



Auglaize County Benefits Refresh

Medical & Prescription Drug Benefits | April 2024



Gallagher

Insurance | Risk Management | Consulting

Agenda

- Where to find Benefit Information
- Review of the High Deductible Health Plan – UMR
- Review of the Prescription Drug benefits - Elixir
- Tips and Tools – making the most of your benefits
 - Elixir Online Tools and Programs
 - UMR Online Tools and Programs
- Considerations with High Deductible Health Plan and Health Savings Account



Health Care Costs

Auglaize County is a Self-Funded medical and prescription drug plan. This means once you meet the deductible, Auglaize County shares in the cost of your claims (co-insurance) or pays all of your eligible claims once the Out-of-Pocket is met.

The Cost of Health Care, or claims cost, rises each year. You can help keep the Auglaize County Medical and Prescription plan premiums under control by

- being health conscious
- knowing how your benefits work
- using In-Network providers
- using the right place of care
- taking advantage of the UMR and Elixir programs that can help you manage a chronic health condition if you have one
- know how and when to shop for care

The County Share of Claims



The Employee Share of Claims

Where to find Benefit Information

- ✓ Auglaize County Website
- ✓ Your UMR Member Portal at www.umar.com
 - ✓ Status of Claim payments
 - ✓ Explanation of Benefits (how the claim was paid or why it pended)
 - ✓ Find Providers (no log-in required)
 - ✓ Compare allowed charges on many procedures
- ✓ Your Elixir Rx Member Portal at www.elixirsolutions.com
 - ✓ View your drug formulary
 - ✓ Compare costs for alternate medications
 - ✓ View claims history and copay amounts

Medical & Prescription Drug

Terminology

All covered services are subject to Medical Necessity and may have visit or coverage limitations determined by the County. Please review the Summary Plan Description (Benefits Booklet) for full details.

- I. Deductible- the amount you are responsible for before the County will share in the cost of your claim
 - A. When In-Network providers are used, you receive the network discount on covered services
- II. Coinsurance- after the Deductible is met, you and the County share the cost of covered services
- III. Out-of-Pocket – this is the most you will pay in a Calendar Year
- IV. Embedded- a covered individual only has to satisfy the annual Individual Out-of-Pocket maximum
- V. Non-Embedded – for Family coverage only: one or all family members help to satisfy the Family Deductible. The Individual deductible does not apply to Family coverage.
- VI. Billed Amount – this is what the provider hopes to get paid
- VII. Allowed Amount – this is the contractual, agreed to payment between UHC and In-Network providers or facilities
- VIII. Balance Billing- this applies to Out of Network Providers and is the difference between the billed charges and what UHC allows or pays

Review Your Benefits Booklet

**AUGLAIZE COUNTY (MEBC)
WAPAKONETA OH**

High Deductible Health Benefit Summary Plan Description
(HDHP)
7670-00-412003
Revised 01-01-2024

BENEFITS ADMINISTERED BY
UMR
A UnitedHealthcare Company

MEDICAL SCHEDULE OF BENEFITS

Benefit Plan(s) 002, 003

All health benefits shown on this Schedule of Benefits are subject to the following: Deductibles, Co-pays, Plan Participation rates, and out-of-pocket maximums, if any. Refer to the Out-of-Pocket Expenses and Maximums section of this SPD for more details.

Benefits listed in this Schedule of Benefits are subject to all provisions of the Plan, including any benefit determination based on an evaluation of medical facts and covered benefits. Refer to the Covered Medical Benefits and General Exclusions sections of this SPD for more details.

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. Refer to the UMR CARE section of this SPD for a description of these services and prior authorization procedures.

Note: Refer to the Provider Network section for clarifications and possible exceptions to the in-network or out-of-network classifications.

If a benefit maximum is listed in the middle of a column on the Schedule of Benefits, it is a combined Maximum Benefit for services that the Covered Person receives from all in-network and out-of-network providers and facilities.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Calendar Year:		
<i>Note: Medical And Pharmacy Expenses Are Subject To The Same Deductible.</i>		
• Single Coverage	\$1800	\$3600
• Family Coverage	\$3600	\$7200
<i>Note: If Family Coverage Is Elected, The Full Family Deductible Amount Must Be Met Before The Plan Will Begin Paying At The Plan Participation Level.</i>		
Plan Participation Rate, Unless Otherwise Stated Below:		
• Paid By Plan After Satisfaction Of Deductible	80%	60%
Annual Out-Of-Pocket Maximum:		
<i>Note: Medical And Pharmacy Expenses Are Subject To The Same Out-Of-Pocket Maximum.</i>		
• Single Coverage	\$4000	\$8000
• Family Coverage	\$6000	\$12,000
– Individual "Embedded" Out-Of-Pocket	\$4000	\$8000
<i>Note: If You Have Family Coverage, Any Combination Of Covered Family Members May Help Meet The Family Out-Of-Pocket Maximum; However, No One Person Will Pay More Than His Or Her Embedded Individual Out-Of-Pocket Maximum Amount.</i>		
Acupuncture Treatment:		
• Maximum Visits Per Calendar Year		6 Visits
• Paid By Plan After In-Network Deductible	80%	80%

You can find your benefit booklet (also called the Summary Plan Description or Certificate of Coverage) online:

1. Log on to www.umar.com
2. On the County website:
 - > County Info
 - > Employee Information
 - > 2024 Health Insurance

Therapy Services:			
• Maximum Visits Per Calendar Year		60 Visits	
• Paid By Plan After Deductible	80%		60%
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>			

-4- 7670-00-412003

Medical Plan at a Glance

	Auglaize County-HDHP	
Effective Date	January 1, 2024	
Network	UHC Choice Plus	
Bundled Core Benefits	All or None Benefits Package	
Plan Basics:	In	Out
Deductible	Non Embedded	
Out of Pocket	Embedded	
Individual Deductible (per person)	\$1,800	\$3,600
Family Deductible	\$3,600	\$7,200
Coinsurance Level	20%	40%
Individual Coinsurance Limit (per person)	\$2,200	\$4,400
Family Coinsurance Limit	\$2,400	\$4,800
Individual Out-of-Pocket (Inc. Ded.)	\$4,000	\$8,000
Family Out-of-Pocket (Inc. Ded.)	\$6,000	\$12,000
Preventive	No Cost Share, 100% covered by plan	40%
Office Visit (PCP/Specialist)	Ded + Coins	Ded + Coins
Urgent Care	Ded + Coins	Ded + Coins
Emergency Room	True ER-No Cost Share after Deductible. Non-True ER- 50% coinsurance after Deductible	True ER-No Cost Share after Deductible. Non- True ER-50% coinsurance after Deductible

The Deductible

When Family coverage: Eligible Medical and Rx claims by one or more family members covered under your plan can satisfy the Family Deductible. *The Individual Deductible does not apply to Family coverage.*

Deductible- the amount you are responsible for before the County will share in the cost of your claim.

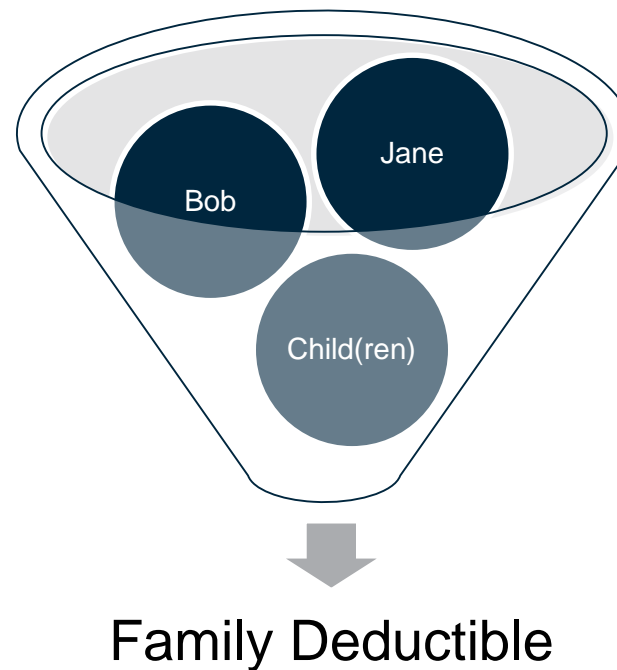
When In-Network providers are used, you receive the network discount on covered services.

Auglaize County offers a Non-Embedded Deductible.

- This means if you are Family Coverage, the Individual Deductible does not apply.

How do you satisfy the Family Deductible?

Eligible claims by one or more family members covered under your plan can satisfy the Family Deductible.



In and Out-of-Network Deductibles are separate and do not accumulate towards the other.

The Out-of-Pocket

The Out-of-Pocket Maximum is per covered Individual, per Calendar Year. *This applies to Individual or Family coverage.*

Deductible + Coinsurance = Out-of-Pocket Maximum

Single example:

Jane needs an MRI and has outpatient ACL repair (knee ligament). The allowed charges are \$24,000

She will owe \$1,800 towards her deductible and another \$2,200 of co-insurance, totaling her \$4,000 Individual annual Out-of-Pocket

The County will pay the balance of \$20,000 on her claim

\$24,000 allowed charges
-\$1,800 deductible
\$22,200 balance
X 20% coinsurance =
\$4,440

Maximum Out-of-Pocket is \$4,000 so Jane will only owe \$2,200 Co-Insurance.

\$4,000 Individual Out-of-Pocket Maximum Met

Eligible Claims incurred for the balance of the Calendar Year will be paid for by Auglaize County because Jane met her Out-of-Pocket

Example above is for In-Network services and assumes this is the first claim to be adjudicated for this member in the Calendar Year

The Out-of-Pocket

The Out-of-Pocket Maximum is per covered Individual, per Calendar Year

Family example:

John tripped on an uneven sidewalk while on vacation and broke his ankle. His treatment cost = \$3,000. Spouse Mary had some diagnostic tests that cost \$600. The family deductible of \$3,600 has been met

A few months later, John has a minor outpatient surgery. The allowed charges are \$5,000 but John will only owe \$1,000 because his Individual Out-of-Pocket maximum is \$4,000.

Example above is for In-Network services and assumes this is the first claim to be adjudicated for this member in the Calendar Year



Elixir Online Tools and Pharmacy Management Programs

Rx Plan at a Glance

Participating Pharmacy	Retail Pharmacy Network	Preferred Pharmacy Network	Mail Service
Maximum Day Supply Allowed	30 Days	90 Days	90 Days
Generic Copay	\$7	\$14	\$14
Preferred Brand Copay	\$35	\$70	\$70
Non-Preferred Brand Copay	50%	50%	50%
Specialty Copay	50% of the cost with a 30 day supply allowed per fill.		
Annual Rx/Medical Combined Deductible	\$1,800 per Individual, \$3,600 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below.		
Annual Rx/Medical Combined Out of Pocket Maximum	\$4,000 per Individual, \$6,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

Elixir Select Formulary

Copays apply after the applicable Single or Family deductible has been met.

You will pay more if you choose to fill a Brand name drug when a Generic is available.

Medication Costs

Brand versus Generic

- Generic Medication average cost is around \$25 (Nationwide)
 - Auglaize County 2023 average approved price \$29.10 (patient pay average \$7.20)
- Brand Name Medication average cost is all over the board
 - Auglaize County 2023 average approved price \$1,895.00 (patient pay average \$59)

<u>Drug Name</u>	<u>Therapeutic Class</u>	<u>Brand or Generic</u>	<u>Avg Cost per Rx</u>	
atorvastatin calcium	anti-hyperlipidemics	Generic	\$8.04	
icosapent ethyl	anti-hyperlipidemics	Generic	\$876.14	Brand Name - Vascepa. It's Fish Oil.
Repatha Sureclick	anti-hyperlipidemics	Brand	\$541.02	
Flovent HFA	anti-asthmatic	Brand	\$269.12	
albuterol sulfate	anti-asthmatic	Generic	\$51.41	
Symbicort	anti-asthmatic	Brand	\$383.75	
mesalamine ER	gastrointestinal	Generic	\$1,124.29	Brand Name - Pentasa
Linzess	gastrointestinal	Brand	\$506.30	
Emgality	migraine	Brand	\$1,892.52	
Ubrelvy	migraine	Brand	\$967.01	

Pharmacy Terms and Programs

Formulary – the approved list of medications covered by your plan.

Therapeutic Class – Anti-inflammatory, Endocrine, Oncology, Birth Control, Psychological, etc. All Formularies cover most Therapeutic Classes. They may not cover all of the drugs in that class, but there are usually several to choose from.

Generic Drug – the Brand name drug patent has expired; other Manufacturers may make their version of the drug. The active ingredient is similar to the Brand ingredient. Same purity, stability and efficacy as the Brand counterpart. \$

Preferred Brand Drug –formulary medications which are higher cost Generic drugs and low cost Brand name drugs. \$\$

Non-Preferred Brand Drug – non-formulary, Brand name medications that have lower cost alternatives in Preferred or Generic Drugs. \$\$\$

Specialty Medications- \$\$\$\$

Starter Dose Program

This program seeks to minimize medication waste, caused by unknown adverse side affects.

90-day supplies of new medications can be wasted when

- **The drug was ineffective**
- **Undesirable side affects develop after 7-10 days**

When a new medication is first prescribed for you, you will only be able to receive a 30 day initial supply.

Some examples of medications with frequent side affect complaints:

- Statin medications (cholesterol) – severe muscle cramps
- Beta blockers (heart) – feeling tired all the time
- Acid Reflux medicines – gas and stomach discomfort

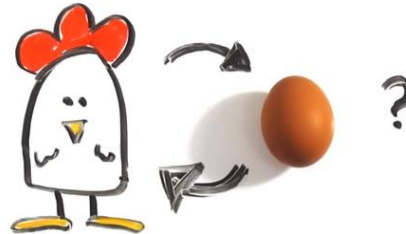
Common adverse side affects:

- Anxiety or mood swings
- Dry mouth
- Dizziness
- Diarrhea – Nausea - Vomiting
- Headache
- Muscle cramps
- Weakness – excessive fatigue



Other Rx Programs explained

Step Therapy: For certain medications, this program requires you to try another drug that has shown to be highly effective, has low rates of side effects, and is less costly, before the target drug can be covered.



Prior Authorization: applied to certain medications and/or therapeutic classes to define and/or limit the conditions under which the medications will be covered.



Quantity Limits: usually determined by the drug manufacturer and imposed for patient safety. Some medications have adverse side effects if too much is consumed.

Example:

Opiate medications – highly addictive even at low dosage for extended period of time
Amiodarone – harmful to lungs if taken in high doses for extended period of time
Migraine medication – not likely to need one pill every day, manufacturer/FDA limits to 9 pills per 30 days



What are \$pecialty Medications

- I. Typically very high cost per dose, injection or infusion
 - A. Some Cancer treatments now custom made to your specific form of cancer and the way your cells “uptake or absorb” the active ingredient
- II. Most often injected or infused
- III. Treat complex or rare conditions, some of which are “high touch” conditions
- IV. Treat conditions such as: cancer, Rheumatoid Arthritis, Eczema, plaque psoriasis, Multiple Sclerosis, Cerebral Palsy, Cystic Fibrosis, Hepatitis C, Inflammatory Bowel Syndrome, Chron’s Disease, etc.

Why are these expensive?

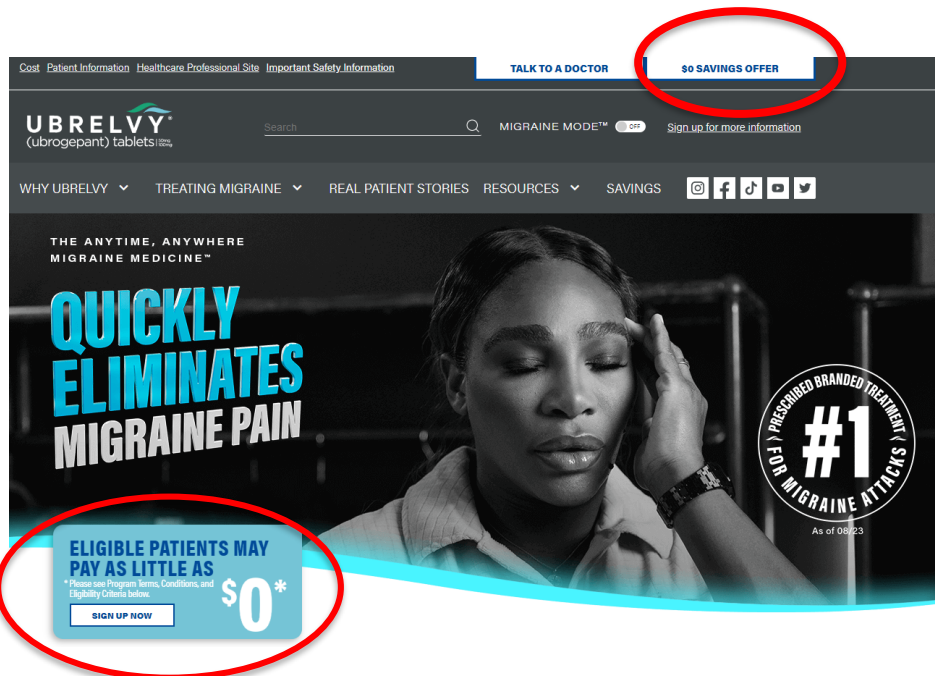
- High development cost for a small percentage of the population with these conditions
- Drug maker owns the patent for 15 years and controls the price until the patent expires. The trend has been for them to buy out their generic counterparts, so they continue to charge a high cost for the drug.

Medication Costs

Manufacturer Assistance with High Cost Medications

- Almost all require you to sign up with the drug Manufacturer every year
- Rules as to who can receive assistance (i.e. Medicare coverage vs commercial insurance)
- Almost all Mfg Assistance Programs have an annual benefit cap (i.e. \$7,000 each year)
- Programs can change at any time and may be different next time you sign up
- Discounts and what you pay is negotiated behind the scenes

If it's advertised, it costs more



The screenshot shows the Ubrelvy website. At the top, there is a navigation bar with links: Cost, Patient Information, Healthcare Professional Site, Important Safety Information, TALK TO A DOCTOR, and **SO SAVINGS OFFER** (circled in red). Below the navigation bar, the Ubrelvy logo is displayed, followed by a search bar and a button labeled MIGRAINE MODE™. A link to "Sign up for more information" is also present. The main content area features a large image of a woman holding her head, with the text "THE ANYTIME, ANYWHERE MIGRAINE MEDICINE™" and "QUICKLY ELIMINATES MIGRAINE PAIN". A circular badge on the right side of the image states "#1 PRESCRIBED BRAND-TREATED FOR MIGRAINE ATTACKS" with "As of 06/23" below it. In the bottom left corner, a blue box with white text says "ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$0*" and "SIGN UP NOW" (circled in red).

Newer, Advertised Medications


- Under Patent - \$\$\$\$
- Work differently than predecessors
- Not necessarily more effective than older medications.
- May have more side effects than older medications

www.elixirsolutions.com



Members | Elixir x SelectFormulary.pdf x +

medtrakrx.com/Members



CRAFTED Rx SOLUTIONS

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Pharmacy Networks
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Questions About Registering?
Contact a Elixir Pharmacy Benefit Advisor to learn more about the benefits of creating an account.
1-800-771-4648

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Register online for your chance to win.

Register on My Elixir today to view important benefit information and have the chance to win a \$100 Visa Gift Card!*


My Elixir gives you access to:




Pharmacy Locator
Find network pharmacies by zip code or city and state



Claims History
View your prescription claims history and co-pay amounts



Rx Price Finder
Search for drug prices and lower cost alternatives



Drug Search
Find information on drug and health conditions

And much more!



Register Now!

Log-In to Existing Account



*Once you register, you will automatically be entered in a quarterly drawing for a \$100 Visa Gift Card.

AWARDS & HONORS

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Overland Park, KS 66210
800-771-4648

pdf x +

eFinder

Rx Price Finder
Pharmacy Networks
Plan Information
Resources
Reporting

Please choose your plan from the drop down below:

10002214 - MEBC- MERCER COUNTY, OH

Rx Price Finder




Results for WEB USER for NARATRIPTAN TAB 2.5MG priced at CVS PHARMACY - 45822


Start a New Search

This price is an estimate of costs for you and your plan. Actual costs may vary based on factors such as the pharmacy's cash price, days supply, generics available, and when and how the pharmacy submits the prescription claim. Deductibles, benefit maximums, and plan limits may also affect the final cost. If this drug was recently filled, it may be too soon to get a refill.

NARATRIPTAN TAB 2.5MG (QTY: 3)		
	YOU PAY	TOTAL PRICE
Retail (30 Days)	\$10.99	\$10.99

RightChoice Lower Cost Alternatives

 <div> SUMATRIPTAN TAB 100MG <small>(Generic for: IMITREX) QTY: 3</small> </div>	You Pay: \$3.18	You Save: \$7.81	Share with my Doctor
<div> <p><i>Lower costing alternative exists.</i> Switch to this lower cost alternative to save money on your prescription! Contact your doctor to make the switch.</p> </div>			
 <div> RIZATRIPTAN TAB 10MG <small>(Generic for: MAXALT) QTY: 3</small> </div>	You Pay: \$4.97	You Save: \$6.02	Share with my Doctor
<div> <p><i>Lower costing alternative exists.</i> Switch to this lower cost alternative to save money on your prescription! Contact your doctor to make the switch.</p> </div>			
 <div> RIZATRIPTAN TAB 10MG ODT <small>(Generic for: MAXALT-MLT) QTY: 3</small> </div>	You Pay: \$5.14	You Save: \$5.85	Share with my Doctor
<div> <p><i>Lower costing alternative exists.</i> Switch to this lower cost alternative to save money on your prescription! Contact your doctor to make the switch.</p> </div>			





UMR Online Tools and Programs

Certain services require Prior Authorization approval before they will be covered. In-Network providers will usually do this for you, and you will receive written confirmation from UMR of the approval or denial. It is a good idea to have your approval in hand before you have the service. Please refer to your UMR Summary Plan Description under “ Services Requiring Prior Authorization” for the services that require a Prior Auth.



Get your annual preventive visits!

