

Euronet[®]



2026

COBRA Benefits Guide

Welcome

Welcome To Your 2026 Enrollment Guide!

Dear COBRA Participant:

As a previous member of the Euronet team, you are eligible for coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and/or to other members of your family who are covered under the plan when you and/or they would otherwise lose the group health coverage. This notice gives only a summary of your COBRA continuation coverage rights. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. For more information about your rights and obligations under the plan and under federal law, you should either review the plan's Summary Plan Description or contact the Plan Administrator. In some cases the plan document also serves as the Summary Plan Description.

Note you may have other options available to you when you lose group health coverage. When you become eligible for COBRA, you may also become eligible for other coverage options not provided by your employer that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Important:

For the other qualifying events (divorce or legal separation of the employee and spouse or an eligible child's losing eligibility for coverage as an eligible child), you or someone on your behalf must notify the Plan Administrator or its designee in writing within 60 days after the qualifying event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 60-day notice period, any spouse or eligible child who loses coverage will not be offered the option to elect continuation coverage.

For additional details, please consult with COBRA provider, WEX for additional details.

MILLERMILESTONESSM

As another alternative to checking the Marketplace, The Miller Group offers an in-house expert that navigates the maze of coverage, carriers, and prices for individual medical coverage. For more information, please feel free to contact:

(For individual coverage our main states currently are Kansas, Missouri, Oklahoma, Texas, Illinois, Nebraska, and Iowa.)

MILLERMILESTONESSM

Life can throw curveballs. Adult children move home. Jobs end. Divorce happens. Knowing more about individual healthcare options can help you make good decisions. Miller Milestones is at your service. Are you hitting any of these milestones?

- Adult children turning 26
- Baby boomers turning 65
- New baby
- COBRA-eligible
- Needing short-term coverage

If you are looking for individual healthcare coverage, or just want to understand your options, call our experts:

Medicare: Sam George, (913) 404-8990; **Individual Coverage:** Grant George, (913) 404-8990.

Table of Contents

Welcome..... **2**

Table of Contents..... **3**

Contacts..... **4**

Medical **5**

Dental..... **26**

Vision **27**

Know Your Terms..... **28**

Contacts

Medical/Prescriptions

UMR Policy #76417830

800-826-9781

<https://www.umar.com/>

Dental

Delta Dental of Kansas

Base #53288-05/Buy-Up #53288-06

800-234-3375

<https://www.deltadentalks.com>

Vision

VSP Policy #30040296

800-877-7195

<https://www.vsp.com>

COBRA

WEX - Benefit Participant Services

6am to 9pm CST Monday-Friday

866-451-3399

<https://cobralogin.wexhealth.com>

Your Benefits Team

Euronet Worldwide

Amanda Hartman - Benefits & Stock Manager

913-327-4166

ahartman@euronetworldwide.com

Laura O'Neal - Human Resources Manager

501-218-7368

laoneal@euronetworldwide.com

Stacy Mullokandov - HR Generalist

913-327-4275

smullokandov@euronetworldwide.com



PLAN ARRANGED BY: The Miller Group • 816.333.3000 • www.millercares.com

PPO Plan

Your employer offers medical insurance to protect the health of you and your family. It covers medical expenses such as visits to the doctor's office, emergency care, and prescription drugs. It's important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.umar.com. For more information or to see plan documents, visit uronetworkworldwide.millercare.com.

United Health Care Choice Plus Network	In-Network
Deductible (Indiv./Family)	\$1,000 / \$2,000
Out-of-Pocket Max (Indiv./Family)	\$3,700 / \$7,400
Member Coinsurance	10%
Office Visits	
Routine Preventive	Covered at 100%
Primary Care	\$30 Copay
Specialist	\$40 Copay
Telehealth (Virtual Care)	\$30 Copay
Hospital Services	
Inpatient Care (Facility/Physician)	Deductible + Coinsurance
Urgent Care	\$30 Copay
Emergency Room	\$100 Copay + Deductible + Coinsurance
Retail Prescriptions	
Tier 1 / Tier 2 / Tier 3	\$10 / 50% up to \$50 / 70% up to \$75
Mail Order Prescriptions	
Tier 1 / Tier 2 / Tier 3	\$20 / 50% up to \$100 / 70% up to \$150
Out-of-Network	
Deductible (Indiv./Family)	\$3,000 / \$6,000
Out-of-Pocket Max (Indiv./Family)	\$7,400 / \$14,800
Member Coinsurance	40%

Monthly Cost	
Employee Only	\$915.30
Employee + Spouse	\$1,926.10
Employee + Child(ren)	\$1,797.43
Family	\$2,891.05

*Rates include the 2% administrative cost

HDHP HSA Plan

Your employer offers medical insurance to protect the health of you and your family. It covers medical expenses such as visits to the doctor’s office, emergency care, and prescription drugs. It’s important to have a medical plan that meets your needs and the needs of your family.

Keep in mind that your out-of-pocket costs will be lower if you receive care from an in-network doctor and facility. To find an in-network doctor, please visit www.umar.com. For more information or to see plan documents, visit uronetworkworldwide.millercare.com.

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Out-of-Pocket Max (Indiv./Family)	\$3,000 / \$6,000
Member Coinsurance	10%
Office Visits	
Routine Preventive	Covered at 100%
Primary Care	Deductible + Coinsurance
Specialist	Deductible + Coinsurance
Telehealth (Virtual Care)	Deductible + Coinsurance
Hospital Services	
Inpatient Care (Facility/Physician)	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance
Prescriptions	
Retail Prescriptions	Preventive Generics and Single Source Brands Paid 100% All others Deductible + Coinsurance
Mail Order Prescriptions (90-day supply)	
Out-of-Network	
Deductible (Indiv./Family)	\$3,000 / \$8,000
Out-of-Pocket Max (Indiv./Family)	\$6,000 / \$12,000
Member Coinsurance	40%

Monthly Cost	
Employee Only	\$882.56
Employee + Spouse	\$1,866.40
Employee + Child(ren)	\$1,741.14
Family	\$2,805.57

*Rates include the 2% administrative cost

WHERE SHOULD I GO FOR CARE?

Have a plan for when you need quick care. You'll be on your way to making smart healthcare decisions today and in the future.



PRIMARY CARE DOCTOR

- Call your doctor first, if available
- They know your medical history best
- They should help coordinate all your care



VIRTUAL CARE

- Affordable access to 24/7 sick care-No appointment
- Behavioral healthcare by appointment



RETAIL HEALTH CLINIC

- Conveniently located within retail stores
- For minor, non-emergent health issues



URGENT CARE

- Immediate care for pressing, not life-threatening conditions
- Most have extended hours, some 24/7
- Wait time is typically shorter than ER



EMERGENCY ROOM/ COMMUNITY HOSPITAL

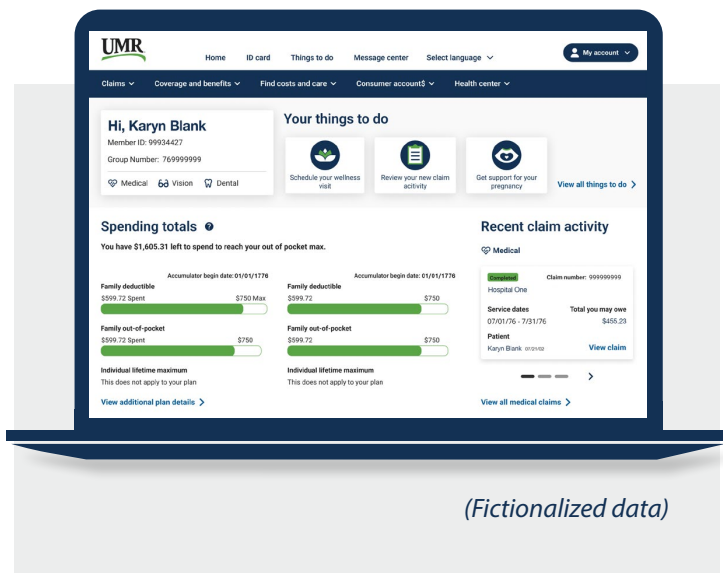
- Immediate care for life-threatening emergencies
- Always go to the ER if your health is in danger, or call 911

Get all your answers quick and easy at umr.com

Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!



Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

The UMR app is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.



Download the UMR app today!

Scan the QR code to the left or visit your app store to get started.

With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand –anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message UMR's member support team

You don't need a Ph.D. to understand your benefits

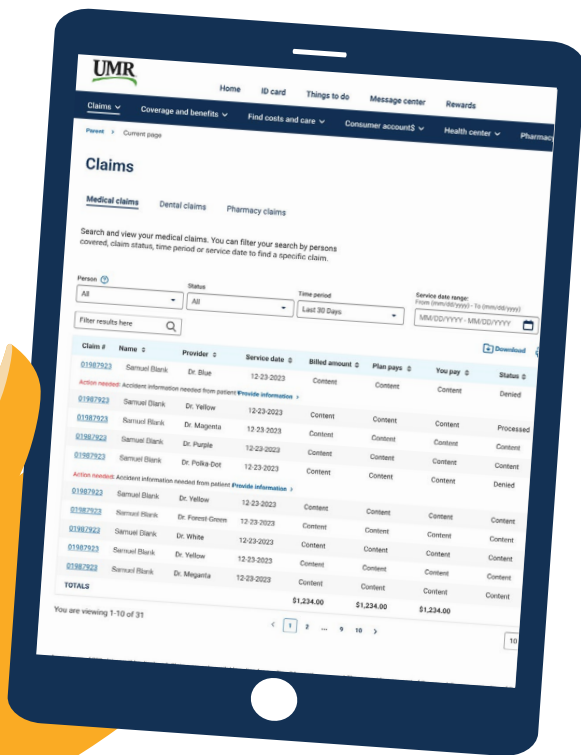
We've made it easy to find the top things people want to know. Select **Coverage and benefits** from the blue secondary navigation to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Buried in paperwork? A single click lets you track all your claims

With the **Claims** menu option, check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, select the **Claim #** or the **EOB** link on the same row as the claim. This will tell you the type of services provided, the amount billed and the amount paid, if any, and whether there's any action that needs to be taken before the claim can be processed.

You can choose to receive a secure email any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from the **Claims** dashboard.



(Fictionalized data)

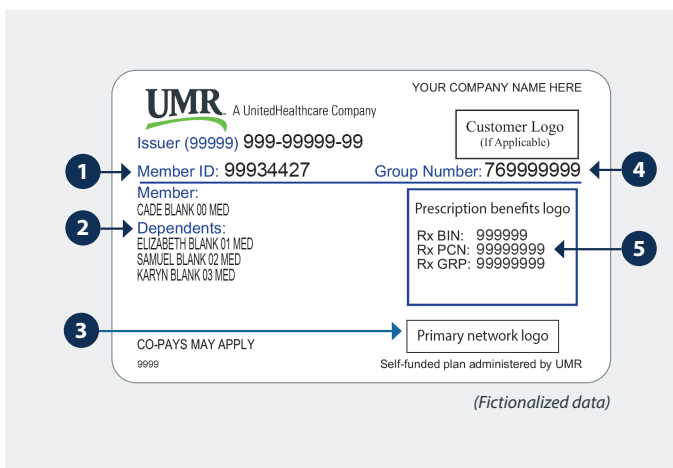


Don't be surprised by unexpected costs

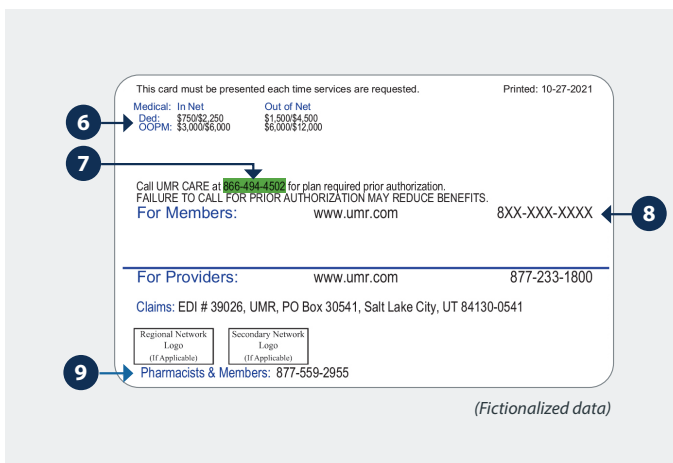
Under the **Find costs and care** menu option, you can find in-network doctors near you and get a better idea of what you'll pay with the **Health cost estimator** tool.

Understanding and using your new ID card

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Keep in mind that each plan is different, so the details on your card may vary a little.



- Member ID:** The number assigned specifically to you to track all of your benefits and claims information.
- Dependents:** A list of the family members who are covered under your plan.
- PPO:** Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.
- Group number:** The number assigned to identify your group health plan.
- Rx numbers:** Information about your prescription drug plan. Pharmacists use this to process your claims.



More on the back

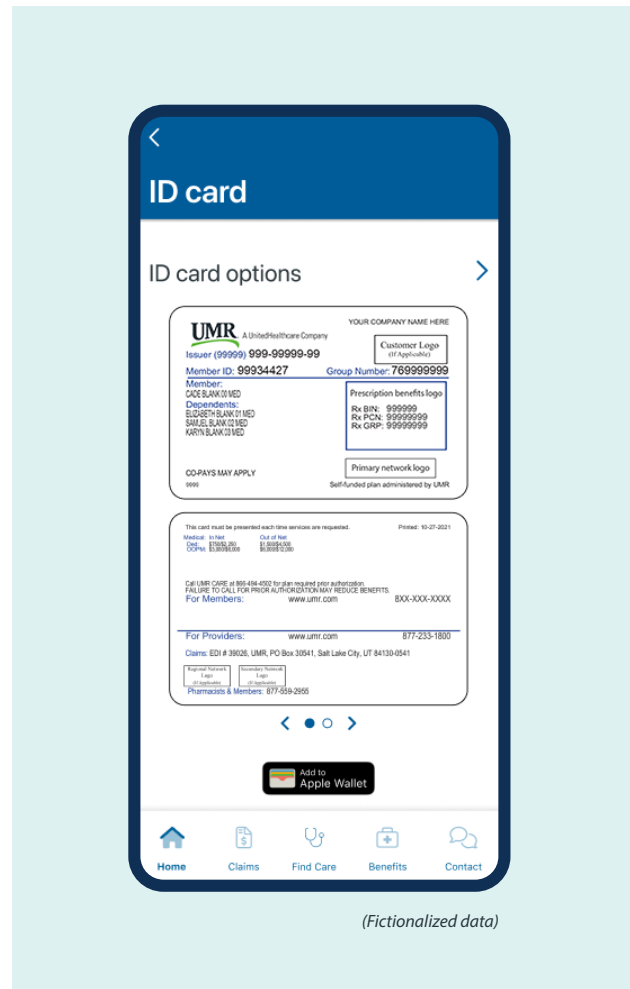
Look for contact information and more on the back of your ID card.

- Plan details:** Your in-network (In Net) and out-of-network (Out of Net) medical individual and family deductibles (Ded) and out-of-pocket maximums (OOPM) information.
- UMR CARE number:** Call this number only when you need medical services and your plan requires authorization prior to receiving for those services.
- Customer service number:** This is your main number to call for questions about claims or benefits.
- Pharmacy benefits number:** Call this number when you have questions about pharmacy benefits.

(Continued)

Add your health plan details to your mobile wallet

1. **Open the UMR app**
Tap **View ID cards**.
2. **Select the ID card to view**
If you have multiple members on your plan, tap which member ID card to view. You can add as many cards as you'd like to your mobile wallet, one at a time.
3. **View the ID card**
After choosing an ID card, you will see a digital version. Tap the black button under your ID card that says, **Add to Apple Wallet** or **Add to Google Wallet**.
4. **Accept the disclaimer**
A pop up will appear with a disclaimer from Apple or Google. Read and tap **Continue**.
5. **Add to Apple Wallet or Google Wallet**
You will now see your health plan details. Follow the prompts on your screen to finish adding your ID card to your mobile wallet.



Find a provider

Finding a network provider on **umr.com** or the **UMR app** has never been easier

1

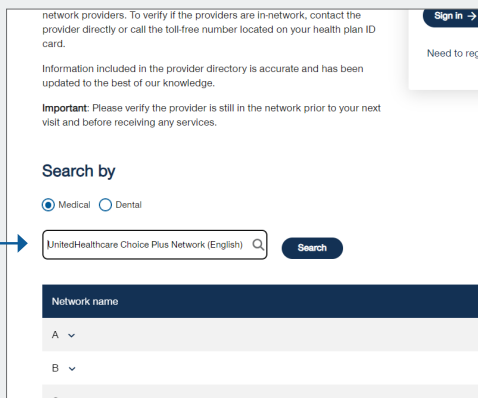
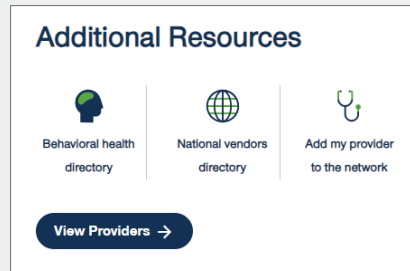
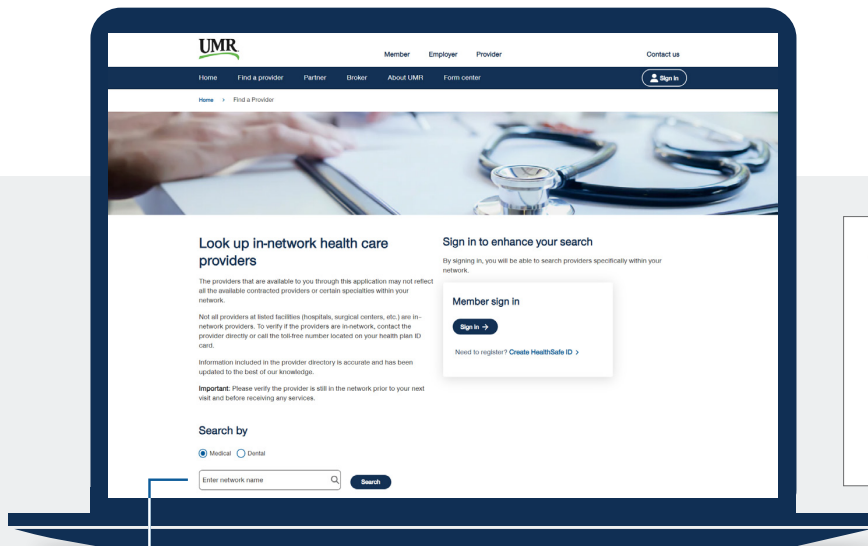
Go to **umr.com** and select **Find a provider**

2

Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

3

For medical providers, choose **View providers**. For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**

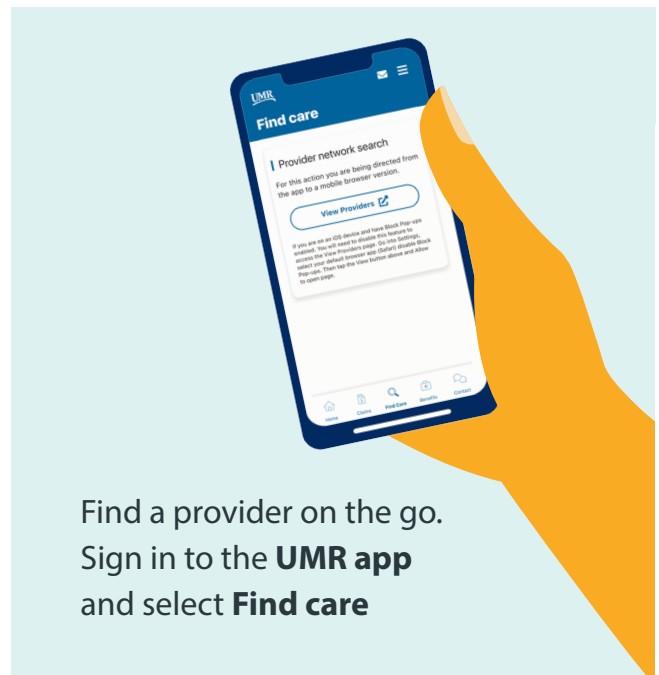


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UnitedHealthcare Choice Plus

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office



Remember

Get the most from your benefit plan – use participating network health care providers whenever possible.

3. Are generic medications safe?

Yes. The FDA has strict guidelines around generics. They must be the same chemically and have the same medical effect. The FDA periodically inspects manufacturing plants and monitors drug quality, even after generics have been approved.

4. Could a generic medication look different than the brand?

Yes. Generic medications may have a different shape or color than the brand. They may contain other ingredients, such as dyes and fillers, which give a medication its color and size. The shape or color does not affect how the medication works.

5. Can I save money by using a generic?

Most of the time, a generic medication costs less than the brand because makers of generic drugs don't have the high up-front costs of new drug development. You may also save through a lower copay. However, there may be times when the cost for a generic is higher than the brand name. The easiest way to compare brand and generic medication prices is to use the *Drug pricing tool* at [optumrx.com](https://www.optumrx.com).

6. Does every brand-name drug have a generic counterpart?

No. Only about half of the brand-name medications on the market have a generic alternative. Some drugs are protected by patents and are supplied by a single company.

7. How much can you and your plan save?

The savings based on the cost of the drug can be substantial. Your out-of-pocket cost will generally be less when you choose a generic medication. Consult your plan for copay details.

Learn more about generics

Talk with your doctor, pharmacist or other health care provider to learn more about generics.

The FDA also includes helpful information at:



[fda.gov](https://www.fda.gov)



[1-888-463-6332](tel:1-888-463-6332)



druginfo@fda.hhs.gov



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24/7 doctor visits via phone or mobile app



What to know

Teladoc Health gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online using the Teladoc Health mobile app for affordable medical care, when you need it.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment with 24/7 on-demand access
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



Talk to a doctor anytime!
Visit teladochealth.com,
download the Teladoc Health app
or call 1-800-Teladoc.

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A UnitedHealthcare Company

NurseLine

You have questions, our nurses have answers



Nobody likes to feel alone when it comes to their health. When we have questions about a medical issue, we want answers fast - even if it's not an emergency.

So if you find yourself up late with a sick child, or worrying about a recent diagnosis or upcoming surgery, we're here for you.

Let's talk!

A call to UMR's NurseLineSM service will connect you to a team of registered nurses who can answer your questions and provide advice.

Our nurses are standing by to help any time of day, seven days a week. We even have nurses available to chat live with you online at **umr.com**.

Best of all, it's part of your health benefits, so there is no cost to you.

Chat online

Our Nurse chat feature gives you convenient access to nurses who can answer questions and provide information about common conditions, treatments and preventive care.

Reach out by phone

Calling NurseLine is easy. Simply dial the toll-free phone number on the back of your member ID card. Your nurse can help you choose the right health care setting for an illness or injury, or offer information about common health issues or symptoms.

We can assist callers in more than 140 languages, as well as those who need hearing assistance.



**Call NurseLine today
at 877-950-5083**

Chat live online

1. Sign in to **umr.com**
2. From the **Health center** drop-down menu, choose **NurseLine**
3. Select **Nurse chat** to get started



Is your family growing?

Get the support you deserve

Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

How we can help

Healthier women are more likely to have healthy babies. If you're thinking about starting a family, our experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, our registered nurses will support you with timely prenatal education and follow-up calls, and will refer you to case management if a serious condition arises. Your CARE nurse will call you each trimester during your pregnancy and once after your baby is born.

We also offer two types of monthly events for members who are enrolled in or have completed the program: virtual classes and a breastfeeding support group.

If you are pregnant and are identified as high-risk, a CARE nurse will monitor your condition and work to reduce your claims costs through-out your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy support, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.



It pays to participate

You'll receive an incentive gift* as a thank you for participating in the program, sent to you after your delivery.

* To be eligible for the free incentive gift you must enroll during your first or second trimester and continue to actively participate in the program each trimester of your pregnancy.



Once enrolled, you'll receive ...

One-on-one phone calls with a CARE nurse who:

- Provides comprehensive pre-pregnancy and prenatal assessments
- Shares educational information before you become pregnant and throughout your pregnancy
- Encourages you to call with any questions or concerns and continues to reach out each trimester and again after your delivery to see how you and your baby are doing
- Sends a courtesy letter informing your physician that you're in the program

Guidance for your support person:

You may also choose to identify a support person who can receive an education call and electronic educational packet. The packet includes information to help them support you through your pregnancy, labor and delivery, and postpartum.

No-cost educational materials in the mail:

You can choose from a selection of high-quality books and other materials containing helpful information about pregnancy, pre-term labor, childbirth, breast-feeding and infant care.

CARE ON THE GO:

The CARE app, powered by Vivify Health, allows us to meet members where they are by connecting them to CARE nurses through their mobile device. Our nurses can view individual health metrics from self-reported data or synchronized monitoring devices and are able to virtually connect with members by text, email or face-to-face via streaming video. It's free and confidential.

No cost:

Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.

Confidential:

UMR CARE takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR CARE programs operate in compliance with all federal and state privacy laws.

GET STARTED



Your first step is to enroll in the Maternity CARE program.
Call 1-888-438-8105 OR **Scan the QR code** to complete the enrollment form online.

Care and coordination when health care gets complex



UMR Complex Condition CARE*

CARE nurse managers assist patients and caregivers, while representing the medical plan in coordinating treatment among different providers.

They focus on acute, high-cost or complicated cases and ensure they follow clinically appropriate practices throughout an episode of care, leading to improved outcomes and lower costs.

Members will:

- ▶ Have a single point of contact, providing continuity of care with no “hand-offs” for both medical and behavioral care needs
- ▶ Know what’s covered and what to expect during treatment for complex cancers, transplants, high-risk pregnancies and preterm childbirths
- ▶ Receive discharge support to prevent relapse following inpatient treatment for substance use disorder or behavioral health conditions



mHealth connectivity

With the CARE app, powered by Vivify Health, CARE nurses can view individual health metrics and connect with members via chat or streaming video.



Customer receives:



Expert management of complex and catastrophic cases

7.1:1

Book-of-business return on investment (ROI)

\$34,742

Average savings when savings occur

* UMR Complex Condition CARE and Utilization Management programs are required when accessing UnitedHealthcare Networks, which allows for continuity of care



UMR CARE

Remote patient monitoring for all members

CARE app, powered by Vivify Health

Experience. Empathy. Empowerment.

With the **CARE app, powered by Vivify Health**, UMR's CARE nurses, coaches and other clinical resources have digital connectivity with all your members – no matter their health status – and can cultivate meaningful interactions that encourage members to self-manage and self-advocate.

Members receive support and health information when they need it, the way they want it – all through their mobile device.

ALL ACCESS from ANYWHERE

Key benefits:

- Total population health
- Flexible omni-channel communication
- Deep and broad engagement

Robust features:

- Advanced risk stratification, including social determinants of health
- Bi-directional secure messaging
- Push messaging to target audiences
- Remote patient monitoring, including Bluetooth devices
- Individualized CAREpaths based on the condition
- Self-management for low- to moderate-risk members
- Multi-party virtual visits
- Educational content



The **CARE app** engages all members exactly where they are in their health journey.

You'll experience:

Peace of mind that your members are learning self-management skills to maintain their health, leading to significant and sustainable clinical outcomes.

The CARE app supports members at all risk levels:

- **Engage (low risk):** Maintaining health with wellness and health tips
- **Guide (at risk and high risk):** Enhancing CARE programs with additional communication channels and providing extra information for the nurse to better support the member
- **Monitor (high risk):** Providing clinical, hands-on, heightened level of oversight with Bluetooth device integration and virtual visits

Bluetooth devices available*:

- Blood pressure device
- Scale
- Glucometer
- Pulse oximeter

*Customers must elect to cover the cost of Bluetooth devices for members.

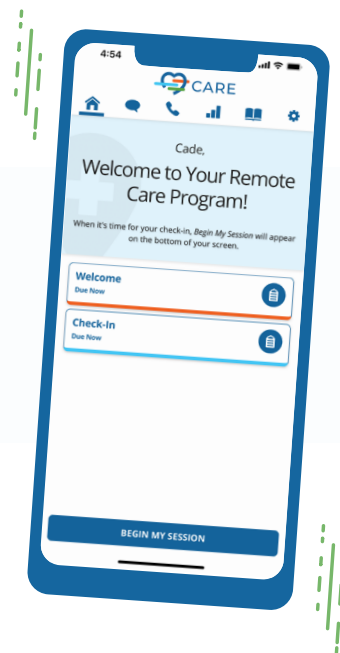
Available with the following programs:

- Complex Condition CARE
- Emerging CARE
- Complex Condition CARE +
- Ongoing Condition CARE
- Maternity CARE
- Wellness CARE
- Tobacco and Nicotine Cessation
- Persistent Back and Neck Pain CARE

CARE app

powered by Vivify Health

Intuitive, comprehensive support via an easy-to-use digital platform.



To learn more, contact your UMR representative.



A UnitedHealthcare Company

Ongoing Condition CARE

Begin living your best life

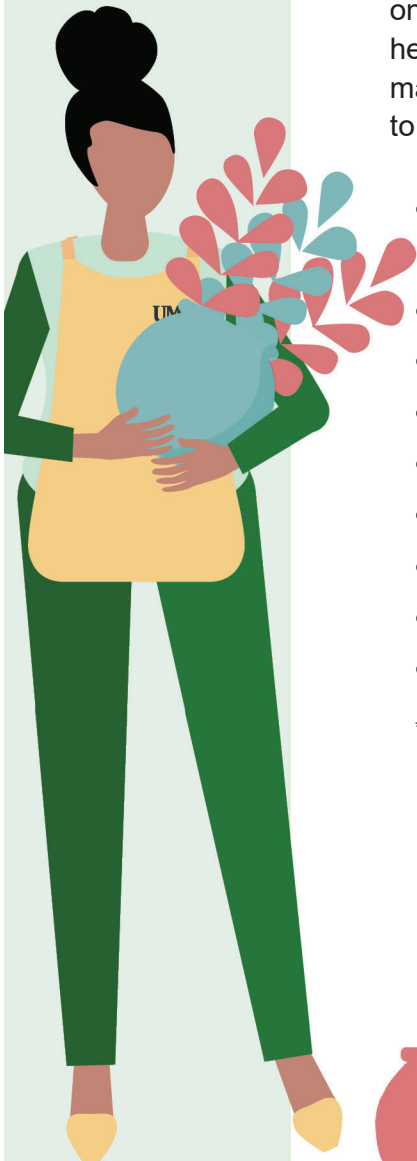
Managing an ongoing condition takes patience and a gentle approach to caring for yourself

UMR's Ongoing Condition CARE program offers expert resources and one-on-one support to help those with ongoing conditions gain control of their health. It starts with being open to moving in a positive direction and working to make small, but important, changes to your daily routine. This program is open to medical plan members with one or more of the following conditions:

- **Neuromuscular/Autoimmune Disorders:** ALS, Multiple Sclerosis, Myasthenia Gravis, Rheumatoid Arthritis
- **Cardiovascular Disorders:** Hypertension, Heart Failure, CAD
- **Respiratory Disorders:** Asthma, COPD
- **Behavioral Health Disorders:** Depression, Generalized Anxiety Disorder*
- **Blood Disorders:** HIV, Hepatitis C, Sickle Cell Anemia
- **Gastrointestinal Disorders:** Ulcerative Colitis, Crohn's Disease
- **Oncology:** Breast, Prostate, Colorectal or Lung Cancers
- **Endocrine Disorders:** Diabetes (Type 1 and Type 2)
- **Genitourinary Disorders:** Chronic Kidney Disease (CKD)

* Generalized Anxiety Disorder is managed when it occurs along with other qualified conditions.

Your participation is voluntary, but highly encouraged, and all resources are available at no cost to you.



BENEFITS OF BETTER HEALTH

When you are able to manage your symptoms, you can:

- Feel better and do more
- Avoid flare-ups that lead to ER visits
- Cut your out-of-pocket costs
- Reduce or eliminate the need for medications
- Lower your long-term health risks

CARE ON THE GO

The CARE app, powered by Vivify Health, allows you to connect with your CARE nurse through your mobile device. With the app, you can:

- Send and receive text messages securely with your CARE nurse if you're enrolled in a clinical pathway.
- Access educational articles and videos about general wellness or specific conditions.
- Track blood pressure, blood sugar, oxygen level and weight. This information is shared with your CARE nurse to help manage your condition (when appropriate).

PERSONAL CARE NURSE

Individuals with one or more of the managed conditions may be invited to participate in a series of one-on-one calls with a UMR CARE nurse. Or you can self-enroll at any time.

Our CARE nurses are ready to provide you with customized guidance and support, wherever you are in your health journey. They are informed, compassionate listeners who can answer your questions and empower you to make better choices to improve your daily life.

If you enroll in the program, you'll be assigned a dedicated CARE nurse who can help you:

- Set up a personalized plan for managing your ongoing health condition
- Get answers to your questions
- Understand your provider's treatment plan or instructions for care – and help you stick to it



LOOKING FOR HELP?

Log in to umr.com and select **Contact us** to send an email to the **Ongoing Condition CARE** program.

You can also call us toll-free at **866-575-2540**.



GET STARTED!

You can sign up to work with a UMR CARE nurse in three easy ways:

1. Log in to umr.com and from the **Health center**, select **Ongoing Conditions** and then select **Enroll Now**.
2. Scan the QR code.
3. Call us toll-free at **866-575-2540**.

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Dental Plan

Dental insurance offers coverage for preventive care like routine exams, cleanings, and X-rays as well as basic and major services like fillings, extractions, root canals and crowns.

Keep in mind that your costs will generally be lower if you choose an in-network dentist. To find an in-network dentist, please visit www.deltadentalks.com. For more information or to see plan documents, visit euronetworldwide.millercare.com.

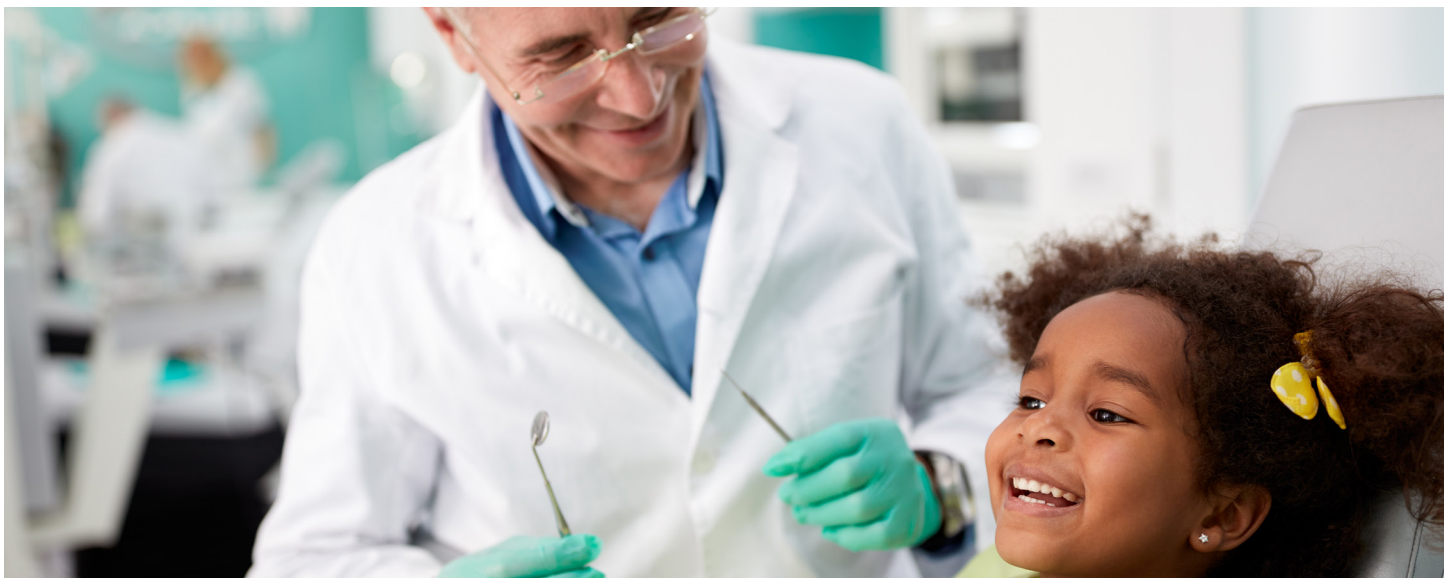
	Base Plan	Buy-Up Plan
Annual Deductible <i>per Person</i>	\$50	\$50
Annual Maximum Benefit <i>per Person</i>	\$1,000	\$2,000
Type I - Preventative Services	100%	100%
Type II - Basic Services	80%	90% (80% out-of-network)
Type III - Major Services	50%	60% (50% out-of-network)
Type IV - Orthodontia Services	Not Covered	50%
Orthodontia Lifetime Maximum	Not Covered	\$1,000
Dependent Limiting Age	26	

Right Start 4 Kids - Kids 12 and under receive 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist (Delta Dental Premier or Delta Dental PPO) is seen. If an out-of-network provider is seen, the underlying contract applies including waiting periods, deductibles and coinsurance levels.

Unlimited Cleanings – The plan will allow for unlimited cleanings for enrolled members. This includes regular/prophylaxis cleanings and periodontal maintenance cleanings.

Monthly Cost	Base	Buy-Up
Employee Only	\$30.28	\$42.96
Employee + Spouse	\$59.96	\$84.59
Employee + Child(ren)	\$70.15	\$104.33
Family	\$106.29	\$162.79

**Rates include the 2% administrative cost*



Vision Plan

Vision insurance offers coverage for the routine care of your eyes and may provide coverage for eyeglasses and contact lenses.

Keep in mind that your costs will generally be lower if you choose an in-network eye-doctor. To find an in-network eye-doctor, please visit www.vsp.com. For more information or to see plan documents, visit euronetworldwide.millercare.com.

	In-Network	Out-of-Network	Frequency
Exam	\$10 Copay	\$45	Every 12 months
Lenses Single Vision Bifocal Trifocal Lenticular	100% Covered	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Every 12 months
Frames	\$130 allowance + 20% discount over allowance	Up to \$70	Every 24 months
Contact Lenses Elective Medically Necessary	Lens Fitting & Evaluation: 100% once every 12 months after \$60 max copay Materials: Up to \$130 100% covered	Up to \$105 Up to \$210	Every 12 months <i>glass lenses or contacts, not both</i>
VSP LightCare	Fully covered WellVision Eye Exam Use your frame and lens allowance toward ready-made non-prescription sunglasses or non-prescription light filtering glasses		

Monthly Cost	
Employee Only	\$7.40
Employee + Spouse	\$11.83
Employee + Child(ren)	\$12.08
Family	\$19.47

*Rates include the 2% administrative cost



Know Your Terms

Coinsurance

The percentage of total costs you pay out-of-pocket for covered expenses after you meet the deductible.

Copay (Copayment)

The set fee you have to pay out-of-pocket for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay out-of-pocket before the health plan will start to pay its share of covered expenses.

Employee Contribution

The amount you pay for your insurance coverage.

Explanation of Benefits (EOB)

A statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

Network

The doctors, pharmacists, and/or other health care providers who make up the plan's preferred providers. When you use preferred providers, you pay less because they have agreed to prenegotiated pricing. Also called in-network. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

Out-of-Pocket Maximum

The most you pay each year out-of-pocket for covered expenses. Once you have reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Over the Counter (OTC) Medications

Medications made available without a prescription.

Preventive Care Services

Visits, treatments, etc. you receive to help you stay healthy (rather than when you are sick or injured). Preventive care services include annual physicals, wellness screenings, and well-baby care.

Prior Authorization

Prior authorization means getting approval before you can get access to medication or services. With prior authorization, your health plan agrees to help pay for the service but this is subject to any cost sharing or other limitations may apply

Summary of Benefits and Coverage (SBC)

Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

Usual, Customary, and Reasonable (UCR)

UCR refers to the usual, customary, and reasonable fees that providers, health care facilities or other health care professionals in the same geographic area charge for similar services. If providers have an affiliation with the plan, they are obligated to accept the plan's UCR or R&C as payment in full. However, if providers are not affiliated with the plan, they are not obligated to accept the UCR or R&C, and you may have to pay any charges in excess of the payment made by the plan.