



A UnitedHealthcare Company

Frequently asked questions

What you need to know about
your benefit plan



Your benefit plan FAQs ...



Q & A

Q. Who is UMR?

- A. UMR is a third-party administrator (TPA) that provides employers and health benefit plan members with services to help them get the most from their benefit plan.

Q. What is a TPA?

- A. A TPA is a company that your employer hires to handle the many tasks associated with managing your health benefit plan. For example, UMR handles general enrollment tasks when new plan members 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 who can help coordinate your care if you are in the hospital or are dealing with a chronic health condition.

Q. What does it mean to be self-funded?

- A. A self-funded benefit plan is financed by your employer, not an insurance carrier. Your employer pays for most of your health plan and claim costs.

Q. What is a PPO?

- A. Most TPAs work with a preferred provider organization (PPO). A PPO is a network of health care providers who have agreed to discount (reduce) what they charge for services when treating members of a benefit plan. When you choose to see an in-network PPO health care provider, you will pay less for their services than if you had chosen an out-of-network (non-PPO) health care provider. You have the option to see non-PPO providers, but you will pay more for their services.

Your member ID card contains important information regarding your plan's PPO. Contact your PPO directly or your UMR customer service team to check a health care provider's participation.

Q. What does UMR do for me?

- A. We provide you with prompt, personalized service. As a plan member served by us, you have a customer service team of helpful people available to assist you and answer questions about your health benefits. For example, you can ask us about the medical care your plan covers or about a specific health claim. One phone call is all it takes to reach us and speak to someone who can help you get the answers you need.

You may also receive other services, depending on your health plan's features, to help you and your covered family members use the health care system and receive appropriate health care at a reasonable cost.

Q. What can I do to reduce my health care expenses?

- A. A lot! First, choose a participating PPO provider whenever possible, so you'll receive the discounts your plan has made available for you. Your benefit plan ID card displays your PPO information. Always show your ID card to your health care provider at each visit.

Learn about the features of your benefit plan, too, so you'll know about money-saving ways to receive your health care, like taking advantage of preventive care services.

Also, read and understand your EOB. It can help you track your health care costs and get a better handle on what you're spending. The "How to Read Your EOB" section in this brochure will help you understand how your health claims are charged, processed and paid.

And learn how you and your family can prevent illness and maintain your health. Make health-conscious choices every day. You'll feel better, improve the quality of your life and have more money you can use for other things – not health care!

Q. Will I receive mail from UMR?

- A. Members will receive an explanation of benefits (EOB) for most health claims submitted by your health care providers. Your EOB shows you important information, including what your plan pays and what portion of the bill is your responsibility.

You will not receive an EOB for claims where your responsibility is zero or only a copayment. You can review your zero balance or copayment claims on umr.com or by contacting a Customer First representative.

You may also receive letters from UMR if we need more information about a health claim in order to process it appropriately. Sometimes, we may send you letters that will require you to follow


up with your provider to obtain more information. The requested information is important for timely completion of your claim. Feel free to call us if you have questions or need assistance with our request.



How to read your EOB

- 1 Fields include member information under which the claim was processed.
- 2 Hospital, physician or other health care provider that performed the services.
- 3 Account number assigned by the hospital, physician or other health care provider.
- 4 UMR assigns a unique claim control number to each claim received.
- 5 Services and/or procedures that were performed by the hospital, physician or other health care provider.
- 6 Date(s) services were performed by the hospital, physician or other health care provider.
- 7 Amount charged for the services by the hospital, physician or other health care provider.
- 8 Charges not allowed according to the Plan – see comment code.
- 9 Refers to codes used to explain charges that were not allowed – see Notes Section.
- 10 Amount applied to the deductible.

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1-800-826-9781
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CUSTOMER LOGO

Employee Joe Patient
Employee Address 1234 W SUNSHINE BLVD
STE 100A
BEST CITY US 12345-6789
9999999999

Member ID Joe Patient
Patient Joe Patient
Notice Date 02-15-15
Employer Name Customer Inc.
Group Number 76-999999

2 **EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL**

Provider: Physician, Joe, MD **3** Patient Account: 1234567890 **4** Claim Control Number: 999999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
5	6	7	8	9	10	11	12	13	14	15	16
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
Totals		\$500.00	\$100.00		\$50.00	\$25.00	\$325.00		\$260.00	\$260.00	\$140.00

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

18 Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01-01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00 Met
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

- 11 Co-pay amount paid at office visit.
- 12 Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- 13 Percentage at which the Allowable charges are paid.
- 14 Amount actually payable by the Plan.
- 15 Amount that UMR paid to the provider.
- 16 Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- 17 Explains codes provided in the “See Notes Section” column. Lists the specific code and its definition.
- 18 List of individuals or organizations to whom checks were issued.
- 19 Provides benefit period and benefit levels, amounts applied to individual/family deductibles and out-of-pocket maximums, if applicable.

HELP

Get all your answers quick and easy @ umr.com

Another service UMR provides for you is **umr.com** for fast access to a variety of useful information. Log in now to:

- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life
- Ask us a question using the site's Contact Us e-mail service



Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

How to contact UMR

Go to umr.com

Visit your password-protected online benefit service via the login at umr.com. It's a fast, convenient way to get information and access services and resources provided with your benefit plan.

Use your ID card

Look for the Customer First service number on your ID card. Our UMR team is ready to help you. You will also find PPO contact information on your benefit plan ID card.



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