

# Proof Approval - Check Carefully

This proof is provided as a final check before production of your printed order. Your proof must be checked carefully in all respects against the original copy. Check spelling, **(especially address, phone, fax and zip codes)**, placement of text, graphics, spacing, color separations, and screens. Printing trade customs relieve us of responsibility if order is printed as per your approval.

Your proof was printed on a laser or inkjet printer, so it is not representative of screen density or final quality. The proof shows the complete layout and design of your order, but does not illustrate the paper, ink colors or construction.


The original signed proof must be returned with approval before we can proceed with production.

**The maximum total ink density should equal 20% or less in the laser image area.**

Note: Mark any changes/corrections directly on the proof.

"Red die line does NOT print"


CR-80



ISSUER (80840) 911-35026-02  
 MEDICAL/MH/MAP ID:  
 RX/DENTAL/VISION ID:

MED/MH CO-PAY AMOUNTS:  
 Primary: \$15  
 Specialty: \$15  
 Urgent: \$15 ER: \$75

UnitedHealthcare  
 Choice Plus Network  
 GROUP#:



**OPTUMRx**  
 BIN: 610011  
 PCN: IRX  
 Rx Group: SLCLWF  
 Rx Co-Pay: \$5/\$25/\$5 + Brand - Generic

MEMBERS: 800-489-0228 / stllaborers.com  
 MEDICAL PROVIDERS: 888-830-0179 / uhss.umr.com  
 CLAIMS: EDI#39026, UHSS PO Box 30783 Salt Lake City, UT 84130-0783  
 PRIOR AUTHORIZATION: 866-847-5354

MENTAL HEALTH PROVIDERS: 866-606-6751  
 CLAIMS: EDI# 87726, Optum Behavioral Health, PO Box 30757  
 Salt Lake City, UT 84130

Pharmacy: OptumRx at 855-577-6319 optumrx.com	MAP: STL Laborers' Member Assistance Prog. 800-617-0858 / liveandworkwell.com
Dental: Delta Dental of Missouri at 800-335-8266 / deltadentalmo.com Electronic Payor ID#: 43090	Vision: Vision Service Plan (VSP) at 800-877-7195 / vsp.com

Provided by the Greater St. Louis Construction Laborers' Welfare Fund  
 2357 59th St., St. Louis, MO 63110. Refer to your Summary Plan Description  
 for coverage details at www.stllaborers.com.

Face: Black

Back: Black

Card Proof Job No.: 1840027A

Colors: 1/1

Creation/Revision Date: 1.7.19 2:01 PM

Notes: Revised repeat: 1839854

SALES APPROVAL

- PROOF OKAY  
 SUBMIT REVISED PROOF

CLIENT APPROVAL

DATE: \_\_\_\_\_

Any revisions will  
 require a new proof

DATE: \_\_\_\_\_