



This card must be presented each time services are requested. Printed: 11-09-2023

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

Precert 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.teladochealth.com	800-835-2362
SAV-RX:	www.savrx.com	800-228-3108

For Providers:	https://uhss.umr.com	844-836-1774
Pharmacy Help Desk:		800-627-4440
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

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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: 006558
Rx GRP: RRMHWF

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



5030 Self-funded Plan

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5030 Self-funded Plan

03122 8668138 0000 0003673 0003628 331 5 116

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: 20231127

PDF Date: Mon Nov 27, 2023 @ 12:38:20

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: