Welcome
Get the most out of your benefits

UMR℠

A UnitedHealthcare Company

Thank you for being a UMR member

We're here to help make each step of your health care experience easier. That's why we've put together this guide, to help you better understand your benefits, find care, manage costs and get more out of your health plan.

What's inside

Need help?

Visit umr.com

Sign up for **umr.com** and get a personalized website that gives you access to your health plan details.

Get on-the-go access

When you're out and about, the umr.com mobile site puts your health plan at your fingertips. Go to **umr.com** to access your health plan ID card, find nearby care and more.

Call toll-free

If you don't have computer access, can't find answers, or need language assistance to answer questions, call the toll-free member phone number on your health plan ID card, **UMR TTY.**

Get started

Get to know your health plan ID card

Your health plan ID card has information about you and your coverage. Remember to carry it with you wherever you go.
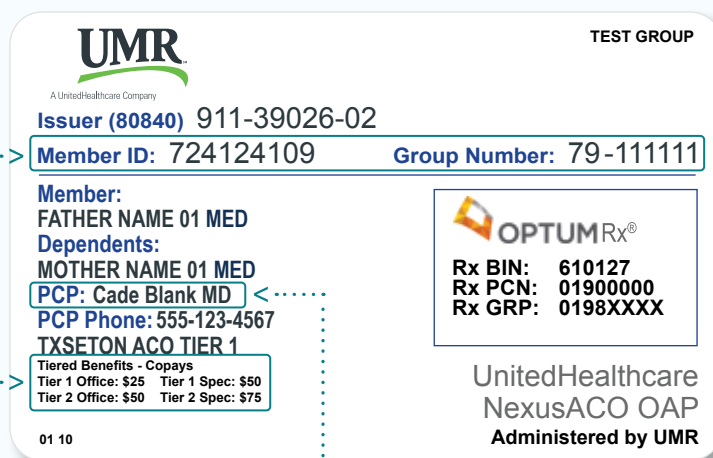
When you visit your physician, show your card so they know how to bill for their services. You can also access a digital version through the **umr.com** mobile site website. See next page for more information.

Member ID and group number
Use your member ID number when signing up on **umr.com** or calling with questions.

Your co-payment amounts (if applicable)
Your cost for a covered service (usually due at your appointment).

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TEST GROUP

Issuer (80840) 911-39026-02
Member ID: 724124109   **Group Number:** 79-111111

Member:
FATHER NAME 01 MED
Dependents:
MOTHER NAME 01 MED
PCP: Cade Blank MD
PCP Phone: 555-123-4567
TXSETON ACO TIER 1

Tiered Benefits - Copays
Tier 1 Office: $25   Tier 1 Spec: $50
Tier 2 Office: $50   Tier 2 Spec: $75

01 10

OPTUMRx®

Rx BIN: 610127
Rx PCN: 01900000
Rx GRP: 0198XXXX

UnitedHealthcare
NexusACO OAP
Administered by UMR

Select a Tier 1 primary care physician (PCP)
Choosing Tier 1 doctors may offer you the greatest value for your health care benefits. If you have chosen a PCP who does not have the Tier 1 symbol, you may pay more.

How to get another ID card

Visit **umr.com** to print an ID card or request that we send your ID card in the mail.

How to see what's covered by your plan

Go to **umr.com** to see health plan documents and to see what is and is not covered, as well as required notices. You can also request printed copies at no charge by calling the member number on your ID card.

Sign up for **umr.com**

Get the most out of your benefits with **umr.com**

When it comes to managing your health plan and making more informed decisions, simpler is better. With **umr.com**, you have a personalized website that helps you access and manage your health plan:

- View or change your PCP

- Find and estimate costs for the network care you need

- See what's covered, and get information about preventive care

- View claim details and account balances

- Sign up for paperless delivery of your required plan communications

Set up your account today

1. Have your ID card handy and go to **umr.com**.

2. Click on **Log in/Register** and follow the step-by-step instructions.

2 If you need care

Find a network provider

Look for the Tier 1 network symbol

Where you go for care can make a difference in what you pay. Tier 1 providers are doctors, hospitals and other health care providers who may offer you the greatest value for your health care benefits.

Choose Tier 1 PCPs to help you save money

Your plan requires you to choose a PCP for each covered member of your family, sometimes called a primary care provider or primary care doctor. Your PCP serves as your convenient single point of contact who helps guide your care to save you time and money. Your PCP provides preventive care, treats chronic conditions, manages your medications and connects you with a specialist, if needed. Having one main doctor with in-depth knowledge of your health also helps you avoid duplicating tests or services. The primary care provider must be in the network in the state where you live. You need to select a PCP for each family member covered. If after 60 days a PCP has not been selected one will be auto assigned and a new card will be issued. To make changes to the auto selected PCP go to **umr.com** or call the toll free number on the back of your ID.

If you have chosen a PCP who does not have the Tier 1 symbol, you may pay more. Check the name of the PCP that we have included on your ID card and make sure it's the one you want to see. You can choose a PCP as often as you need, a new card will be sent the following month with the most recent PCP selected.

Tier 1

Look for the **blue dot** Tier 1 symbol when searching the network on the **For Members** website.

Care generally begins with a PCP. A PCP maintains a relationship with the covered person and provides general healthcare guidance, evaluation, and management. The following types of Physicians are considered PCPs. If a PCP is selected from a Specialty not listed the proper Specialist charge according to the plan benefits will apply.

- Family Practice
- General Practice
- Internal Medicine
- Pediatrician (for children)
- OB/GYN

How to find a network provider

Sign in to **umr.com** to find a physician, clinic, hospital or lab based on location, specialty, availability, and more services.

Take advantage of network care

Network doctors, mental health professionals, hospitals, clinics and laboratories charge discounted rates, which typically saves you money. Even if your plan provides coverage for care outside your network, be aware that it could cost you more.

If you need hospital care

Talk to your doctor first to determine which hospital in your network can meet your medical or surgical needs. You or your doctor may be required to notify UMR Health before you're admitted.

If you need prior authorization

Your plan may also require prior authorization before you receive certain services. This means that you or your network provider may need to get approval from your plan before it's covered. Call the toll-free member phone number on your ID card or use **umr.com** to check what services need prior authorization.

Finding care when you are traveling

Call the toll-free member phone number on your ID card or use the **For Members** website to find providers near you and to learn about your coverage when you travel.

Estimate costs

Know your potential costs before getting care

You can find and estimate the price of care you need for an upcoming treatment or procedure on **umr.com**. Your cost estimate shows out-of-pocket expenses based on your plan and current benefit status. Members who comparison shop may save up to 36 percent* for care near them.

Prepare for your visit

What to bring:

- Your ID card and one form of picture ID, such as a driver's license
- A list of medications you're taking
- Records from previous visits
- Questions you want to ask

Schedule your preventive care screenings

Most UMR plans pay 100 percent of the cost of certain preventive care services with a network provider. Check your health plan documents for details.

Know where to go

See your PCP first

Your PCP usually has easy access to your records, knows the bigger picture of your health, and many offer same-day appointments to meet your needs. When seeing your PCP is not possible, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises.

Quick Care Options	Needs or Symptoms	Average Costs
UMR NurseLine Call the toll-free member phone number on your health plan ID card.	• Choosing where to get medical care • Finding a doctor or hospital • Health and wellness help • Answers to questions about medicines	**$0**
Teladoc Anywhere, anytime online doctor visits. To learn more, visit **teladoc.com**.	• Cold • Flu • Fever • Pinkeye • Sinus problems	**$50**
Convenience Care Clinic Treatment that's nearby.	• Skin rash • Flu shot • Minor injuries • Earache	**$90**
Urgent Care Center Quick after-hours care.	• Low back pain • Respiratory illness (cough, pneumonia, asthma) • Stomach illness (pain, vomiting, diarrhea) • Infections (skin, eye, ear/nose/throat, genital-urinary) • Minor injuries (burns, stitches, sprains, small fractures)	**$170**
Emergency Room (ER)[3] Care for serious needs.	• Chest pain • Shortness of breath • Severe asthma attack • Major burns • Severe injuries • Kidney stones	**$2,000**
Freestanding ERs ASK BEFORE YOU ENTER ☑ **Is this an Urgent Care Center or ER?** ☑ **Is this facility a network provider?**	Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgency centers, can be 2x the cost of an ER and 20x the cost of an Urgent Care Center. Neither located in nor attached to a hospital, FSERs are able to treat similar conditions as an ER but do not have an ER's ability to admit patients.	**2x** the cost of an ER and **20x** the cost of an Urgent Care Center

1 **Source**: 2017 average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated $1,800 difference between the average emergency room visit and the average urgent care visit.) The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you.

2 The designated Virtual Visit provider's reduced rate for a Virtual Visit is subject to change at any time.

3 You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, including a behavioral health crisis, call 911 or go to the nearest emergency room.

3 After you receive care

Know how claims are processed

When you see a network provider

Claims are submitted for you and you may be asked to pay some or all of the bill before you leave. UMR will process the claim to:

- Make sure it's an eligible expense under your plan
- Make sure the service is paid at the discounted network rate

When you see an out-of-network provider

If your plan allows visits to out-of-network providers, you may be asked to pay some or all of the bill before you leave.

- If the provider doesn't submit your claim, you may be responsible for submitting the claim
- Find medical claim forms and instructions on **umr.com**
- Remember, discounted rates don't apply to out-of-network provider so you may pay more

Track your claims online

Follow your claims from start to finish, and track payments you've made to health care providers in one place.

Problem with a claim

Information about the appeals and grievances process can be found on **umr.com**. You can also call the toll-free member phone number on your ID card, TTY 711.

