



UHC Dental & Vision Group number: 933404

UMR Medical Group number: 76414829

BZI team member, thank you so much for your patience, the open enrollment elections have loaded within UMR. Digital **Medical** ID cards are visible at UMR.com, and Vision and Dental **coverages** are visible at UMR.com.

The UMR ID cards will **not** reference UnitedHealthCare Dental or Vision. To retrieve digital UHC Dental/Vision cards please follow instructions below. No Physical Cards will be mailed. **Dental/Vision providers can also accept SSNs in place of member ID numbers.**

| UnitedHealthCare App | myuhc.com |
|--|--|
| <ol style="list-style-type: none">1. Download UnitedHealthCare App2. Register/Login3. Under Quick Actions click on "View ID Cards" | <ol style="list-style-type: none">1. Go to "myuhc.com"2. Register/Login3. Click on "Dental ID Card" for Dental card, click on "See Your Vision Plan" for Vision Card |

2 ways to access your dental ID card

Your dental plan is designed to help take good care of you—and it includes the convenience of a digital dental ID card.

Your digital dental ID card is here for you...

Your digital dental ID card is available whenever you need it via myuhc.com® and the **UnitedHealthcare®** app:

- View or email your card anytime, anywhere on your smartphone
- Enjoy the perk of having one less card to carry in your wallet
- Get your plan info at your fingertips

...but you don't have to show it to get dental care

Your dental office only needs your member number or other identifying personal information to verify that you're a UnitedHealthcare dental member.



[Sign in to myuhc.com](http://myuhc.com) >
View & Print Member ID Cards



[Sign in to the](#)
[UnitedHealthcare app](#)

Download your Medical Digital Card

Welcome to **umr.com on the go**

As a UMR member you can access your benefits and claims information anytime, anywhere using your mobile device. There's no app to download. Simply log in to umr.com

My Taskbar
View upcoming tasks right from the homepage.

Share your ID card with your provider
Now, there's no need to carry it with you, it's at your finger tips

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

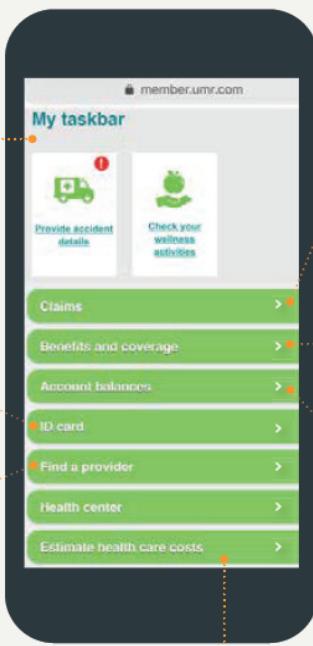
Want to bookmark umr.com on your mobile device?

iPhone: Touch and hold the open book icon to add umr.com

Android: Tap on the menu. Then select "Add Bookmark."

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and company benefits. If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can click the "Contact us" link on the home screen.

© 2019 United HealthCare Services, Inc. UM0948 0519 (F50735)



Look up claims
Look up a claim for yourself or an authorized dependent.

Check your benefits
View medical/dental benefits. And, see who's covered under your plan.

Access account balances
Look up balances for your special accounts including HRAs and FSAs.

Estimate health care costs
See what you can expect to pay before receiving care with the Health Cost Estimator tool.



A UnitedHealthcare Company

Important Items to Remember

STAY IN NETWORK

To obtain the best benefits, it is important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure **EVERY** doctor/nurse/radiologist/anesthesiologist/etc. is in your network.

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is an extremely useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time each year. Open enrollment will be during fall 2024. All changes made during this time will take effect on the renewal date (01/01/2025)

MAKING PLAN CHANGES DURING THE YEAR

If you have a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc.) during the year, you may be able to make changes to your plan even though it is outside of the Open Enrollment window. Please turn in all paperwork within **30 days** of your Qualifying Event to ensure it is processed timely and any claims incurred will be paid.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends.

TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop on the last day of that month.

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off the plan at the end of the month in which they turn 26.

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

MEDICARE PART D

If you have Medicare or will become eligible for Medicare in the next 12 months, it is important to understand your rights and penalties about your prescription drug coverage before electing an employer plan. Please see Human Recourses for more information.

PAID SICK LEAVE

40 hours per year is available after 60 days of full-time employment for all eligible employees for illness and may grant sick leave for preventive health and dental care, maternity, paternity, and adoption care, or for absence from duty because of illness, injury or disability of a spouse, children, or parents. You may also use it for any FMLA qualifying reason. Employees leaving their employment will not receive compensation for unused sick leave.

Please visit your PrimePay account, “Documents & Links” for detailed Benefit Documents.