

WELCOME

CPM Holdings

UMR is here for you



A UnitedHealthcare Company



Greetings from UMR!

Welcome to the CPM Holdings 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:
24 hours a day, 7 days a week



A handy contact card for your fridge or wallet

My CPM Holdings benefits information

- UMR Customer Service** 1-880-826-9781
- Need ID Cards** 1-880-826-9781
- UMR CARE** 1-866-494-4502
- Teladoc** 1-800-Teladoc
- UnitedHealthcare Hearing** 1-855-523-9355

Your Preferred Provider Network
UnitedHealthcare Choice Plus

Your Pharmacy Provider
SmithRx

Find it online at www.umar.com

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





Working with UMR

UMR provides benefits administration services to you and your employer.

Your employer has hired us to assist in managing your benefits plan. For example, we help new employees sign up to receive health benefits. We also process your health claims, making sure they are handled quickly and accurately.

UMR even has medical professionals on staff. They help coordinate your care if you are in the hospital or are dealing with a health condition.

Filing a claim

A claim is a request that your benefits plan pays for a health service. You now have an easier way to file claims with UMR. In fact, we call it EZ Claim.

We don't need any claim forms, except for prescription drug claims.

With EZ claim, your doctor submits your bills directly for processing. Your ID card has instructions on the reverse side for your doctor's office.

To file a claim, simply show your identification (ID) card at your doctor's office. If you're planning or scheduling a treatment or procedure, you can also write or call us beforehand to find out if it will be covered.

– more –

How do I contact UMR?

Simply call the toll-free number located on the back of your UMR ID card.



You will receive an explanation of benefits (EOB) form after your claim is processed. It will tell you:

- How much of your cost is covered
- Where checks will be sent
- What amount you are responsible for paying, if anything

Claim appeals

You may sometimes wish to have UMR review a claim decision. This is called an appeal. Appeals must be made within 180 days after you receive written notice of a denied claim. To file an appeal, send us a written request to the address on your ID card to have a claim reviewed.

After you have filed an appeal, UMR will notify you in writing of the final decision within the time limit listed in your employee benefit booklet.

Member services

UMR has assigned people to help you answer benefit and claim questions. They are trained on your specific benefit plan.

If you have any questions, you can reach a UMR Customer First Representative by calling the toll-free number on the back of your ID card.



Questions?

**Talk to your
UMR Customer First
Representative for
answers.**



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.

– more –



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



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**

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider	PLAN PAYS		YOU PAY				
							%	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.

– more –



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

– more –



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?

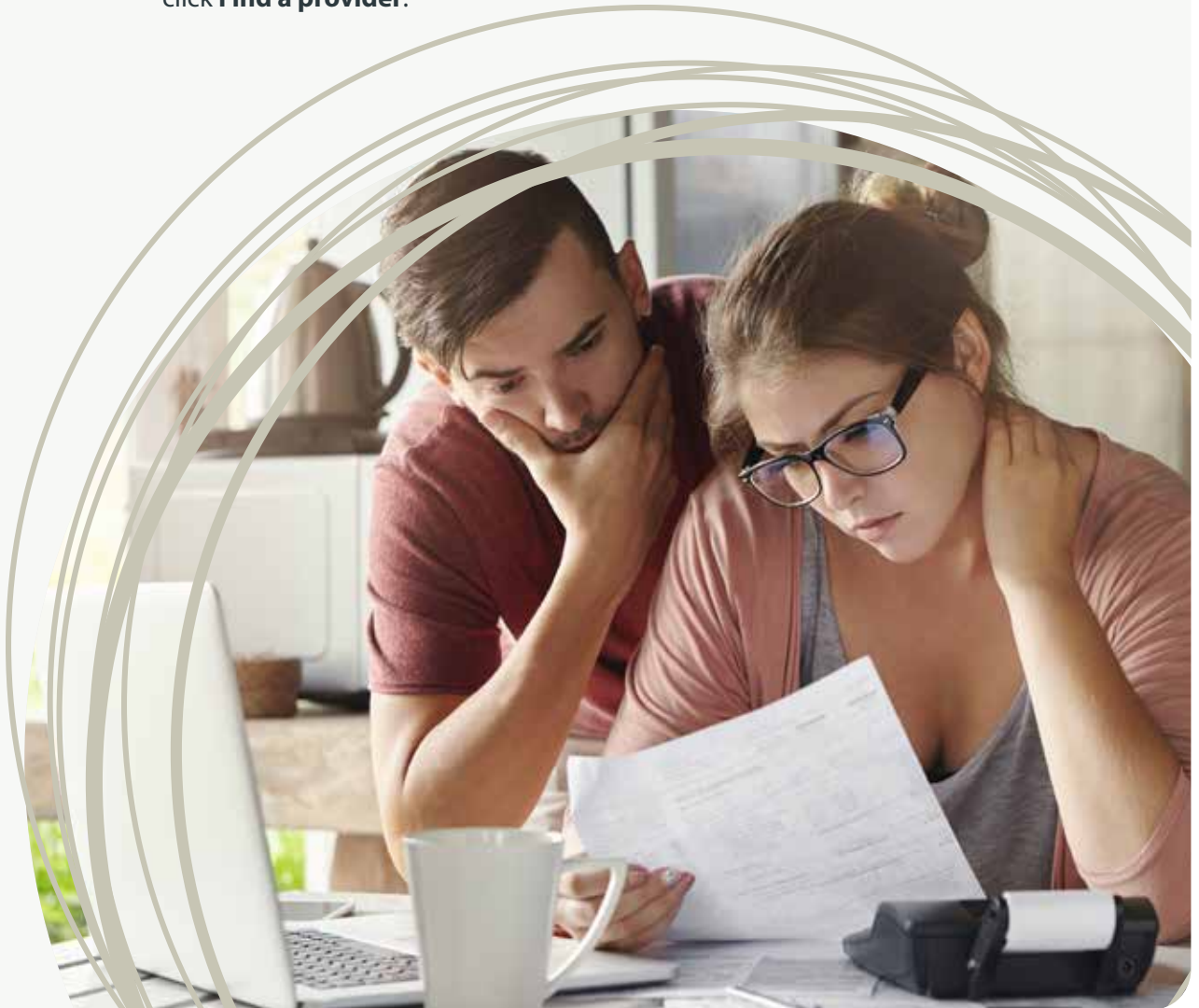
As often as needed.

