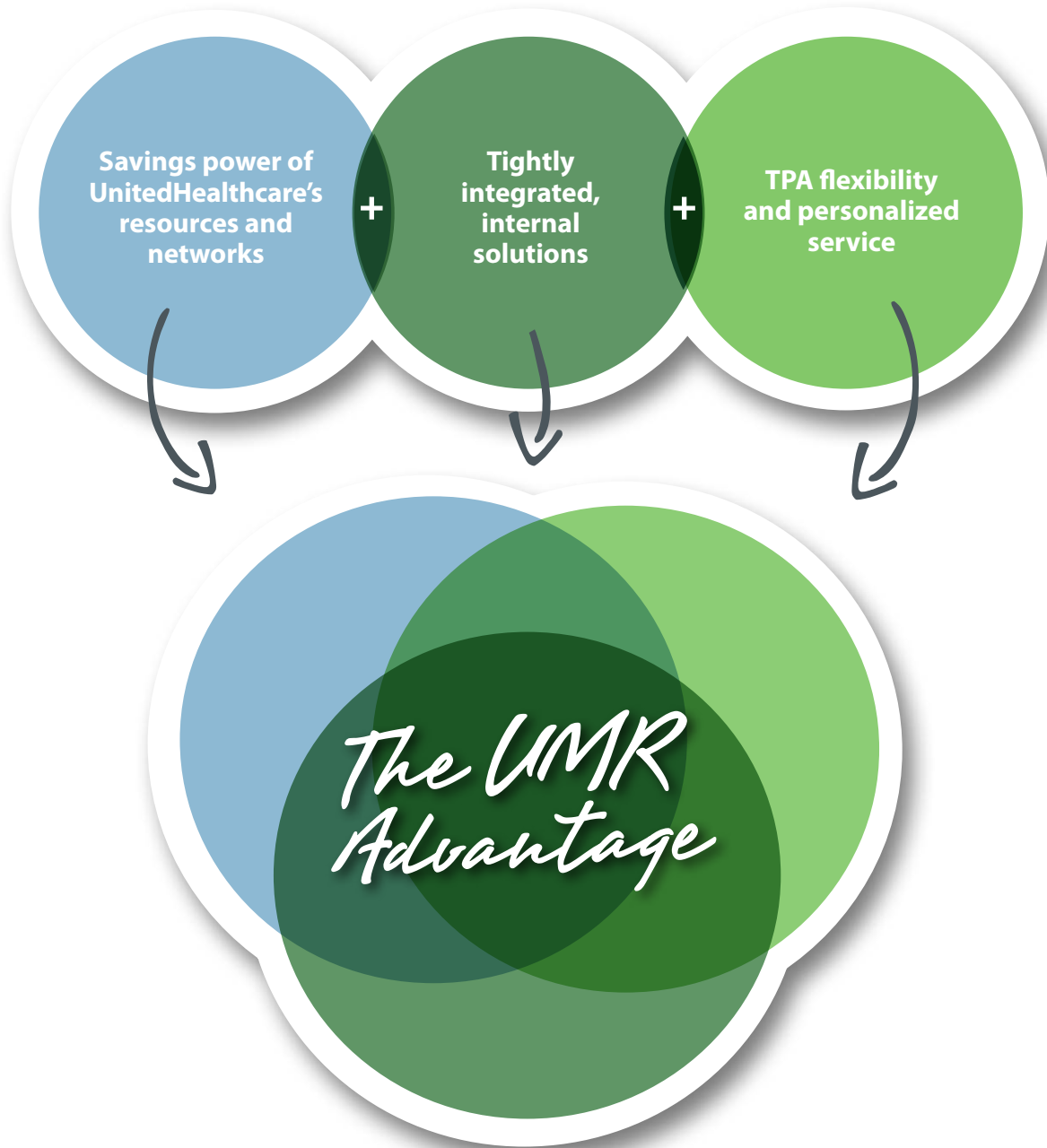


# Discover UMR's flexible solutions



# The nation's largest TPA

A fully fledged employee benefits administrator

UMR has more than 70 years of experience listening to and answering the needs of self-funded employers. We work closely with customers to build strategies that lower costs, improve employee health and help them achieve their health plan goals.

## Our self-funded solutions include:

### Medical administration

#### Care management

- » Utilization management
- » Case management
- » Disease management
- » Maternity management
- » Health and wellness
- » NurseLine<sup>SM</sup>
- » Tobacco cessation
- » Chronic back and neck pain
- » ER Support Program
- » Treatment Decision Support
- » Readmission prevention
- » HealtheNotes
- » HealtheNote Reminders
- » Fertility Solutions
- » Real Appeal<sup>TM</sup>
- » Spine and Joint

### Pharmacy benefits administration

#### Stop loss coverage

#### COBRA administration

#### Short-term disability

#### Consumer-driven health plans

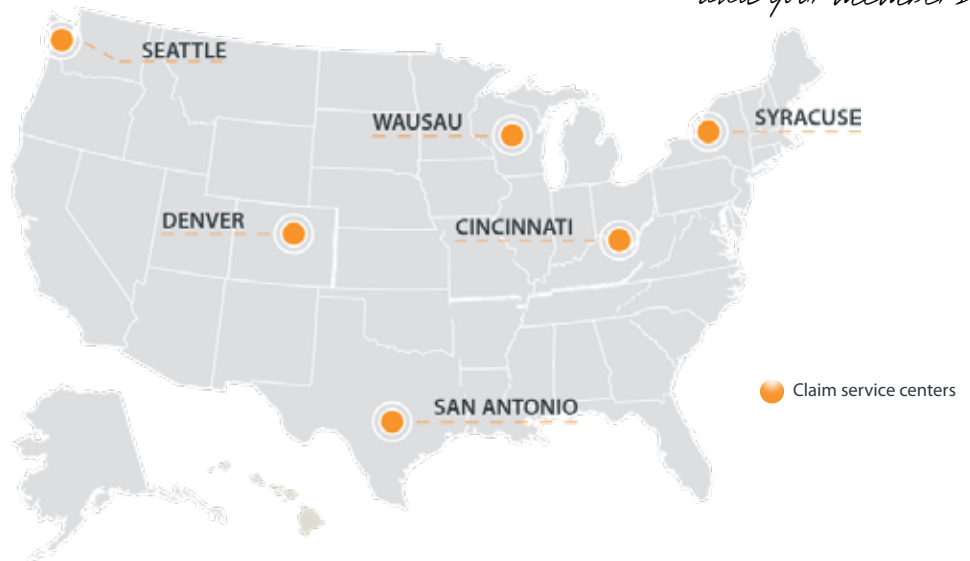
- » Flexible spending accounts (FSAs)
- » Health reimbursement accounts (HRAs)
- » Health savings accounts (HSAs) with qualified high-deductible health plans
- » Retiree reimbursement accounts (RRAs)

#### Ancillary/Specialty solutions

- » Dental administration
- » Vision administration
- » Employee assistance programs (EAPs)
- » Retiree billing services
- » Hearing product discounts
- » Telemedicine
- » OnlinEnroll<sup>SM</sup>
- » Dependent eligibility audits
- » Second opinion services

## Service located close to you

*5,800+ people focused on serving you and your members*

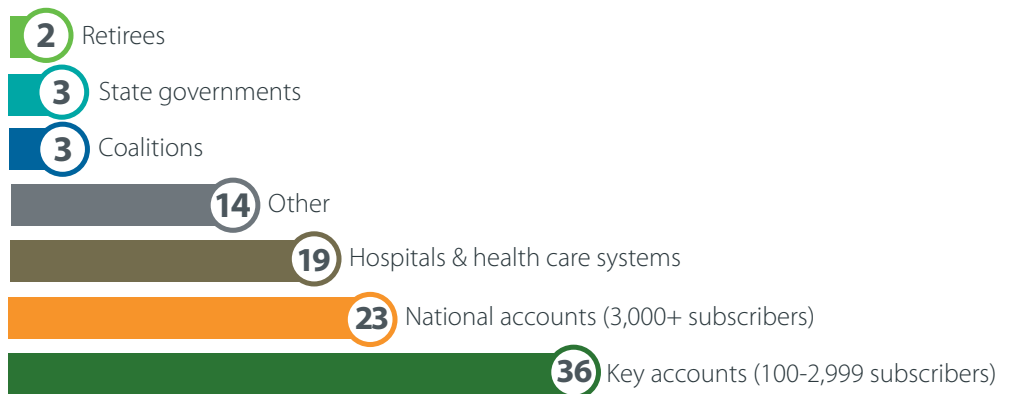


**3,300+**  
customers

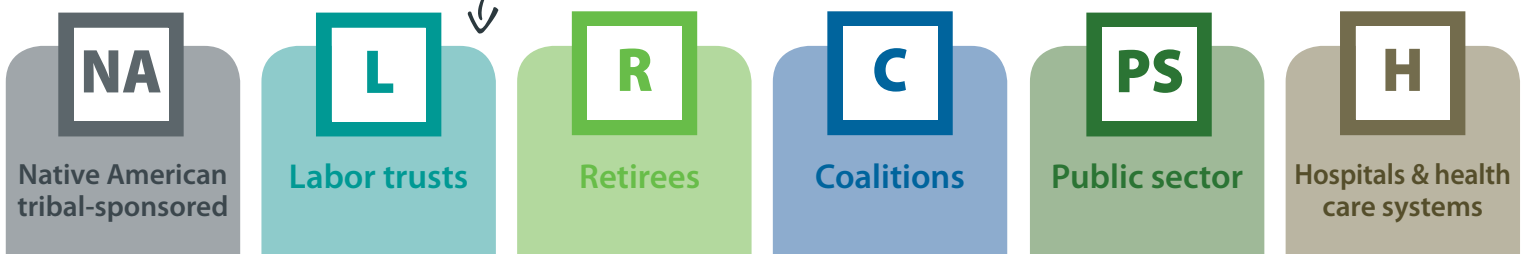
**5.4M+**  
members

**6.3M**  
phone calls annually

## Percent of membership by segment



*Specialized market expertise*



# Network solutions

Connect with the best network access and savings

*Service that targets your unique needs*

## UnitedHealth Network (UHN)

As a UnitedHealthcare® company, UMR offers the resources and savings power of the nation's largest proprietary provider network. UHN offers access to more than **843,000 physicians, 5,300 hospitals** and **2,300 convenience care clinics**.

**98%**  
of U.S. population has access to our providers


**2 out of 3**  
available doctors and health care professionals

**83%**  
of all available hospital beds

*On average, you can expect 45% + network savings when transferring to UMR*

## Commitment to innovation

### Premium designation program

- » Evidence-based, medical society and national industry standards across 16 specialties and 47 subspecialties
- » Quality and cost-efficiency ratings by provider
- » Shared patient and physician engagement 

### Provider advocacy

- » Serving providers like customers
- » Policy and protocol changes
- » Physician satisfaction
- » Clinical resources

### Cost transparency

- » Consumer comparison tools
- » Provider quality ratings
- » Provider-specific estimates

### Contracting strategy

- » Fact-based and data-driven
- » Line of service and affordability initiatives
- » Value-based contracting model - supports quality and lowers costs; rewards providers for improved outcomes

*Treatment cost estimates based on fee schedules*

## UMR network services offers customers ongoing:

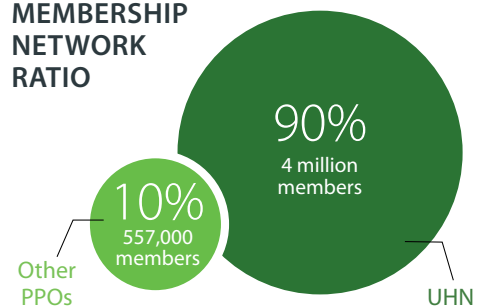
**1 Analysis**  
Monitors and reviews customer network strategy

**2 Insight**  
Resolves issues, recommends additional network solutions

**3 Compliance**  
Maintains network confidentiality and security

**4 Support**  
Dedicated network customer service

## MEMBERSHIP NETWORK RATIO



## TPA FLEXIBILITY AND ACCESS TO:

**100** other PPO and PHO local and regional networks

## COST REDUCTION AND SAVINGS PROGRAM:

Secondary networks + Fee negotiation = **40% DISCOUNT**

### We know one size doesn't fit all.

So we provide access and savings to customers whose members live in areas not well served by UHN, mixing and matching these networks, as needed.



# Advanced systems and processes

Operations protect your plan dollars and safeguard your information

*More than 500,000 transactions per day*

## Sophisticated claim system

Our claim processing system is owned by UMR and supported with internal resources. This offers us the flexibility to support customers' diverse benefit plans, including multi-tiered network configurations and multiple reimbursement methods.

We can auto-adjudicate all types of benefit structures, and use benefit coding to control payments, track benefits and pend claims for review.

**42M**  
medical claims  
processed annually

**\$62B**  
annually billed in  
medical claims

**76%**  
of claims  
auto-adjudicated



## Electronic data interchange (EDI)

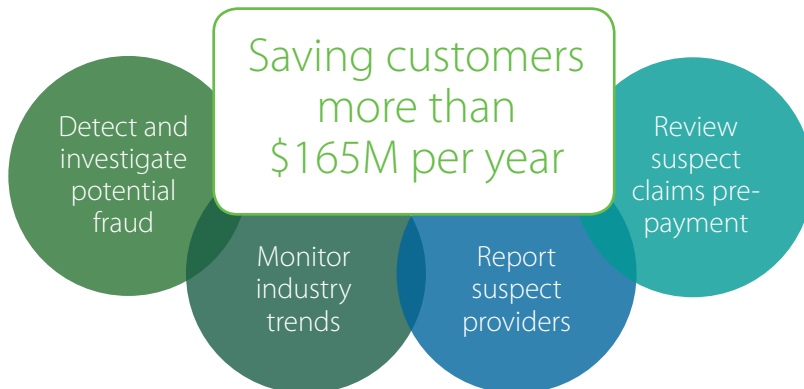
- » Standard and non-standard transactions with customers and vendors
- » Secure file transfers
- » HIPAA-compliant support
- » Medicare crossover capability
- » Real-time and batch processing
- » High-speed validation



## UnitedHealth Group system security

- » Data and electronic file transfers automatically encrypted
- » Data backed up continuously and stored in two diverse locations
- » Rapid disaster recovery capabilities

## Special investigation unit (SIU)



## Intelligent call analysis

- » Quickly analyze hours of recorded calls using Nexidia speech analytics software
- » Define our search by customer, call dates, total talk time or service team
- » Identify plan-specific patterns and research caller frustrations
- » Use data to modify call handling and pinpoint individual training needs

## Retiree billing services

Simplify direct-billing arrangements for retirees required to pay a portion of their health plan premium. **UMR will:**



Communicate eligibility to vendors



Answer billing questions from customers and retirees



Send confirmation letters and payment coupons to retirees



Provide monthly reporting package to customers

# Service philosophy

A team approach to customer satisfaction

## Customer service & claim team

We will assign a designated team of Customer First representatives (CFRs) to your account, training them on your plan and culture. Our CFRs answer calls and pay claims, so they can more effectively serve members' needs.

You will also be assigned a customer specialist (CS) to work closely with your Customer First team and resolve any day-to-day issues. The CS is there for you when employees come to you for assistance.

## Customer First service model

You will be assigned a dedicated strategic account executive (SAE) and client service consultants (CSC) to oversee all aspects of your plan administration. Your SAE provides guidance in short- and long-term strategic planning. This team also serves as your single point of contact within UMR.



*8 a.m. - 5 p.m.  
coverage in all  
time zones*  
(24/7 service available)

## Specialized support

Our Customer First teams have access to technical experts from each of our business units. We assign a designated contact from each unit involved in the administration of your plan. This builds accountability and familiarity with your account, and ensures timely resolution of any potential issues.

## Member engagement

### Care management

- » Telephonic coaching
- » Targeted health education
- » Clinical health risk assessments
- » On-site wellness support
- » Online learning sessions

### Benefits education

- » Decision support tools
- » Health Education Library
- » **Healthy You** digital magazine
- » Online services via umr.com
- » YouTube channel - myUMRhealth

## Implementation process

*We get it right the first time* →

**1**

### Transition team assigned

Includes SAE, a transition leader, and technical experts from every business unit.

**2**

### Team & client collaboration

Regular communication to accurately capture the benefits plan design.

**3**

### Detailed tracking log

Each task assigned a target date and an individual responsible for completion.

**4**

### Plan coding

Benefits coded to process in accordance with plan specifications.

## Live "check-out" meeting

When coding is complete, attend a live demonstration to see that claims are processing appropriately.

# Plan Advisor

Changing the way your members experience their health care benefits

Our job is to go beyond what your members expect when calling about their health care coverage

## FINDING THE RIGHT CARE

### BENEFIT INFORMATION

"How much have I paid toward my deductible?"  
"How much do I have left?"

### NETWORK GUIDANCE

"I've seen the same doctor for years. Is he in our network?"  
"Can I still see him if he's not?"

### CLINICAL PROGRAMS

"I was invited into a maternity management program, what is it?"

## RESOURCES TO STAY HEALTHY

### PREVENTIVE CARE & SCREENINGS

"Am I up-to-date with my immunizations?"

## ACCESSING MEMBER TOOLS

### COMPARING COSTS

"Can you tell me the amount different providers charge for their services?"

We'll take our time to make sure your members aren't left with any unanswered questions.

## A PERSONAL GUIDE FOR ALL THINGS HEALTH CARE:

### Benefit & eligibility information –

Medical, dental, flexible spending accounts and health reimbursement accounts

**Online services** – Assistance in navigating available online tools and educational resources

**Claim and billing** inquiries and support

**Primary care** recommendations and provider visit scheduling assistance

**Network guidance** – Look up in-network physicians or facilities, compare cost and quality across providers

**External programs** – Warm transfers to third-party vendors, when applicable

**Your priorities, your messages** – Allows your priorities to be highlighted as key focus areas, and customized monthly message content shared with your plan members

**Place of service steerage** – Redirects members who are pursuing out of network services into a network provider

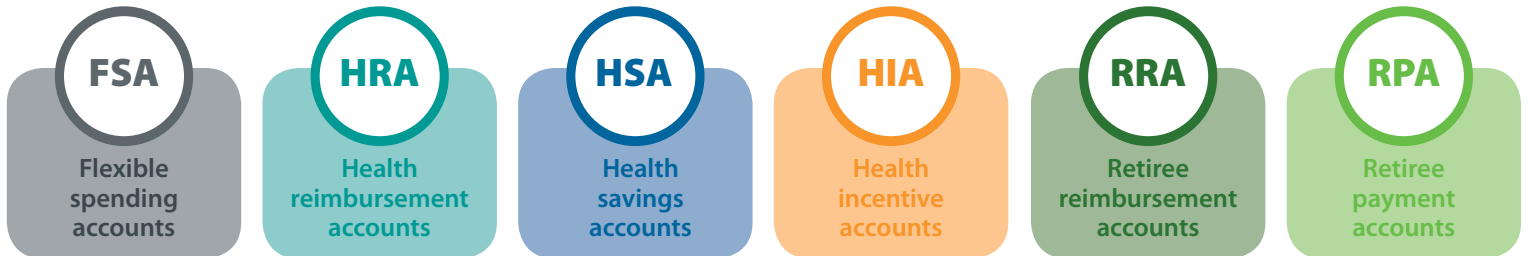
## YOU CAN EXPECT

- Improved network utilization through preferential steerage to in-network care
- Higher rates of member satisfaction
- Lower medical costs through earlier interventions and improved outcomes
- Long-term savings through improved member health

# Consumerism capabilities

Creatively driving health and wealth connections across employee populations

A consumer-driven approach can offer you greater cost controls by shifting the way your plan members view and interact with health care. UMR supports a variety of strategies to encourage cost-effective decisions and promote participation in consumer plan options and population health initiatives.



*Consumer account options* ↗

## Successful consumer engagement

Go beyond simply shifting costs through higher deductibles or premiums



**Position**  
plan options as a shared investment in health



**Influence**  
members' health care buying habits



**Improve**  
population health and financial outcomes

**800+**  
consumer-driven health customers

**560k**  
Membership in CDH plan types

Full span of **account-based benefit plan types** and wide range of configuration choices.

**Financial plan modeling** to support analysis of key design considerations.

**Consultative guidance and tool-supported assessment** of population "readiness."

Proprietary access to research and best practices across **largest national CDH population** (3.7 million+).

Consumer engagement support for **multi-faceted education campaigns**, pre- and post-enrollment.

**Operational integration** with banking and pharmacy benefits partners.

UMR provides expertise and ongoing support to help you:

- 1 Understand** your population
- 2 Position** your health plan
- 3 Evaluate** your culture
- 4 Take action**

# Making a health and wealth connection

Incentive solutions that drive sustained, positive behavior change



## INCENTIVES MAKE A DIFFERENCE

**+11.4x** health assessment or survey completion<sup>1</sup>

**+6.4x** biometric screening participation<sup>1</sup>

**+3x** tobacco cessation program engagement

**3x** more members with 10%+ weight loss<sup>1</sup>

<sup>1</sup> Results from study where employer groups representing nearly 3.0M members were analyzed comparing incentive membership versus non-incentive program members; October 2013.

### Initiation

### Awareness

### Accountability

### Ownership



Placing a clear focus on the behaviors you wish to influence, knowing your population



Meaningful rewards to match member motivation, using flexible “currencies”



Benefit plan integration aimed at progressive move toward improved, sustained health

## Live Well Reward\$

A prescriptive, multi-year approach that progresses from rewards for participation to rewards for healthier outcomes.

### Level 1

- Introduce culture of wellness through participation-based activities
- Build baseline of CHRA & biometric data
- Target tobacco & nicotine cessation

### Level 2

- Build increased awareness and engagement
- Add coaching models to address identified risks
- Continue to target tobacco & nicotine cessation
- Introduce consumerism

### Level 3

- Continue to address risks through coaching
- Promote annual PCP visits
- Offer meaningful health events and challenges
- Expand consumerism
- Set baseline for outcome-based program

### Level 4

- Begin full, outcome-based program
- Rewards for reaching biometric targets or reasonable alternatives
- Expand rewards for preventive care
- Continue variety of health events and challenges
- Deepen consumerism



# Care management

Plan savings through improved utilization and enhanced member health

UMR's care management programs are proven to improve the health of plan members, reduce employer costs and deliver a positive return on investment (ROI). Choose from our suite of in-house services or integrate with external vendors.

## Improved clinical outcomes

- » Coordinate complex cases (oncology, NICU, transplant, kidney disease, congenital heart disease)
- » ID high-risk pregnancies & reinforce prenatal care
- » Empower cost-effective care decisions

## Sustainable behavior change

- » Address risk factors for future disease
- » Motivate healthy lifestyle choices
- » Support change process for achieving health goals



## Closing gaps in care

- » Reinforce clinical treatment plan
- » Promote medication compliance
- » Self-care strategies for condition and contributing lifestyle factors

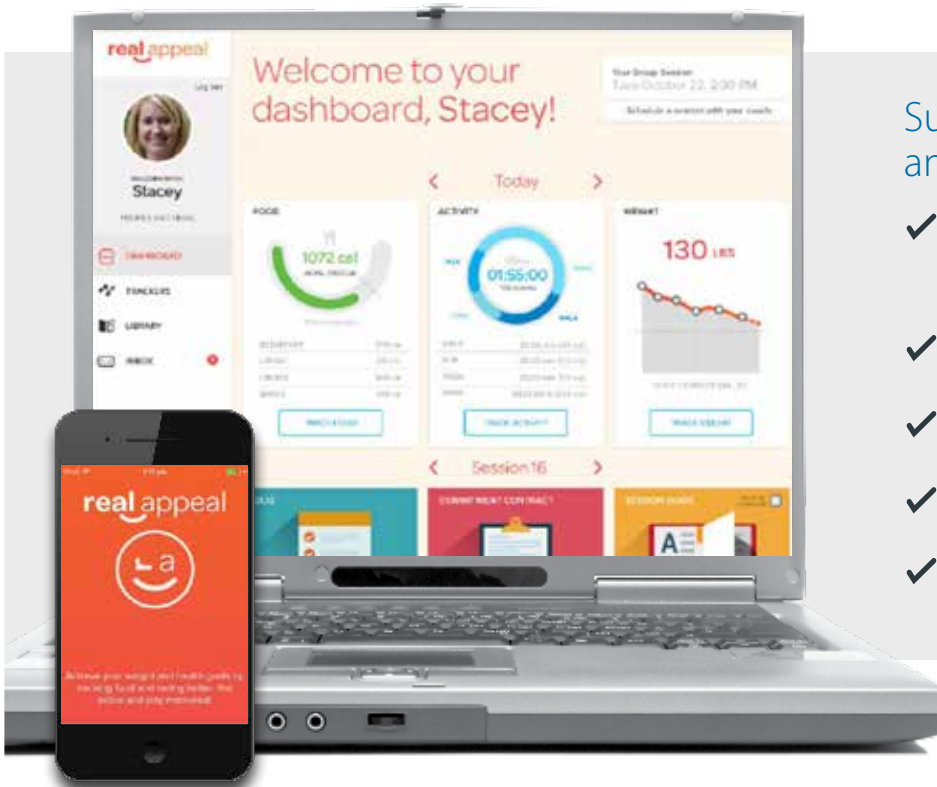
## Guidance to appropriate, cost-effective care

- » Review medical necessity
- » Support physician relationship
- » Promote recommended preventive care

Our care management offerings can work hand-in-hand with consumer-driven health plan strategies and incentive solutions to propel members toward greater ownership of their health and health care decisions.

# Real Appeal

Lose weight. Feel better. Be healthier.



Supports weight loss with an **evidence-based** approach:

- ✓ Reduces pre-diabetes and cardiovascular risk
- ✓ Entertaining, Hollywood quality
- ✓ Clinically sound guidance
- ✓ Direct-to-consumer strategies
- ✓ Aspirational messaging

## EMPLOYERS

potential benefits

- 1 Improved engagement
- 2 Potential for reduced medical costs
- 3 Employee satisfaction
- 4 Pay-for-performance pricing

## MEMBERS

potential benefits

- 1 Customized plan
- 2 Engaging, inspiring content
- 3 Small, actionable changes
- 4 Ongoing coaching support

## How it works

Real Appeal helps people make small changes necessary for larger, long-term health results, based on weight-loss research studies commissioned by the National Institutes of Health. Real Appeal uses a highly interactive weekly internet show, videos and live online coaching to drive small behavior changes, week by week, over a full year.

## The program is designed to support members with:

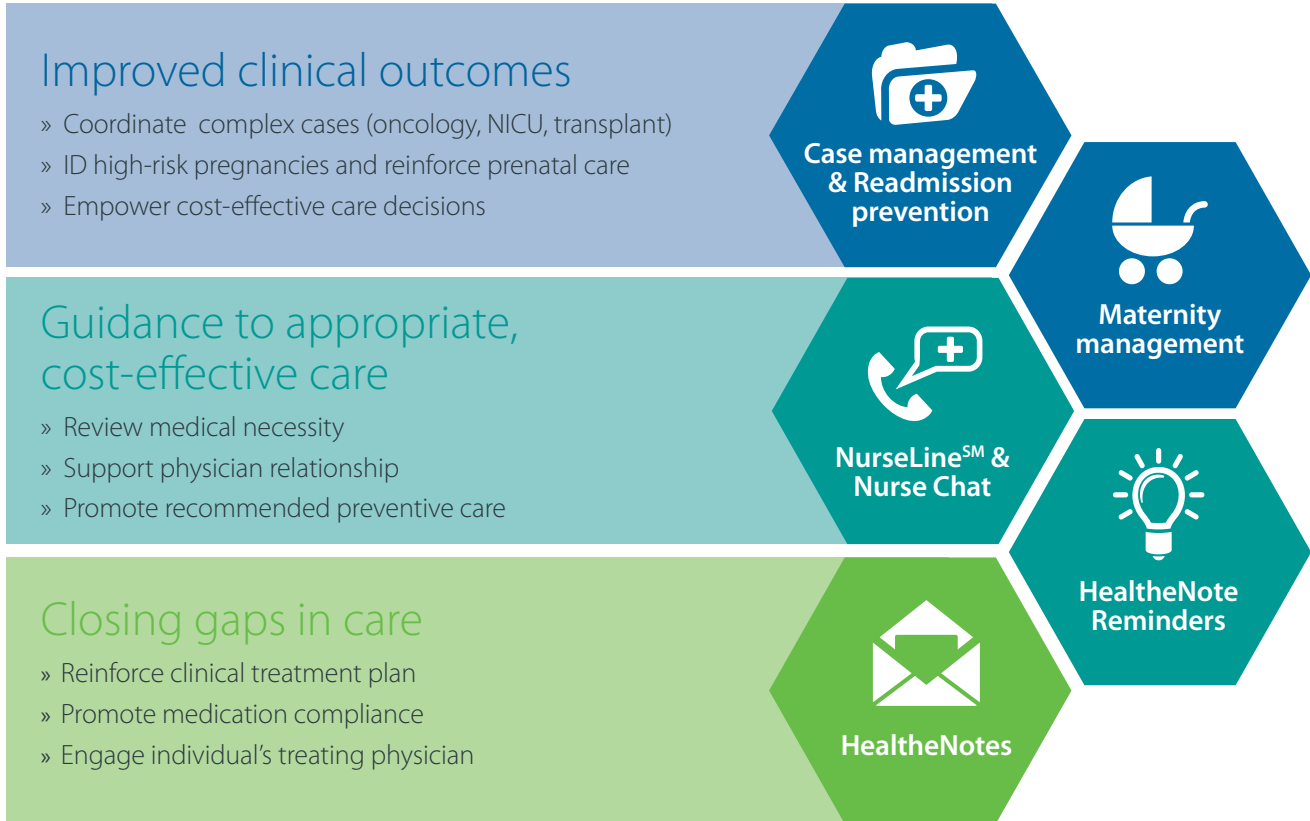
- $\geq 30$  body mass index (BMI)
- $\geq 25$  to  $\leq 29.9$  BMI with qualifying co-morbidity (diabetes, dyslipidemia, high blood pressure, pre-diabetes, tobacco user)
- $\geq 23$  to  $\leq 29.9$  BMI with no co-morbidity



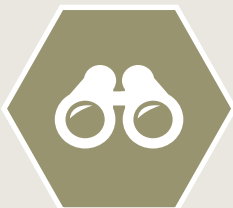
# UMR GPS

Plan savings through improved utilization and enhanced member health

UMR's prescriptive approach to group population support offers expert guidance for improving clinical outcomes and empowering members to take increased ownership of their health care decisions.



UMR GPS can work in tandem with our other UMR solutions to help you tailor a multi-year health initiative to the needs of your population. Choose from:



Treatment  
Decision  
Support



Disease  
management



Health &  
wellness



Tobacco &  
nicotine  
cessation



Onsite worksite  
wellness  
consultant



Emergency  
Room Decision  
Support

# Communication support

National award-winning materials to support member awareness, engagement and health literacy.



Program implementation | Health tips and reminders | Condition-specific topics | Behavior-change strategies

## Comprehensive communication toolkits\* for each of our programs include:

- ▶ Communication tips and guidelines
- ▶ Suggested calendars based on national health observances
- ▶ Posters
- ▶ Videos
- ▶ Flyers
- ▶ Infographics
- ▶ Mailers
- ▶ Articles for newsletters or emails



\* For care management program customers only



## HEALTH CENTER ON UMR.COM

The Health center on umr.com connects members to UMR's Healthy You e-magazine, health education videos and custom wellness activity center resources.

### Registered members get access to:

- Clinical health risk assessment
- Health Education Library (Also available in Spanish)
- Wellness events and challenges
- Personalized action plans
- Reward program details



**DISEASE  
MANAGEMENT**



**HEALTH AND  
WELLNESS**



**MATERNITY  
MANAGEMENT**








**TOBACCO & NICOTINE  
CESSATION**

# Online services

Through the capital investments of our parent company, UnitedHealthcare®, we have the resources to offer cutting-edge benefit solutions and technology to better serve customers and their members.

## Member information center

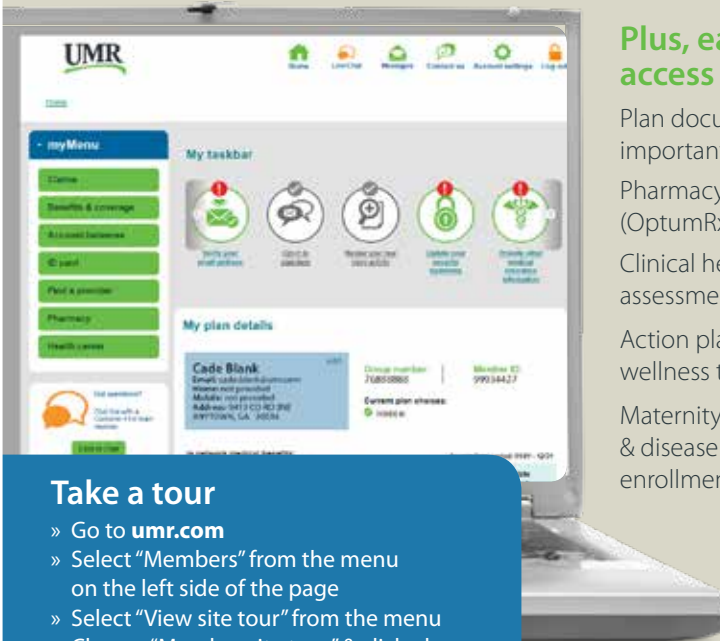
A website designed with the user in mind:

				
View claims (EOBs), benefits and coverage	Find a provider	Check accounts and balances	Order and print ID cards	Access health information (tools & videos)

## Employer information center

Employers and brokers enjoy all the same capabilities as members, plus they can:

- » Enroll new members and update eligibility
- » View reports for pharmacy benefits (OptumRx), stop loss claims, subrogation and care management
- » Access employer forms and summary of benefits coverage (SBC) documents



### Plus, easy access to:

- Plan documents & important forms
- Pharmacy information (OptumRx)
- Clinical health risk assessment (CHRA)
- Action plan wellness tutorials
- Maternity management & disease management enrollment

### Take a tour

- » Go to [umr.com](http://umr.com)
- » Select "Members" from the menu on the left side of the page
- » Select "View site tour" from the menu
- » Choose "Member site tour" & click play

### Employer site tour

To view a video highlighting the online services available to UMR customers:

- » Go to [umr.com](http://umr.com)
- » Select "Employers"
- » Select "View site tour" from the menu
- » Choose "Employer site tour"

## OnlinEnroll<sup>SM</sup>:

A simpler, all-in-one solution to managing enrollment activities:



- » Employee self-service for open enrollment and year-round changes for life events
- » HR administrator tools and reports to process and monitor activity
- » Centralized access to all coverage lines and all carriers

## Decision support tools:

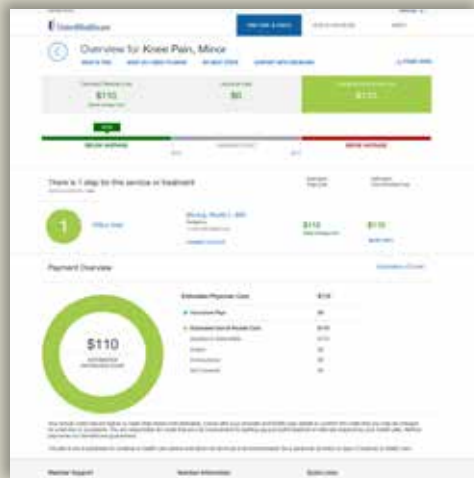
**Cost transparency tools** - Fee-based estimates for UnitedHealth Network providers

Premium designation for quality and cost-effectiveness

Personalized based on plan and current benefit status

**Health Plan Cost Estimator** - Compare benefits options

**Health Education Library** - Learn about conditions, symptoms, medications and treatments



## UMR mobile site:

Members can:

- » Find in-network providers
- » Look up claims
- » View medical and dental benefits
- » Check account balances
- » View their ID card or fax a copy to a provider
- » Access CHRA and other online wellness resources



# Provider search & cost transparency

Giving members a place to go to shop online for health care

Bringing together **provider search** with quality ratings

AND

**Cost transparency** & comparison tools



**FIND** UnitedHealth Network physicians and facilities



**SEARCH** by provider name, types of treatment or specific conditions



**VIEW** Premium designation quality ratings and star reviews by patients



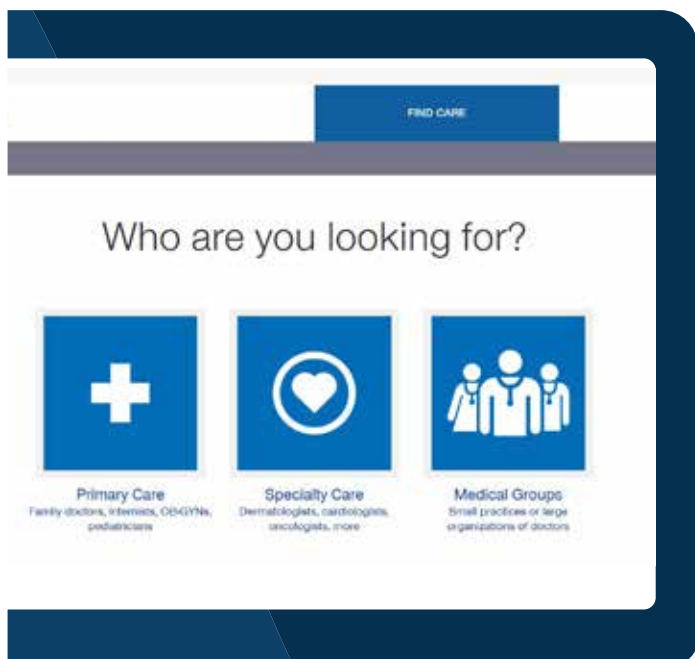
Our estimates use actual contracted rates to **show true cost of care**



**Results are personalized** based on member's deductible, co-pays, etc.



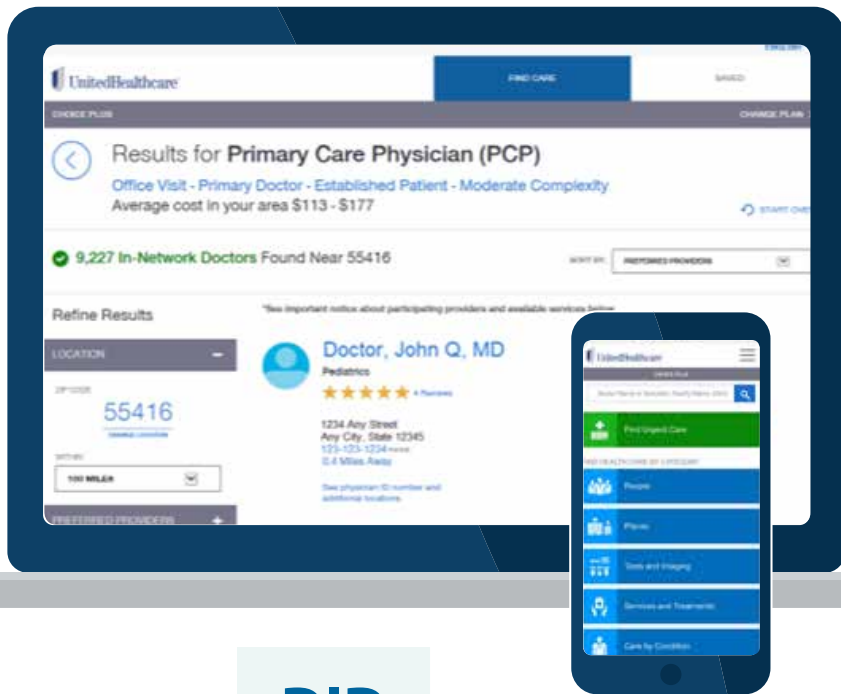
See the total cost of treatment and **what to expect from start to finish**



to give members the next generation **consumer experience**

# Provider search & cost transparency

Giving members a place to go to shop online for health care



## Your health plan members become health care consumers when:

They can see how the choices they make affect their health care costs

They can compare how doctors rate for quality, including patient reviews

They can get information when and how they want – at home or on the go

They begin to actively “shop” for care

## DID YOU KNOW

Members who compare costs before receiving care **pay 36% less**



Members are **twice as likely** to compare costs when they're part of provider search tools

## Your members will:



Have an easier way to find the information they need



They're less likely to call customer service for help



And more likely to choose quality providers who charge less for their services



That leads to lower costs and more satisfied customers

# Reporting: InfoPort<sup>SM</sup>

We understand that data drives decisions. That's why we give you immediate access to the information you need to monitor your plan and take action.

Plan performance measures drawn from **integrated systems** and **shared databases**

Eligibility

Medical

Drug

Provider

Dental

Available upon request:

Claim extract setup, FTP file transfers, and ad-hoc reports



**InfoPort<sup>SM</sup>**

24/7 access to export to Excel, PDF and Word files.

**Access information on:**

- » Claims
- » Benefit utilization
- » Financial activities
- » Network performance
- » Enrollment

**Census reports:**

- » Enrollment
- » Summary

**Extract reports:**

- » Claim level
- » Claim service level
- » Enrollment census

**Claim reports:**

- » Detail
- » Lag
- » Summary
- » Claim summary by member network/provider
- » Summary service level



**InfoPort<sup>SM</sup> users can:**

- » Access various report designs with multiple report layouts
- » Create a myriad of report variations by customizing report criteria
- » Develop, run and view reports on demand
- » Save customized report designs
- » Schedule recurring reports with dynamic dates
- » Drill down to details
- » Export to multiple formats, such as Excel, PDF and Word
- » Provide access to report data in both PHI and non-PHI versions
- » Access transactional data, which is updated daily (Lag of only two business days)
- » Monitor plan performance
- » Identify plan specific trends and outliers by analyzing multiple years of data



**24/7 access** to your plan data



Data updated daily (2 business day lag)



Drill-down capability



Customize and schedule reports



Export format options (Excel, Word, PDF)





# Stop loss

UMR customers enjoy access to preferred relationships with the nation's leading stop loss carriers. The right stop loss solution equals savings and security.

## Preferred relationships

UMR has established strong relationships with the nation's leading stop loss carriers



## EXCLUSIVE ADVANTAGES

- ✓ Plan mirroring
- ✓ Medical necessity acceptance
- ✓ Recognize UnitedHealthcare network requirements
- ✓ Advanced funding provisions
- ✓ Leading edge stop loss reporting
- ✓ Reduced pricing unique to UMR
- ✓ Defer to UMR to determine R&C under the plan
- ✓ Unique commitments (claim turnaround)
- ✓ Electronic claim filing (low documentation)
- ✓ Reimburse access fees at higher cap limits or no cap

**2,700+**  
UMR customers

with stop loss representing  
> \$1.3B in premiums



MONITORING  
STOP LOSS  
DOLLARS

**Monitoring** of received external care management and Rx transactions

**Daily monitoring** of claims received, claims processed, care management transactions

**Weekly monitoring** of pended claims

**Automatic monitoring** of carrier-specific ICD and CPT codes; other rules



## Manage stop loss activity on **umr.com**

- 1 Track current and prior year stop loss activity
- 2 View reports on aggregate and specific stop loss
- 3 Get automated email notifications
- 4 Receive messages through the message center

# Pharmacy benefits administration

Maximum value through preferred PBM integration

We offer integrated strategies and services through our partnership with OptumRx, a sister company under UnitedHealth Group. The benefits of pairing UMR with OptumRx include a unified approach to customer service, operational efficiencies, and clinical expertise for promoting improved health outcomes and reduced health care costs.

## UMR + OptumRx

Your benefits work better when we work together.

### ▶ Operational simplicity

One contract covers both administrative services and pharmacy benefit management. **This coordination drives efficiencies in key areas:**

- ✔ Integrated billing cycles and financial processes
- ✔ Streamlined implementation process – Coordination on SPD/SBC
- ✔ Coordination of activities related to health care reform, contraceptive service only (CSO), stop loss and claims data
- ✔ Data sharing supports integrated benefits accumulators and reporting
- ✔ Simplified renewal process managed by UMR – one contact and one annual customer review
- ✔ Coordinated data with UMR stop loss

### Plus ...

UMR customer solutions supports relationships with 35 key PBM partners, including Express Scripts and Caremark.

#### RX INTEGRATION:

Eligibility file transfers

Data interface for reporting

Vendor payment process



Out-of-pocket (OOP) and deductible integration

### ▶ One-stop service model

You'll enjoy a unique level of support when integrating medical administration and pharmacy benefits through **UMR** and **OptumRx**:

- A single point of contact with your UMR strategic account executive (SAE)
- A dedicated client management team from both OptumRx and UMR
- Online member services with single-sign-on capabilities through **umr.com**
- A dedicated client OptumRx customer service phone line and care team available 24/7
- Plus, the OptumRx mobile app allows members to manage prescriptions on the go

### ▶ Trend management

We can help you identify and manage trends through our various clinical programs that come at **no additional cost to you.**

**-1.4%**  
**TREND MANAGEMENT**

UMR has over 20 staff members dedicated to integration with enhanced connections to support customers.  
**Serving more than ...**



	OptumRx	Other PBMs
<b>Customers</b>	<b>1,500</b>	<b>797</b>
<b>Members</b>	<b>1.2M</b>	<b>1.17M</b>

# Where the doctor is always in

By phone, video or mobile app



**Teladoc gives streamlined member access to quality care with high member satisfaction**



## Customer receives:

- ▶ Eligibility and billing services through UMR
- ▶ Claims processed under medical plan administered by UMR
- ▶ Pay as you go model – PEPM access fee, plus case rate fee per consult
- ▶ Consult cost can be shared with member under co-pay arrangement
- ▶ No separate contract
- ▶ Detailed monthly utilization reporting



### ANYTIME ACCESS TO ON-CALL DOCTORS

Connects members to a network of physicians who can diagnose, treat, and prescribe medications, when needed.



### ONE-ON-ONE CONSULTATION

Patients have the option to communicate with available physicians via phone, online video or mobile app.



### PHARMACY INTEGRATION

When appropriate, a Teladoc nurse will call a prescription in to the member's pharmacy of choice.



### COST-SAVING CONSUMER EXPERIENCE

Replaces office waits and ER visits for routine ailments such as cold and flu symptoms, pink eye and respiratory infections for members of all ages.

# Banking and COBRA administration

Free up your HR and finance staff and do more with UMR

## 1 Customer maintained banking (standard)

- Customers open account at financial institution of their choice
- Select the method and frequency of funding
- Authorize UMR to issue payments
- No initial deposit required and no manual checks to write
- Electronic fund transfer (EFT) payments to providers
- Includes online check register reporting tool and monthly financial reporting

## 2 Custodial banking (optional)

- UMR sets up account at BMO Harris Bank
- UMR handles all aspects of the account, including:
  - » Daily positive pay processing
  - » Stop payment requests
  - » Check copy requests
  - » Outstanding list maintenance
  - » Monthly reconciliation and management
  - » Reporting of uncashed checks to group
- Services provided at additional fee for account maintenance
- Requires security deposit equal to two weeks' estimated claim activity
- Includes online check register reporting tool and monthly financial reporting

*UMR does not co-mingle funds.*

*Payments are made directly from either your account or a custodial account.*

## COBRA continuation of coverage

### UMR's automated systems and team of administrators:

- ▶ Generate and distribute all letters, notices, election forms and payment coupons
- ▶ Answer questions and process monthly payments
- ▶ Review disability paperwork and lengthen or deny the extension of benefits
- ▶ Provide monthly reports detailing enrollment, letters sent and payments received
- ▶ Ensure compliance with all federal mandates



### COBRA ADMINISTRATOR

A dedicated UMR team member will be assigned to assist you, while participants have a toll-free number to call for any questions.

# Ancillary solutions

Give members additional benefits



## Dental



### UMR ASO DENTAL

- » Broad range of indemnity or managed care plans and network options
- » Dedicated claims processing and customer service staff, plus 24/7 access via [umar.com](https://www.umar.com)
- » Online reports for plan analysis and benchmark comparisons

### OTHER OPTIONS

- » Fully insured coverage through UnitedHealthcare's Specialty Benefits
- » Flexibility to work with other third-party vendors



## Vision



### SELF-FUNDED

- » UMR partners with Spectera to offer comprehensive, fee-for-service vision plans covering eye exams, glasses and lenses
- » Negotiated savings through national provider network, plus out-of-network allowances
- » Discounts on laser corrective procedures

### OTHER OPTIONS

- » UMR ASO administration for hardware reimbursement under medical plan or separate vision plan
- » Fully insured coverage through UnitedHealthcare's Specialty Benefits
- » Flexibility to work with other third-party vendors



## Employee assistance program (EAP)

**UMR partners with OptumHealth to support employees facing mental, emotional, financial or family issues.**

- » One-on-one counseling (3-visit or 5-visit program options)
- » Nationwide network of clinicians
- » Referrals to community support programs
- » Online resources at [liveandworkwell.com](https://www.liveandworkwell.com)

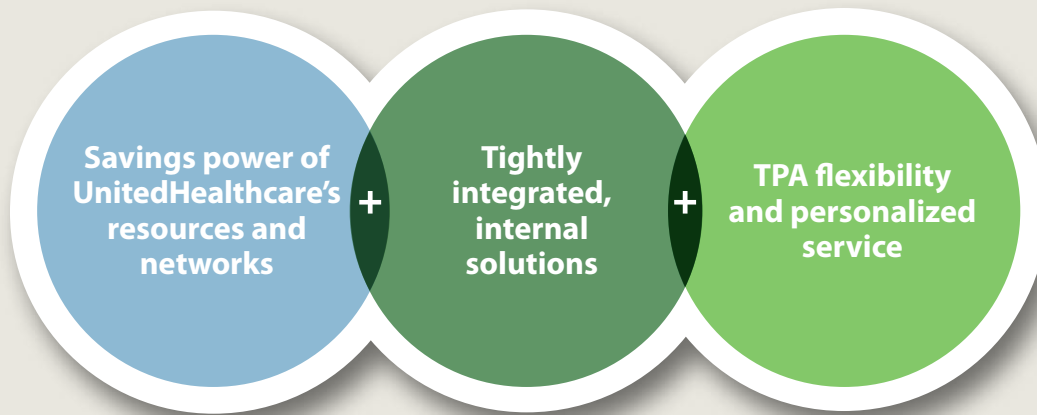


## Hearing

**Partnership with EPIC Hearing Healthcare offers:**

- » Discounted hearing aids to eligible plan members at no cost to employers
- » Access to EPIC's network of physicians and audiologists
- » Referrals coordinated under customer's medical benefits plan

# Experience the difference with UMR



## UnitedHealthcare networks and resources

**LARGEST NATIONAL NETWORK = BETTER ACCESS AND MORE SAVINGS**

- Strongest carrier discounts in the largest seamless national network
- UnitedHealth Premium® designation program promotes selection of high-quality, cost-effective providers and services
- Support from UnitedHealthcare resources

## Best-in-class stop loss arrangements

**INDUSTRY-LEADING CARRIER RELATIONSHIPS**

- Plan mirroring (mitigates gaps in coverage)
- Acceptance of UMR medical director's determination
- Follow UMR plan language for R&C
- Dedicated team that monitors your plan
- Large UMR membership base ensures preferred pricing

## Exclusive reporting

**A POWERFUL COMBINATION THAT DRIVES BETTER DECISIONS**

- InfoPort real-time, proprietary reporting tool on umr.com:
  - Daily-updated for better decision making
  - Access medical and pharmacy data anytime, anywhere
- Risk stratification population management reporting powered by Verisk

## Unique service model

**CUSTOMER-DEDICATED, MEMBER-FOCUSED**

- High-touch implementation process with a live claims adjudication demo
- Dedicated experts and claims team that serve as an extension of your staff and culture

## Integrated population health management

**IMPROVES MEMBER HEALTH AND REDUCES CUSTOMER COSTS**

- Single platform for chronic and acute conditions, as well as member lifestyle
  - Nurses and health coaches can access all data (including pharmacy)
- Specialized clinical offerings for hospitals based on their resources
- Award-winning member engagement and health education communications

## Simplified, accessible member experience

**MEMBERS CAN ACCESS INFORMATION ABOUT BENEFITS AND SERVICES WHEN THEY WANT IT, WHERE THEY WANT IT**

- Dedicated claim and call service with over 90% first-call resolution and 24/7 access
- Network discounts=lower out-of-pocket costs
- Access to Premium-designated providers identified for best cost and quality ratings
- umr.com: Easy-to-navigate, robust website, including mobile
  - Exclusive umr.com cost transparency tool based on actual fee schedules
  - Extensive health and wellness information on umr.com's Health Center, including videos, e-magazines, apps, recipes, tracking logs and more



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