



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: \$2,000	\$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.

<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.teladochealth.com">www.teladochealth.com</a>	800-835-2362
<b>SAV-RX:</b>	<a href="http://www.savrx.com">www.savrx.com</a>	800-228-3108

<b>For Providers:</b>	<a href="https://uhss.umr.com">https://uhss.umr.com</a>	844-836-1774
<b>Pharmacy Help Desk:</b>		800-627-4440
<b>Medical Claims:</b>	EDI # 39026, UHSS, PO Box 30783, Salt Lake City, UT 84130-0783	
<b>Dental/Vision Claims:</b>	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: 77400R001686 Group Number: 78-800168

Member:  
KATHY SAMPLE 00  
Dependents:  
KIERRA SAMPLE 01



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 0003674 0003629 331 5 115

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: 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: