

WELCOME

Independent School District #831 Forest Lake

UMR is here for you



A UnitedHealthcare Company



Greetings from UMR!

Welcome to the Independent School District #831 Forest Lake benefits plan guide! The purpose of this booklet is simple: To help you get the most out of your health care plan.

As your benefits administrator, we'll walk you through the plan to give you a better understanding of what it all means. Of course our main goal is to provide you and your family with timely, accurate and caring service.

It starts here, but you also have a whole team of UMR customer service and benefits experts behind you whenever a need or question arises.

To help you reach us, we've included this list of key contacts and information.

Stick it on your refrigerator or bulletin board if you wish, or place it in your wallet or purse, so it's there when you need it. You can also find this same information on your UMR ID card.

We're available for you:

**Monday - Friday
8 a.m. - 5 p.m.**

**Your UMR
customer
service team
is ready to
help you!**

A handy contact card for your fridge or wallet

My Independent School District #831 Forest Lake benefits information

2023-2024 Plan Year

UMR Customer Service..... 1-800-826-9781
UMR CARE..... 1-866-494-4502
Enroll in Maternity CARE 1-888-438-8105
Interactive Voice Response 1-800-826-9781
HealthiestYou..... Download App
UnitedHealthcare Hearing 1-855-523-9355

Your Preferred Provider Network
UnitedHealthcare Choice Plus

Your Pharmacy Provider
Magellan

Find it online at www.umar.com

Write us UMR
PO Box 30541
Salt Lake City, UT 84130-0541



Welcome to UMR

Take a few minutes to learn more about your plan.

At UMR, our job is to support you and your family as you engage in your employee benefits plan. We're here to guide you in your health care experience and help you live a healthier life.



About your ID card

Your card includes your member ID number and network information that provides important details your health care providers need to file claims for services you receive. Using your ID card also ensures you get discounted rates from in-network doctors, clinics and hospitals.

Make sure to show your new ID card on your next health care visit or trip to the pharmacy. You can carry your actual ID card, or you can access this card anytime by signing in to the UMR app.

If you have questions along the way, simply call the member services number on your card. You'll be connected to a team of individuals assigned to answer any questions you have about your plan.

Use your card to create an online account

Creating an account is easy. Just go to **umr.com** on your mobile or desktop browser, or download the UMR app from the Google Play or App Store. You'll be asked to enter some information from your ID card, so make sure you have it handy.

Once you've logged in, you can:

- Look up in-network providers
- View your benefits and claims information
- Chat with or message a UMR customer service team member
- Review your financial accounts
- Order additional ID cards
- Find tools for improving your health

You may be asked for other insurance

Are you or your dependents covered under more than one medical or dental plan? If so, UMR needs to know. This information is used to apply benefit determinations timely and accurately.

UMR requires you to give us updated information about other insurance every year. Even if you or your dependents aren't covered under another medical or dental plan, we still need to know.

Updating other insurance information is easy. Simply call our automated phone number at **866-586-0613** or sign in to your UMR account and submit your information online via an electronic form.

Learn the language of health care

Let's face it. Understanding health and benefits terms is like learning a foreign language for most of us. Knowing the difference between co-insurance and co-payment can be confusing. And deciphering an EOB from COB shouldn't require a PhD.

Fortunately, you don't need a foreign language professor or CIA code-breaker to understand all of these terms. That's because our own UMR team of language experts has already defined them for you, along with a few others.

What is a deductible?

Definition: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount. A deductible may apply to all services or just a portion of your benefits. It depends on your benefits plan.

What is a co-insurance?

Definition: A set percentage of costs that are covered by your plan after your deductible has been paid. Your plan pays a higher percentage. You pay a lower percentage.

Tip...think percentage

What is a co-payment?

Definition: A small set fee. It is paid each time you have an office visit, outpatient service or prescription refill. The fee is determined by your health plan. Co-payments don't vary with the cost of service.

Tip...think set fee

What is an out-of-pocket?

Definition: The amount you pay out of your pocket for particular health care services during a particular period of time. An out-of-pocket maximum limits the amount you have to pay during a particular period of time.



Still confused?

Go to
[justplainclear.com](https://www.justplainclear.com)
for a searchable
glossary of
health care terms.

What is coordination of benefits (COB)?

Definition: Many families are covered by more than one health plan. The coordination of benefits (COB) process determines which plan pays first. It also determines if the second plan will pay any remaining charges not covered by the first plan. The process makes sure your doctor doesn't get paid twice for the same service.

What is an explanation of benefits (EOB)?

Definition: An EOB is simply the statement explaining your benefits activity. It includes the services provided, the amount billed and the amount paid, if any. You should review your EOBs carefully. Call the customer service number on your ID card or visit www.umar.com if you have any questions about your EOB.



Understanding your EOB, as easy as 1-2-3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

| | | |
|---------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amount billed: | \$500.00 | This is the total amount that your provider billed for the services that were provided to you. |
| Your discount: | \$100.00 | Your plan negotiates discounts with providers and facilities to help save you money. |
| Your plan paid: | \$260.00 | This is the portion of the amount billed that was paid by your employer-sponsored benefits plan. |
| You saved: | \$360.00 | 72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan. |
| TOTAL YOU MAY OWE: | \$140.00 | The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount. |

2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

Deductible: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.

Out-of-pocket: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

In-network

| | | |
|------------------------------|--------------------------------------------------------|-------------------------|
| INDIVIDUAL CAL YR DEDUCTIBLE | <div><div></div></div> \$2,500.00 out of \$2,500.00 | \$0.00 to go |
| INDIVIDUAL OUT-OF-POCKET | <div><div></div></div> \$2,873.14 out of \$5,000.00 | \$2,126.86 to go |
| FAMILY CAL YR DEDUCTIBLE | <div><div></div></div> \$3,843.05 out of \$5,000.00 | \$1,156.95 to go |
| FAMILY OUT-OF-POCKET | <div><div></div></div> \$873.14 out of \$8,000.00 | \$7,126.86 to go |



PO BOX 30541 Salt Lake City, UT 84130-0541
[1-800-826-9781] • umr.com

| | |
|-------------------|----------------------------------------------------------------|
| Employee: | Code Blank |
| Employee address: | 1234 Sunshine Blvd Suite 10293 Best City, USA 12345-1112 |
| Group number: | 76-9999999 |
| Member ID: | 999999999 |
| Employer name: | ABC Companies, Inc. |
| Notice date: | 03/28/2019 |

Patient:
Elizabeth Blank

Claim number:
999999999

Provider name:
XYZ Provider Inc.

Patient account:
1234567890

| | | | | | | | PLAN PAYS | YOU PAY | | | | |
|-------------------------|-------------|------------------|---------------------------|---------------|-------------|------------------------|-------------|---------|-----------------------|--------------|-------------|--------------------|
| Service(s) you received | Reason code | Service date(s) | Amount billed by provider | Your discount | Not allowed | Amount due to provider | Plan paid % | Co-pay | Applied to deductible | Co-insurance | Not covered | Total you may owe* |
| | | | | — | — | | — | + | + | + | + | |
| Emergency Care | 908 | 03/14 - 03/19/19 | \$500.00 | \$100.00 | \$0.00 | \$400.00 | 80 \$260.00 | \$25.00 | \$50.00 | \$65.00 | \$0.00 | \$140.00 |
| Totals | | | \$500.00 | \$100.00 | \$0.00 | \$400.00 | \$260.00 | \$25.00 | \$50.00 | \$65.00 | \$0.00 | \$140.00 |

*This total may not reflect any payments/co-pays you made at the time of service. Please wait for a provider bill before making a payment.
(+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:

908 Provider negotiated discount. You are not responsible for this amount.

3

Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including co-pays, deductibles and out-of-pocket amounts



Sign up for digital EOBs and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.

10 ways to control health care costs

Everybody can play a role in controlling the rising cost of health care. In fact, there are many things you can do to reduce how much you spend on health care now and in the future.

1 See preferred doctors

Most health plans let you see any doctor you want. But you can save a bundle by seeing doctors that are part of your plan's preferred network of health care providers. Going to a preferred, in-network doctor usually saves you 20 percent to 30 percent or even more off your bill.

2 Go generic

Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30 percent to 70 percent less than brand names.

3 Practice prevention

Preventive care includes things like physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Check your health plan to see if preventive care is covered in full or at discounted rates.

4 Get online

It makes sense to find out everything you can to make informed, cost-saving health care choices. That's why we offer a number of web tools to help you review your health care options, pharmacy benefits and health coverage estimates using the Internet. Visit our website at umr.com.

5 Choose the right care

There is a time and place for everything. A trip to the emergency room may be needed if you are seriously injured or ill. Consider a cheaper option, like a walk-in clinic or urgent care, if you have a minor illness or issue, such as an ear infection. It may save you time as well as money.



Fast fact...

Generic drugs usually cost you 30 percent to 70 percent less than brand names.

6 Think long-term

Some people go to the doctor for minor reasons once they meet their yearly deductible. While that may not have an instant impact on health care costs, it is a major factor in driving up everyone's overall costs of care.

7 Eat right

A balanced diet can save you money. It keeps you healthier in the short-term and lessens the chances of developing more serious and costly medical conditions in the future.

8 Exercise

Just 30 minutes of walking or other regular exercise each day helps manage weight, stress and possibly your pocketbook. Exercise helps control and prevent high blood pressure and cholesterol, two of the major risk factors for heart disease.

9 Take care of yourself

The harmful effects of unhealthy habits, such as tobacco use and alcohol abuse, are well known in regard to health issues like cancer and heart disease. If you use tobacco products, seek help to try quitting. Practice moderation if you drink alcohol. Get help if stress or depression are an issue. You will feel better and also save a few dollars.

10 Review your EOB

Billing mistakes sometimes happen. Review your explanation of benefits (EOB) statement to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.



Remember...

Review your explanation of benefits (EOB) statement to make sure you are properly billed.





A valuable connection

Congratulations! Your employer has given you access to a preferred provider organization (PPO) network through UMR. Here are a few frequently asked questions to help you understand what your PPO network is all about and the benefits of using it.

What is a preferred provider?

Any doctor, hospital or other medical facility that is part of your PPO network. They are sometimes referred to as in-network providers.

Why is a PPO important?

You will pay less for medical services if you see a preferred provider that is part of the network. Plus, there are usually no claim forms for you to worry about when you go to a PPO doctor or hospital.

Can I get medical services from a doctor or hospital that is not a part of my PPO network?

Yes, but you will pay more for their services and may need to submit a claim form.

How much will I save if I get services from a preferred provider?

You can compare cost savings by looking at your schedule of benefits, which is found in your summary plan description.

What if my normal doctor is not part of my PPO network?

We encourage you to have your doctor apply to join. Here's how:

- Go to **umr.com**
- Select **Find a provider**
- Click **Medical**
- Scroll down to your provider network list
- The next page you will see has a link you can click to view and print application instructions for your doctor



What is a PPO network?

A group of doctors and hospitals that have agreed to reduce what they charge for their services.



Get the most from your benefit plan...

Use participating network health care providers whenever possible.

Where can I get information about my PPO network?

Your member ID card contains information about your plan's PPO.

How often can I see a preferred provider?

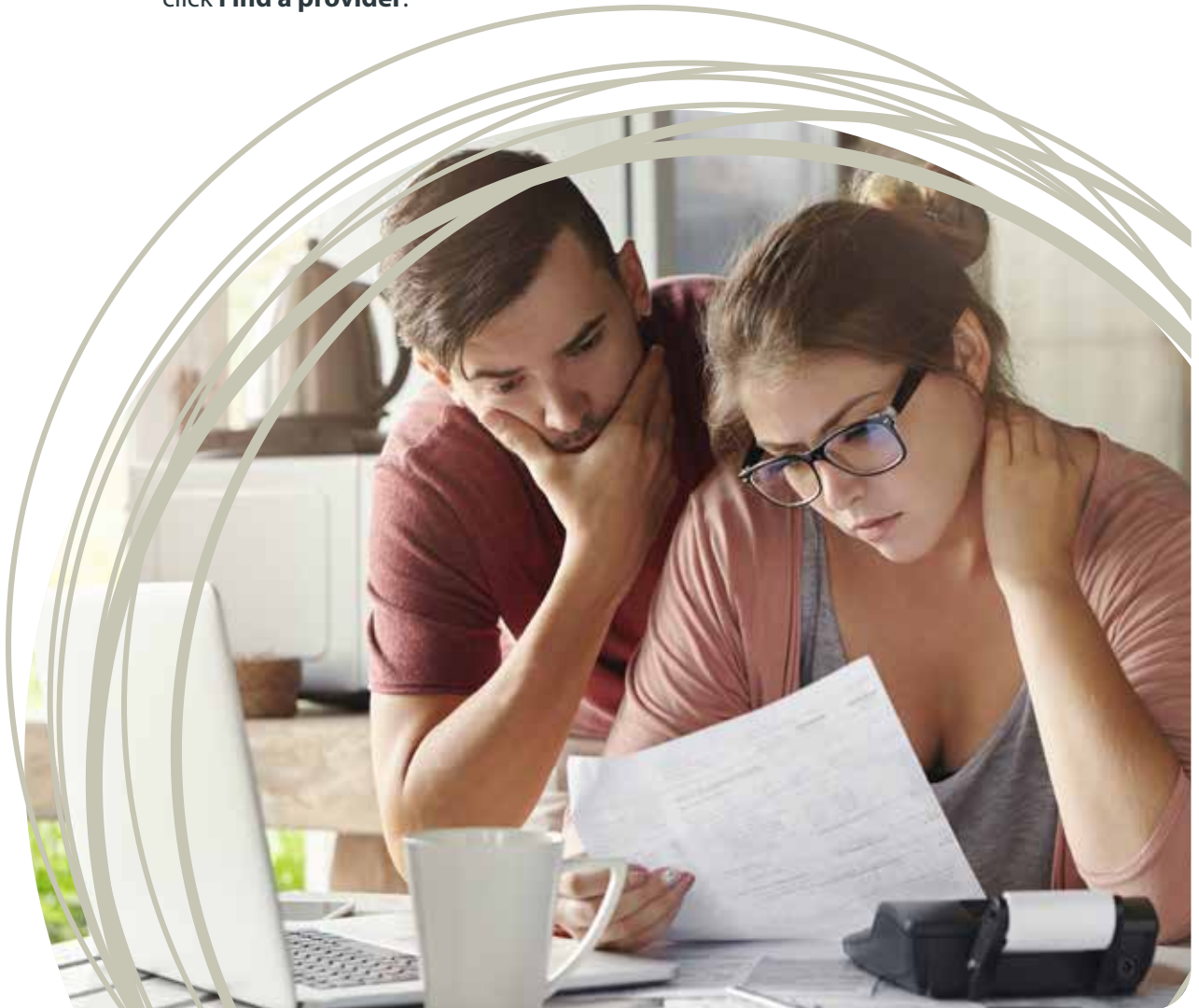
As often as needed.

How do I find a network doctor or hospital?

You can call the toll-free phone number on the back of your UMR ID card or go to umr.com and click **Find a provider**.

How do I make sure I get my PPO discount?

Just show your UMR ID card when you visit your PPO network doctor or medical facility. It includes all the important information and phone numbers that are needed.



The importance of updating your other insurance information



Are you or your dependents covered under more than one medical or dental plan? Is UMR the only coverage for you and your dependents? If so, UMR needs to know. This information is used to apply benefit determinations timely and accurately.

UMR requires you to give us updated information about other insurance every year. Even if you or your dependents aren't covered under another medical or dental plan, we still need to know.

Coordination of benefits can help you pay for covered expenses. It helps make sure claims are paid correctly, and that the benefits paid aren't greater than your covered expenses.

For example

1. Bob and Mary have medical coverage through two different employer plans. Bob is the member (plan holder) and Mary is the spouse/dependent on his plan. Mary also has medical coverage through her employer.
2. Coordination of benefits makes sure that for Mary's claims, her plan would pay first.
3. UMR, as the secondary plan, will then coordinate with Mary's primary plan to determine if any additional payments are owed.



Updating your information is easy

1 Call our automated phone number at **866-586-0613**

2 Go to [umr.com](https://www.umd.com) or download the **UMR app**

Submit your other insurance via an easy electronic form

When claims are denied for other insurance

If UMR receives a claim for medical or dental care you received and your most recent other insurance update is more than 12 months old, we will deny all claims until an update is provided.

You will receive an explanation of benefits (EOB) denial form like the example shown below. The dollar amount or diagnosis on the claim does not change this determination.

When you get an EOB denial for other insurance update, please respond quickly so we can expedite the review of your claims.

You have a specific number of days to give your updated other insurance information to UMR. The time frame is spelled out in your summary plan description (which is often 180 days after the claim is denied).

If you are also covered under another group medical plan or dental plan, please provide UMR with the date that coverage began (effective date) and who is covered under that plan.

Any denied claims will be reprocessed, as long as your other insurance information is received within the time frame required by your plan. In addition, when you log on to **umr.com** or the **UMR app**, you'll find your **Things to do** on the homepage. On the dashboard, you'll see an icon with a red exclamation point indicating that you need to provide other medical insurance information.

After you provide us with the requested information, no further action is needed. UMR will have the applicable claims reprocessed for benefit consideration.

It's easy to take action on **umr.com** and the **UMR app**

In the Claims Summary, we will alert you if your claim is denied and waiting for other insurance information. Simply click or tap on the **action needed** link and submit an electronic form, then you're done.

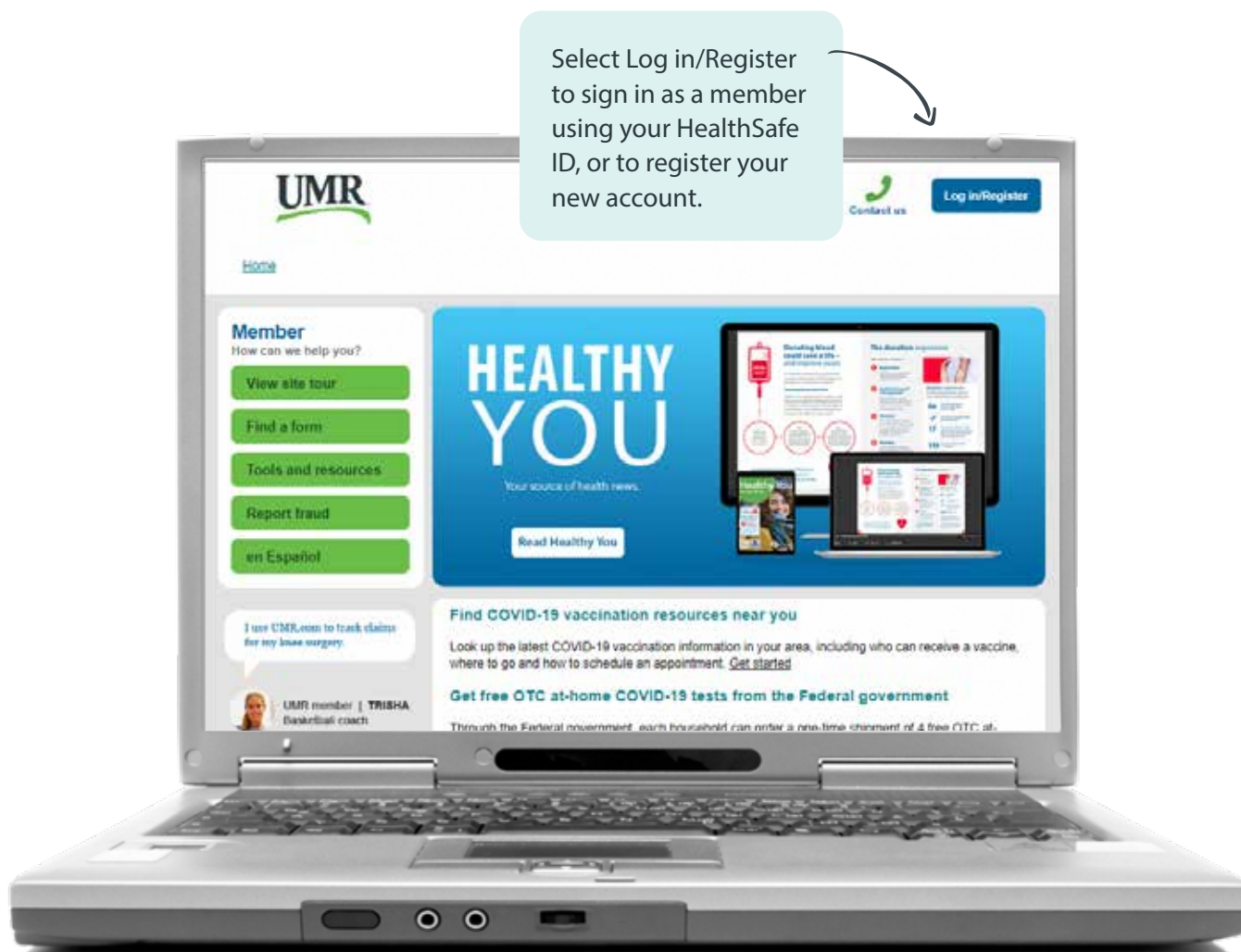
The screenshot displays the UMR Claims Summary page for James Smith. The page is divided into several sections: 'myMenu', 'Claim search', 'CLAIMS' header, 'Claim search results', and 'Claim activity'. The 'Claim search' section on the left allows filtering by 'Claims for' (ALL, James Smith, Lorenzo Smith, Xavier Smith), 'Claim type' (Medical), 'Time period' (ALL, Last 30 days, Last 6 months, Date range), and 'Status' (ALL, Completed, In-progress, Denied). The 'CLAIMS' header includes a 'Learn more' link. The 'Claim search results' section shows a table of claims. The 'Claim activity' section shows a table of claim activity. A red exclamation point icon is visible in the top right corner of the page, indicating an action needed.

| CLAIMS INFORMATION | SERVICE DATE | PROVIDER | BILLED AMOUNT | PLAN PAY | YOU PAY |
|----------------------------------------------------------------------------------------|--------------|-------------------------|---------------|----------|---------|
| Patron: Kareem Smith Claim #: 0000000000 View claim details | 03/02/19 | The Roman, J, D | \$7,900.00 | \$0.00 | \$0.00 |
| Status: Denied - Accident info needed from other insurance? Click here | | | | | |
| Patron: Kareem Smith Claim #: 0000000000 View claim details | 03/14/19 | Garrett Viscusi, A.O.B. | \$100.00 | \$2.42 | \$97.58 |
| Status: Completed | | | | | |

Find what you need at umr.com

Getting your benefits information is easy using **umr.com**.
You'll be able to find everything you're looking for in no time!

Select Log in/Register
to sign in as a member
using your HealthSafe
ID, or to register your
new account.

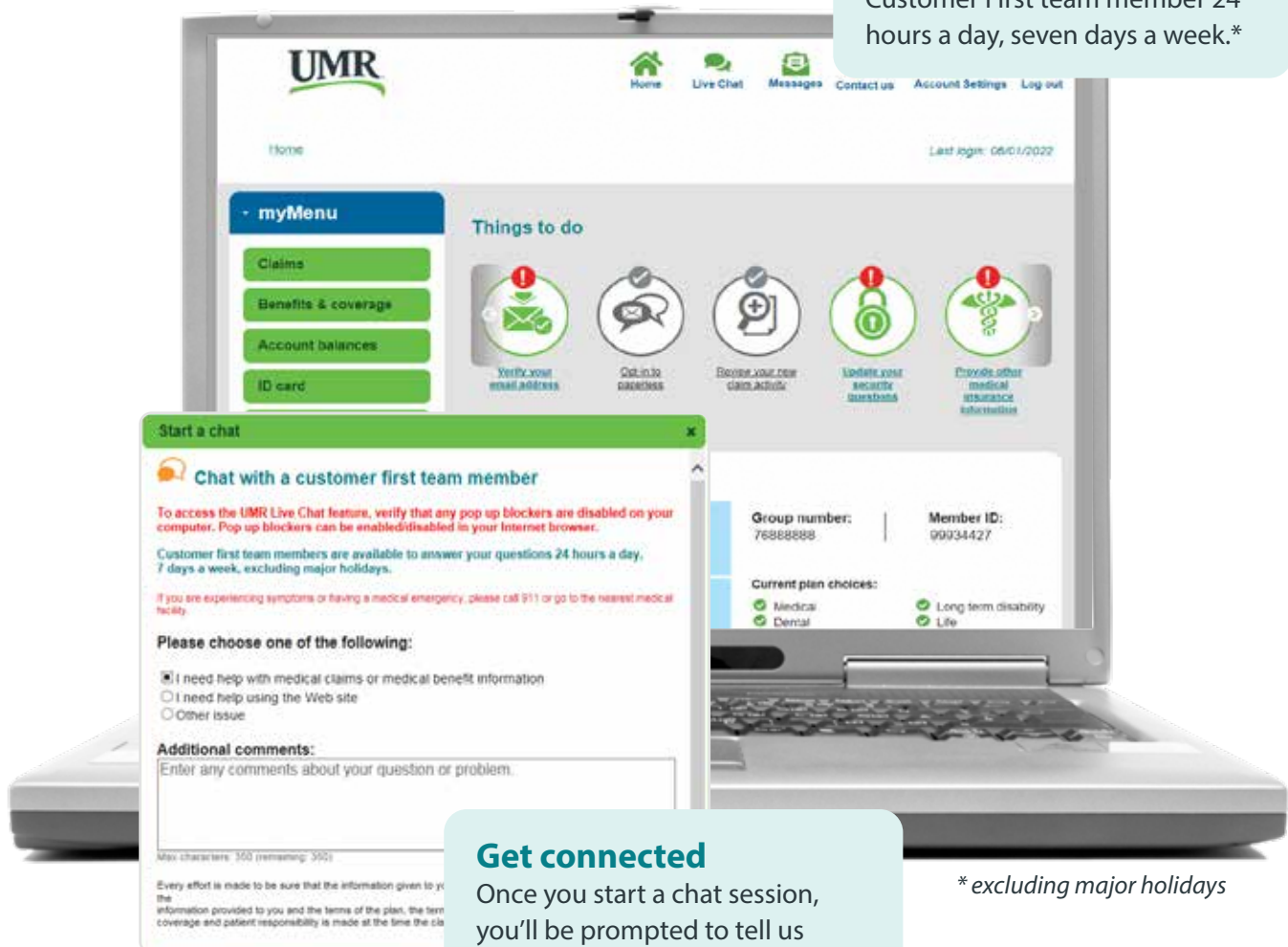


Your live connection to UMR customer service

Our team members are available online to answer your questions about your claims and benefits with just the click of your mouse. Once you've logged in to your **umr.com** account, just click the Live Chat icon in the top navigation bar on your member home page. It's that easy.

Click to chat

You can click to chat with a Customer First team member 24 hours a day, seven days a week.*



A launch pad for all your health benefit needs

From your personalized home page, you can see a summary of your benefits, link to key areas of the site using myMenu, find out what things you can do to keep your benefits up to date.

myMenu

One-click access to claims, coverage and other resources.

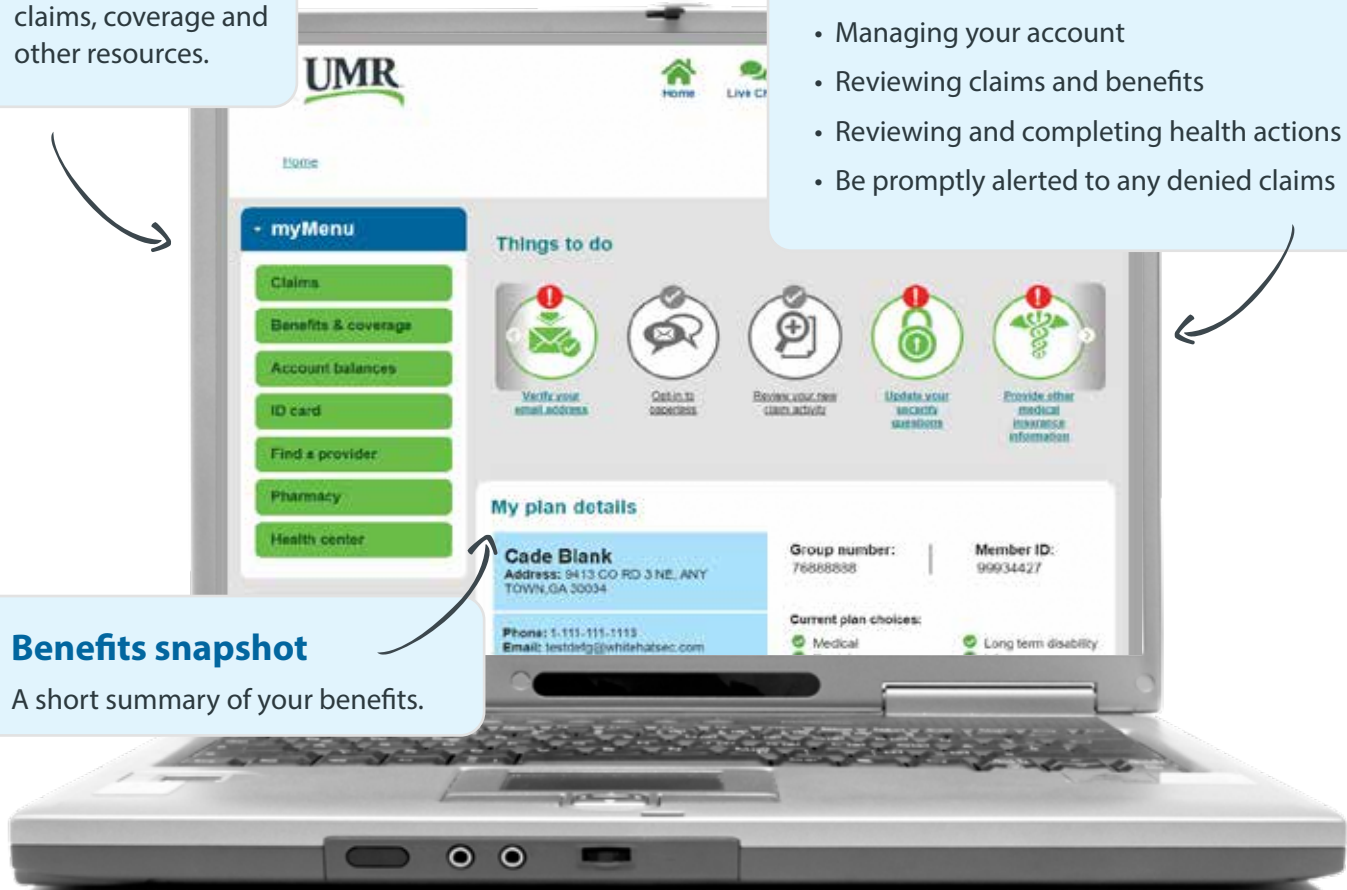
Things to do

Your personalized **Things to do** section will prompt you to take action in four main areas:

- Managing your account
- Reviewing claims and benefits
- Reviewing and completing health actions
- Be promptly alerted to any denied claims

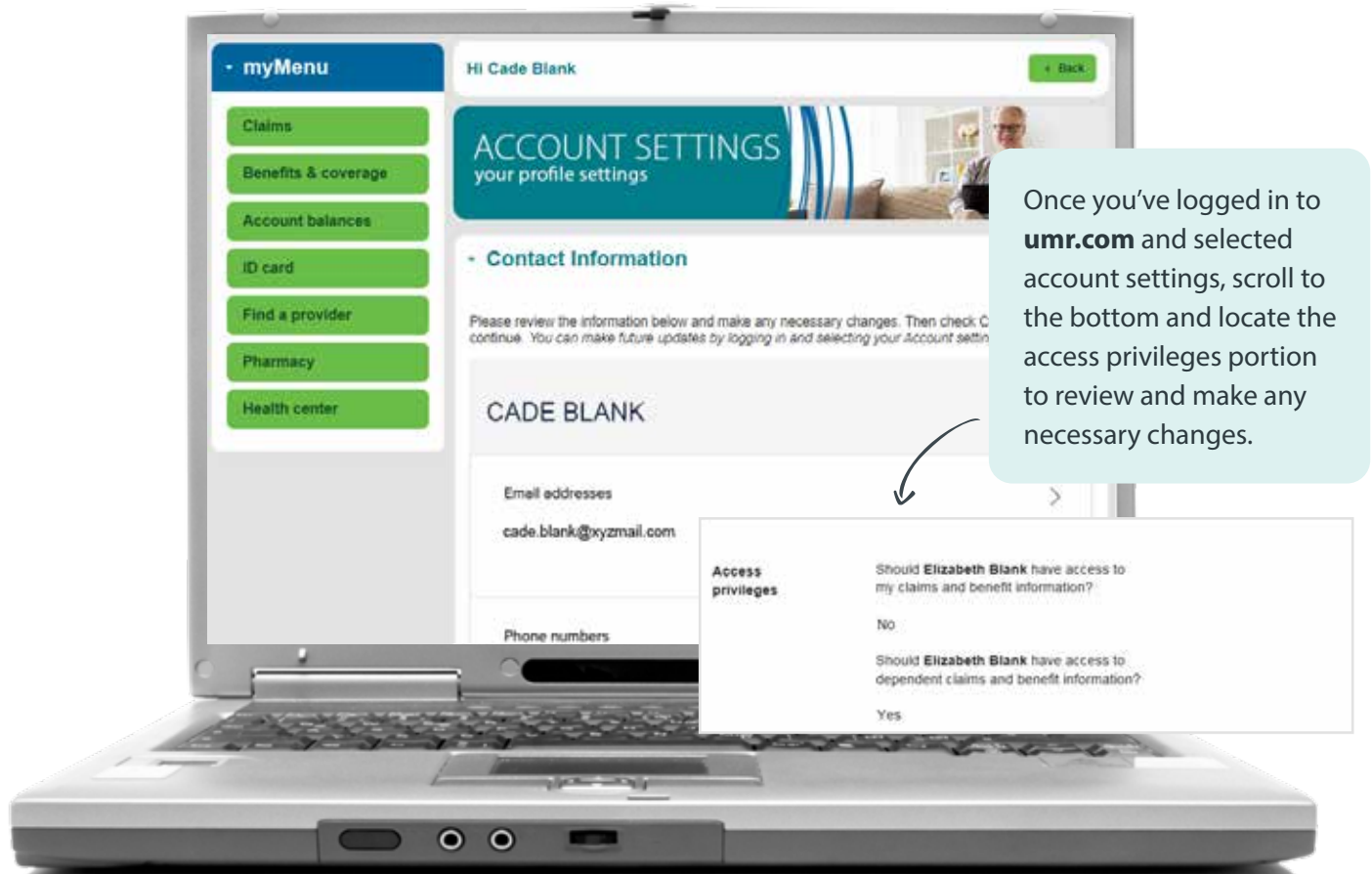
Benefits snapshot

A short summary of your benefits.



Protecting your health information

UMR follows strict rules and security procedures to ensure your information stays safe and is accessed only by you or authorized providers and/or representatives. If you, your spouse or a dependent age 18 or older wishes to allow online access to another covered family member, each member must grant access to view their information:



Not registered? Dependents will be asked during the registration process to select family members they will allow to view their personal health information. To register, have your covered family member visit **umr.com** and select **Log in/Register**.

If your spouse or adult dependent has already registered for online services, your covered family member can log into **umr.com** to access their account settings.

View your claim activity

Claim search

Set up your search preferences by dependent(s), claim type, time period and status.

Take action

When you need to take action on a claim, UMR will let you know. Claims are sometimes put on hold because we need other information from you. Now you can easily **Click here** to give us the information needed to process your claim.

Get all the details

You have the option to view a PDF of your EOB or click the **View claim details** link to see more information about a claim.

See your total spend

You can see how much you and your employer plan have paid toward your medical and/or dental expenses based on your search parameters.

