



Your Benefit Plan FAQs

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 certain 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 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 typically pay more for their services.

Your member ID card contains important information regarding your plan's PPO. Contact your PPO directly 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 First 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 to 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 services, like combining appointments for routine checkups and lab tests on the same day.

Also, read and understand your Explanation of Benefits (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" and "The Life of a Claim" sections 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 EOB for most health claim 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 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.

Life of a Claim

