



This card must be presented each time services are requested. Printed: 12-08-2021

Medical:	In Net	Out of Net
Ded:	\$400/\$800	\$0/\$0
OOPM:	\$0/\$4,000	\$0/\$0

Pre-cert is required: Call UHC at 877-211-6542 prior to IP Admission or w/in 24 hours of ER admit. All OP therapies call Fund Office at 800-258-6534.

For Members:	www.rrfunds.org	800-258-6534
Dental:		800-258-6534
Teladoc:	www.Teladoc.com	800-835-2362
Optum Specialty:		855-427-4682

For Providers:	https://uhss.umar.com	844-836-1774
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Medical Claims: EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783
Dental Claims: 2725 West Monroe Street, Springfield, IL 62704



Plan has restricted out-of-network benefits

Pharmacists & Members: 866-516-3121 Optumrx.com

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RAILROAD MAINTENANCE AND INDUSTRIAL HEALTH AND WELFARE



Issuer (80840) 911-39026-02

Member ID: 77400R001685 Group Number: 78-800168

Member:
JASON SAMPLE 00



Rx BIN: 800010
Rx PCN: LDI
Rx GRP: 83097

Hospital ER \$100-Ded., Ded. & Coins Apply
UnitedHealthcare Shared Services
Provider Directory: <http://welcometouhc.com/uhss>
Provider Search Assistance: 844-849-5748



5030 Self-funded Plan

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5030 Self-funded Plan

03122 6430442 0000 0000081 0000080 361 5 115

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
JASON SAMPLE
115 W WAUSAU AVE
WAUSAU, WI 54401

Mailing/Meter Date:

- | | |
|------------|------------|
| Insert #1 | Insert #2 |
| Insert #3 | Insert #4 |
| Insert #5 | Insert #6 |
| Insert #7 | Insert #8 |
| Insert #9 | Insert #10 |
| Insert #11 | Insert #12 |

Cycle Date: 20211227
PDF Date: Mon Dec 27, 2021 @ 17:37:57
MaxMover: N
UHG JOB ID: 8100 GRP: 78800168 PV: 001 RC: FAM MKT:
MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID:
DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:
TEMPLATE: TPA C30 : FAMILY T50 : 2SHRT
SORT HCN: