

Contact Us



Excellent customer service through effective communication with our clients – it's who we are. We're committed to answering your questions quickly. Whether you're a health insurance shopper, current customer, or broker, we can help you find the information you need.

IF YOUR CARD IS ISSUED BY:

- Golden Rule Insurance Company
- UnitedHealthcare Life Insurance Company (UHCLIC)
- Oxford Health Insurance, Inc. (NJ)

CONTACT US BY:

• Phone

1-800-657-8205

Monday through Friday, 8 a.m. to 6 p.m. ET

• Interactive Voice Response (IVR) Automated System

Monday through Friday, 5 a.m. to 11:59 p.m. ET

Saturday, 5 a.m. to 7:57 p.m. ET

• Secure Messaging

If not already registered, click the Register Now button to get started. You will need your ID number found on your ID card or policy documents to validate your account. Once registered, you can sign in at any time and select the Send a Secure Message link to send your questions and comments.

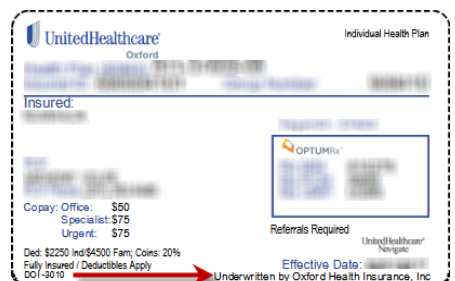
• Mail / FAX

o Claims

- Claims Department
PO Box 31374
Salt Lake City, UT 84131-0374
EDI #37602
- Fax – 1-801-478-7581
(Medical, Drug, and Smart Guard claims can be faxed to this number.)

o Premium Payments & Correspondence

- Policy Administration
PO Box 31372
Salt Lake City, UT 84131-0372
- Fax – 1-801-478-5461
(Name/address/bank changes, add/delete dependents, and cancellation request can be faxed to this number.)



IF YOUR CARD IS ISSUED BY:

- UnitedHealthcare Life Insurance (previously American Medical Security Life Insurance)

CONTACT US BY:

• Phone

1-800-657-8205
Monday through Friday, 8 a.m. to 6 p.m. ET

• Mail / FAX

o Claims

- Claims Department
UnitedHealthcare Life Insurance Company
AMS
PO Box 31375
Salt Lake City, UT 84131-0375
EDI #81400
- Fax – 1-801-478-7582
(Medical, Dental, Drug, Accident, and Disability claims can be faxed to this number.)

o Premium Payments

- UnitedHealthcare Life Insurance Company
United HealthCare Services
Attn: Lockbox # 88106
4900 West 95th Street
Oak Lawn, IL 60453



UnitedHealthcare
Medical Drug
Health Plan: 000000000000000000000000
Account ID: 000000000000000000000000 | 1-800-657-8205

Insured:
Payer ID: 000000

Dependents:
OPTUMRx
Rx BIN: 000000
Rx PCN: 000000
Rx GRP: 000000
Preferred Pricing Card

Capay: HOSP: \$1500

UnitedHealthcare
Choice Plus

Deductibles Apply
Non-HMO
CO-DOI-3010 → Underwritten by UnitedHealthcare Life Insurance Company

Effective Date: 00/00/0000