


Dear Wisconsin Electrical Employees Health and Welfare Fund Medicare Eligible Retiree and/or Dependent,

 **United  
Healthcare**

Health Plan (80840): **911-87726-04**  
Member ID: 0000000000      Group Number: 15590

Member:  
**SUSAN J SAMPLE**

WEEH&W PLAN

Payer ID:  
87726

**MedicareRx**  
Prescription Drug Coverage

RxBIN: 610097  
RxPCN: 9999  
RxGrp: COS


Copay: PCP \$0  
Spec \$0

ER \$0


H2001-816-000

UnitedHealthcare Group Medicare Advantage (PPO)  
Plan pays up to Medicare Limiting Charges.

X40961865200200



Customer Service Hours: Mon - Fri 8 am - 8 pm Printed: 11/19/2020



**For Members**

Website:	<a href="http://www.UHCRetiree.com">www.UHCRetiree.com</a>
Customer Service:	1-844-481-8820 TTY 711
NurseLine:	1-877-365-7949 TTY 711
Behavioral Health:	1-800-453-8440 TTY 711

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**For Providers** [www.UHCprovider.com](http://www.UHCprovider.com) 1-877-842-3210

Medical Claim Address: P.O. Box 31362, Salt Lake City, UT 84131-0362

**UHC**

For Pharmacists 1-877-889-6510  
Pharmacy Claims OptumRx P.O. Box 650287, Dallas, TX 75265-0287

Wisconsin Electrical Employees Health and Welfare Fund and Labor First LLC