



2025 | **Top Tier Network** Quick Reference Guide

Mount Sinai Health System Participating Providers

Mount Sinai Health System
Employee Health Benefits Plan
administered by UMR, a division
of UnitedHealthcare (UHC)



2025

Quick Reference Guide for Participating Providers in the Top Tier Network

Member ID Cards for the Mount Sinai Health System Employee Health Benefit Plans Administered by UMR, a division of UnitedHealthcare

When Mount Sinai Health System employees and their family members choose Mount Sinai Health Partners' Top Tier Network providers for their care, they benefit from lower deductibles, coinsurance and copays.

Please see the table below for benefit information by health plan. Please be sure to check your patients' member ID card at every visit to confirm appropriate copay information.

PLAN TIERS	CHOICE PLAN	TRADITIONAL PLAN
MOUNT SINAI TOP TIER		
Deductible (EE/Fam)	None	None
PCP/Specialist/Dependent Child copay	\$10/\$20	\$40/\$50
Urgent care copay	\$100	\$100
Urgent care dependent child copay	\$50	\$50
Hospital copay Inpt/outpt	\$50/\$50	\$200/\$50
Emergency copay	\$200	\$200
OOP Limits (EE/Fam)	\$1,000/\$2,000	\$1,500/\$3,000
Virtual Urgent Care on MyMountSinai	\$5	\$30

Note:

- Out-of-pocket limit does not include balance billing amounts or spending for non-essential health benefits. Prescription cost contributions are included in the Out-of-Pocket maximum.
- There are separate copays for dependents.
- To check if a provider or facility is part of the Top Tier Network, please visit toptier.mountsinai.org/toptier or toptier.mountsinai.org/facility

Pre-Certification and Emergency Admissions

Please contact UMR at **877-512-9343**, available from 7 am to 7 pm CST (Monday–Friday), to confirm if prior authorization is required before providing services. Authorization is required within 48 hours of an emergency admission.

When a provider verifies benefits via the provider phone number, the fax back they receive includes services for precertification. This is also available via the provider portal at www.umar.com.

Claims Submissions

Providers submit all claims to your local UMR/UHC plan or if Medicare is primary submit Medicare claims to Medicare. Members can submit all claims to :

Claims: EDI #39026 UMR

UMR

P.O. Box 211762

Eagan, MN 55121

Important Phone Numbers

Member Services: **877-512-9343**

Provider Services: **877-512-9343**

MedImpact Member Services: **888-807-5963**

Web Portal for UMR/UHC Providers – Eligibility, Benefits, Claim Status

Your access to UMR/UHC eligibility, benefits and claim status inquiry is available only at UMR.com. It is your online source to access this valuable information. Go to www.umar.com to register!

Choice Plan Sample ID Card

UMR A UnitedHealthcare Company

MSHS CHOICE PLAN

Issuer (80840) 911-39026-02

Member ID: 32648678 Group Number: 76-413549

Member:
NATE SAMPLE 00 MED

Dependents:
SPOUSE SAMPLE 01 MED

Top/EnhTier:PCP \$10/\$40SPEC\$20/\$50/ER \$200/UC \$100
Choice Plus:PCP \$50/SPEC \$75/ER \$200/UC \$100
Dep Child Top/Enh Tier:PCP/\$10/\$20/ER \$200/UC\$50
Dep Child Choice Plus:PCP/\$35/ER \$200/UC \$50

UnitedHealthcare
Choice Plus Network

5030 Self-funded plan administered by UMR

Front of card

This card must be presented each time services are requested. Printed 08-27-2024

Medical:	Tier 1	Tier 2	Tier 3	Out of Net
Dep:	\$0	\$750/\$1,750	\$2,000/\$4,000	\$10,000/\$20,000
OC/PA:	\$1,000/\$2,000*	\$6,000/\$13,700*	\$8,000/\$16,000*	\$22,000/\$45,000

*Includes pharmacy

Call UMR at the member customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: mountsinai.org/about/mymountsinai 877-512-9343

MyMountSinai: mountsinai.org/about/mymountsinai 855-343-3470

For Providers: www.umar.com 877-512-9343

Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

Back of card

Traditional Plan Sample ID Card

UMR A UnitedHealthcare Company

MSHS TRADITIONAL PLAN

Issuer (80840) 911-39026-02

Member ID: 32648677 Group Number: 76-413549

Member:
DENISE SAMPLE 00 MED

Dependents:
SPOUSE SAMPLE 01 MED

Top/EnhTier:PCP \$40/\$40SPEC\$50/\$50/ER \$200/UC \$100
Choice Plus:PCP \$50/SPEC \$75/ER \$200/UC \$100
DepChildTop/EnhTier:PCP/SPEC \$40/\$50/ER \$200/UC\$50
DepChild Choice Plus: PCP/SPEC \$35/ER \$200/UC \$50

UnitedHealthcare
Choice Plus Network

5030 Self-funded plan administered by UMR

Front of card

This card must be presented each time services are requested. Printed 08-27-2024

Medical:	Tier 1	Tier 2	Tier 3	Out of Net
Dep:	\$0	\$350/\$1,000	\$1,000/\$3,000	\$4,000/\$11,000
OC/PA:	\$1,500/\$3,000*	\$2,250/\$7,000*	\$5,000/\$12,000*	\$12,500/\$37,500

*Includes pharmacy

Call UMR at the member customer service number listed on this ID Card for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: mountsinai.org/about/mymountsinai 877-512-9343

MyMountSinai: mountsinai.org/about/mymountsinai 855-343-3470

For Providers: www.umar.com 877-512-9343

Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

Back of card

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Process to Enroll or Update Electronic Transactions

Type of Transaction	How to Enroll, Update, Change, or Cancel	For questions, registration, contact the following to resolve issues
Electronic Funds Transfer (EFT) only and Electronic Remittance Advice (ERA)	Use the Optum Insight Website: www.optum360.com/solutions/claims/claims-integrity.html	For EFT and ERA registration questions, please contact the File Customer Service Support line: 866-367-9778 .

Additional contact information:

To view the MSHS Employee Health Benefit Plan Top Tier provider directory, please visit toptier.mountsinai.org.

For UMR Website Support: **866-922-8266**.

For questions regarding network submissions, fee schedules, Top Tier participation or providers that are not displaying on UMR/UHC's directory, please contact MSHP via email at mshp@mountsinai.org or call us at **877-234-6667**.

WE FIND A WAY

