



Automated Benefit Services
*Specialists in Employee
 Benefit Plans*
 8220 Irving Road
 Sterling Heights, Michigan 48312

Dear Member:

Welcome to Automated Benefit Services, Inc. We are dedicated to the successful administration of your health plan and we strive to exceed your expectations regarding your personal health plan needs.

Attached is your new identification card(s) for your medical benefit plan. If you identify information that needs to be corrected or if you misplace your card, please contact us at (586) 693-4300 for a prompt replacement.

Your ID card is very important. It identifies you as a member of an ABS client plan. Your name, group number and identification numbers are keys to your entry into our system. The back of the card has important information that tells your provider how to file your claims and allows us to process your claims quickly and accurately.




For your convenience, ABS allows internet access to view you and/or your family's personal history. This feature allows you and your eligible dependents to review claims history, Explanation of Benefits Forms (EOB), medical schedule of benefits, eligibility and much more. To activate access to your information, please log on to www.abs-tpa.com and click on the Member Login Button. Follow the easy instructions and you will be registered as a new user. As always, you can contact our member service department and speak with a representative.

At Automated Benefit Services, Inc. we are continually striving toward our mission to be the **Third Party Administrator You Can Rely On**. We appreciate your participation as a member and we look forward to your good health.

Sincerely,

Automated Benefit Services, Inc.

ID CARDS

GROUP ID: UPH
 MEMBER ID: 123412341234
 MEMBER NAME: SAMPLE MEMBER

PBM: ScriptGuideRX, Rx Member Services (877) 794-3576

For claims questions, please contact:
US Health and Life Insurance Company
 MI (586) 693-4400 Out-of-Area (800) 211-1534
 See reverse for important information.

Attention Providers and Members: You must obtain preauthorization prior to any elective hospital admissions. Notification must be received 72 hours prior to the scheduled admission. All Emergency in-patient admissions must be reported within two (2) business days of the admission. Failure to report either of these types of admissions will result in a 10% reduction in any benefits payable for the unauthorized service. To verify eligibility and benefits or for claims questions, call US Health and Life Insurance Company at (586) 693-4400. For preauthorization, please contact United Physicians Medical Management Department at (800) 824-6711.

Mail claims to:
Send preferred claims and Out-of-Network claims to:
 US Health and Life Insurance Company
 P.O. Box 37504
 Oak Park, MI 48237-0504
 EDI #: 38259

Send PPOM (secondary) claims to:
 PPOM
 P.O. Box 2720
 Farmington Hills, MI 48333

Providers: Eligibility, claims status and benefits can be obtained by calling our automated fax back system at (586) 693-4424.
 Pharmacists: Please obtain Positive ID by gender and DOB (year, month, day) RxBIN 610473 and RxPCN SGRX—Enter Member ID# without person code
 Pharmacy ONLY Call (866) 668-6681