

**All Savers\***  
Alternate Funding

Policy

Health Plan (80840)911-81400-00

MemberID: C05860762 Group Number: 908868

Member:

OOCRWGHLE

**Dependents:**

01 SANDRA HLER

Payer ID: 81400

^OPTUMRx

Rx BIN: 610279

RxPCN: 9999

Rx GRP: UGRI

Copay: Office:	\$25
Spec:	\$75
ER:	\$300

UnitedHealthcare  
Choice

Effective Date: 12/01/2020

Administered by United HealthCare Services, Inc.

3010

Wondershare  
PDFelement



# iiimmnniiii

Issued 12/01/2020

Advanced Notification and Admission Notification requirements apply for UHC Network providers.

For Members: [myallsaversconnect.com](http://myallsaversconnect.com) 800-291-2634

Notification: 800-999-3404  
For Providers: [myallsaversconnect.com](http://myallsaversconnect.com) 800-291-2634

CLAIMS EDI # 81400, AH Savers PO Box 31375, Salt Lake City, UT 84131-0375

Pharmacy Help Desk 855-816-6618

Pharmacy Claims: OptumRX, PO Box 650540, Dallas, TX 752654)540

