



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/\$2,000	\$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.

<b>For Members:</b>	<a href="http://www.rrfunds.org">www.rrfunds.org</a>	800-258-6534
<b>Dental/Vision:</b>		800-258-6534
<b>Teladoc:</b>	<a href="http://www.Teladoc.com">www.Teladoc.com</a>	800-835-2362
<b>Optum Specialty:</b>		855-427-4682

<b>For Providers:</b>	<a href="https://uhss.umr.com">https://uhss.umr.com</a>	844-836-1774
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Medical Claims: EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783  
Dental & Vision Claims: 2725 West Monroe Street, Springfield, IL 62704



**Plan has restricted out-of-network benefits**

Pharmacists & Members: 866-516-3121 [Optumrx.com](http://Optumrx.com)

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RAILROAD MAINTENANCE AND INDUSTRIAL HEALTH AND WELFARE



Issuer (80840) 911-39026-02

Member ID: 77400R001686 Group Number: 78-800168

Member:  
KATHY SAMPLE 00  
Dependents:  
KIERRA SAMPLE 01

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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Issuer (80840) 911-39026-02

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5030 Self-funded Plan

03122 6430442 0000 0000082 0000081 361 5 114

Shipper ID: 00000000  
Shipping Method: DIRECT  
CARRIER: USPS  
Address:  
KATHY 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: