



The UABT Online Portal

User Manual

UABT gives you the tools and resources you need to manage your health benefits. Get instant access to our secure website for these services whether you are a provider, employer, or member!

Table of Contents

I. Login Page	2
Login Instruction	2
II. Forms Tab.....	3
Types of Forms.....	3
III. Enrollment Add/Change	4
Start a New Form.....	4
Enrollment Add.....	4
Enrollment Change	6
Adding a dependent	7
Enrollment Confirmation Page	10
Termination	11
Submit Multiple Termination	12
Print Enrollment.....	13
Rate Inquiry	14
V. Claim Center	14
Group Claim Center	Error! Bookmark not defined.
V. Coverage Verification.....	15
To view employee’s coverage date	15
Display Plan Summary	16
VI. Reports	18
VII. Additional Services.....	19
Requesting for Member ID Card.....	19
Print Temporary ID Card.....	20
Make Contribution Payments.....	23
Contact Us.....	24

I. Login Page

Login Instruction

Employers' login must be set with United Agricultural Benefit Trust. A **HIPAA Release of Information form** must be on file prior to receiving your login information.

Please contact UABT Enrollment Department for access

Phone: (800) 223.4590

Email: enrollment@unitedag.org

AccessUnitedAg
The UABT Online Portal

Home

Welcome to the
UABT Online Portal

UABT gives you the tools and resources you need to manage your health benefits. Get instant access to our secure website for these services whether you are a provider, employer, or member!

At-a-glance

- Providers
View Processed Claims
- Members
View Health Benefits
Print Explanation of Benefits
- Employers
Enroll, Change & Terminate Members

Register Now
Forgot ID / Password?

Login

User ID
Password

VeriSign Secured

Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the VeriSign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.

Privacy & Security Policy | Disclaimer

II. Forms Tab

Types of Forms

Once you are logged in, the first tab is the **Forms** tab, which provides you the following UABT forms:

- Domestic Partnership Affidavit
- Domestic Partnership Termination
- Employee Enrollment Application
- Employee Change Form
- Statement of Health Form
- Upload a File

The **Upload a file** feature allows you to submit any secured file to UABT such as:

- Eligibility Listing
- Response to Missing/Pending Information

The screenshot displays the 'AccessUnitedAg' online portal. At the top, it says 'Member Signed In' and 'Welcome back Security 315'. A navigation menu includes Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. The main content area says 'Welcome Employers' and lists several actions: 'Enroll & Change Members', 'Terminate Members', 'Print Temporary ID Card', and 'Make Contribution Payment'. A 'Change Password' link is highlighted with a red circle and a red arrow pointing to it. At the bottom, there is a 'Verisign Secured' logo and a privacy disclaimer.

You are able to change the password that was given to you

III. Enrollment Add/Change

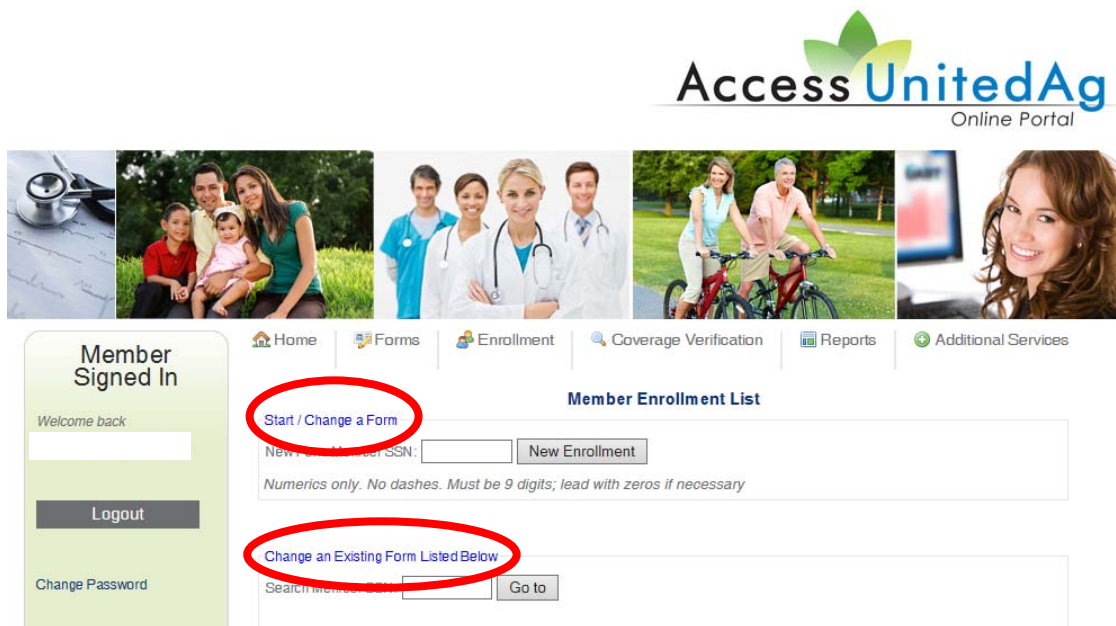
Start a New Form

Allows you to enroll a new employee onto your policy or modify an existing employee's demographics (i.e., address, date of birth, dependent info)

- i. This feature will also allow you to add additional qualified dependents.

Change an Existing Form Listed Below

allows you to modify forms that was created through AccessUnitedAg before it gets approved by UABT.



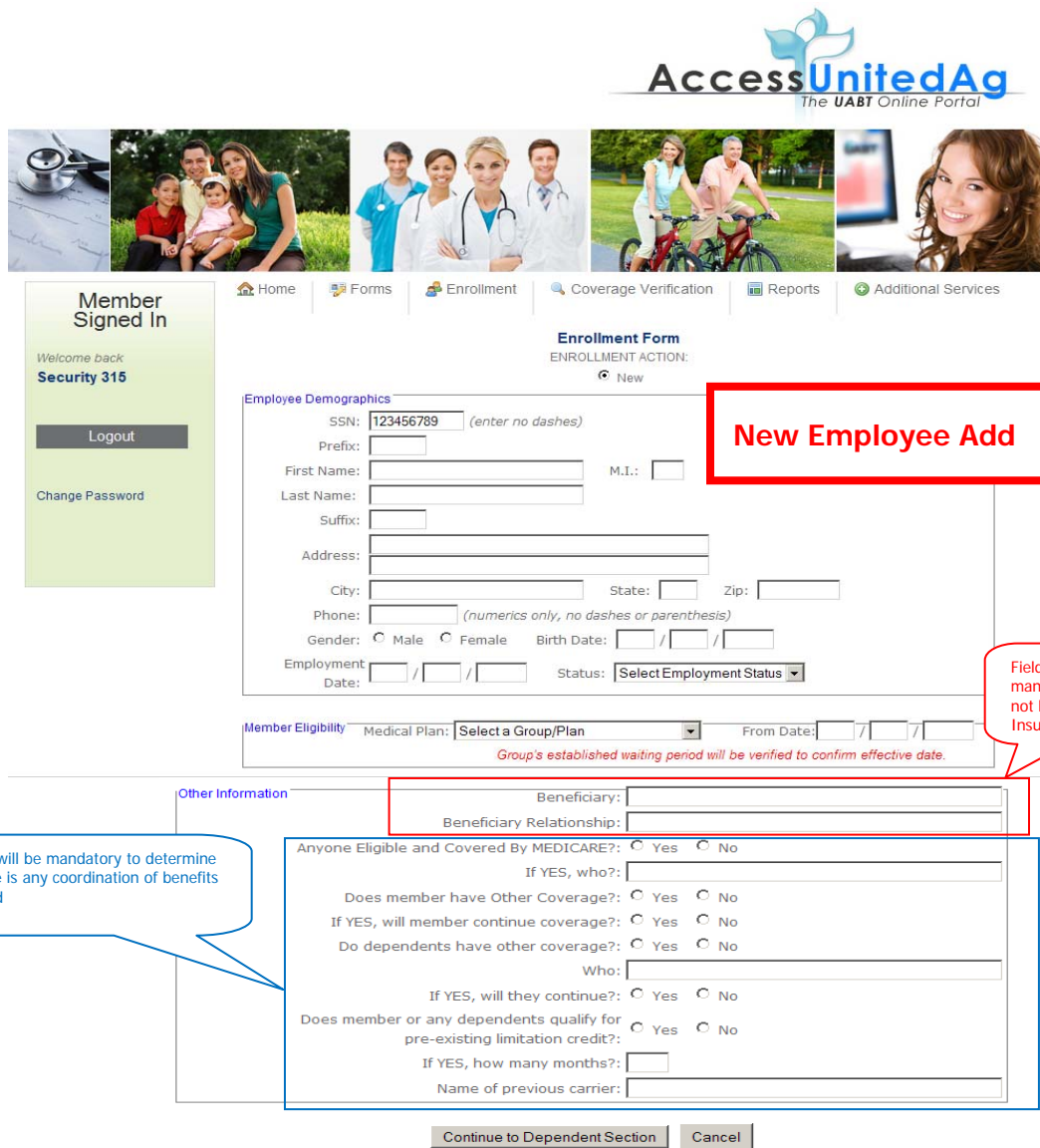
The screenshot displays the 'Access United Ag Online Portal' interface. At the top right, the logo 'Access United Ag Online Portal' is visible. Below the logo is a navigation bar with icons for Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. The main content area is titled 'Member Enrollment List'. On the left side, there is a 'Member Signed In' sidebar with a 'Welcome back' message, a text input field, a 'Logout' button, and a 'Change Password' link. The main content area contains two primary links: 'Start / Change a Form' and 'Change an Existing Form Listed Below', both of which are circled in red. Below these links are input fields for 'New Member SSN' and 'Search member SSN', each followed by a 'Go to' button. A note below the SSN input fields states: 'Numerics only. No dashes. Must be 9 digits; lead with zeros if necessary'.


Enrollment Add

Enrollment Add/Change, Start a New Form







Once you enter the employee's Social Security Number,

- i. If employee is brand new, you will get a blank form as shown below





 The UABT Online Portal

 Home
  Forms
  Enrollment
  Coverage Verification
  Reports
  Additional Services

Member Signed In

Welcome back
Security 315

[Logout](#)

[Change Password](#)

Enrollment Form

ENROLLMENT ACTION:
New

Employee Demographics

SSN: (enter no dashes)

Prefix:

First Name: M.I.:

Last Name:

Suffix:

Address:

City: State: Zip:

Phone: (numerics only, no dashes or parenthesis)

Gender: Male Female Birth Date: / /

Employment Date: / / Status:

New Employee Add

Member Eligibility Medical Plan: From Date: / /

Group's established waiting period will be verified to confirm effective date.

Other Information

Beneficiary:

Beneficiary Relationship:

Anyone Eligible and Covered By MEDICARE?: Yes No

If YES, who?:

Does member have Other Coverage?: Yes No

If YES, will member continue coverage?: Yes No

Do dependents have other coverage?: Yes No

Who:

If YES, will they continue?: Yes No

Does member or any dependents qualify for pre-existing limitation credit?: Yes No

If YES, how many months?:

Name of previous carrier:


Fields are not mandatory if you do not have Life Insurance

Fields will be mandatory to determine if there is any coordination of benefits needed






Enrollment Change

Enrollment Add/Change, Start a New Form

If employee was previously enrolled onto your policy, the employee's information will populate in the data field below



 The UABT Online Portal

Home
Forms
Enrollment
Coverage Verification
Reports
Additional Services

Member Signed In

Welcome back
Security 315

Logout

Change Password

Enrollment Form
 ENROLLMENT ACTION:
 New

Employee Demographics

SSN: (enter no dashes)

Prefix:

First Name: M.I.:

Last Name:

Suffix:

Address:

City: State: Zip:

Phone: (numerics only, no dashes or parenthesis)

Gender: Male Female Birth Date: / /

Employment Date: / / Status:

Modifying Employee Info

Member Eligibility Medical Plan: From Date: / /

Group's established waiting period will be verified to confirm effective date.

Other Information

Beneficiary:

Beneficiary Relationship:

Anyone Eligible and Covered By MEDICARE?: Yes No

If YES, who?:

Does member have Other Coverage?: Yes No

If YES, will member continue coverage?: Yes No

Do dependents have other coverage?: Yes No

Who:

If YES, will they continue?: Yes No

Does member or any dependents qualify for pre-existing limitation credit?: Yes No

If YES, how many months?:

Name of previous carrier:

Adding a dependent

Enrollment Add/Change – *Adding a dependent*

Once a member has been added or modified, the option to add dependent(s) will follow.
You will need to click on **Add Dependent**.

If there are no dependent(s) to be added for this employee, click on **Submit this Enrollment**.




[Home](#) | [Forms](#) | [Enrollment](#) | [Coverage Verification](#) | [Reports](#) | [Additional Services](#)

Member Signed In

Welcome back
Security 315

[Logout](#)

[Change Password](#)

Dependent Enrollment

Member Info
123-45-6789 : JOHN SMITH

Previous 20 Add Dependent Next 20

Action	Relationship	Dependent Name	SSN	Sex	Birth Date	Status Change
	Member	JOHN SMITH	123-45-6789	M	07/14/1948	

Previous 20 Add Dependent Next 20

[Submit this Enrollment](#) | [Delete this Enrollment](#) | [Cancel](#)

To Add

Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.



Enrollment Add/Change – Adding a dependent

Once you complete the employee's enrollment section (see Part III, Section a), you will be instructed to enter the appropriate information on the dependent in the fields provided.

When you are done, click on [Add this Dependent](#).

The screenshot displays the 'AccessUnitedAg' online portal. At the top, there is a navigation bar with icons for Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. The main content area is titled 'Enrollment Form' and contains several sections:

- Member Info:** Shows the member's ID as 123-45-6789 and name as JOHN SMITH.
- Dependent Demographics:** A form for adding a new dependent. It includes fields for First Name, Last Name, Suffix, SSN (pre-filled with 000-00-0000), Address, City, Zip, State, and Birth Date. There are also radio buttons for Gender (Male/Female) and a Relationship dropdown menu. The 'Add/Delete' section has radio buttons for 'Add' (selected) and 'Delete'.
- Dependent Disability:** A section with radio buttons for 'Disabled?' (Yes/No) and 'Medicare Disabled?' (Yes/No). A note below states: 'If yes, a note of disability from the primary physician is required annually'.
- Other Information:** A section with a 'Status Change' dropdown (set to 'Please Choose'), a 'Date' field, and a 'COBRA Reason' dropdown (set to 'Please Choose'). Below these is a 'Comments' text area.

At the bottom of the form, there are two buttons: 'Add this Dependent' (circled in red) and 'Cancel'.

Enrollment Add/Change – Adding a dependent

At this point, you may repeat the process to add additional dependent(s) or you can click on [Submit this Enrollment](#) to complete the enrollment process on this employee.



 The UABT Online Portal







Member Signed In

Welcome back

Security 315

Logout

Change Password

Home
Forms
Enrollment
Coverage Verification
Reports
Additional Services

Dependent Enrollment

Member Info

123-45-6789 : JOHN SMITH

			Previous 20	Add Dependent	Next 20	
Action	Relationship	Dependent Name	SSN	Sex	Birth Date	Status Change
	Member	JOHN SMITH	123-45-6789	M	07/14/1948	
	Spouse	SAMANTHA	000-00-0000	F	05/05/1974	DEPENDENT EFFECTIVE DATE - 01/01/2012

Previous 20
Add Dependent
Next 20

Submit this Enrollment

Delete this Enrollment

Cancel

Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.



Enrollment Confirmation Page

Enrollment Add/Change – Adding a dependent

A **Confirmation page** will pop up for you to print for your file. See sample below.