Subscriber: Cade Blank, 99934427 | My Favorite Company, 76688888
You are viewing: All members, Medical claims, all Claims

Claim type

- ☒ Medical
- ☐ Dental

Time period

- ☒ ALL
- ☐ Last 30 days
- ☐ Last 6 months
- ☐ Date range: -

Status

- ☒ ALL
- ☐ Completed
- ☐ In-progress
- ☐ Denied
- ☐ Pre-treatment estimate

[Advanced member search](#)

- Claim activity

Show 10 entries

| CLAIMS INFORMATION | SERVICE DATE | PROVIDER | BILLED AMOUNT | PLAN |
|--------------------------------------------------------------------------------------------------------------------|--------------|--------------------|---------------|------------|
| Patient: Karyn Blank Claim #: 17053123456 View claim details View EOB | 03/23/19 | Megraw, John L M D | \$572.00 | \$311.11 |
| Status: Completed | | | | |
| Patient: Karyn Blank Claim #: 17053123456 View claim details View EOB | 02/02/19 | Valley Hospital | \$1,351.00 | \$1,111.11 |
| Status: Completed | | | | |
| Patient: Elizabeth Blank Claim #: 17061123456 View claim details View EOB | 02/17/19 | Horn, Gregory, Dc | \$290.00 | \$0.00 |
| Status: Denied - Accident info needed from pt. Action needed Click here | | | | |
| Patient: Cade Blank Claim #: 17036123456 View claim details View EOB | 01/02/19 | Moore, John, Dc | \$370.00 | \$0.00 |
| Status: Completed | | | | |
| Patient: Cade Blank Claim #: 17036123456 View claim details View EOB | 01/02/19 | Horn, Gregory, Dc | \$745.00 | \$69.30 |
| Status: Completed | | | | |

You are viewing 1 - 10 of 18

Previous 1 2 Next

I need to...

- [View my disability claims](#)

TOTALS:

| | | |
|-----------------------------|----------------------------|-----------------------|
| \$11,173.52 TOTAL BILLED | \$3,611.77 PAID BY PLAN | \$2,687.51 YOU PAY |
|-----------------------------|----------------------------|-----------------------|

Benefits and coverage summary at-a-glance

Know how much you've contributed to your deductibles and out-of-pocket expenses using this easy-to-read summary.

Benefit summary

Shows helpful benefit information, including co-pays, coverages and how much you have paid toward deductibles and out-of-pocket maximums.

Benefit search

Set up your search preferences by dependent(s), coverage type, network level and coverage period.

Additional benefits

Get more details

Sometimes you need to know about a specific benefit or procedure and what is covered in your plan. Select from the drop down of **Additional benefits** information to get more details. Or, click on the **Summary plan description** button if you still can't find what you are looking for.

Coverage Type

- ☒ Medical
- ☐ Dental

Network Level

- ☒ In network
- ☐ Out of network

Benefit Period

- ☒ Current (01/01/2019)
- ☐ Previous (01/01/2009)
- ☐ Previous (01/01/2000)

Search

- Benefits

Copays

| Copay | Office visit | Specialist | Urgent care | Emergency room |
|---------|--------------|------------|-------------|----------------|
| \$20.00 | \$25.00 | \$50.00 | \$150.00 | |

Benefit percentage

| Benefit percentage | Plan pays | You pay |
|--------------------|-----------|---------|
| 80% | 20% | |

Accumulator period: 01/01 - 12/31

Individual deductible

\$500.00 to go

\$0.00 out of \$500.00

Family deductible

\$1,000.00 to go

\$0.00 out of \$1,000.00

Individual out-of-pocket

\$1,250.00 to go

\$0.00 out of \$1,250.00

Family out-of-pocket

\$7,033.19 to go

Individual integrated out-of-pocket

\$7,033.19 to go

\$716.81 out of \$7,350.00

*Applies amount includes \$216.81 for prescriptions

Individual annual maximum

- Additional benefits

to know more about?

- Mental, Alcohol and Drug
- Routine Wellness Adult
- Routine Care for Children
- Chiropractic**
- Therapy
- Prior Authorization Requirements

Chiropractic

Chiropractic Aft:

major medical benefits apply

Dollar amount maximum: \$500.00 per calendar year

Office Visits Copay:

\$25 copay per visit/major medical benefits apply

Not sure what you are looking for?

View/download a PDF of your plan summary information using the buttons below.

Summary plan description

Healthy You

A digital magazine for you



About Healthy You

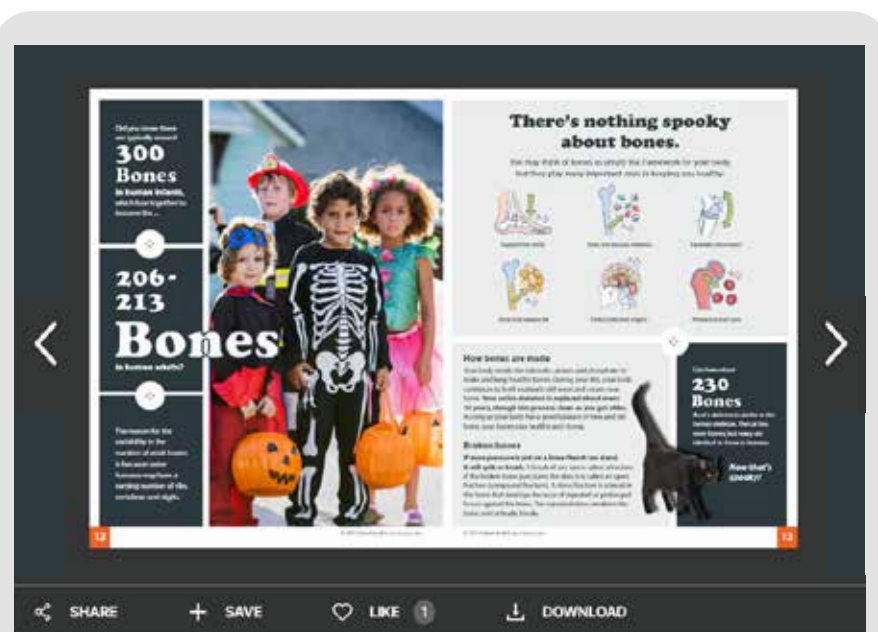
UMR's award-winning digital health and wellness magazine, *Healthy You*, is available quarterly to view online, download and share. Our digital magazine features new and informative health and wellness articles and practical tools that support and encourage you to make healthy choices. You can access new and past issues by clicking the Healthy You magazine shortcut tile from the main home page on umr.com.

What's in Healthy You?

Healthy You is packed with helpful resources to address many of the most common health concerns, as well as timely special feature articles.

Features

- Getting care
- First aid
- Online and mobile tools
- Chronic condition resources (cancer, diabetes, lung health, heart health)
- Healthy lifestyle
- Making a change
- Stress management
- Healthy recipes
- Fitness tools
- Preventive care
- Women's health
- Men's health
- Kids' health
- Spanish-language resources



View and download the latest edition

Visit umr.com and click on the **Health Center** button, then choose "I want tips for healthy living." Or follow our channel on ISSUU: issuu.com/umr-healthyyou

What is a digital magazine?

A digital magazine is like a printed magazine, except it's available online. You can "flip" through it page-by-page as you always have, but now you have the power to zoom in, clip and share articles with family and friends, and click on **linked resources**.

**ISSUU registration required*

The screenshot displays the ISSUU digital magazine interface. At the top, there is a navigation bar with the ISSUU logo, a search bar labeled "Find creators and content", and links for FEATURES, PRICING, SOLUTIONS, LEARN, LOG IN, and SIGN UP. The main content area shows a digital magazine spread with various articles related to bone health. The articles include "Bone loss", "Keys to good Bone health", "Osteoporosis (weak bones)", "Bones make up about 15% of an adult's body weight", "Make healthy food choices", "If you smoke, quit", "Limit how much alcohol you drink", "Drink plenty of water", and "Get regular exercise". The magazine spread also features a central illustration of a human skeleton and a sidebar titled "320 Bones". Below the magazine spread, there is a row of icons and labels: SHARE (with friends or family), SAVE (your favorite editions), LIKE (an article), DOWNLOAD (a publication), and CLICK (linked resources for more information).

Always have your ID card handy

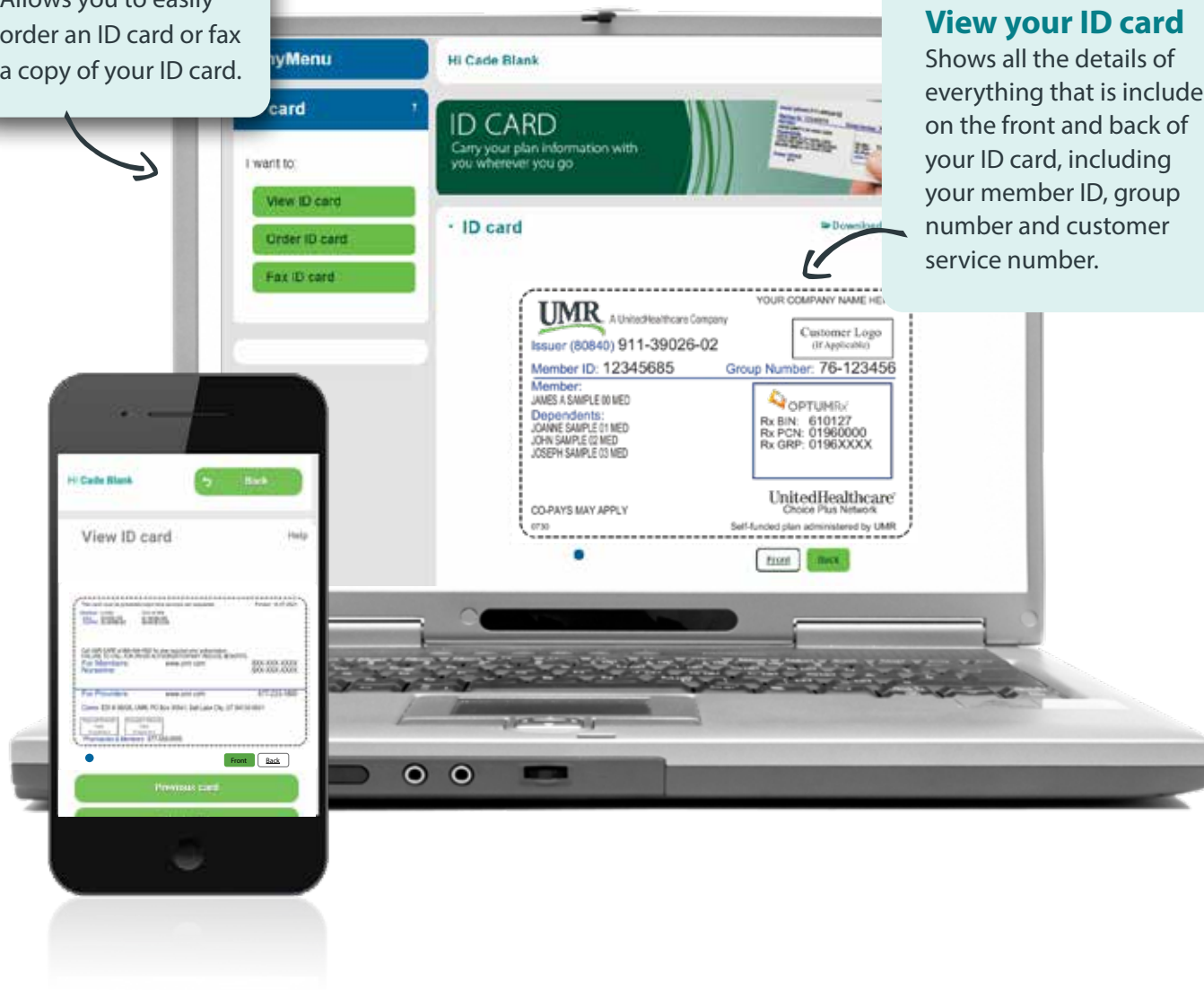
With a couple of clicks, you can have a copy of your ID card pulled up on your smart phone or get a new card mailed to your home.

I want to

Allows you to easily order an ID card or fax a copy of your ID card.

View your ID card

Shows all the details of everything that is included on the front and back of your ID card, including your member ID, group number and customer service number.



Welcome to a
smarter, simpler, faster
way to manage your health care benefits,
right from the palm of your hand.

UMR on the go!



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



Download the UMR app today!

Simply scan the QR code or visit your app store to get started.

