Lumexa IMAGING™

Welcome

Lumexa Imaging, Inc.

Your health benefits explained
2025 plan year

UMR℠
A UnitedHealthcare Company

Welcome to your benefits plan guide

The purpose of this booklet is simple: To help you get the most out of your health care plan.

UNDERSTAND your benefits

Get to know UMR and set up your account. This section covers:

- An introduction to UMR
- How to use your UMR ID card
- Who to contact for help
- Details about your benefits

USE your benefits

Find out where to go to receive care and how to locate providers. This section covers:

- Where to go for care
- Understanding your explanation of benefits (EOB)
- Making the most of your health care dollars

UNLOCK your healthiest self

See what services your employer offers you outside of your basic health care plan. Find out what additional tools and resources are available to help you live your healthiest life. This section covers:

- Additional care and support services
- Explanations of commonly used health care terms

Scan for more

There are QR codes throughout this booklet that link to additional information on certain topics. Use your smartphone or any QR code scanner app to access these links.

UNDERSTAND your benefits

Start your journey here. Learn more about UMR and get to know the basics of your benefits.

Who is UMR?

UMR is a UnitedHealthcare company. We're here to guide you in your health care experience and help you live a healthier life.

At UMR, our job is to support you and your family as you engage in your employee benefits plan. In this booklet, we'll walk you through your plan to give you a better understanding of what it all means.

UMR is a third-party administer (TPA). Your employer hired us to handle many of the tasks associated with managing your health benefits. We are not an insurance company. Your employer pays the portion of your health care costs not paid by you.

Your health hub

Getting your benefits information is easy using **umr.com** or the **UMR app**. With both the website and app, you can:

- View **Things to do**, your personalized to-do list
- Check your benefits and see what's covered
- Find a doctor in your network
- Locate and download important forms
- Look up what you owe and how much you've paid
- Find tools for improving your health
- Read *Healthy You*, UMR's digital lifestyle magazine

Here to help

UMR wants you to feel confident you're making the right choices about your family's health. So, we've assigned a team of Plan Advisors to answer your questions and help you get the most from your health care benefits.

A single call to UMR can put you in touch with a benefits specialist who can help make navigating health care easier for you.

Our plan advisors can:

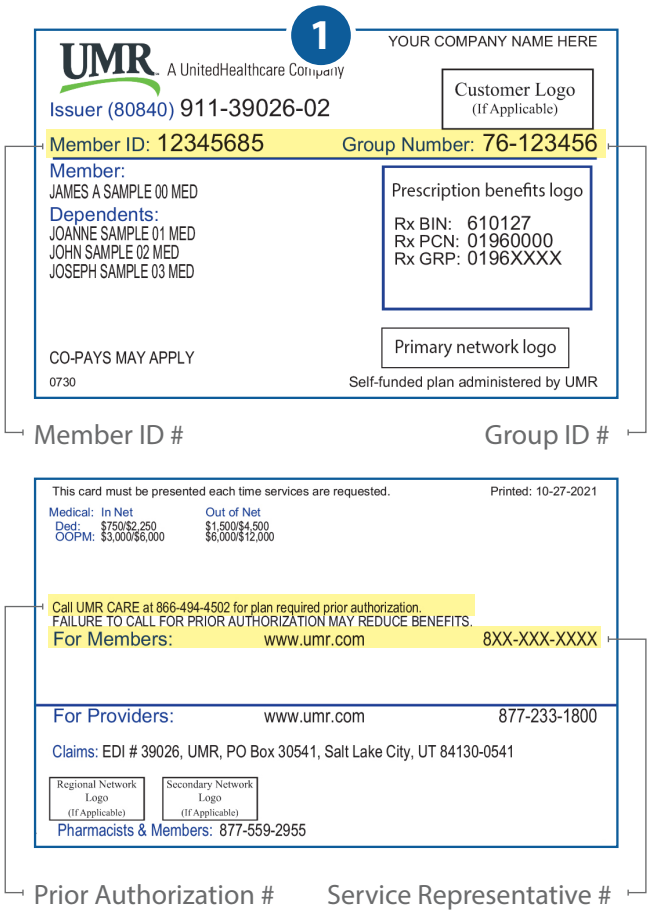
- Help find a doctor who's right for you
- Ensure you're covered and look up the cost of future services
- Connect you to free resources to help you stay healthy

Talk to a plan advisor today by calling 800-207-3172.

Get started with UMR

Follow these steps to save time and feel confident knowing you're all set for the next time you need to use your health care benefits.

Watch this video about the UMR app to learn more.



1. Locate your UMR ID card

Your ID card is the key to getting the health care you need when you need it.

Your card includes your member ID number and network information your health care providers need to file claims for services you receive. If you don't already have your ID card, you should be receiving it in the mail soon.

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

To learn more, read Understanding your new ID card, which is also included in the *Helpful tools and resources* page in the back of this booklet.

2. Create an online account

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

3. Download the app

If you haven't already completed this step while setting up your account, download the **UMR app** so you can take your benefits with you on the go.

4. Explore your online dashboard

Take a few minutes to get to know some of the essential parts of your **umr.com** experience, including **Claims, Coverage and benefits**, and **Find costs and care**.

Know where to go for help

Your UMR customer service team is ready to help you. Our benefits experts are here for you whenever a need or question arises.

There are several ways you can connect with UMR. Use the option that works best for you:

- Call the customer service number at **800-207-3172**.
- Use Live chat by signing in to **umr.com** or opening your UMR app.
- Send us a message by signing into **umr.com** or the **UMR app** and selecting **Contact us**. It's an easy way to exchange documents and files.

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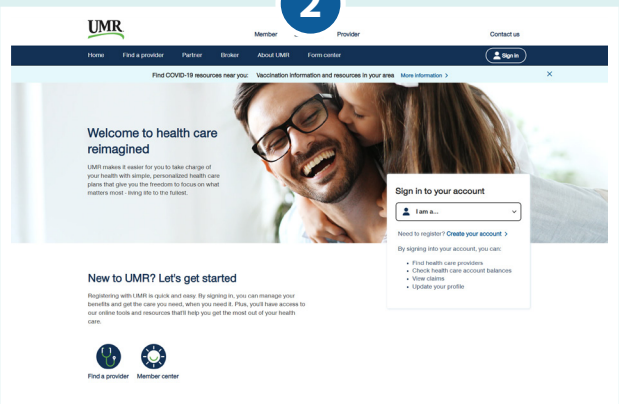

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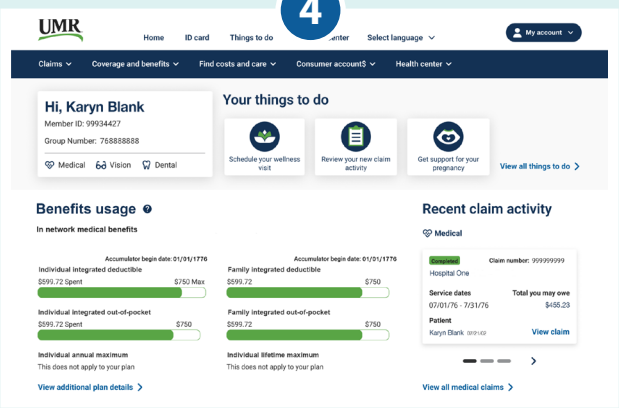
Download the UMR app.

4



FAQs:

What if I have a dependent who is on another insurance plan?

If you or one of your dependents is covered under more than one medical or dental plan, UMR needs to know. We use this information to process your claims quickly and accurately.

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

Updating other insurance information is easy. You can either:

- Call **866-586-0613**
- Go to **umr.com** or download the **UMR app** and submit your other insurance via an electronic form

If my spouse or dependent is also on my plan, how do I see their information?

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 create a HealthSafe ID.

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

When do my benefits start and end?

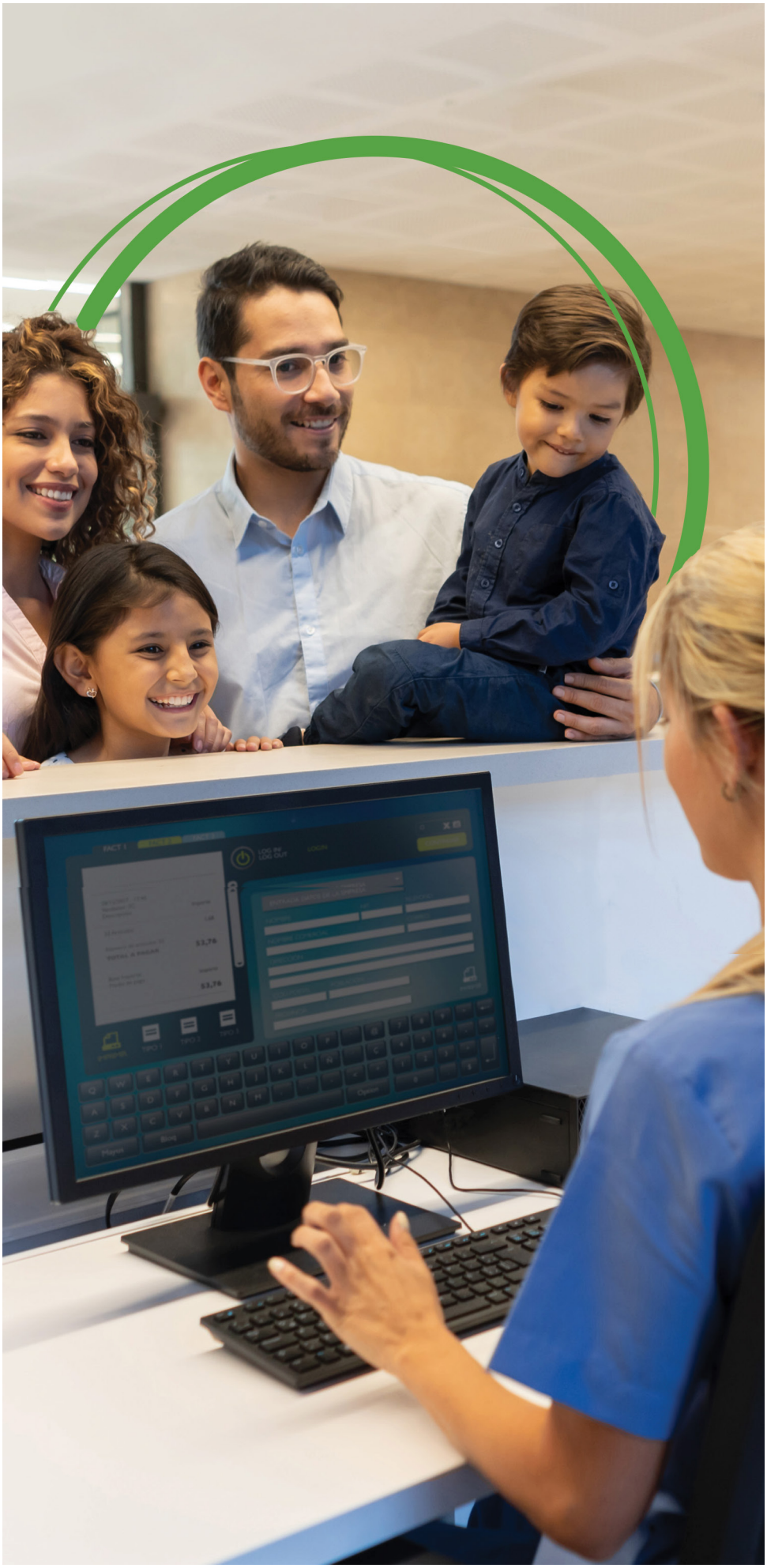
The benefits you choose during open enrollment will activate on **Jan. 1, 2025, and end on Dec. 31, 2025**.

What if I need to make changes to my coverage?

Your benefit preferences cannot be changed until the next open enrollment period. An exception is if you have a qualifying change in status and you let human resources know within 30 days of that change.

A qualifying change in status could include:

- Marriage
- Legal separation
- Divorce
- Birth or adoption of a child
- Change in a dependent status
- Change in a spouse's benefits or employment status



USE your benefits

Now that you're familiar with how UMR can support you and your family, find out how to get the right care at the right time and start using the benefits available to you.

Where to go for care

Your employer has given you access to a preferred provider organization (PPO) network through UMR.

Find an in-network provider today

A preferred provider is any doctor, hospital or other medical facility that is part of your PPO network. They are sometimes referred to as in-network providers. Seeing a preferred provider within your network is important because it means you will pay less for medical services.

Your Network is:

UnitedHealthcare Choice Plus

Employees living in Western New York, your network is:

MagnaCare PPO

CHECK your options for care

Go to **umr.com** or download our app.

CHOOSE your care provider

Select **Find a provider.** Search for your PPO network listed to the left. If you need help, you can call the number on your UMR ID card.

GO get care

Use the chart on the next page to decide the best place to go for different situations.

Choose the right type of care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider.

The chart below can help you select the right level of care for your needs.

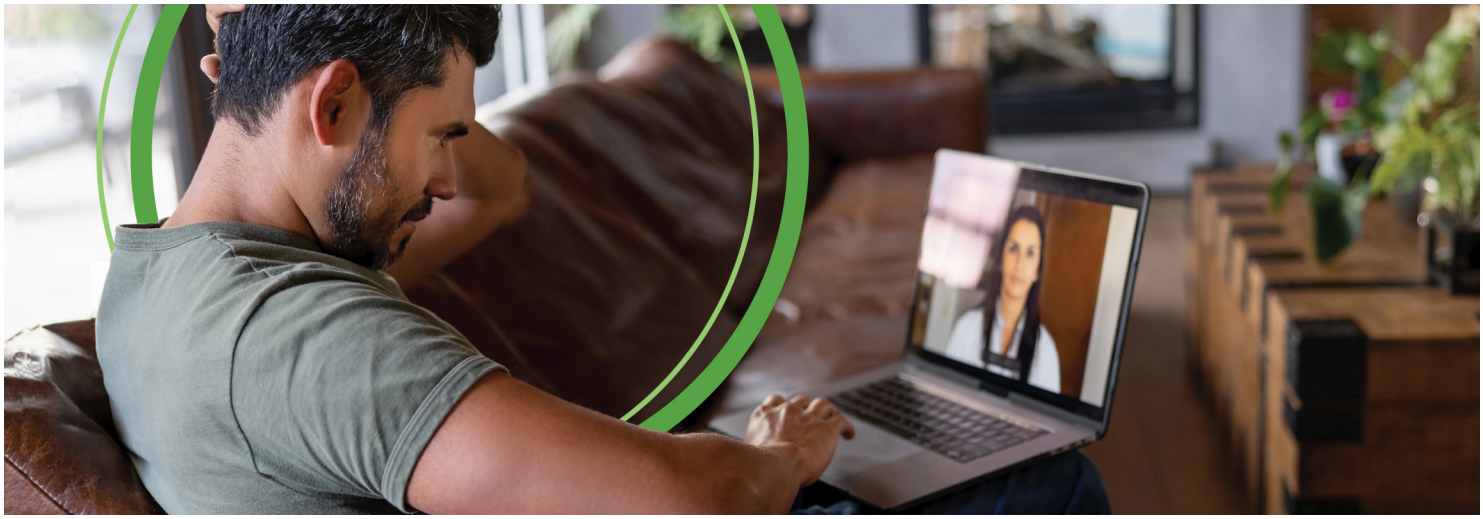
Watch this video about finding care to learn more.

	Convenience care clinics	Your doctor's office*	Urgent care facility	Emergency room (ER)
Reason for visit	• Minor injuries • Allergies • Urinary tract infections • Rashes • Pink eye • Sinus or ear infections • Sore throat	• Preventive care and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life	• Animal and insect bites • More-severe-than-usual asthma • Mild vomiting or diarrhea • Minor burns or cuts that may need stitches • Sprains, strains and minor fractures	• Severe pain, especially in the chest or upper abdomen • Uncontrollable bleeding • Difficulty breathing, speaking or walking • Fainting or dizziness • Severe trauma or serious injuries
Average wait time	15 minutes or less, on average	1 week or more (approximate wait time for an appointment)	15 minutes or less, on average	3 to 12 hours (approximate wait time for non-critical cases)
Average cost	$	$	$$	$$$

* Virtual options may be available

Teladoc Health

Teladoc Health gives you 24/7 access to U.S. board certified doctors, from home or on the go. Call, connect online or use the Teladoc mobile app for affordable care when you need it.



With Teladoc, you can:

- Talk to a doctor anytime, anywhere
- Connect with experienced psychiatrists and behavioral health experts
- Receive prompt treatment with an average call-back time of 10 minutes
- Access a network of doctors that can treat every member of the family
- Have prescriptions sent to a pharmacy of choice

Did you know?

Teladoc is less expensive than the ER or urgent care. You can receive the same quality care via phone, video or mobile app.

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies and sinus problems
- Skin problems
- Mental health needs
- Pink eye
- Respiratory infections
- And more

Talk to a Teladoc doctor

Visit **teladochealth.com** or call **800-Teladoc**.

Teladoc HEALTH

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.

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.

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 copays, deductibles and out-of-pocket amounts

1

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

In-network

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

3

UMR

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

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

Patient: **Elizabeth Blank**
Claim number: **999999999**
Provider name: **XYZ Provider Inc.**
Patient account: **1234567890**

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

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

Reason code explanations:
908 Provider negotiated discount. You are not responsible for this amount

Plan payment(s) made on this EOB: **Payment to:** XYZ Provider Inc. **Payment date:** 03/28/2019 **Payment amount:** $260.00

Go paperless on umr.com or the UMR app

UNLOCK your healthiest self

Congratulations! By taking the time to understand and use your benefits, you've already made an investment in your health.

This next section highlights the additional services available to you, along with a few different health care terms and their definitions to help you better navigate the world of health care and your benefits.

UMR CARE

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

UMR CARE has a staff of experienced registered 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. You will also receive automatic reminders about recommended medical appointments, vaccinations and more to help you stay on top of your health.

Clinical Advocacy Relationships to Empower (CARE)

Our nurses meet you where you are and empower you on your health care journey.

Here for you in times of crisis

If you or a family member experience a serious injury or long-term illness, we have UMR CARE nurses to help at no cost to you.

They will assist you with your medical care and treatment decisions by:

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

CARE
A UMR Solution

Unlock your healthiest self

UnitedHealthcare Hearing

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.

- More than 5,000 credentialed hearing provider locations
- Convenient ordering
- Custom-programmed hearing aids for your unique hearing loss

Start today

Start using your hearing benefit today by calling UnitedHealthcare Hearing at:

855-523-9355,TTY 711

or learn more at **uhchearing.com**.

United Healthcare Hearing

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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UMR.

Common health care terms

Let's face it. Understanding health and benefits terms is like learning a foreign language for most of us. Knowing the difference between coinsurance and copayment 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. Our own UMR team of language experts have already defined them for you.

Coinsurance

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.

Coordination of benefits (COB)

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.

Copayment

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. Copayments don't vary with the cost of service.

Deductible

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.

Explanation of benefits (EOB)

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 UMR ID card or visit **umr.com** if you have any questions about your EOB.

Out-of-pocket

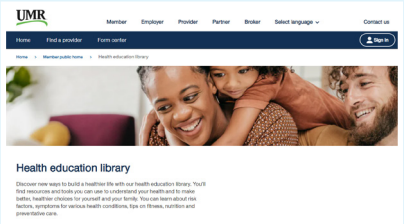
The amount you pay out of your pocket for particular health care services during a particular period of time. An out-of-pocket maximum limits the amount you have to pay during a particular period of time.

Looking for more?

Go to **justplainclear.com** for a full, searchable glossary of health care terms.

Helpful tools and resources

Explore educational resources and practical tools to help you live your healthiest life.



A health guide at your fingertips

Getting answers to your health questions is important – and getting the right answers is even more critical. Our **Health education library** includes articles, illustrations, care guides and more. You'll navigate symptoms, questions and concerns within an intuitive experience that guides you along your individual wellness journey.

Explore the Health education library to learn more.

A digital magazine for you

UMR's award-winning digital health and wellness magazine, *Healthy You*, is available quarterly to view online, download and share. *Healthy You* is packed with helpful resources to address many of the most common health concerns, as well as timely special feature articles.

Start reading *Healthy You*.

Make the most of your benefits

Read this Things to know about your health care benefits plan flyer to learn more about how your plan works.

Reduce health care costs

Read this 10 ways to control health care costs flyer to get helpful tips on how to control your medical expenses.

Take advantage of preventive care

Read this Preventive care services flyer to learn more about maintaining or improving your health.

See how claims work

Read this Life of a claim flyer to see a step-by-step breakdown of how your claims are processed and paid.

Understand your ID card

Read this How to read your ID card flyer to learn more about the information on your UMR ID card.

File claims online

Read this flyer about filing claims to see how to get reimbursed for any expenses you may have paid out-of-pocket.

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