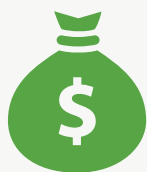
How do I find a network doctor or hospital?

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.





Invest in your health

A health savings account (HSA) is an investment option that can help you pay for future medical expenses. An HSA is not part of your actual medical benefits plan. It's actually a cash account with big tax advantages.

To have an HSA, you must first enroll in a qualified high deductible health plan through UMR. You also cannot be covered by any other plan that is not considered a high deductible plan, such as a spouse's plan.

As long as you use the money you put in your HSA for only qualified medical expenses, you won't have to pay FICA or federal income taxes. The only possible exception is you may have to pay state taxes in some parts of the country.

It's your money to take with you if you change jobs, medical plans or retire.

Like an FSA or IRA, only better

Like an FSA

Any qualified medical expense
Tax advantaged

But better

No claims to submit
No "use it or lose it" rule
Can use an HSA for non-medical expense (but this will result in tax consequences)

Like an IRA

Tax advantaged savings
Variety of investments available
Tax advantaged investment earnings
Taxed if withdrawn for non-medical expenses

But better

No FICA or federal income tax if used for qualified medical expenses

In some ways, an HSA is like a flexible spending account (FSA) or individual retirement account (IRA). But in other ways, it is better.

Unlike an FSA, there are no claim forms to submit.

You also will not lose any money in the account if you do not spend it by the end of the year.

It's better than an IRA because you will never have to pay FICA or federal income taxes if the funds are spent only on qualified medical expenses.

Why choose an HSA?

There are many reasons why you should take advantage of an HSA:



It's always your money with any money left in the account at the end of the year carrying over to the next year



You decide how to spend it and on what



You can keep your HSA even if you change jobs or medical coverage



The cash is always available for an emergency. You can spend the money in your HSA on any expenses if you are willing to pay tax plus a 20 percent penalty. The 20 percent penalty does not apply if you are 65 or older



It's an investment in which earnings are not taxed



You can use your funds for long-term care, Medicare premiums and supplemental retirement income

Putting money in your HSA

There are single and family maximums that you can deposit in your HSA each year. If you are between 55 and 64, you can deposit additional "catch-up" amounts. All of the amounts you can contribute are subject to yearly HSA contribution rules.

You also have the option of investing these funds, which can build up into big bucks!

For current rates or more information on investment options, please check with your bank or other financial institution.



HSAs can accumulate into BIG BUCKS!

\$1,000/year
invested at 5%

accumulates to



What your HSA covers

You can use your HSA to pay for qualified medical expenses defined by the Internal Revenue Service (IRS). Generally, those expenses are any amounts spent on medical care for you, your spouse or dependents, including:

- Doctor visits
- Prescribed medicines
- Over-the-counter medicines and supplies
- Eyeglasses and vision care
- Dental care and other services

It does not include amounts spent on things like cosmetic surgery or general items like toothpaste.

Easy to use

You can use your HSA debit card to pay your doctor or pharmacy. Remember, most health care expenses are eligible under your qualified high deductible health plan.

Do not pay any medical expenses from your HSA until after UMR has processed the claim and applied any discounts.

Here are a couple of examples:

- At the pharmacy, present your medical card to the pharmacist. Your pharmacy benefits manager will discount the drug and may pay a portion of the claim. Your pharmacist will then ask you to pay the remaining balance. You can use your HSA debit card or pay for the amount out-of-pocket.
- With other medical bills, have your medical provider send the bill to UMR. You will receive an explanation of benefits (EOB) once UMR has processed the claim. The EOB will show how much you will need to pay the provider. You can use your HSA debit card or pay for the amount out-of-pocket.



Keep your receipts

The IRS requires proof that you used your HSA money to pay for qualified medical expenses. Make sure to save your receipts.



Using your debit card makes accessing your HSA dollars easy.

Things to know about your HSA

✓ It offers the best tax advantages

Money deposited in your HSA can earn interest and is not taxable if used only for qualified medical expenses and premiums for certain insurance coverages, such as long-term care, Medicare and COBRA medical while unemployed. You won't pay federal income taxes, Social Security or Medicare taxes for your contributions. You might have to pay state taxes, depending on where you live.