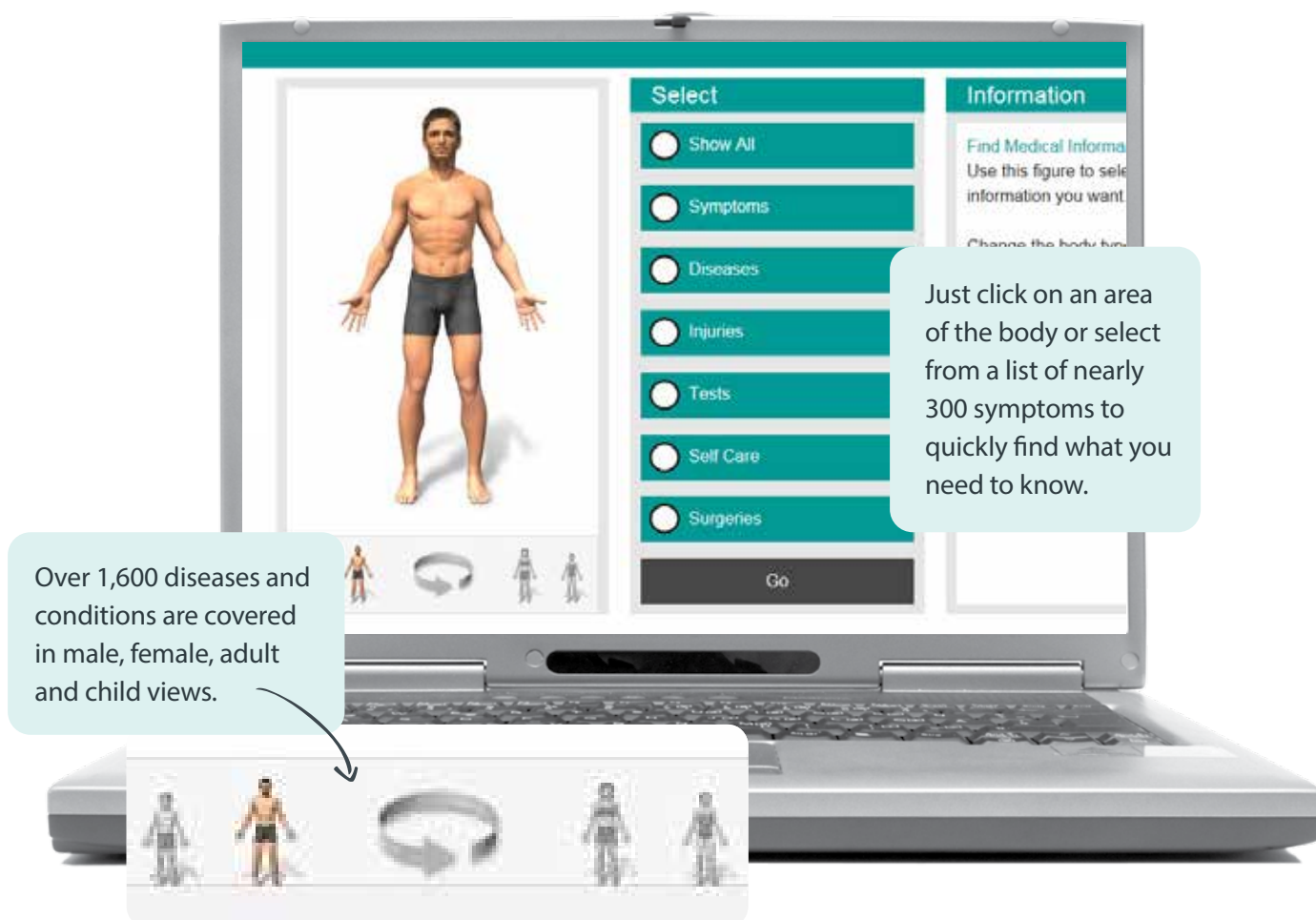


A UnitedHealthcare Company

A trusted source for health information

There are articles, images, videos and other visuals on diseases, conditions, symptoms, medications, injuries, surgeries, procedures and preventive health tips. This wealth of health knowledge comes in a variety of forms, including:

- Health encyclopedia
- Health navigator
- Drug information
- Drug interaction tool



Health education
library



It's easy to get started. Just look for the **Health education library** tile on your personal home page.

Know what you'll pay before getting care

The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.

Refine results
Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

View services & costs
You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.



It's easy to get started.
Just look for the **Health cost estimator** tile on your personal home page.

A valuable part of your medical benefits

Few things in life are more important than the health of you and your family. Fortunately, you have UMR CARE on your side to help you understand all your medical care options.

UMR CARE has a staff of experienced, caring nurses (RNs) who help you get the most out of your health plan benefits. They work with you, your doctors and other medical advisors to get the services that best meet your needs.

Our expert CARE nurses can guide you before, during and after your medical care. They will listen to your concerns, answer questions and explain your options.

Helpful support in any situation

Whether you're having a baby, have an emergency hospitalization or need non-emergency care, our CARE nurses are there for you.

For example, we can assist you during a hospital stay, after you are released and with your home care. You can concentrate on getting well, knowing your UMR CARE nurse will review your progress with your doctor.

As an added bonus, our services can save you money and prevent delays in your medical claim processing.

You will also learn about quality medical services and become a more informed health care consumer.



BONUS!

Our services can save you money and prevent delays in your medical claim processing.

Important note...

Your doctor remains solely responsible for decisions concerning your medical treatment and care.

Here for you in times of crisis

Hopefully, you or a family member never experience a serious injury or long-term illness. But if you do, we will have UMR CARE nurses on the case at no cost to you.

They will assist with your medical care and treatment by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claims payer
- Helping you better understand your health benefits





Get a healthy start to motherhood

If you're thinking about having a baby, are pregnant for the first time, or are adding a new little brother or sister to your family, UMR can help support you throughout your pregnancy.

What the *expecting* can expect

UMR offers one-on-one guidance and support to help you reduce your risk of complications and prepare to have a successful pregnancy and a healthy baby.

- Our experienced CARE nurses will help you understand your health risks before you become pregnant

- When the time arrives, our registered nurses will provide timely prenatal education and follow-up calls. They will also refer you to UMR Complex Condition CARE if a serious condition arises
- Your CARE nurse will call you each trimester and then one time after your baby is born
- If you are identified as high-risk, a CARE nurse manager will monitor your condition. The CARE nurse manager will also work to reduce your claims costs throughout your pregnancy and after delivery

JOIN TODAY!

You can enroll yourself by calling the number on the back of your member ID card. You can also go to **umr.com**.



Maternity CARE

If you are thinking of having a baby or already expecting, this is the program for you.

What you will get

Moms to be enjoy ongoing conversations with a personal CARE nurse who:

- Provides complete pre-pregnancy and pre-birth assessments
- Answers your questions
- Shares information before and during your pregnancy
- Encourages you to call when you have questions or concerns
- Calls after delivery to see how you and your baby are doing

Another important part is free educational mailings. They include a choice of high-quality books and materials. The materials contain helpful information about pregnancy, early labor, childbirth, breast-feeding and infant care.

Talk to a CARE nurse and earn a reward

If you sign up during your first or second trimester and actively participate throughout your pregnancy, you'll receive an incentive reward, sent to you after your delivery.





24/7 doctor visits via phone or mobile app

HealthiestYou gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the **HealthiestYou** mobile app for affordable medical, **behavioal**, & **dermatology** care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



HealthiestYou is less expensive than the ER or urgent care



Get the care you need

HealthiestYou doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, HealthiestYou is happy to provide information about your visit to your primary care physician.



Save on hearing aids and hear life to the fullest

Through UnitedHealthcare Hearing, you have access to hundreds of name-brand and private-label hearing aids, plus convenient ordering options and personalized care to help you improve your hearing.

Hearing health care made easier

Treating your hearing loss may allow you to reconnect with the world around you and make it easier to engage with family and friends. UnitedHealthcare Hearing gives you options, care and convenience so you can start hearing the sounds you've been missing.



Name-brand and private-label hearing aids at significant savings

Choose from hundreds of name-brand and private-label hearing aids from major manufacturers, including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® and more at savings of up to 80% off industry prices.¹



More than 5,000 credentialed hearing provider locations

Access the largest nationwide network² of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.



Convenient ordering

Order hearing aids in person through a hearing provider or have them delivered right to your home in 5–10 business days.



Personal support, every step of the way

You'll receive access to professional, nationwide support, online tutorials, hearing health tips and more, so you can stay connected and get the most out of your hearing aids.

Custom-programmed hearing aids for your unique hearing loss.

With a large selection of private-label and name-brand hearing aids and convenient home delivery and in-person care options, you can choose what works best for your needs.

| | BASIC | RESERVE | ENTRY | ESSENTIAL | STANDARD | ADVANCED | PREMIUM |
|----------------|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------|------------|------------|---------------|
| Hearing Aids | Private Label | Private Label | Name Brand | Name Brand | Name Brand | Name Brand | Name Brand |
| Cost | \$ | \$+ | \$\$ | \$\$\$ | \$\$\$\$ | \$\$\$\$\$ | \$\$\$\$\$\$ |
| Styles* | BTE | RIC, ITE, Ultra Power BTE, CIC | All styles | | | | |
| Batteries | 1-year supply | | | | | | 5-year supply |
| Follow-up care | Additional cost per follow-up visit | | Hearing aid fitting and 3 free follow-up visits included with-in the first year, after the 45-day trial period. | | | | |
| Trial Period | 70 days | 45 days | | | | | |
| Warranty | 3-year extended warranty (covers repair and a 1-time loss/damage replacement)** | | | | | | |

* BTE = behind-the-ear; RIC = receiver-in-canal; ITE = in-the-ear; CIC = completely-in-canal

** One-time replacement cost may apply.

1 Compared to industry average on a pair of hearing aids. Consumer Reports, 2017.

2 2019 UnitedHealthcare Internal Data.

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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Contact
UnitedHealthcare Hearing
today to start using your
hearing benefit.

Call: 1-855-523-9355, TTY 711

Visit: uhchearing.com