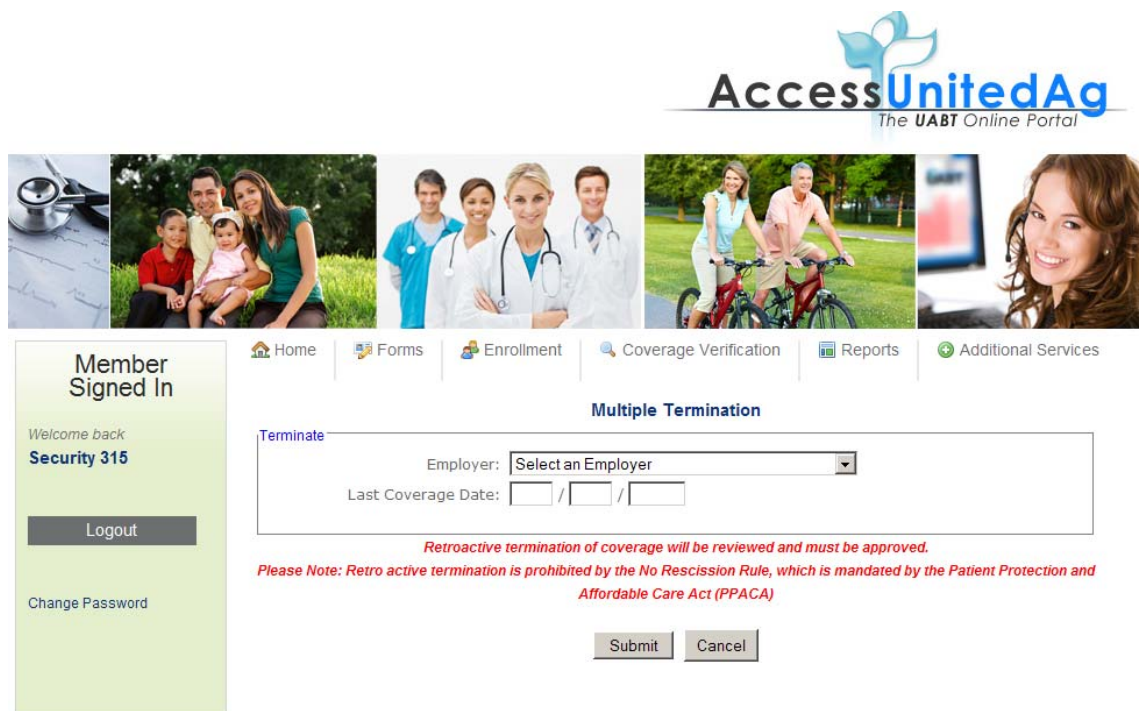
On-Line Enrollment Form		Close Window	Print This Page
<i>Please Print in Landscape Mode</i>			
Employee Demographics			
Form Status :	<u>Submitted</u>		
SSN # :	<u>123-45-6789</u>		
Name :	<u>JOHN SMITH</u>		
Address :	<u>54 CORPORATE PARK IRVINE CA 92606</u>		
Phone # :	<u>949-555-1234</u>		
Employment Date :	<u>1/01/2009</u>	Employment Status :	<u>Active</u>
Enrolling User :	<u>security315</u>		
Other Information			
Beneficiary :	<u>SAMANTHA SMITH</u>		
Beneficiary Relationship:	<u>WIFE</u>		
Anyone Eligible and Covered by MEDICARE? :	<u>N</u>		
If YES, who? :	<u>N</u>		
Does member have Other Coverage? :	<u>N</u>		
If YES, will member continue coverage? :	<u>N</u>		
Do dependents have other coverage? :	<u>N</u>		
Who? :	<u>N</u>		
If YES, will they continue? :	<u>N</u>		
Does member or any dependents qualify for pre-existing limitation credit? :	<u>N</u>		
If YES, how many months? :			
Name of previous carrier? :			
Dependent Number 1 Information			
Dependent Name :	<u>JOHN SMITH</u>		
Relationship :	<u>Member</u>		
Dependent SSN :	<u>123-45-6789</u>		
Dependent Address :	<u>54 CORPORATE PARK IRVINE CA 92606</u>		
Gender :	<u>Male</u>		
Date of Birth :	<u>7/14/1948</u>		
Disabled? :	<u>N</u>		
Medicare Disabled? :	<u>N</u>		
Status Change :			
Status Change Date :			
COBRA Reason :			
Comments :			
Dependent Number 2 Information			
Dependent Name :	<u>SAMANTHA</u>		
Relationship :	<u>Spouse</u>		
Dependent SSN :			
Dependent Address :			
Gender :	<u>Female</u>		
Date of Birth :	<u>5/05/1974</u>		
Disabled? :	<u>N</u>		
Medicare Disabled? :	<u>N</u>		
Status Change :	<u>DEPENDENT EFFECTIVE DATE</u>		
Status Change Date :	<u>1/01/2012</u>		
COBRA Reason :			
Comments :			

Electronically Signed by : security315 on : 3/28/2012 at : 11:22:42

Termination

This option will allow you to terminate a single employee off your policy or do multiple terminations.

Please Note: You will only be able to terminate one month at a time.



The screenshot displays the 'AccessUnitedAg' online portal. At the top right is the logo 'AccessUnitedAg The UABT Online Portal'. Below the logo is a navigation bar with icons for Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. On the left side, there is a 'Member Signed In' section with the text 'Welcome back Security 315', a 'Logout' button, and a 'Change Password' link. The main content area is titled 'Multiple Termination' and contains a 'Terminate' form. The form has a dropdown menu for 'Employer' with the text 'Select an Employer' and a date input field for 'Last Coverage Date' with slashes as separators. Below the form, there is a red warning message: 'Retroactive termination of coverage will be reviewed and must be approved. Please Note: Retro active termination is prohibited by the No Rescission Rule, which is mandated by the Patient Protection and Affordable Care Act (PPACA)'. At the bottom of the form are 'Submit' and 'Cancel' buttons.

Your Privacy is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.



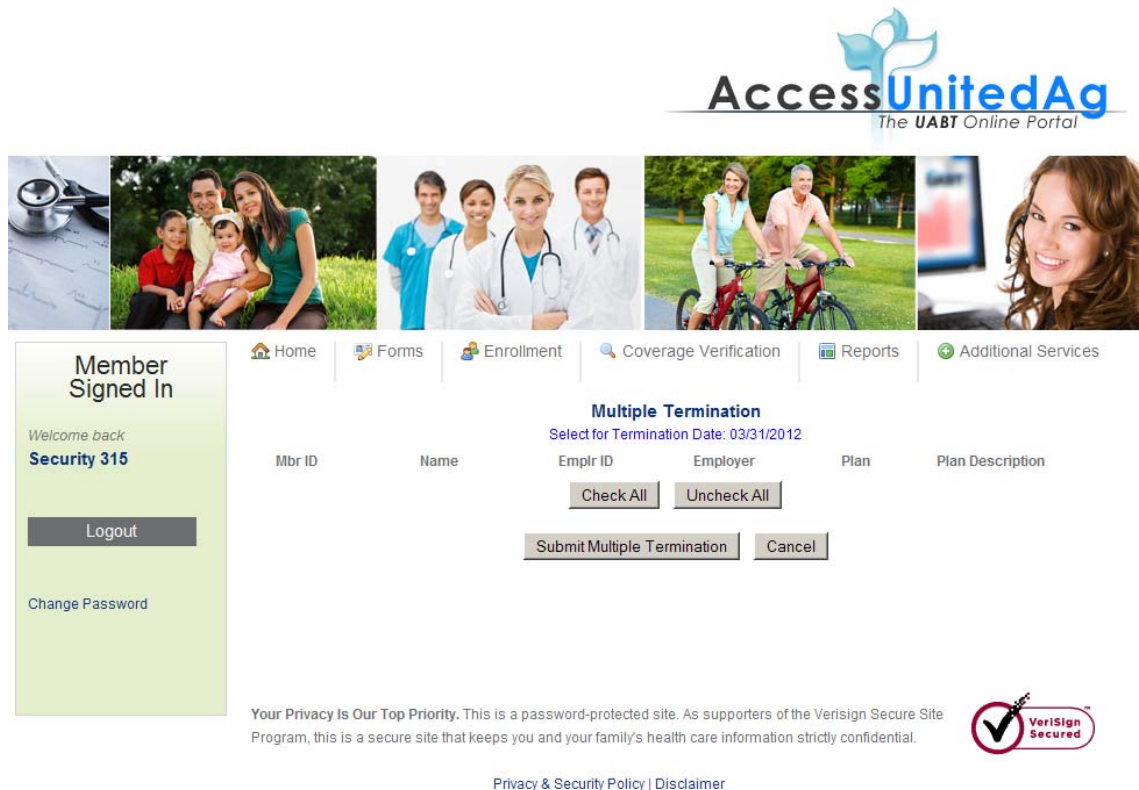
[Privacy & Security Policy](#) | [Disclaimer](#)

Submit Multiple Termination

Termination

Once you select the account the terminated employee is enrolled under, you will need click on the check mark next to their name and click on the ***Submit Multiple Termination*** button.

Please note: All termination is subject to review. Retro active termination will be prohibited.



The screenshot shows the 'AccessUnitedAg' online portal. At the top right is the logo 'AccessUnitedAg The UABT Online Portal'. Below the logo is a navigation bar with icons for Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. On the left side, there is a 'Member Signed In' sidebar for 'Security 315' with a 'Logout' button and a 'Change Password' link. The main content area is titled 'Multiple Termination' and shows a table with columns: Mbr ID, Name, Emplr ID, Employer, Plan, and Plan Description. Below the table are buttons for 'Check All', 'Uncheck All', 'Submit Multiple Termination', and 'Cancel'. A 'Select for Termination Date: 03/31/2012' is also visible. At the bottom, there is a privacy notice: 'Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.' and a 'VeriSign Secured' logo.

Print Enrollment

This option will allow you to print a copy of the enrollment that was processed through this online portal.



Member Signed In

Welcome back
Security 315

[Logout](#)

[Change Password](#)

[Home](#)
[Forms](#)
[Enrollment](#)
[Coverage Verification](#)
[Reports](#)
[Additional Services](#)

Print Enrollment List

[Print a Form](#)

Search Member Last Name: [Go to](#)

Previous 20 Next 20

Action	Group Number	SSN	Name	Form Date	Status
	315-000	600-70-7838	JOHN DOME	2012-03-27	Finalized
	315-000	600-70-7838	JOHN DOME	2012-03-27	Finalized
	315-000	123-45-6789	JOHN SMITH	2012-03-28	Submitted

Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.



[Privacy & Security Policy](#) | [Disclaimer](#)

Rate Inquiry

This feature will allow you to calculate the contribution rate for new and existing employees on your benefit plan.

- Follow the instruction on the Rate Inquiry screen based on your group size.
- Once all the required information is entered, click on **Calculate**

Rate Inquiry

Instructions (Must enter all family member enrolled to get appropriate monthly contribution):

Small Groups calculation must use the member's effective date.

a. If member's effective date is prior to January 1, 2014, please enter 01/01/2014

b. Otherwise, please use effective of eligibility.

c. If dependent's eligibility start after the members', please enter dependent's effective date of eligibility

Rehires must use effective date of eligibility.

Large Group calculation must use effective date of eligibility

Default Eff Date (m/m/dd/yyyy): / /

Employer Number:

Base Plan:

Member DOB (m/m/dd/yyyy): / / Effective Date: / / Zip Code:

Spouse DOB (m/m/dd/yyyy): / / Effective Date: / / Zip Code:

Child #1 DOB (m/m/dd/yyyy): / / Effective Date: / / Zip Code:

Child #2 DOB (m/m/dd/yyyy): / / Effective Date: / / Zip Code:

Child #3 DOB (m/m/dd/yyyy): / / Effective Date: / / Zip Code:

If more than 3 children, enter the 3 oldest.

Plan: FRR; REVOLUTION PLAN

Member DOB: 5/05/1980 Member Effective Date: 1/01/2014 Zip: 93912

Spouse DOB: 11/07/1976 Spouse Effective Date: 1/01/2014 Zip: 93912

Child #1 DOB: 11/03/2003 Child #1 Effective Date: 1/01/2014 Zip: 93912

Child #2 DOB: Child #2 Effective Date: Zip:

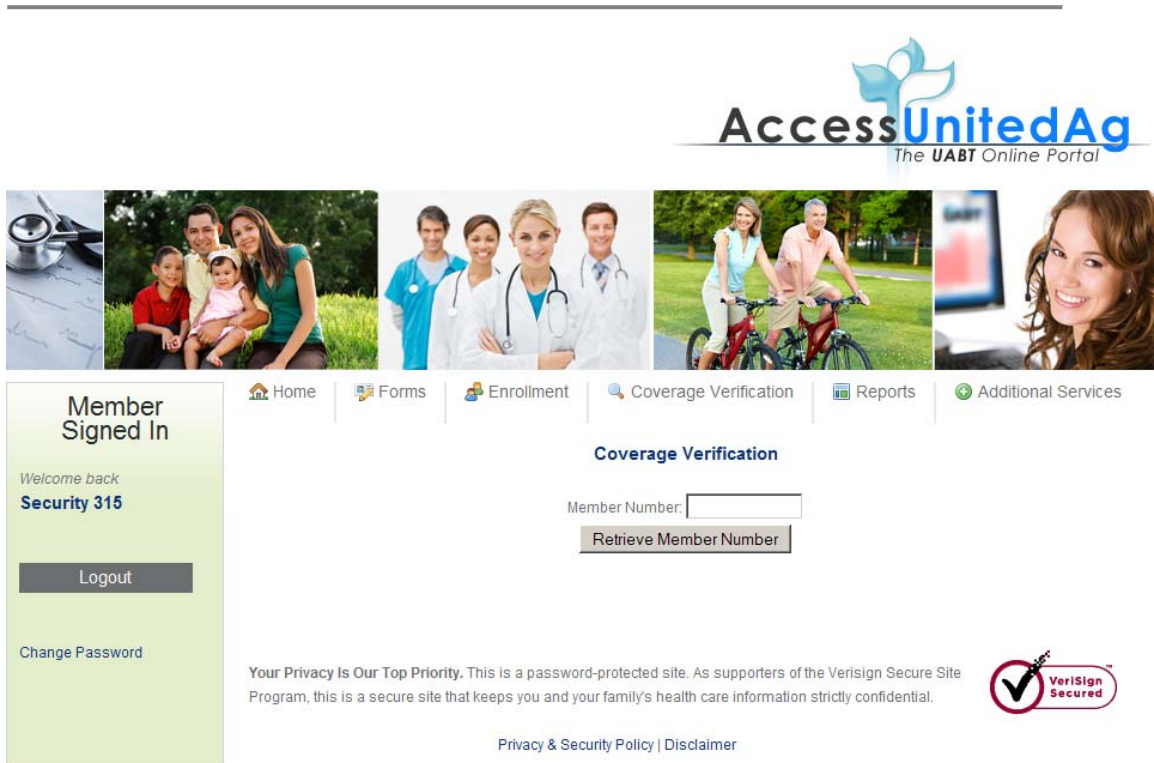
Child #3 DOB: Child #3 Effective Date: Zip:

	Med	Den	Life	Vis	Admin	Rx	Total
Member	385.74		6.50	29.00			421.24
Spouse	398.62						398.62
Child #1	204.46						204.46
Child #2							
Child #3							
TOTALS:	988.82		6.50	29.00			1024.32

V. Coverage Verification

To view employee's coverage date

Enter the employee's ID or Social Security Number to view coverage verification on that specific employee.



The screenshot displays the 'AccessUnitedAg' online portal, 'The UABT Online Portal'. The navigation menu includes Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. The 'Coverage Verification' section is active, featuring a 'Member Number' input field and a 'Retrieve Member Number' button. A sidebar on the left indicates the user is signed in as 'Security 315' and provides options for Logout and Change Password. A privacy notice at the bottom states: 'Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.' A Verisign Secured logo is also present.

Display Plan Summary

Enter the employee's ID or Social Security Number to view coverage verification on that specific employee.

You can click on [Display Plan Summary](#) to get a detailed description of the associated plan listed to the left of the link.



 AccessUnitedAg

The UABT Online Portal







Home
Forms
Enrollment
Coverage Verification
Reports
Additional Services

Member Signed In

Welcome back

Security 315

Logout

[Change Password](#)

Coverage Verification

Member ID	846L44846
Name	ADAMS, TRACY L
Address	570 DAHLIA PLACE
State	CA
Zip Code	93455-0000
Enroll Date	2/01/2004

DEPENDENTS

Name	Birthdate	Plan Type	Plan	Plan Description	Effective Date	Eligible Through	Plan Summary
SELF	2/13/1966	Dental	DCPTX	DENTAL- S/F TEIXEIRA COMP	2/01/2004	3/31/2012	Display Plan Summary
		Life	L10	10,000 LIFE BENEFITS	2/01/2004	3/31/2012	Display Plan Summary
		Vision	RTXVP	SELF-FUNDED VISION - TEIXEIRA	2/01/2004	3/31/2012	Display Plan Summary
		Prescription Drugs	RX663	RX 663	2/01/2004	3/31/2012	Display Plan Summary
		Medical	TX15	TEIXEIRA FARMS PLAN - S/F	2/01/2004	3/31/2012	Display Plan Summary

[Back to Member Selection](#)

[Back to Main Page](#)

Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential.



Privacy & Security Policy | Disclaimer

Plan Summary

a. Below is a sample of the *Plan Summary*.

**UABT
Schedule of Dental Expense Benefits**

Dental Plan

If you or an eligible dependent incur Covered Expense for dental services while the patient is eligible for benefits under the Plan, you will be reimbursed in accordance with the following schedule.

Type I Services

Examinations, X-rays, prophylaxis and fluoride treatment.....100%
of usual & customary charges.

Type II Services

Fillings, restorative crowns, root canal therapy, extractions and inlays.....80%
of usual & customary charges.

Type III Services

Removable or fixed bridges, pontics, abutment crowns and partial or complete dentures.....60%
of usual and customary charges.

Type IV Services

Orthodontia for any reason.....not covered expense.

VI. Reports

A. Eligibility List

The Eligibility list will provide you with the current day roster of employees by group and plan. You will be able to view ID #, Name, Date of Birth, and Contribution Amount.

B. View Archived Data

The location of all reports you've ordered in chronological order. Please allow a minute for the report to be generated and placed in this location. You will receive an email notification once the report has been created.

VII. Additional Services

Requesting for Member ID Card.

Under Additional Services, you will need to click on [Request for a member ID card](#). A new window will pop up with the following fields. All the fields are required.

Note: It will be faster if you give the Enrollment & Billing Department a call if you are trying to order an ID Card for more than 5 employees. Or email a list to us at enrollment@unitedag.org.

UABT ID Card Request Form

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Member ID:	<input type="text"/>
Email:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Name of Employer:	<input type="text"/>
Phone Number (xxx-xxx-xxxx):	<input type="text"/>
Number of Cards Requested:	<input type="text"/>

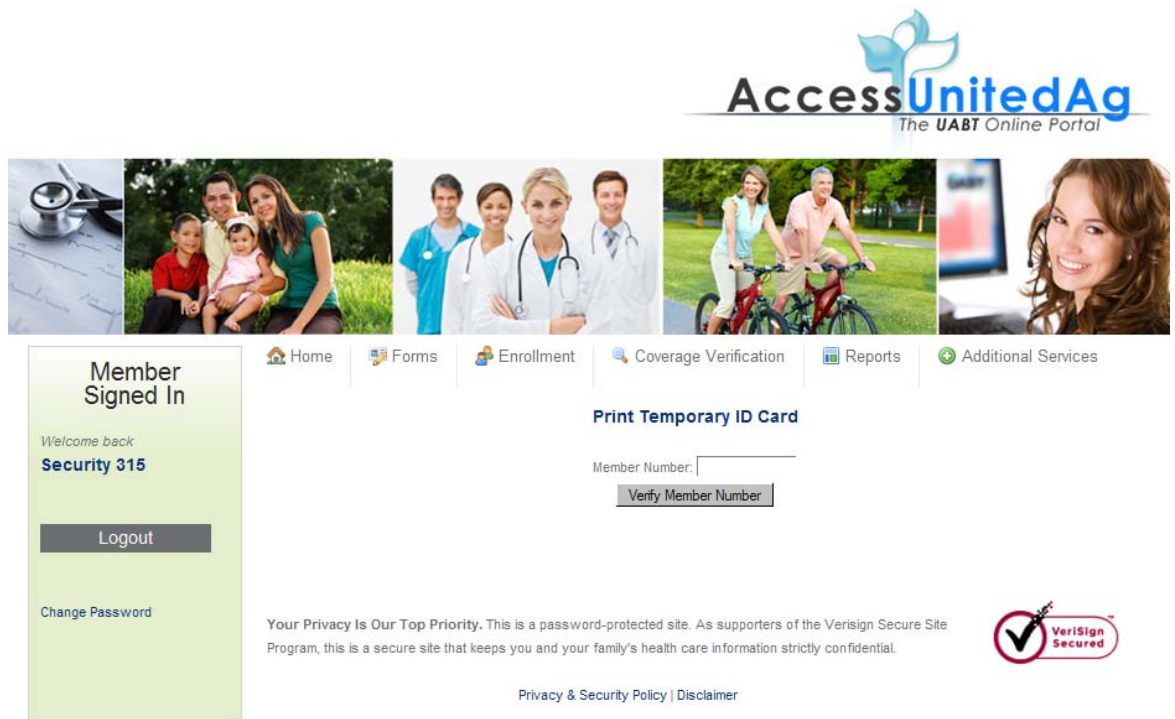
submit

Print Temporary ID Card.