✓ It's real money that's always yours

Your employer has no say about how you use your HSA money. Any money in your account will be yours even if you leave the company that offered you the initial HSA.

When you sign up for a qualified high deductible health plan, you decide how much money to put in your account.* This is your money to keep, save and invest to meet your short- or long-term health care savings goals.

✓ Use it at the pharmacy

Before purchasing a prescription, give your medical ID card to the pharmacist. Any discounts available through your plan will be applied and a portion of the cost may be covered.

Then use your HSA debit card or another form of payment to pay the remaining balance.

✓ Wait! Pay after you've received an EOB

Wait for your claim to be submitted to UMR, so discounts can be applied. Once you receive your explanation of benefits (EOB) and bill from the doctor, you can then make your payment.

– more –



Create a health care "nest egg" for you and your family.

*The maximum amount you can contribute each year is established annually by the IRS.

Things to know about your HSA (continued) ...

✔ Use your HSA on medical expenses only

You'll never have to worry about paying penalties or having your HSA funds taxed if you make sure you use your account for qualified medical expenses.

You will have to pay taxes on any HSA money spent on non-medical purchases, and you could also pay an additional 20 percent penalty if you are under the age of 65.

If your provider refunds dollars that were originally paid from your HSA, you may need to return those dollars back to the HSA, unless you have new expenses not yet reimbursed from the HSA that can offset the amount refunded. Please talk with your tax advisor for details.

Remember, it's always a good idea to save your receipts in case you are audited.

✔ Understanding HSA contributions

You are only allowed to contribute to your HSA when you are enrolled in a qualified high deductible health plan (QHDHP). If you ever leave your current employer, you will need to enroll in another QHDHP to continue to put money in your HSA.

However, you can still use your HSA money to pay for medical expenses not paid by your health plan, even after you are no longer covered by a QHDHP.

✔ Save for your retirement

If you can afford it, you might want to treat your HSA like a 401(k) or IRA. You may then build up much more money for medical expenses after you retire.



Common questions about your HSA

Your qualified high deductible health plan (QHDHP) is your health plan or health insurance. Your health savings account (HSA) is paired with your QHDHP and is a special account you can use to pay for qualified medical expenses. You must enroll in a QHDHP to have an HSA.



Visit umr.com

How can I check my claims?

There are three simple ways you can check your claims activity:

- Visit www.umar.com
- Call the customer support line on the back of your ID card
- Look at your explanation of benefits (EOB)

Should I pay my bill in full when I visit the doctor?

No. Wait until you receive a bill in the mail. This will help make sure any discounts are applied first.

How do I access my HSA dollars?

You can access your HSA dollars through your bank or financial institution. Most have more than one way to make withdrawals, such as debit cards or checks. You can withdraw money from your HSA much like a regular checking or savings account.

Why should I save my receipts?

You are required to keep receipts for qualified medical expenses. If you don't the Internal Revenue Service (IRS) could rule that withdrawals were not for qualified medical expenses and subject you to additional penalties.

– more –

What expenses are eligible to be paid from my HSA?

In general, qualified medical expenses include:

- Co-pays, deductibles and co-insurance
- Eligible expenses that can't be reimbursed under another health plan
- Over-the-counter (OTC) medicines and drugs
- Dental care or vision care services

You can see a sample of eligible/ineligible expenses by visiting www.umar.com.

How do I check my HSA balance?

Your bank or financial institution will be able to provide your balance and account information. UMR does not have access to your accounts. That means we cannot provide balance or withdrawal information.



Find out how...

If you have any other questions, please call the UMR customer service line listed on the back of your ID card.





Know your eligible & ineligible expenses

If you have a health savings account (HSA) or flexible spending account (FSA), you can use pre-tax dollars to cover eligible expenses. To help better understand what is and isn't eligible, we've developed a list of both. For a more detailed list of eligible and ineligible expenses, log in to [umr.com](https://www.umar.com).

Eligible expenses

Expenses that could be considered dual purpose (having both medical and personal benefits) may need a medical practitioner's note explaining the diagnosis and treatment action that is needed for this specific medical condition. This list is not meant to be all inclusive.

Dental services	Medical treatments/procedures	Medical equipment supplies and services	Weight loss drugs <i>(to treat specific disease)</i>
Dental services	Acupuncture	Abdominal/back supports	Wheelchair
Dental X-rays	Alcoholism <i>(inpatient treatment)</i>	Ambulance services	Wigs <i>(hair loss due to disease)</i>
Dentures	Drug addiction	Arches/orthopedic shoes	Medication
Exams/teeth cleaning	Hearing exams	Contraceptive, prescribed	Insulin
Extractions	Hospital services	Counseling	Prescribed birth control & vitamins
Fillings	Infertility	Crutches	Prescription drugs
Gum treatment	In vitro fertilization	Guide dog <i>(for visually/hearing impaired)</i>	Obstetric services
Oral surgery	Norplant insertion or removal	Hearing devices and batteries	Lamaze class
Orthodontia/braces	Physical exam <i>(not employment related)</i>	Hospital bed	Midwife expenses
Lab exams/tests	Physical therapy	Lead paint removal <i>(if not capital expense and incurred for a child poisoned)</i>	OB/GYN exams
Blood tests	Reconstructive surgery <i>(if medically necessary due to congenital defect or accident)</i>	Learning disability <i>(special school/teacher)</i>	OB/GYN prepaid maternity fees <i>(reimbursable after date of birth)</i>
X-rays	Rolfing	Medic alert bracelet or necklace	Prenatal and postnatal Treatments
Cardiographs	Speech therapy	Oxygen equipment	Practitioners
Laboratory fees	Sterilization	Prescribed medical and exercise equipment	Allergist
Metabolism tests	Transplants <i>(including organ donor)</i>	Prosthesis	Chiropractor
Spinal fluid tests	Vaccinations/immunizations	Splints/casts or support hose <i>(if medically necessary)</i>	Christian Science
Urine/stool analyses	Vasectomy and vasectomy reversal	Syringes	Dermatologist
Vision services	Weight loss programs <i>(as prescribed by your doctor)</i>	Transportation expenses <i>(mileage and parking)</i>	Homeopath
Eye examinations	Well baby care	Tuition fee at special school for disabled child	Naturopath
Eyeglasses			Osteopath
Contact lenses			Physician
Laser eye surgeries			Psychiatrist
Artificial eyes			
Prescription sunglasses			
Radial keratotomy/LASIK			

Over-the-counter eligible expenses

Effective Jan. 1, 2020, eligible products include over-the-counter (OTC) products that are for medical care and primarily for a medical purpose. They include products, such as OTC medicines or drugs with or without a prescription that diagnose, alleviate or treat existing or imminent injuries, illnesses or medical conditions, or used for the prevention of disease. OTC medicines must be prescribed if incurred before 2020.

Acne preparations	Digestive aids	Foot care	Pain and fever reducers
Allergy and sinus medications	Antacids	Cushions	Aspirin
Antihistamines	Laxatives	Pads	Acetaminophen
Claritin	Lactose intolerance medications	Creams	Ibuprofen
Asthma flow meters and nebulizers	Eye care	Anti-fungal medications	Menstrual cycle and migraine medications
Primatene mist	Contact lens solution	Health monitors and medical equipment	Muscle and joint pain relief creams and balms
Nasal spray and strips	Eye drops	Blood pressure and heart rate monitors	Heating pads
Baby care	Reading glasses	Crutches	Personal Protective Equipment (PPE) for COVID-19
Petroleum Jelly	Face masks	Medical bracelets	Hand sanitizer
Diaper rash ointment	Cold weather	Cholesterol tests	Anti-bacterial wipes
Thermometers	Dust/pollen	Hemorrhoid treatments	Masks (see Face masks)
Pediatric electrolyte solutions	Work/general health needs	Homeopathic medicines	Pregnancy products
Cough, cold and flu medications	First aid products	Incontinence supplies	Ovulation monitor
Syrups	Antibiotics	Lice and scabies treatments	Pregnancy testing kits
Capsules	Analgesics and ointments	Menstrual products	Prenatal vitamins
Rubs	Bug bites and anti-itch medications	Tampons	Smoking cessation products
Drops	Bandages	Pads	Nicotine patches
Condoms and contraceptive devices	Gauze pads and elastic bandages	Liners	Gum and lozenges
Diabetes care/accessories	Rubbing alcohol	Cups	Inhalers
Blood test strips	Wart removal products	Sponges	Toothache and teething pain relievers
Glucose tester	Supports and braces	Disposable or non-disposable underwear for menstruation, or other similar products	Weight loss drugs to treat a specific medical condition
Glucose food	First aid kits	Nausea and motion sickness medications	
Monitors and kits	Wound care products		
	Tape and gloves		

Ineligible expenses

Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive.

Babysitting and child care	Diaper service	Health club dues	Vitamins or nutritional supplements
Contact lens or eyeglass Insurance	Electrolysis	Insurance premiums and interest	Swimming lessons
Cosmetic surgery/procedures	Personal trainers or exercise equipment	Long-term care premiums	Teeth whitening/bleaching
Dancing/exercise/fitness programs	Hair loss medication	Marriage counseling	Personal care items
	Hair transplant	Maternity clothes	

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 **Login/ Register** to enter your username and password, or to register for a new account.

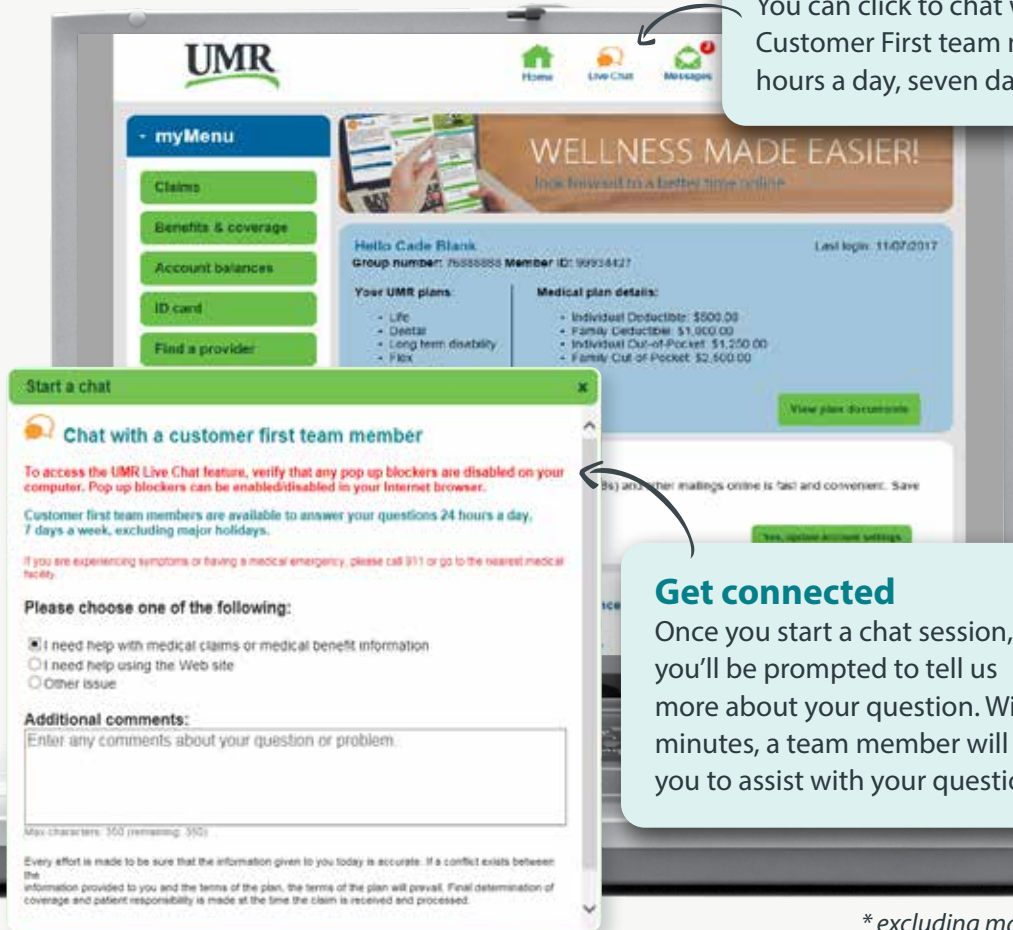


Your live connection to UMR customer service

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.*



Get connected

Once you start a chat session, you'll be prompted to tell us more about your question. Within minutes, a team member will join you to assist with your question.

* excluding major holidays

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 tasks you need to complete to keep your benefits up to date, and chat with a UMR customer service team member.

myMenu

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

My taskbar

Your personalized taskbar will prompt you to take action in three main areas:

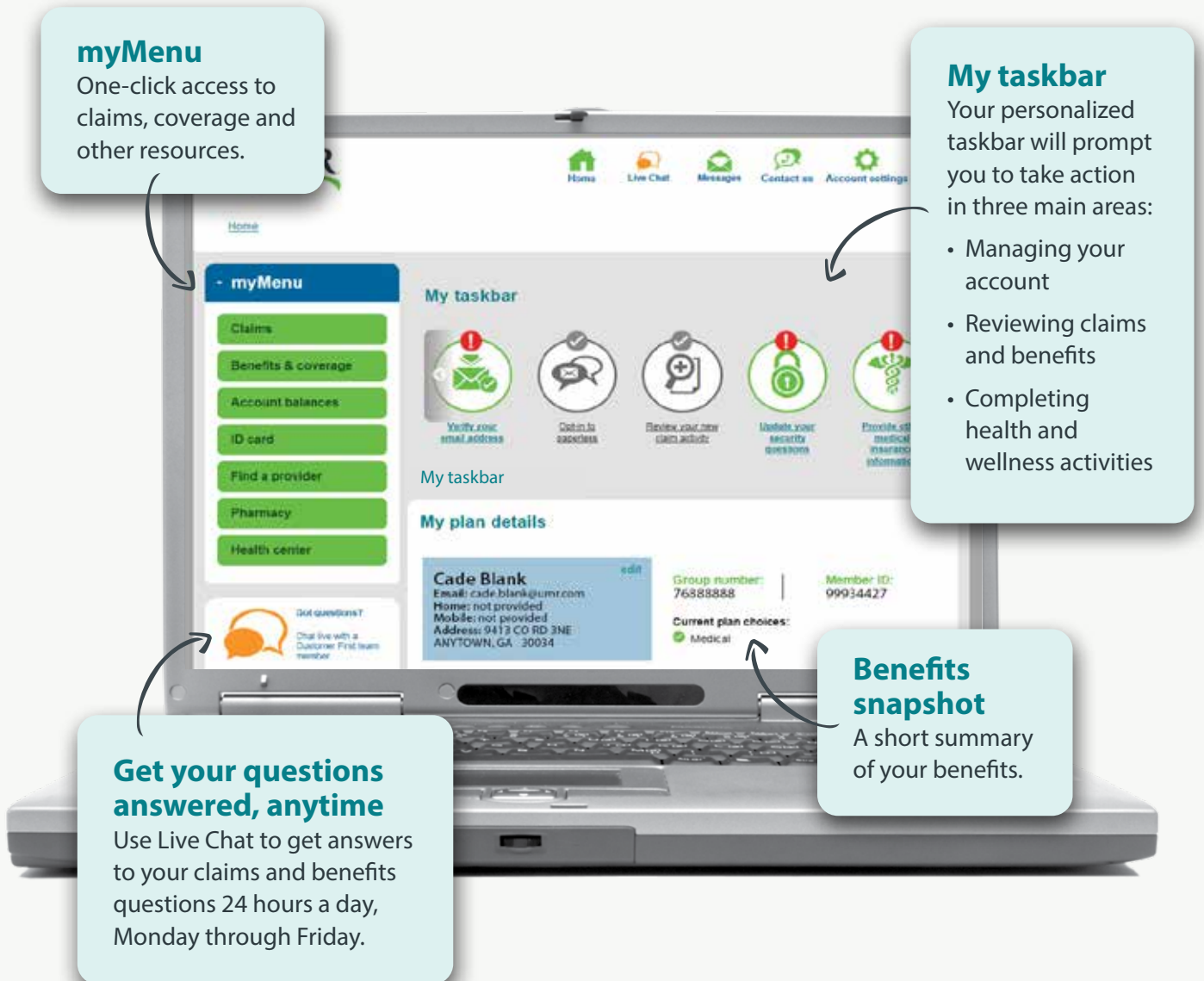
- Managing your account
- Reviewing claims and benefits
- Completing health and wellness activities

Get your questions answered, anytime

Use Live Chat to get answers to your claims and benefits questions 24 hours a day, Monday through Friday.

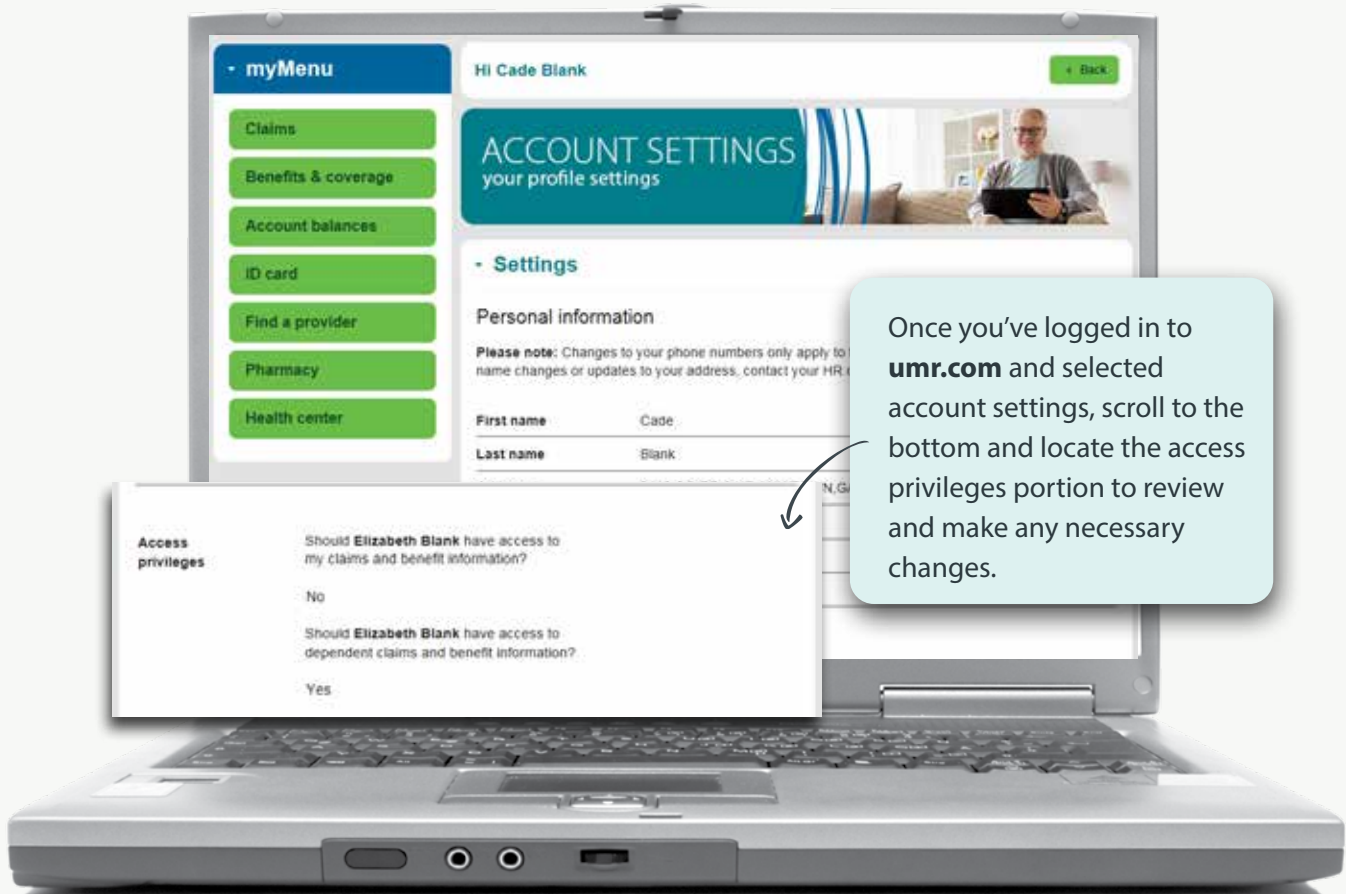
Benefits snapshot

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 his or her 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 **Login/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

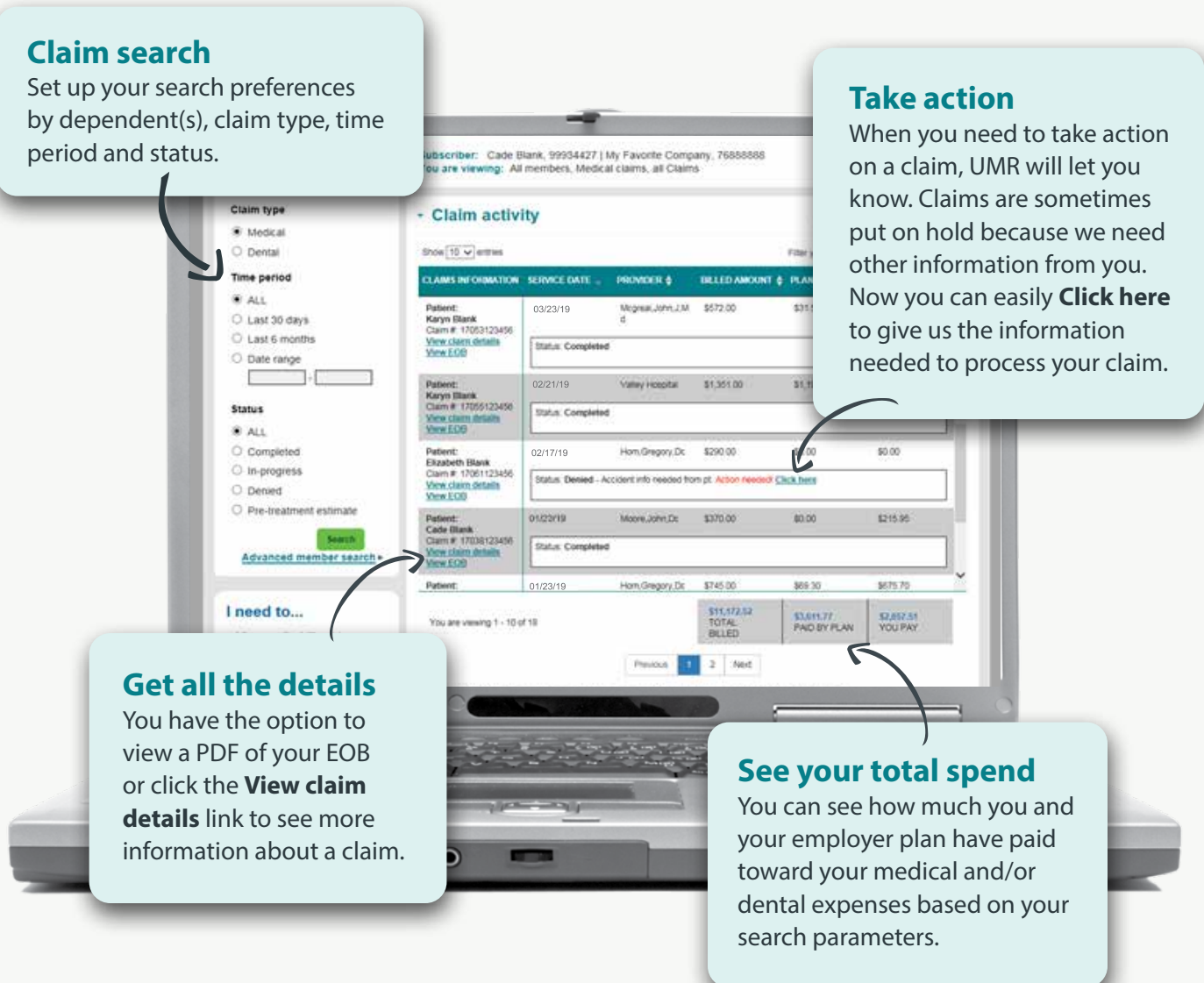
When you need to take action on a claim, UMR will let you know. Claims are sometimes put on hold because we need other information from you. Now you can easily **Click here** to give us the information needed to process your claim.

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.



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.

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)

- Benefits

Copays

Office visit	\$20.00	Specialist	\$25.00	Urgent care	\$50.00	Emergency room	\$150.00
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Benefit percentage
80% Plan pays 20% You pay

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

Individual integrated out-of-pocket \$7,033.19 to go
\$0.00 out of \$7,350.00
*Applies amount includes \$316.81 for prescriptions

Family out-of-pocket

- Additional benefits

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

Chiropractic

Chiropractic All:
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](#)

Health information all in one place

Online health information: up-to-date and ad-free

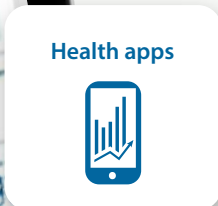
- Search your health symptoms
- Understand your treatment options
- Learn about drug interactions
- Find first aid information

Free tools, apps and calculators

- Calculate your body-mass index (BMI)
- Download apps to help you stay healthy
- Track your nutrition and fitness goals

Our top picks for healthy eating and exercise

- Get the essentials on men's, women's and kids' health
- Watch step-by-step recipe videos
- Log your exercise and activity



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 (located on the back).



On-the-go with umr.com

Just use the same username and password that you use on our full site.

What's even better — there's no app to download, nothing to install, no waiting.

What's new

Find out about new tools and information to help you live a healthier life.

Log in

Log in here to get instant access to all our mobile inquiry tools.

Find a provider

Find an in-network provider while you are "on the go".

View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

Estimate health care costs

See what you can expect to pay before receiving care.

Simplified navigation

- Home – Return to the main menu.
- Menu – Display the menu.
- Gear – Log out or learn more about UMR and our mobile site.

Look up claims

Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical and/or dental benefits, as well as persons covered.

Access account balances

Look up balances for your special accounts.



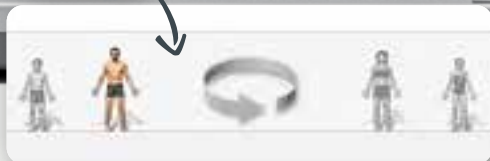
A trusted source for health information

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

Just click on an area of the body or select from a list of nearly 300 symptoms to quickly find what you need to know.

Over 1,600 diseases and conditions are covered in male, female, adult and child views.



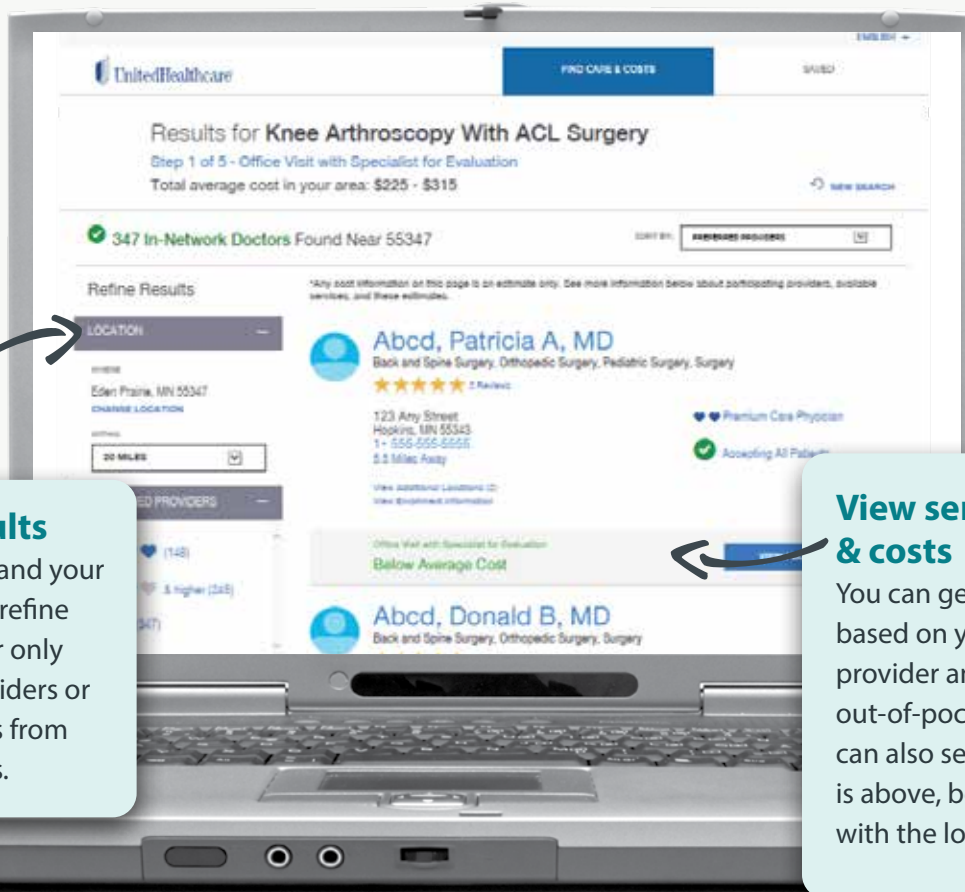
Health education library



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.

– more –



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





Expert help for your ongoing condition

When you face a new or existing medical challenge, it's nice to have a team of experts on your side. That's why UMR offers personalized guidance and support for those living with certain health conditions through Ongoing Condition CARE.

The goal is to help you set reachable goals for managing your symptoms and addressing any unhealthy habits that might be holding you back.

Free support

If you or a eligible family member has one or more of the managed conditions, you may be contacted and invited to participate in a series of one-on-one calls with a UMR CARE nurse.

Your nurse will help you better understand your condition and follow your prescribed treatment plan.

Selected conditions

UMR CARE's registered nurses help individuals overcome the physical, mental and emotional hurdles that may affect those with one or more of the following conditions:

- ALS, multiple sclerosis, myasthenia gravis or heumatoid arthritis
- Hypertension, heart failure or coronary artery disease
- Asthma or COPD
- Depression or anxiety*
- HIV/AIDS, hepatitis C or sickle cell anemia
- Ulcerative colitis or Crohn's disease
- Breast, prostate, colorectal or lung cancers
- Diabetes (types 1 or 2)
- Chronic kidney disease

** Only when identified as a co-morbidity*

Web support

We provide helpful online tools to help you reach your health goals. You can set goals, track your progress, keep a personal health record and more.



24/7 doctor visits via phone or mobile app

Teladoc 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 Teladoc mobile app for affordable medical 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



Teladoc is less expensive than the ER or urgent care



Get the care you need

Teladoc doctors can treat many medical conditions, including:

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

With your consent, Teladoc is happy to provide information about your Teladoc 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