- ✓ Annual Physical with your Primary Care Doctor
- ✓ Mammograms, Colorectal Cancer Screening, PSA and Prostate Exam
- ✓ Age appropriate screenings
- ✓ Dental and Vision exams do more than help keep your teeth clean and your eyesight 20/20:
- ✓ Dental exams can detect not only early signs of oral cancer, but can indicate if you have diabetes, ulcers, increased risk of heart disease and stroke, osteoporosis, and dry mouth which is an increased cavity risk.
- ✓ Vision exams can also detect diabetes, high blood pressure, high cholesterol, lupus, Lyme disease, multiple sclerosis, rheumatoid arthritis and much more.

Adult Screenings & Immunizations

General screening guidelines

Heart disease and cancer are the two leading causes of death in the United States, and the risks of developing a significant health condition rise significantly with age.

Your family health history can also make you predisposed to certain diseases. So it's important to understand your risk factors and receive appropriate screenings to head off potential problems when they are most treatable. Early detection could save your life.

Recommended tests are based on your age, gender and overall risk factors. The guidelines here are a general reference only. Always discuss your particular health care needs with your physician.



Tests for Women

- Mammogram
- Cervical Cancer
- Bone mineral density
- Blood Pressure
- Cholesterol
- Obesity / BMI
- Diabetes
- Colorectal Cancer

Tests for Men

- Blood Pressure
- Cholesterol
- Obesity / BMI
- Diabetes
- Colorectal Cancer
- Prostate Cancer

Immunizations

- Tetanus / Diphtheria
- Influenza
- Pneumococcal vaccine
- Shingles
- Varicella
- Human papillomavirus (HPV)
- MMR (Measles, Mumps, Rubella)
- Meningitis,
- Hepatitis A, Hepatitis B

Coverage for Adult Screenings and Immunizations are based on age, gender and overall risk factors.
These are for reference only – please consult the UMR Screenings and Immunizations flyer, or contact Customer Service.

Not all pharmacies are UMR Network providers for immunizations, so we recommend that you confirm the Pharmacy is in Network with UMR prior to your visit.

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 fingertips

Find a provider

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



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.

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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 details. If you are having trouble accessing or logging into our mobile site, contact the toll number on the back of your ID card for assistance. You can also click the "Contact us" link on the home screen.

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AUGLAIZE COUNTY
Self-funded Plan


MEBC

Issuer (80840) 911-39026-02


Member ID: 32759957 Group Number: 76-412003

Member:
BOB SAMPLE 00 MED

Dependents:
SPOUSE SAMPLE 01 MED



Rx BIN: 800004
Rx PCN: 008126
Rx GRP: 10002211



UnitedHealthcare
Choice Plus Network

0730 Provider: For effective date of coverage call 877-233-1800

Talkspace – only therapy

Message a dedicated therapist anytime, anywhere

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required.

Here's how Talkspace can fit your life

With Talkspace, you can message a licensed therapist, 24/7.

- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- Specialized clinicians delivering services across all 50 states and are matched to members based on location, needs and preferences
- Find a therapist with an online matching tool
- Start therapy within hours of choosing your therapist
- Choose real-time face-to-face video visits by appointment, when needed
- You can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist trained in mental health care and prescription management for a tailored treatment plan

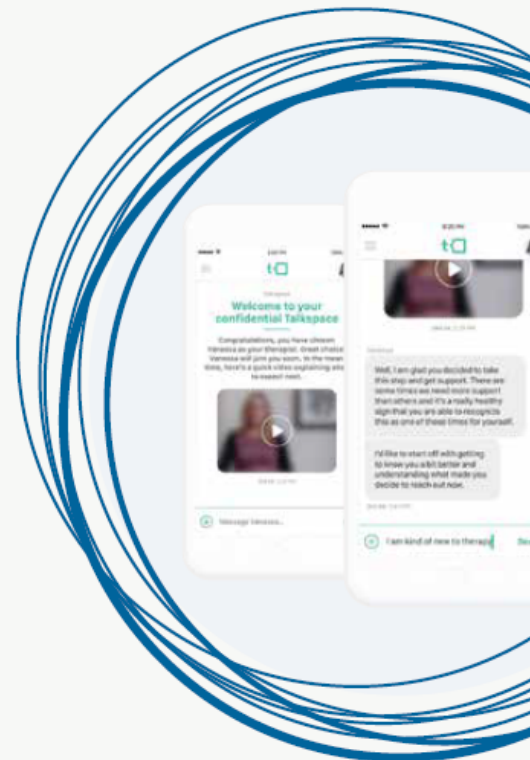
Talkspace is convenient, safe and secure.

Simply register (first visit only) and choose a provider and message anywhere, anytime at talkspace.com/connect.

After you register, download the Talkspace app on your mobile phone. Talkspace is supported by Chrome, FireFox, Safari or Edge browsers on your desktop computer.

Talkspace is your space to use in your time. It's covered under your plan's behavioral health benefits.**

talkspace



iOS • Android • Desktop • Messaging • Voice • Video • Photo

Where you park your car matters!

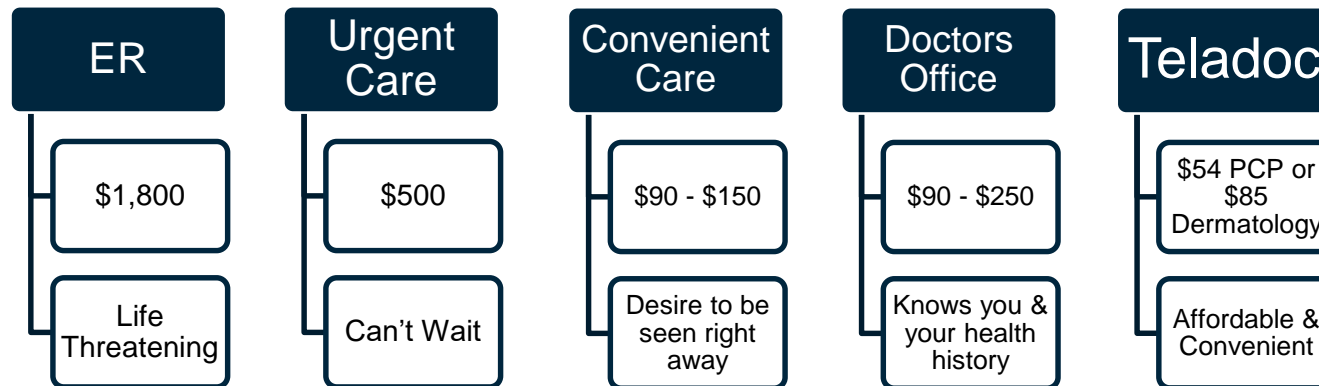


MRI at Hospital = \$1,200 to \$3,800 allowed charges



MRI at Freestanding facility = \$500 to \$850 allowed charges

Virtual Office Visits covered through your Doctors office or Teladoc



All charges above are realistic examples and vary based on where you go and what services are provided during the visit.

Free-standing Facilities cost less\$

Diagnostic Radiology

Call UMR and ask them to help you find free-standing non-hospital affiliated radiology centers. This can be tricky to do on your own.

You may have a bit farther drive, but the cost savings is usually significant and well worth it.

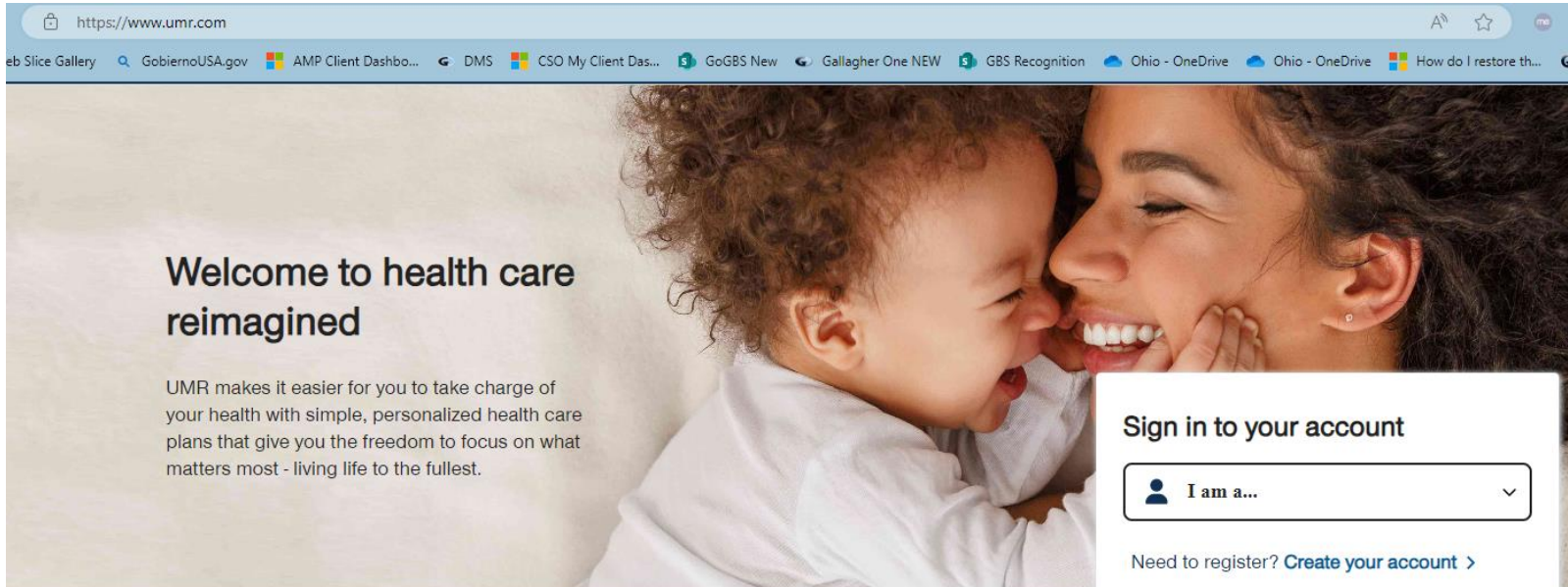
Lab Providers

- Quest – locations throughout Ohio
- LabCorp – locations throughout Ohio
- Pathology Laboratories
 - 1015 S Blackhoof St.



Remind your doctors to send your Labwork to Quest or LabCorp. Shop and compare prices for Diagnostic Scans (MRI, CT Scans) and elective Out-patient procedures such as colonoscopies, joint replacement surgeries, and cardiology procedures.

Find a Provider




https://www.umar.com

eb Slice Gallery GobiernoUSA.gov AMP Client Dashbo... DMS CSO My Client Das... GoGBS New Gallagher One NEW GBS Recognition Ohio - OneDrive Ohio - OneDrive How do I restore th...

Welcome to health care reimagined

UMR makes it easier for you to take charge of your health with simple, personalized health care plans that give you the freedom to focus on what matters most - living life to the fullest.

Sign in to your account

 I am a... ▾

Need to register? [Create your account >](#)

By signing into your account, you can:

- Find health care providers
- Check health care account balances
- View claims
- Update your profile

New to UMR? Let's get started

Registering with UMR is quick and easy. By signing in, you can manage your benefits and get the care you need, when you need it. Plus, you'll have access to our online tools and resources that'll help you get the most out of your health care. Additionally, watch a video to see how UMR is refreshing the look of our website.



Find a provider



Member center

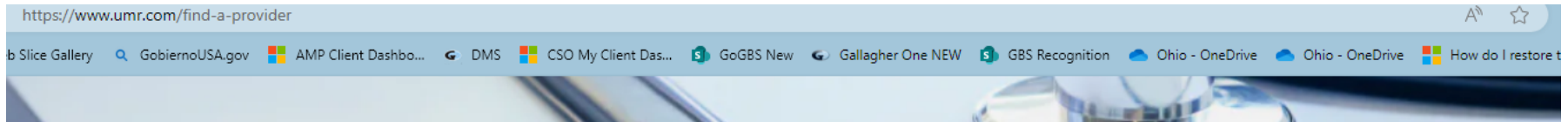


Form center



Website update

Find a Provider



Look up in-network health care providers

The providers that are available to you through this application may not reflect all the available contracted providers or certain specialties within your network.

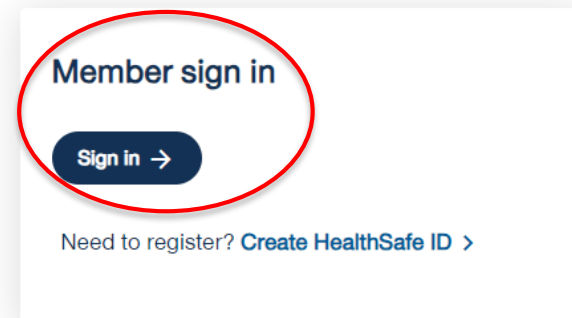
Not all providers at listed facilities (hospitals, surgical centers, etc.) are in-network providers. To verify if the providers are in-network, contact the provider directly or call the toll-free number located on your health plan ID card.

Information included in the provider directory is accurate and has been updated to the best of our knowledge.

Important: Please verify the provider is still in the network prior to your next visit and before receiving any services.

Sign in to enhance your search

By signing in, you will be able to search providers specifically within your network.



Search by

☒ Medical ☐ Dental



Search

Find a Provider

FIND A PROVIDER | UnitedHealthcare Choice Plus Network

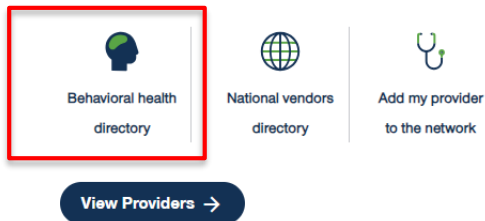
Click on the **View providers** button below to search for health care professionals in your network.

Helpful Cost Estimates

This provider search tool also shows information about the cost of care. Look for providers labeled "Premium Care Physician", which indicates the provider meets the criteria for providing quality and cost-efficient care. Click on a specific provider to view average cost estimates for office visits and treatments for illnesses and conditions within your area.

Important: Please verify the provider is still in the network prior to your next visit and before receiving any services.

Additional Resources



- Click on **View Providers ->** to start searching by Name, or Types of providers
- People – groups of doctors or by specialty
- Places – hospitals, labs, imaging centers
- By type of Service or Treatment

Find a Provider



FIND CARE

SAVED

CHOICE PLUS



Knee Arthroscopy With ACL Surgery
 Cost range in your area: \$4,600 – \$11,492

Estimated cost

Your estimated out-of-pocket cost	--
Total cost before coverage	--
Your health care plan pays	--
You may pay	--

Costs included in this estimate

How are these providers and facilities chosen? [Learn more >](#)

1. Office Visit with Specialist for Evaluation Change doctor >		
James M Nieman, MD Orthopedic Surgery, Sports Medicine	Estimated Total Cost \$366	Your Estimated Cost --
2. Knee MRI Change facility >		
Lima Memorial Hospital General Hospital	Estimated Total Cost \$1,791	Your Estimated Cost --
3. Reconstruction of Torn Anterior Cruciate Ligament Change facility >		
Van Wert County Hospital General Hospital	Estimated Total Cost \$7,652	Your Estimated Cost --

Ongoing Condition Care

Focuses on helping members learn self-management and self-advocacy while encouraging the member to close care gaps (i.e. Eye exam for diabetic members)

- ✓ Emphasis on member-focused care
- ✓ Added conditions under the program
- ✓ Focus on medication reconciliation and
- ✓ Close gaps in care
- ✓ High risk members only
 - ✓ Diabetics: moderate and high risk
- ✓ Uses the UMR CARE App

Condition Care programs are

- Confidential
- Voluntary
- Work with your or your doctors goals
- Help reduce your Out-of-Pocket spend by helping you get or maintain control over a chronic health condition
- You can end your participation at any time.

- Cardiovascular
 - Heart Failure
 - CAD
 - Hypertension
- Respiratory
 - Asthma
 - COPD
- Blood Disorders
 - Hepatitis C, HIV, Sickle Cell Anemia

- Diabetes
- Gastrointestinal Disorders
 - Irritable Bowel Syndrome
 - Crohn's Disease
- Neurological / Immune Disorders
 - MS, Rheumatoid Arthritis, Myasthenia Gravis, Lou Gehrig's Disease

- Behavioral Health
 - Depression
 - Generalized anxiety disorder
- Cancer
 - Breast, lung, prostate & colorectal
- Chronic Kidney Disease



GOAL

COMPLETE AN ACTION PLAN



When you're ready to make a healthy change, it helps to have a plan for success..

Your online services on umr.com include personalized action plans to support you in making behavior changes and lifestyle choices to get and stay healthy. The interactive sessions offer plans for a variety of healthy goals, so you choose the one that best fits your health needs and interests:

- Healthy eating
- Weight management
- Quit smoking
- Physical activity
- Stress management
- Diabetes prevention
- Heart disease management
- Diabetes management
- Heart disease prevention
- Depression
- Risky drinking
- Financial wellness
- Back care

How to get started

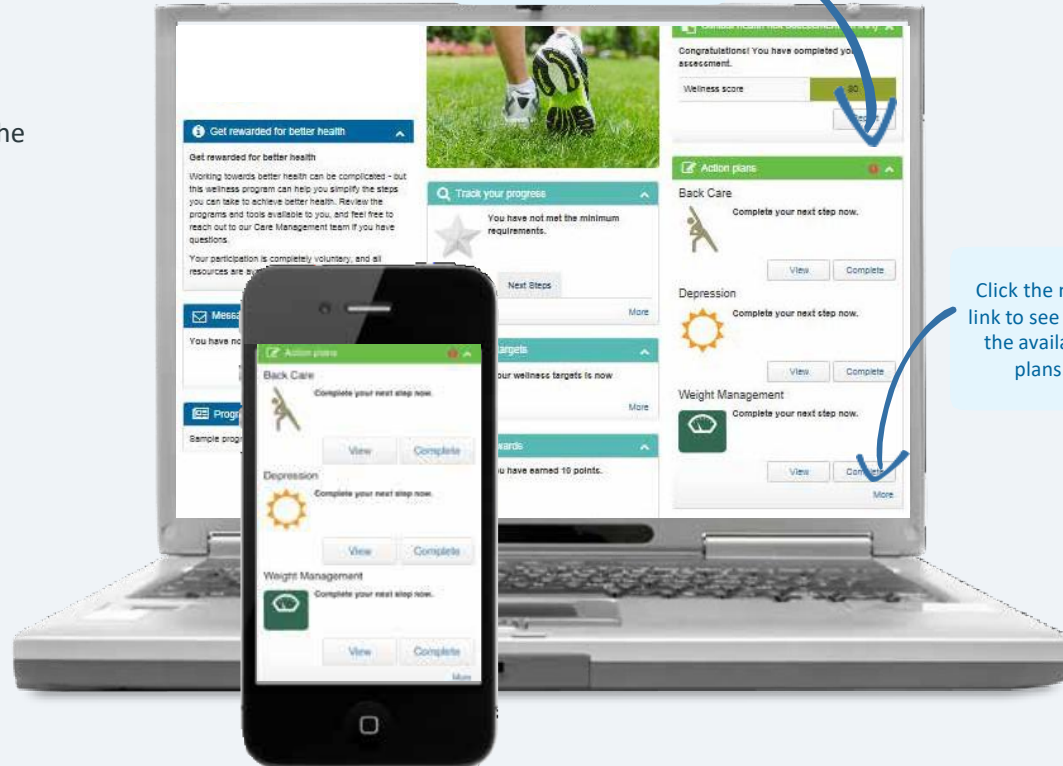
1. Log in to your account on umr.com. (If you are using Safari as your browser, make sure your pop-up blockers are turned off.)
2. If it's your first time using the site, select **Login/Register** and follow the steps to register an online account. Make sure you have your ID card handy.
3. Once you've signed in, select **Health center** from the myMenu and click the **Start a health action plan** icon.
4. Click the **Get started!** button from the wellness activity center landing page; If you're not redirected, please check to see if a new tab or page has opened.

How to complete an action plan:

- * Under the **Action plans** section, you can click **Enroll** to begin one of the plans displayed.

A red alert notification will appear when your next step is available to complete.

Click the more link to see all of the available plans.



- * Complete the steps in the action plan.
Set up your profile: Start by profiling your current behaviors and readiness to make changes.
Make a plan: Select the goals you want to work on and the barriers that might block your progress.

Take action: Work through a personalized lesson that helps you overcome your barriers and achieve your goals.

Measure your progress: See how far you have come and what more you might do.

Stay on track: You will receive a reminder in your list of Things to Do when it is time to complete the next step in your action plan. You may complete one step per week.

Updating Other Insurance Information

UMR requires you provide information about other insurance every year. Even if you aren't covered by another plan you must let UMR know that you have no other coverage.

Coordination of benefits can help you pay for covered expenses. It helps make sure claims are paid correctly, and that benefits aren't greater than your covered expenses.

If you get an Explanation Of Benefits asking for an Other Insurance update, please respond quickly and update your other insurance information so UMR can process your claim. You have 180 days to update your information and to have claims reprocessed.

If you are covered under another group medical or dental plan, or Medicare, UMR needs to know the date that the coverage began (the effective date) and who is covered under that plan. You may need to provide the group number or copy of your Medicare ID card.

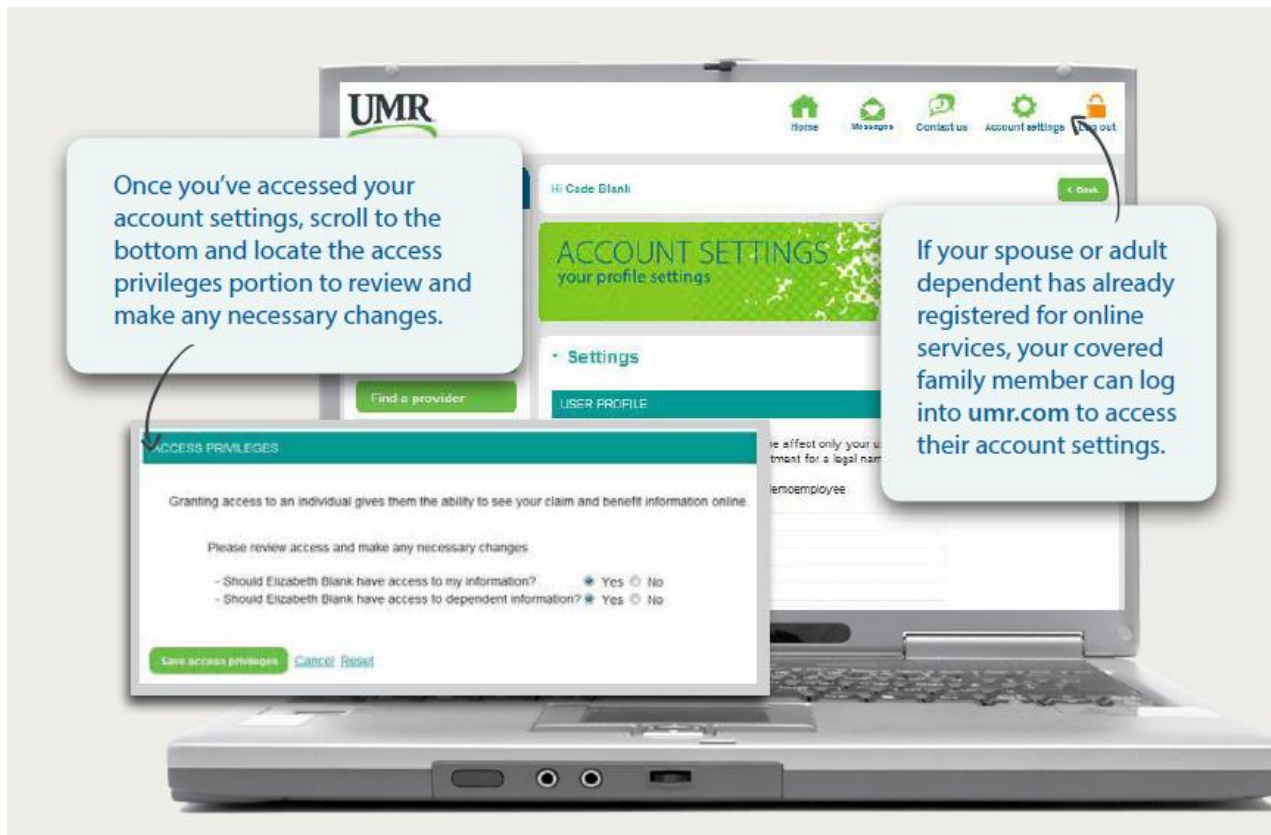
Updating your information is easy

- 1 Call our automated phone number at **866-586-0613**
- 2 Go to **umr.com**
Submit your other insurance via an easy electronic form



Online access for adult family members

UMR follows strict rules and security procedures to ensure your information stays safe and is accessed only by you or authorized providers and/or representatives. If you, your spouse, or a dependent over age 18 wishes to allow online access to another covered family member, each member must grant access to view their information.



Not registered?
Dependents will be asked during the registration process to select family members they will allow to view their personal health information (PHI). To register, have your covered family member visit urm.com and select **Login/Register**.

Report Accidents & avoid paying too much


Calling UMR and providing accident details or completing an injury questionnaire on umr.com will help them determine if a third party is responsible or liable for payment of your claim.

Claims are flagged if they are potentially an accident and could involve work related injuries, falls, and motor vehicle accidents to name a few.

If a claim is flagged for details, it will deny until UMR receives details from you.



When you log on to umr.com, you will find your MyTaskbar on the homepage. On the taskbar, you'll see an icon with a **!** – indicating that you need to provide accident details. Click the icon to submit accident details using an easy electronic form.

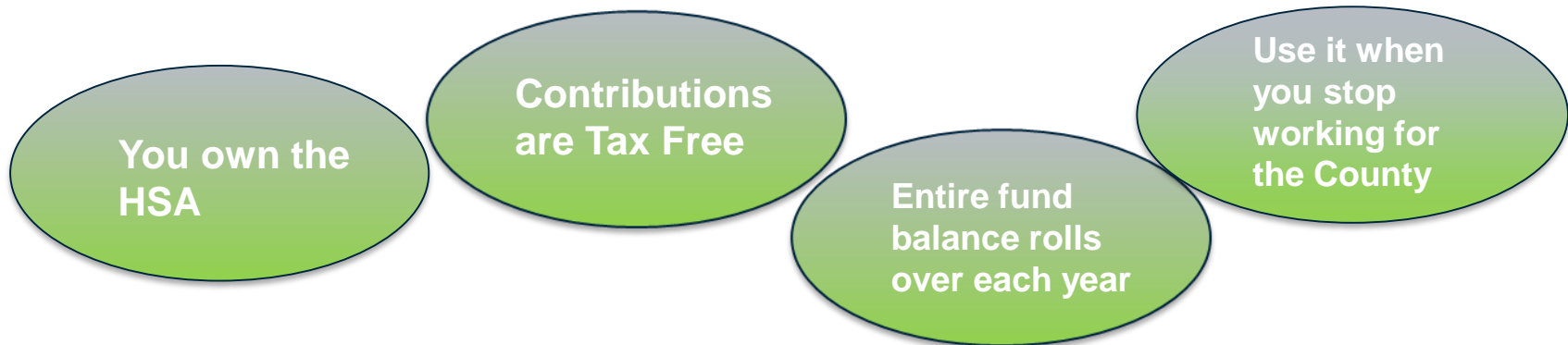


Considerations with the High Deductible Health Plan and Health Savings Account

Eligibility to open or fund a HSA

The Health Savings Account (HSA) is a Savings Account. It is separate from the UMR Medical Plan; **you own it** and it is designed to help you pay for qualified health care expenses.

HSA eligibility rules apply to the owner of the HSA, usually the Employee. HSA's cannot have joint ownership.



You cannot open or fund an HSA if

- You are covered by another non-qualified plan that pays benefits before the deductible is met, such as a PPO Plan, Medical, Tricare, Medicaid
- You can be claimed as a tax dependent on another person's tax return
- You or your spouse participate in a General Purpose Flexible Spending Account (FSA)

Only you know if you lose eligibility to fund the HSA. **Please contact your payroll administrator if you need to stop or change your HSA contributions.**

Medicare suggests that you stop funding your HSA 6 months in advance of enrolling in Medicare.

Contributions to your HSA

- Your Employer
 - Employer Contributions are not included in your Gross Income
 - Auglaize County will make an annual contribution of \$250 Single or \$500 Family
 - Or to your FSA if you are not able to fund a HSA
- You
 - You determine how much to contribute
 - Via pre-tax payroll contributions, and/or
 - With after-tax dollars. These can be taken as an “above the line” deduction when you file your Income Tax Return, so they count as tax-free contributions



You can change your contributions if needed.

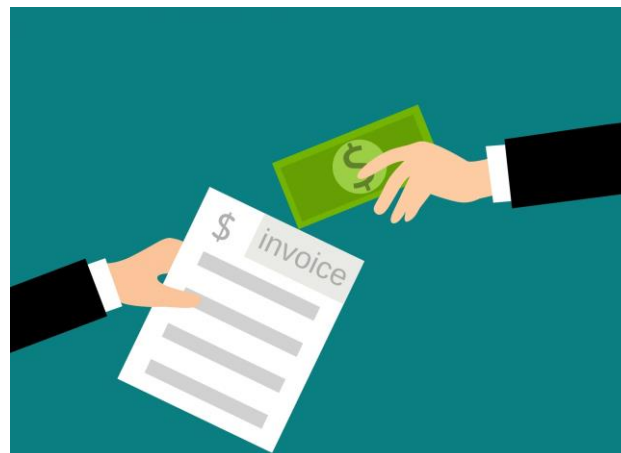
- You have the responsibility to make sure you are eligible to establish and fund the Health Savings Account. You can reach out to your payroll specialist in the Auditors office if you need to make a change

2024 HSA Maximum Contributions (Employer + Employee Combined)

- \$4,150 Single
- \$8,300 Family
- If you are over 55, you can contribute an additional \$1,000 per year

Distributions from your HSA

- Tax Free when used to pay for eligible expenses incurred *after* the HSA was established
- Tax Free when used to pay eligible expenses for anyone you can claim as a dependent on your Tax Return
- Medical, Rx, Dental, Vision
 - Certain Over the Counter with Prescription only
- Cobra premiums
- Qualified Long Term Care premiums
- Premiums for coverage while receiving unemployment benefits
- Medicare Part B, Part D, and Advantage premiums if 65 or older
- Retiree health plan contributions for retirees 65 and older



Distributions from your HSA

You can only use funds from your HSA for claims incurred while you were insured under a qualified High Deductible Health Plan.



You can reimburse yourself from the HSA at any time

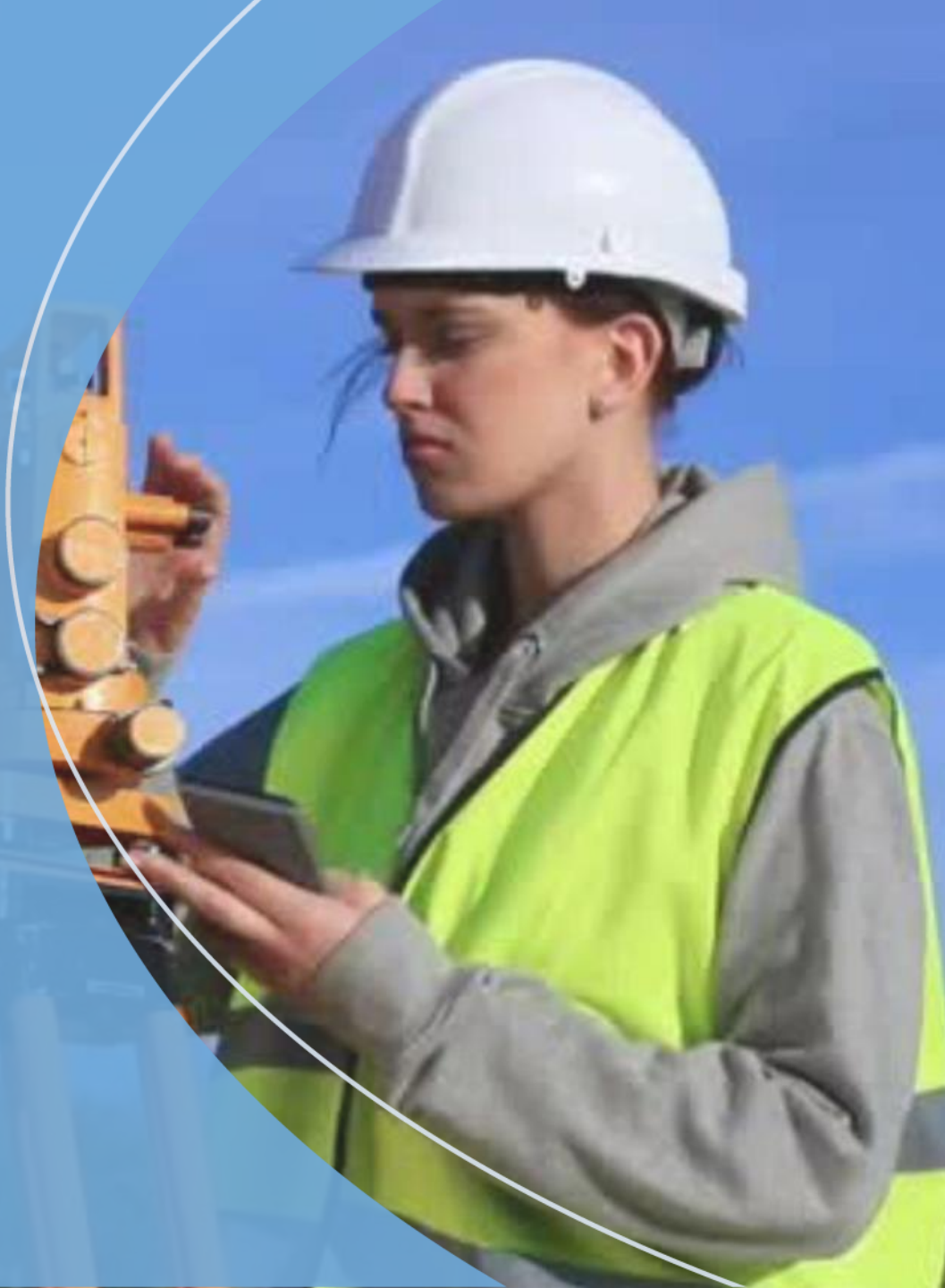
- Example: you have a large claim and will meet your out-of-pocket early in the year (February) and your account isn't sufficiently funded to cover the claim when you get the provider bill
- You will have to pay the providers and you may have to use funds from another source. However, you can reimburse yourself from your HSA once there are enough funds in it
- You may also be able to increase your per-pay pre-tax contributions to your HSA and make monthly payments to the provider.
- You can use your HSA funds to pay for dental and vision care but this does not help you meet your medical plan Out-of-Pocket.

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Gallagher

Insurance | Risk Management | Consulting





Sheriff Life Insurance and Accidental Death & Dismemberment

Basic Life Insurance & Accidental Death & Dismemberment

Auglaize County provides Sheriff and Sheriff Deputies a Basic Life Insurance and Accidental Death & Dismemberment benefit.

- Sheriff Deputies - \$15,000
- The benefit will reduce by 35% when you turn age 65
- The benefit terminates when you retire or terminate employment

If you terminate employment, you may Port or Convert the Life Insurance by submitting a Port or Conversion application and initial months premium to The Hartford within 30 days of terminating employment. Hartford will bill you direct for the benefit.

Life Insurance provides a monetary benefit to your beneficiary if you pass away. It can help pay for funeral expenses, your medical bills, mortgage and other debts, such as college tuition.

You should periodically review your beneficiary designation for all life insurance and investment plans that you have.





Value Added benefits with The Hartford

Ability Assist Counseling Services

- 3 face-to-face visits per occurrence per year per family member for emotional or situational concerns
- Unlimited phone consultations for financial, legal and work-life concerns
- Health Champion- offers Health Care Navigation support if your disabled or diagnosed with a critical illness
- Guidance on care options, helpful resources

Beneficiary Assist Counseling Services

- 5 face-to-face sessions for emotional, financial or legal issues OR unlimited phone access

Online Will Preparation through www.estateguidance.com

Travel Assistance with ID Theft

- Pre-trip information
- Help with medical assistance when 100+ miles from home

Funeral Concierge Services

- Pre-planning and documentation of wishes
- Cost comparisons of funeral related expenses
- Family advocacy and professional negotiation of funeral prices with local providers

Disclaimers

General

This sample document is for a hypothetical organization and is provided for illustrative purposes only; GBS does not guarantee or warrant its accuracy or applicability to your company's circumstances. It should not be used "as is" for any purposes as it may not apply to your factual situation. Consult your legal counsel if you wish to use this sample as a starting point for your organization.

Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

Benefit Highlights

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.