Under Additional Services, you will need to click on [Print Temporary ID card](#).

Enter the employee's ID or Social Security Number to view coverage verification on that specific employee.

Note: This feature will only be available to existing and active employees. New enrollees that have not been approved and contributions have not been posted will not have access to a temporary card.



The screenshot displays the AccessUnitedAg online portal. At the top right is the logo "AccessUnitedAg The UABT Online Portal". Below the logo is a navigation bar with icons for Home, Forms, Enrollment, Coverage Verification, Reports, and Additional Services. The "Additional Services" menu is expanded, showing the "Print Temporary ID Card" link. Below this link is a form with a "Member Number:" label, an input field, and a "Verify Member Number" button. On the left side of the page, a "Member Signed In" sidebar shows the user's name "Security 315" and options for "Logout" and "Change Password". At the bottom, there is a privacy notice: "Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential." and a "Verisign Secured" logo.

Print Temporary ID Card.

Below is a copy of the temporary ID card.


The screenshot displays the AccessUnitedAg website interface. At the top right, the logo reads "AccessUnitedAg The UABT Online Portal". Below the logo is a horizontal banner with five images: a stethoscope, a family, medical professionals, a couple on a bicycle, and a woman's face. A navigation menu includes links for Home, Forms, Enrollment, Claim Center, Coverage Verification, Reports, and Additional Services. On the left, a sidebar indicates "Member Signed In" with "Security 315" and buttons for "Logout" and "Change Password". The main content area features the heading "Print Temporary ID Card" and a link "Click here to Print Card" which is circled in red. Below this link is a "Request New Card" button. At the bottom, there is a privacy notice: "Your Privacy Is Our Top Priority. This is a password-protected site. As supporters of the Verisign Secure Site Program, this is a secure site that keeps you and your family's health care information strictly confidential." and a "VeriSign Secured" logo.

Temporary ID Card Sample

Below is a *sample of the temporary ID card*

Temporary ID Card

Benefit ID Only - Not Proof of Eligibility
Sólo Para Identificarse - No es Prueba de Elegibilidad



Member Name
John Doe

Member ID Number
111X2222

Employer: ABC Company, Inc.	Employer Number: 1100-000
Medical Copay: \$20	Rx Copay: \$10/ \$20/ \$30
Medical Network Provided by Blue Shield of California	Rx Group #: 512161
	RxBIN: 603286 / RxPCN: 01410000

Issue Date: 04/19/2012
This temporary ID Card is valid 30 days from issue date.

Blue Shield CA Prior Authorization	800.541.6652
Inquiries, Eligibility, Benefits, Claims & all Services out of California	800.223.4530
Locate a Blue Shield Provider	www.blueshieldca.com/network
Catalyst Rx - Health Rx Program	800.207.2568
First Health Network (outside of California)	800.247.2898

Terms and Conditions:
Catalyst Rx: if co-pay reads 100%, patient will pay a contracted discount price.

Patients with a co-pay may still be responsible for percentage of covered expense. If co-pay reads "N/A", patient may be responsible for payment of a deductible and/or percentage of covered expense.

Prior Authorization: All inpatient admissions require prior authorization. Emergency admissions require 48 hour notice. Failure to notify may result in benefit reduction.

If ID Card reads, "Mexican Panel Only", no benefits are payable for treatment in the U.S.

Providers file all California medical claims with Blue Shield of California
P. O. Box 272540, Chicago, CA 95927-2540

Please file all claims outside of California as well as Vision and Dental claims with UABT
54 Corporate Park, Irvine, CA 92660 (800) 223-4530 Fax: (949) 263-1333

Blue Shield of California, an independent member of the Blue Shield Association, provides network access only, and no network access is available from Blue Cross Blue Shield plans outside of California's service area. Blue Shield of California provides no claims payment service and does not assume any financial risk or obligation with respect to claims.

Make Contribution Payments

Under Additional Services, you will need to click on [Make Contribution Payment](#). A new window will pop up.

- If this is your first time, you will need to register by selecting Contribution Payment.
 - You will need your UABT Group number
(Enter the number without the preceding zeros, 1234-000)
 - You will need your Billing Zip Code
 - The site will lead you into registering and you will then be able to make a payment.
- If you have already registered, proceed with your payment.



Please be advised that all payments received after 4:30 PM PST M-F will be processed on the following business day.

* Indicates required field

Log In

Username: *

Password: *

Login

[forgot your username?](#)

[forgot your password?](#)

Register

Bill Type: *

Group Number: *

Zip Code: *

Submit

Contact Us

From the Additional Services tab, you can click on Contact Us for contact information.



Contact Us

Please fill out this form for more information:

United Agricultural Benefit Trust

Mailing Address: 54 Corporate Park
Irvine, CA 92606-5105

Phone Number: (800) 223.4590

Please contact the following departments for questions regarding:

- Claims and Benefits: Customer Service - customerservice@uabt.org
- Enrollment and Eligibility: Billing Department - uabtbilling@uabt.org
- Reports: Client Services - mevanson@uabt.org

Comments: