

# **Tab 1**

## **Benefit Information**

### **Copies of Cards**

- Medicare Card (Medical)
- Hartford 10 (Supplemental Medical)
- ExpressScripts (Pharmacy)
- UMR (Dental)
- VSP (There is no card. Let the provider know that you have VSP and they will find you by the last 4 digits of your social security number.)

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



### BASIC 10 PLAN

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

<sup>1</sup>Calendar Year Deductible: \$500    <sup>1</sup>Calendar Year Out of Pocket Maximum: \$1000

### PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HOSPITALIZATION</b> <sup>(2)</sup>			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
<b>SKILLED NURSING FACILITY CARE</b>			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0
101 <sup>st</sup> through 365 day	\$0	\$0	All other charges

**GROUP RETIREE INSURANCE PLAN**  
**SUMMARY OF COVERAGE FOR BASIC 10 PLAN**



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	<b>All other charges</b>

**PART B SERVICES**

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES</b>			
The Policy may cover the following Medicare Part B Benefits:			
<ul style="list-style-type: none"> <li>• <i>Physician Services Benefit</i></li> <li>• <i>Specialist Services Benefit</i></li> <li>• <i>Outpatient Hospital Services and Ambulatory Surgical Care Benefit</i></li> <li>• <i>Outpatient Diagnostic and Radiology Services Benefit</i></li> <li>• <i>Outpatient Mental Health and Substance Abuse Services Benefit</i></li> <li>• <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit</i></li> <li>• <i>Emergency Care Benefit</i></li> <li>• <i>Urgent Care Benefit</i></li> <li>• <i>Ambulance Services Benefit</i></li> <li>• <i>Durable Medical Equipment and Prosthetics Benefit</i></li> </ul>			
All Medicare Part B Benefits are based on per visit, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.			
Medicare Part B Deductible	\$0	\$0	<b>100%</b>
Remainder of Medicare-approved amounts	80%	<sup>1</sup> 100% of the remaining Medicare Part B Coinsurance after member copay	<b>\$10 copay for all services except Emergency Care Benefit, which is a \$50 copay</b>

## GROUP RETIREE INSURANCE PLAN

### SUMMARY OF COVERAGE FOR BASIC 10 PLAN



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge	\$0	100%	\$0

#### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b>			
Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Preventive Care Cancer Screening Benefits <sup>(3)</sup>	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0
<b>FOREIGN TRAVEL EMERGENCY</b>			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after !\$250 Deductible (to a lifetime maximum of \$50,000)	!\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, then 100% thereafter)

**GROUP RETIREE INSURANCE PLAN**  
**SUMMARY OF COVERAGE FOR BASIC 10 PLAN**



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HEARING SERVICES</b>			
<ul style="list-style-type: none"> <li>one routine hearing and balance exam every 12 months</li> <li>two hearing aids every 3 years</li> <li>one hearing aid fitting evaluation every 3 years</li> </ul>	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$1,000 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b>  <b>\$50 copay for two hearing aids, including fitting and evaluation.</b> (to a calendar year maximum of \$1000, then 100% thereafter)
<b>VISION SERVICES</b>			
<ul style="list-style-type: none"> <li>one supplemental routine eye exam every 12 months</li> <li>one pair of glasses every 12 months or 12 month supply of contact lenses</li> </ul>	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b>  <b>\$50 copay per pair of glasses or supply of contact lenses.</b> (to a calendar year maximum of \$500, then 100% thereafter)
<b>CHIROPRACTIC SERVICES</b>			
Services performed by a licensed chiropractor to correct structural alignment	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)
<b>ACUPUNCTURE SERVICES</b>			
Services performed by a licensed acupuncturist to treat pain	\$0	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)

# GROUP RETIREE INSURANCE PLAN SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>ANNUAL PHYSICAL EXAM</b>			
The exam may include a review of medical history and a discussion of risk factor reductions and other services performed as part of an annual exam which are not covered by Medicare or under another benefit in the policy	After the “Welcome to Medicare Physical Exam” \$0	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)

<sup>1</sup> The Calendar Year Deductible applies to Medicare Part A & B Services. The Calendar Year Deductible must be met before the Plan will pay and applies toward the out of pocket (OOP) expense maximum. The Calendar Year Maximum applies to Medicare Part A & B Services out of pocket expenses. The plan pays the remaining coinsurance, if any, after your copayment, if applicable, until your OOP maximum has been met, then the plan pays 100%. The Foreign Travel Emergency deductible is a separate deductible.

