health Plan ID Card		
Name <<Card Name>>		
Issuer DMBA		
DMBA ID <<ID1>>		
Group <<Group1>>		
RxBin 610245		
PCN 05490000		
Card issue date: <<Date>>		

BACK

PARTICIPANT:

- For benefit questions: 801-578-5661
- For prescription questions: 801-578-5661
Or call Magellan Rx 24 hours a day: 877-879-9722




PROVIDERS:

- To verify your patient's eligibility, call 801-578-5661
- Send all medical and dental claims to:
DMBA Plan Z
P.O. Box 2430
Salt Lake City, UT 84110-2430

DMBA: 2020 IDENTIFICATION CARDS (CONTINUED)

STUDENT PLANS

FRONT

STUDENT HEALTH PLAN ID CARD BYU & LDS BUSINESS COLLEGE		DMBA	
Name	<<Card Name>>	YOUR STUDENT COPAYMENTS:	
Issuer	DMBA	Physician at SHC.....\$10/\$15	
DMBA ID	<<ID1>>	Physician outside SHC.....\$25	
Group	<<Group1>>	Urgent Care/ER.....\$25/\$50	
UHC ID	<<ID2>>	Covered Rx at SHC.....20%	
UHC Group	<<Group2>>	Covered Rx outside SHC....40%	
RxBin	610245	ADDITIONAL NETWORKS	
PCN	05490000	Utah, Hawaii, & Southeast Idaho:	
Card issue date:	<<Date>>	 	
		All Other Areas:  Options PPO Network	

BACK

STUDENT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- Whenever possible, receive care at a participating student health center:
 - BYU Student Health Center: 801-422-5156
 - Madisen Health Center: 801-581-8000
 - Sugar House Health Center: 801-581-2000
- To find contracted providers in your area: www.dmba.com
- For preauthorization requirements, see your Student Plan Handbook.

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:




- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to:
DMBA
P.O. Box 45530
Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to:
EDI #39026, UHSS, P.O. Box 30783
Salt Lake City, UT 84130-0783

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FRONT

STUDENT HEALTH PLAN ID CARD BYU-IDAHO		DMBA	
Name	<<Card Name>>	YOUR STUDENT COPAYMENTS:	
Issuer	DMBA	Physician at SHC \$10	
DMBA ID	<<ID1>>	Physician outside SHC \$25	
Group	<<Group1>>	Urgent Care \$25	
UHC ID	<<ID2>>	Emergency Room \$50	
UHC Group	<<Group2>>	Covered Rx 20%	
RxBin	610245	ADDITIONAL NETWORKS	
PCN	05490000	Utah, Hawaii, & Southeast Idaho:	
Card issue date:	<<Date>>	 	
		All Other Areas:  Options PPO Network	

BACK

STUDENT:

- For benefit questions: 801-578-5600 or 800-777-3622
- For prescription questions: 877-879-9722
- Whenever possible, receive care at a participating student health center:
 - 100 Student Health Center, BYU-Idaho
Redburg, ID 83460-2010
 - 208-496-9330
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:




- Before providing inpatient care or to verify eligibility, call 800-777-3622.
- Send all medical claims to:
DMBA
P.O. Box 45530
Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to:
EDI #39026, UHSS, P.O. Box 30783
Salt Lake City, UT 84130-0783

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FRONT

STUDENT MEDICAL BENEFIT ID CARD BYU-HAWAII		DMBA	
Name	<<Card Name>>	YOUR STUDENT COPAYMENTS:	
Issuer	DMBA	Physician at SHC.....\$10	
DMBA ID	<<ID1>>	Physician outside SHC.....\$25	
Group	<<Group1>>	Emergency Room \$50	
UHC ID	<<ID2>>	Hospital.....\$200	
UHC Group	<<Group2>>	Covered Rx.....30%	
RxBin	610245	ADDITIONAL NETWORKS	
PCN	05490000	Utah, Hawaii, & Southeast Idaho:	
Card issue date:	<<Date>>	 	
		All Other Areas:  Options PPO Network	

BACK

STUDENT:

- For benefit questions: 808-675-3972, 801-578-5600, or 800-777-3622
- For prescription questions: 808-675-3972 or 877-879-9722
- Whenever possible, receive care at a participating student health center:
 - BYU-Hawaii #1916, 55-220 Kulanui Street
Lae, HI 96762
 - 808-675-3510
- To find contracted providers in your area: www.dmba.com

PROVIDERS:

Utah, Hawaii, & Southeast Idaho:

- Before providing inpatient care or to verify eligibility, call 808-675-3972 or 800-777-3622.
- Send all medical claims to:
DMBA
P.O. Box 45530
Salt Lake City, UT 84145-0530

All Other Areas:

- Before providing inpatient care, call 888-705-0358.
- To verify your patient's eligibility: <https://uhss.umr.com> or 888-830-0179
- Send all medical claims to:
EDI #39026, UHSS, P.O. Box 30783
Salt Lake City, UT 84130-0783

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DMBA: 2020 IDENTIFICATION CARDS (CONTINUED)

MISSION PRESIDENTS

FRONT

Medical Services ID Card

Name	<<Card Name>>
Issuer	DMBA
DMBA ID	<<ID1>>
Group	<<Group1>>
RxBin	610245
PCN	05490000



MISSIONARY
MEDICAL

DMBA Administered By **MDX** Insurance **MagellanRx** MANAGEMENT.

Card issue date: <<Date>>


BACK

To mission presidents:

- For additional information, scan this QR code
- Or visit www.dmba.com/mpcard

To all providers:

- Authorization/eligibility for care or pharmacy questions: 800-777-1647
- Send all medical claims to:
Missionary Medical
P.O. Box 45730
Salt Lake City, UT 84145-0730




Payments are made from charitable contributions that are both gratuitous and voluntary from:

THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

FRONT

Medical Services ID Card

Name	<<Card Name>>
Issuer	DMBA
DMBA ID	<<ID2>>
Group	<<Group1>>
Rx ID	<<ID1>>
RxBin	610245
PCN	05490000



MISSIONARY
MEDICAL

UnitedHealthcare® Options PPO Network **MagellanRx** MANAGEMENT.

Card issue date: <<Date>>

BACK

To mission presidents:

- For additional information, scan this QR code
- Or visit www.dmba.com/mpcard

To all providers:

- Authorization/eligibility for outpatient care: 888-830-0179
- Authorization for inpatient care: 888-705-0358
- Send all claims to:
EDI #39026
UnitedHealthcare Shared Services
P.O. Box 30783
Salt Lake City, UT 84130-0783
- After hours or for pharmacy questions, call the plan sponsor: 800-777-1647



Payments are made from charitable contributions that are both gratuitous and voluntary from:


THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

MISSIONARY MEDICAL PLANS

FRONT

Medical Services ID Card

Name	<<Card Name>>
Issuer	DMBA
DMBA ID	<<ID1>>
Group	<<Group1>>
RxBin	610245
PCN	05490000



MISSIONARY
MEDICAL

DMBA Administered By **MDX** Insurance **MagellanRx** MANAGEMENT.

Card issue date: <<Date>>

YOUR COPAYMENTS:

Primary Care	\$10
Specialist	\$10
Urgent Care	\$10
Emergency Room	\$10
Prescriptions	\$10

BACK

To missionaries:

- If you are covered by your family's health insurance plan, please present that plan's ID card as your primary insurance, and this card as secondary. If you are not covered by your family's health insurance plan, this card may be used for primary payment.

To all providers:

- Authorization/eligibility for care or pharmacy questions: 800-777-1647
- Send all claims to:
Missionary Medical
P.O. Box 45730
Salt Lake City, UT 84145-0730





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DMBA: 2020 IDENTIFICATION CARDS (CONTINUED)

MISSIONARY MEDICAL PLANS (CONTINUED)

FRONT

Medical Services ID Card	
Name	<<Card Name>>
Issuer	DMBA
DMBA ID	<<ID2>>
Group	<<Group1>>
Rx ID	<<ID1>>
RxBin	610245
PCN	05490000
 	
Card issue date: <<Date>>	



**MISSIONARY
MEDICAL**

YOUR COPAYMENTS:

Primary Care	\$10
Specialist	\$10
Urgent Care	\$10
Emergency Room	\$10
Prescriptions	\$10


BACK

To missionaries:

- If you are covered by your family's health insurance plan, please present that plan's ID card as your primary insurance, and this card as secondary. If you are not covered by your family's health insurance plan, this card may be used for primary payment.

To all providers:

- Authorization/eligibility for outpatient care: 888-830-0179
- Authorization for inpatient care: 888-705-0358
- Send all medical claims to:
EDI #39026
UnitedHealthcare Shared Services
P.O. Box 30783
Salt Lake City, UT 84130-0783
- After hours or for pharmacy questions, call the plan sponsor: 800-777-1647



Payments are made from charitable contributions that are both gratuitous and voluntary from:

**THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS**