



Health Plan (80840): **911-87726-04**

Member ID: 0000000000 Group Number: XXXXX

Member:  
**DENNIS SAMPLE**

SPPS

Payer ID:  
87726

<b>MedicareRx</b> Prescription Drug Coverage	
RxBIN:	610097
RxPCN:	9999
RxGrp:	COS

Copay: PCP \$XX  
Spec \$XX

ER \$XX

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

HXXXX-XXX-XXX

Customer Service Hours: Mon - Fri 8 am - 8 pm

Printed: xx/xx/xxxx



**For Members**

Website: [www.UHCRetiree.com/SPPS](http://www.UHCRetiree.com/SPPS)  
 Customer Service: 1-999-999-9999 TTY 711  
 NurseLine: 1-999-999-9999 TTY 711  
 Behavioral Health: 1-999-999-9999 TTY 711

**For Providers**

[www.UHCprovider.com](http://www.UHCprovider.com) 1-999-999-9999  
 Medical Claim Address: P.O. Box 99999, Salt Lake City, UT 84131-0362

**UHC**

For Pharmacists 1-877-889-6510  
Pharmacy Claims OptumRx P.O. Box 999999, Dallas, TX 75265-0287