<sup>1</sup> This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible. Medicare amounts typically change January 1 of each year.

<sup>2</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. Hospital does not include any institution or part thereof that is used primarily as a nursing home, convalescent home, or Skilled Nursing Facility; a place for rest, custodial, educational or rehabilitative care; a place for the aged; or, a place for alcoholism or drug addiction.

<sup>3</sup> If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred. Please refer to your certificate for a full description of preventive screenings.

<sup>4</sup> Medicare does not cover supplemental routine hearing exams and hearing aids, or supplemental routine eye exams and glasses. Medicare only covers spinal manipulations.

<sup>5</sup>The calendar year maximum is a combined benefit between the exam and hardware

Please note this policy also may cover certain benefits mandated by the state where the employer is situated or the state where you reside. Refer to your certificate for a description of any additional benefits.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

Limitations & Exclusions: The Hartford’s Insurance Plan does not cover any expense that is not a Medicare Eligible Expense or beyond the limits imposed by Medicare for such expenses or excluded by name or specific description by Medicare, except as specifically provided in the policy. The plan does not cover: Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.

# Benefit Overview

Express Scripts Medicare® (PDP)



**EXPRESS SCRIPTS®**  
Medicare (PDP)

## YOUR 2023 PRESCRIPTION DRUG PLAN BENEFIT:

### City of Reno

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. For maintenance medications, you have the choice of filling prescriptions for more than a one-month supply at pharmacies with preferred cost-sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

<b>Deductible stage</b>	You do not pay a yearly deductible				
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:				
	<b>Tier</b>	<b>Retail One Month (31-day) Supply</b>	<b>Retail Two Month (32-60-day) Supply</b>	<b>Retail Three Month (90-day) Supply</b>	<b>Home Delivery Three Month (90-day) Supply</b>
	Tier 1: <b>Preferred Generic</b>	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment
	Tier 2: <b>Generic Drug</b>	\$10 Copayment	\$20 Copayment	<b>Preferred cost-sharing</b> \$20 Copayment <b>Standard cost-sharing</b> \$30 Copayment	\$20 Copayment
Tier 3: <b>Preferred Brand Drugs</b>	\$40 Copayment	\$80 Copayment	<b>Preferred cost-sharing</b> \$80 Copayment <b>Standard cost-sharing</b> \$120 Copayment	\$80 Copayment	

	Tier 4: <b>Non-Preferred Drugs</b>	\$70 Copayment	\$140 Copayment	<b>Preferred cost-sharing</b> \$140 Copayment <b>Standard cost-sharing</b> \$210 Copayment	\$140 Copayment
	Tier 5: <b>Specialty Tier Drugs</b>	\$70 Copayment	\$140 Copayment	<b>Preferred cost-sharing</b> \$140 Copayment <b>Standard cost-sharing</b> \$210 Copayment	\$140 Copayment
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>					
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$4,660, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.				
<b>Catastrophic Coverage stage</b>	<p>After your yearly out-of-pocket drug costs reach \$8,000, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$3.70 copayment for covered generic drugs (including drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> <li>• a \$9.20 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> </ul>				

## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- Beginning October 15, 2020, you can access your plan's 2021 list of covered drugs by visiting our website at [express-scripts.com/documents](https://www.express-scripts.com/documents).
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://www.express-scripts.com), or by contacting the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Other pharmacies are available in our network.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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## RENO PLAN DENTAL & VISION SUMMARY

DENTAL BENEFITS (TPA: UMR)	Preferred	Non-Preferred
Annual Deductible per Person	\$50.00	
Annual Deductible per Family	\$100.00	
Annual Maximum Per Person	\$2,500	
Preventive Services (Cleanings every 3 months)	100% No Ded	
Basic Services	80% After Ded	
Major Services	80% After Ded	
Dental Implants maximum Lifetime Benefit	\$5,000	
Orthodontia	50% After Ded to \$4,000 Lifetime	
VISION BENEFITS (VSP)	Preferred	Non-Preferred
Copayments		
Examination	\$10	
Materials	\$25	
Benefits		
Examinations every 12 Months	100% to Plan Allowance	\$46
Lenses every 12 Months		
Single Vision	100% to Plan Allowance	\$55
Bifocal	100% to Plan Allowance	\$75
Trifocal	100% to Plan Allowance	\$95
Lenticular	100% to Plan Allowance	\$125
Frames every 24 Months	100% to Plan Allowance	\$45
Contacts-Every 12 Months-Visually Necessary	100% to Plan Allowance	\$210
Contacts-Every 12 Months-Elective	\$120	\$105

**UMR provides online access to dental provider directories at [umr.com](http://umr.com).**

- o Go to [umr.com](http://umr.com)**
- o Click "Find a Provider"**
- o Choose "Dental" in the select a network for search box**
- o Type "UnitedHealthcare Dental PPO" in the Provider Network field and click search**
- o Search for Dentist by location, Dentist Name or Practice Name**

**The list of Vision Providers can be found at: [www.VSP.com](http://www.VSP.com)**

**Changes due to qualifying life event must be made within 30 days of the event.**

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

# UMR on the go!



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



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A UnitedHealthcare Company

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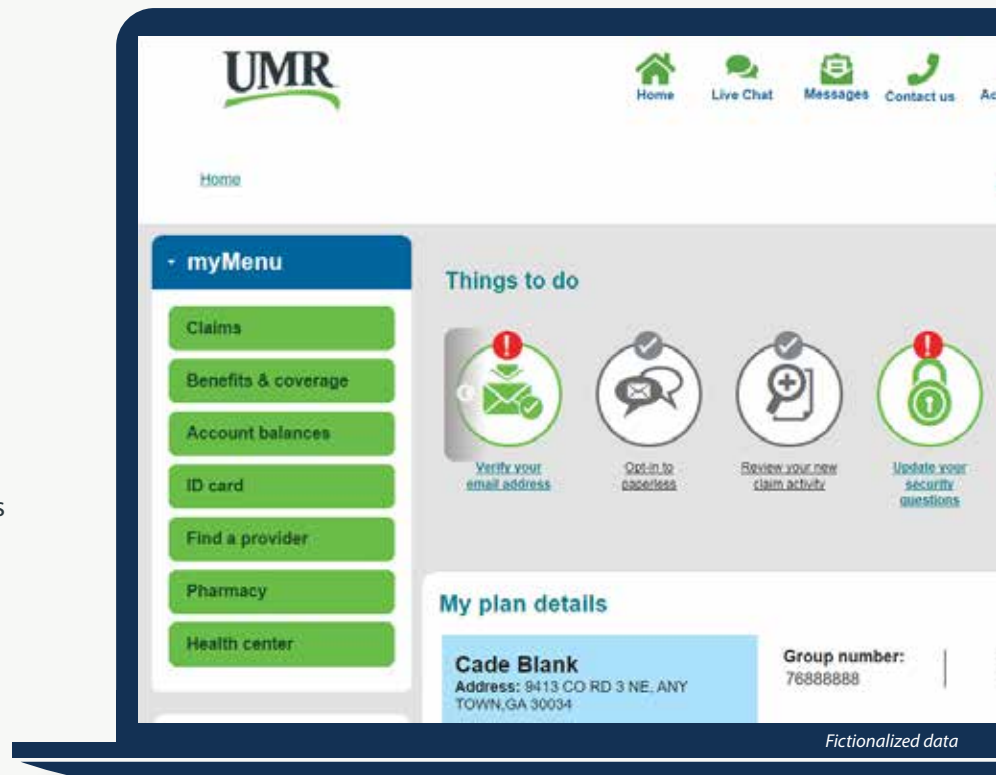
You want managing your health care to be fast and easy, right? You got it. At [umr.com](http://umr.com), you'll find everything you want to know – and need to do – as soon as you log in.

