

# The importance of updating your other insurance information

Are you or your dependents covered under more than one group medical plan? If so, UMR needs to know. We use this information to coordinate coverage with that other plan.

UMR requires you to give us updated information about other insurance every year. Even if you or your dependents aren't covered under another plan, you must let us 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 the benefits paid aren't greater than your covered expenses.

## For example

1. Bob and Mary have medical coverage through two different employer plans. Bob is the member (plan holder) and Mary is the spouse/dependent on his plan. Mary also has medical coverage through her employer.
2. Coordination of benefits makes sure that for Mary's claims, her plan would pay first.
3. UMR, as the secondary plan, will then coordinate with Mary's primary plan and may pay an additional amount.

*Continued on back ...*



*Updating your  
information  
is easy*

Call our automated  
phone number at  
**866-586-0613**

Go to **umr.com**  
Once you have logged in,  
simply select the **Other  
insurance** tile from your  
personal home page.



A UnitedHealthcare Company





## When claims are denied for other insurance

If UMR receives a claim for medical care you received and your most recent other insurance update is more than 12 months old, we will deny all claims until you give us an update.

You will receive an explanation of benefits (EOB) denial form like the example shown below. It does not matter what the dollar amount or diagnosis is on the claim.

When you get an EOB denial for other insurance update, please respond quickly so your claims are reviewed quickly.

You have a specific number of days to give your updated other insurance information to UMR. The time frame is spelled out in your summary plan description (it often is 180 days after the claim is denied).

If you are also covered under another group medical plan, UMR needs to know the date that coverage began (effective date) and who is covered under that plan.

Any denied claims will be reprocessed, as long as your other insurance information is received within the time frame required by your plan.

After you give us your information, you won't need to take any other steps to have your claims reprocessed.



## Sample EOB

**IMPORTANT:** Your claim will not be considered for payment until UMR receives your updated insurance information.



PO Box 30541 Salt Lake City UT 84130-0541  
1-877-561-0722  
www.umar.com

Page 1  
Dist Code 1

Employee  
Member ID  
Patient  
Notice Date  
Employer Name  
Employer Number

### EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider:

Patient Account:

Claim Control Number:

Service Description	Dates of Service From:	To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider Bill Yr
99213-Medical Examination	03-25-11	03-25-11	\$197.08	\$197.08	937					\$0.00	\$1
TOTALS			\$197.08	\$197.08		\$0.00	\$0.00		\$0.00	\$0.00	\$1

**Note Section**  
937 Charge(s) denied: Need Other Insurance info. See www.umar.com or call 866-586-0613. Refer to your SPD.