Understanding your health statements

We'll send you health statements when you or one of your covered dependents use your health plan. You can see all claims processed for that period, plus your network and out-of-network balance and deductible information.

If you receive your health statements online, you'll get an email whenever a new one is posted. You can view your information and activity securely at **umr.com**.

GREENSBORO SERVICE CENTER
P.O. BOX 740800
ATLANTA, GA 30374-0800
www.myuhc.com

Address Change? Please contact your employer's benefit department.

SUSAN TEST
123 MAIN ST.
ANYWHERE US 12345-6789

Member ID
123456789

Statement Period
11/17/18 - 01/02/19

THIS IS NOT A BILL

Stop The Flu Before It Stops You!

Protect against the flu! The best protection is getting a flu vaccine every year. The strains may differ from year to year, and last year's vaccine may not reliably protect you this year. The flu vaccine is formulated each year to keep up with the flu viruses as they change. Call your doctor today to schedule your flu vaccine or call the member phone number on your health plan ID card to find a provider near you.

Medical claims where payments may be needed from you:

Medical claims where payments may be needed from you:

Claims processed between **11/17/18 to 01/02/19**

	Pay your provider(s) when they bill you*	Applied To Deductible
12/08/18 services for **BRADLEY** provided by '**TEST PROVIDER**' Claim Number: 1234567890123 Provider Billed: **$303.00** Payments and Adjustments: **-$136.62**	$166.38	$166.38
Total:	$166.38	$166.38

For more information about these claims, please refer to the 'Medical Claim Details' section of this document, the Explanation of Benefits, or visit: www.myuhc.com.

Please see the next page for more information
Page 1 of 8

Member ID
Your unique identification number as part of your health plan.

Statement period
Your health plan statement during a specific time.

Message center
Messages that promote better health awareness.

What you may owe
The amount you need to pay your health care provider if you didn't pay at the time of services, and the portion that's applied to your deductible.

How to submit a complaint

If you disagree with how a claim was processed, or you are dissatisfied with any other experience with UMR, you may file a complaint by calling the toll-free member number on your ID card, or in writing through the Medical Appeals and Grievances information on **umr.com**.

4 Rights and responsibilities

You have the right to:

- Be treated with respect and dignity by UMR personnel, network doctors and other health care professionals.

- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UMR protects your personal health information.

- Voice concerns about the service and care you receive.

- Register complaints and appeals concerning your health plan and the care provided to you.

- Get timely responses to your concerns.

- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

- Access doctors, health care professionals and other health care facilities.

- Participate in decisions about your care with your doctor and other health care professionals.

- Get and make recommendations regarding the organization's rights and responsibilities policies.

- Get information about UMR, our services, network doctors and health care professionals.

- Be informed about, and refuse to participate in, any experimental treatment.

- Have coverage decisions and claims processed according to regulatory standards, when applicable.

- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.

Your responsibilities:

- Know and confirm your benefits before receiving treatment.

- Contact an appropriate health care professional when you have a medical need or concern.

- Show your ID card before receiving health care services.

- Pay any necessary copayment at the time you receive treatment.

- Use emergency room services only for injuries and illnesses that, in the judgment of a reasonable person, require immediate treatment to avoid jeopardy to life or health.

- Keep scheduled appointments.

- Provide information needed for your care.

- Follow the agreed-upon instructions and guidelines of doctors and health care professionals.

- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.

- Notify your employer of any changes in your address or family status.

- Sign in to **umr.com** or call us when you have a question about your eligibility, benefits, claims and more.

- Sign in to **umr.com** or call us before receiving services to verify that your doctor or health care professional participates in the UnitedHealthcare network.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: **UHC_Civil_Rights@uhc.com**

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

Member phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the member phone number services are for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

Access to Virtual Visits and prescription services may not be available in all states or for all groups. Go to **umr.com** for more information about availability of Virtual Visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits are an Internet-based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice.

Preventive care: Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (PPACA), based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in PPACA. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Evaluation of New Technologies: UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements for new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

For informational purposes only. Nurse, coach, and EAP services should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. The nurse or coach service can't diagnose problems or recommend specific treatment. The information provided by the nurse, coach or EAP services are not a substitute for your doctor's care.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the website or mobile application terms of use under Find Care & Costs section.

Tier 1 providers may be subject to change, visit **umr.com** for the most current information or call the number on your health plan ID card.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at **umr.com**. You should always visit **umr.com** for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please visit **umr.com** for detailed program information and methodologies.

Information for individuals residing in the state of Louisiana or who have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at **myuhc.com** or by calling the toll-free member telephone number that appears on your ID card.

NurseLine is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

Touch ID is a registered trademark of Apple, Inc.

Twitter is a registered trademark of Twitter, Inc. Facebook is a registered trademark of Facebook, Inc. YouTube is a registered trademark of Google, Inc. Instagram is a registered trademark of Instagram, LLC.

Health Plan coverage provided by or through a UnitedHealthcare company.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

In Florida, Health plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.

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