



# 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
<b>MOUNT SINAI TOP TIER</b>		
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](https://toptier.mountsinai.org/toptier) or [toptier.mountsinai.org/facility](https://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](http://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**

**P.O. Box 30541**

**Salt Lake City, UT 84130-0541**

## 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](http://www.umar.com) to register!

## Choice Plan Sample ID Card


<b>UMR</b> 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		UnitedHealthcare®	
Choice Plus:PCP \$50/SPEC \$75/ER \$200/UC \$100		Choice Plus Network	
Dep Child Top/Enh Tier:PCP/\$10/\$20/ER \$200/UC\$50		Self-funded plan administered by UMR	
Dep Child Choice Plus:PCP/\$35/ER \$200/UC \$50		5030	

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

<b>UMR</b> 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		UnitedHealthcare	
Choice Plus:PCP \$50/SPEC \$75/ER \$200/UC \$100		Choice Plus Network	
DepChildTop/EnhTier:PCP/SPEC \$40/\$25/ER \$200/UC\$50		Self-funded plan administered by UMR	
DepChild Choice Plus: PCP/SPEC \$35/ER \$200/UC \$50		5030	

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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## Quick Reference Guide for Participating Providers in the Top Tier Network

### 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: <a href="http://www.optum360.com/solutions/claims/claims-integrity.html">www.optum360.com/solutions/claims/claims-integrity.html</a>	For EFT and ERA registration questions, please contact the File Customer Service Support line: <b>866-367-9778</b> .

#### Additional contact information:

To view the MSHS Employee Health Benefit Plan Top Tier provider directory, please visit [toptier.mountsinai.org](http://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](mailto:mshp@mountsinai.org) or call us at **877-234-6667**.

**WE FIND A WAY**