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

### Log 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.

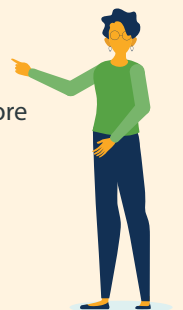
We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.

### 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 co-pay for your upcoming appointment
- Chat, call or message UMR's member support team

## Stay connected to your health care and download the UMR app today!

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



# 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. Choose **Benefits & coverage** from myMenu to find out:

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

Get your answers at a glance on [umr.com](http://umr.com)

▼ **Additional benefits** Print ? Help

What benefit coverage would you like to know more about?  
Select from the drop-down menu:

Choose a benefit

- Diabetes
- Home Health Care
- Mental, Alcohol and Drug Hospital Services
- Hospice
- Routine Wellness Adult
- Routine Care for Children
- Chiropractic
- Therapy
- Maternity
- Morbid Obesity
- Radiation and Chemotherapy
- Prior Authorization Requirements

▼ **Additional benefits**

What benefit coverage would you like to know more about?  
Select from the drop-down menu:

Maternity

**Maternity**

**Routine prenatal:**  
100% no deductible

**Delivery, postnatal, and non-routine prenatal care:**  
major medical benefits apply

Fictionalized data

Glossary



## Still confused about what a deductible is?

Just click the glossary tile shortcut on the member home page to find common health care terms (including benefit terms) defined in plain, clear language.



Fictionalized data

## Did your dog eat your ID card?

### No worries. It's easy to get a replacement online

Just click **ID card** from **myMenu** to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.

# Don't be surprised by **unexpected costs**



## Know the price you'll pay ahead of time

Use the **Health cost estimator** to look up a treatment or procedure in your area.



## Quickly see what you spent on health care this year

Get a breakdown by the types of services, so you can see where all your money went.



## Make sure you get your in-network discount

Do a quick search for participating doctors and facilities near you.

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

Claim activity

Download Print

Show All entries Filter your results

CLAIMS INFORMATION	SERVICE DATE	PROVIDER	BILLED AMOUNT	PLAN PAYS	YOU PAY
Patient: Karyn Blank Claim # 17055123456 <a href="#">View claim details</a> <a href="#">View EOB</a>	02/17/20	Valley Hospital	\$1351.00	\$1,193.00	\$25.00
Status: Completed					
Patient: Cade Blank Claim # 17054123456 <a href="#">View claim details</a> <a href="#">View EOB</a>	02/15/20	Hom, Gregory, Dr	\$359.20	\$0.00	\$0.00
Status: Completed					
Patient: Elizabeth Blank Claim # 17061123456 <a href="#">View claim details</a> <a href="#">View EOB</a>	02/03/20	Hom, Gregory, Dr	\$290.00	\$0.00	\$0.00
Status: Denied - Accident info needed from pt. Action needed! <a href="#">Click here</a>					
Patient: Cade Blank Claim # 17038123456 <a href="#">View claim details</a> <a href="#">View EOB</a>	01/12/20	Moore, John, Dr	\$370.00	\$0.00	\$215.95
Status: Completed					

- ✓ Saves time - no waiting!
- ✓ Keep up-to date 24/7
- ✓ Clearly organized and easy to sort
- ✓ Get all the details in one place
- ✓ Safe and secure
- ✓ Find out what you owe
- ✓ No lost paperwork

## Hassle-free access when you need it

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, click **View claim details** or **view EOB**. 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 e-mail any time you have a new EOB. And if you're not ready to give up paper completely, you can print out copies from our claims center.

*Fictionalized data*

# Helpful apps, calculators, videos and health information **all in one place**

## Online health information: up-to-date and ad-free

- Search your health symptoms
- Understand your treatment options
- Learn about drug interactions
- Find first aid information

## Our top picks for healthy eating and exercise

- Get the essentials on men's, women's & kids' health
- Watch step-by-step recipe videos
- Log your exercise and activity

## Free tools, apps and calculators

- Calculate your body-mass index (BMI)
- Download apps to help you stay healthy
- Track your nutrition and fitness goals



Health education library



The healthy plate



First aid



Symptom navigator



Fitness tools



Healthy "U" presentations



Health apps



## Start your personalized search in the **umr.com** Health center

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

You can be confident knowing the information we've gathered draws upon our clinical expertise and guidelines from trusted health organizations.

## Logging in is easy

Ready to pop in and take our site for a spin? Visit **umr.com** anytime to get started. If you already have an account, select the **Log in/Register** button to sign in.

If it's your first time visiting us, use the **Log in/Register** button to open an account. Make sure you have your ID card handy and follow the steps to get started.



A UnitedHealthcare Company



A UnitedHealthcare Company

# Securing your health information on **umr.com**

These days, it's important to protect all of your personal information. At UMR, we take your privacy seriously. We follow strict rules and security procedures to help maintain the security of your information and restrict access to only you or your authorized providers and/or representatives. We want you to know how to control who has access to view your health information. That way, you can rest easy knowing your privacy is safe with us.

## Secure login for added protection

As part of our ongoing effort to help keep your personal information secure online, our **umr.com** login process now uses HealthSafe ID, which incorporates the latest security protocols and user experience. Here's what that means for you:

- ✓ HealthSafe ID is a secure, centralized identity management solution that enables access to all participating UnitedHealth Group applications with a single login.
- ✓ HealthSafe ID uses a "multi-factor authentication" method to grant your access. That means when you set up your account, you'll select a preferred method by which the system will identify you. The choices are by email, text message or phone call. You can also choose to indicate the device you're using for sign in is "verified." When you (or someone else) log in to the account for the first time, the system will contact you via your preferred method and send an authentication message that you must use to complete your login. Each time you log in from an "unverified" device, the system is triggered to authenticate the login.



\* Fictionalized data

**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.

# Grant access and share information with eligible family members

## Choose who can view your personal information online

Adults age 18 and older have a right to determine who may or may not view their information on [umr.com](https://www.umar.com). This right applies to both a covered spouse and adult dependents.

If you are a parent of an adult dependent covered under your plan, your adult dependent must grant you online access to their personal health care information for you to view claim or benefit information on their behalf.

Similarly, your spouse must grant you access if they wish for you to view their personal health information. Likewise, the covered subscriber must grant online access to a spouse or any other covered family member you choose to allow to view your information.

The plan subscriber automatically has access to all dependents under age 13 and can restrict access to that information from other members on the plan.

Finally, minor dependents between the ages of 13 and 18 may choose to keep their online information private. By default, the plan subscriber will have online access to these minors' information. However, the minor may choose to restrict this access, or choose to grant access to a parent or other legal guardian who is not the primary subscriber for the plan.\*



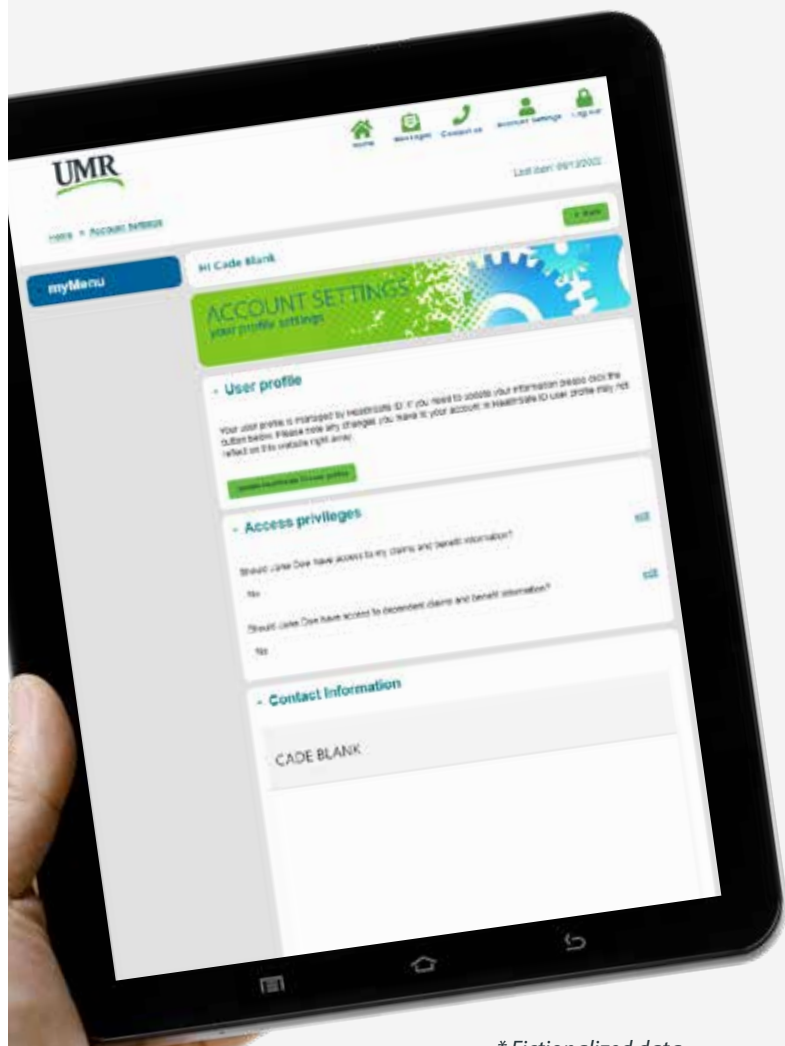
## WE TAKE YOUR PRIVACY SERIOUSLY

UMR follows strict rules and security procedures to help keep your information safe and restrict access to only you or authorized providers and/or representatives.

# What you need to do

**1** Discuss with your family members their right to protect their personal health information.

**2** If a covered family member wishes to allow access to another covered family member, the member must grant access to view their information, as follows.



\* Fictionalized data

## If your spouse or covered dependent has not yet registered for online services with UMR:

Dependents will be asked during the registration process to select the family members they will allow to view their personal health information. To register, have your covered family member visit **umr.com** and click on the **Login/Register** button located in the top right corner of the page. Select **Member** from the dropdown menu and follow the prompts to complete the account setup. They should have their ID card with member ID and group number handy.

## If your spouse or adult dependent has already registered for online services:

Your covered family members can log in to **umr.com** to access their **Account settings** and manage their access settings. The access privileges they select through the online account settings or during registration will apply to both the desktop and mobile versions of **umr.com**.

## If a parent or legal guardian other than the plan subscriber wishes to view online information for a minor dependent between the ages of 13 and 18:

The minor dependent may register as a new user on **umr.com**. They will be asked during the registration process to select the family members they will allow to view their information. The subscriber will also need to grant access to the parent or guardian.\*



### Don't forget!

Granting online access to appropriate family members can be important if a member is hospitalized or otherwise unable to view their own information.

\*Access rights and privileges may vary depending on your plan setup. For specific details, talk to your plan sponsor.

# Who we may share your information with:

## **Authorized health plans or physicians and other health care professionals**

We may share information, for limited purposes, associated with your health care and benefits as a part of administration of your employer's health care plan and your individual plan benefits.

## **Our employees may view your information in order to serve you**

We share and give access to personal information to our employees and agents in the course of operating our businesses. For example, if you sent us an email asking a question, we would provide your email address to one of our employees or agents, along with your question, in order for that person to reply to your email. We may share personal information with other affiliates or business units within the company.

## **Legal entities may view your information if required by law**

We may share personal information in response to a court order, subpoena, search warrant, law or regulation.

We may cooperate with law enforcement authorities in investigating and prosecuting website visitors who violate our rules, or engage in behavior that is harmful to other visitors, or is illegal.

## **Contracted entities may view your information to perform services on our behalf**

We may share and give access to personal information with other companies that we hire to perform services on our behalf or collaborate with. For example, we may hire an outside company to help us send and manage email, and in that case we might provide the outside company with your email address and certain other information in order for them to send you an email message on our behalf. Similarly, we may hire outside companies to host or operate some of our websites and related computers and software applications.

However, if we share or give access to personal information to outside companies, we require them to use the personal information only for limited purposes, such as for sending you the email in the example above.

## **Got questions?**

For information about your rights to control your protected health information (PHI), please review the privacy statement available on our website.

If you believe we or any company associated with the company has misused any of your information, please call us immediately at 877-561-1622 to report the issue.



Group Number 76-416426

# Email notification options and **umr.com**



A UnitedHealthcare Company

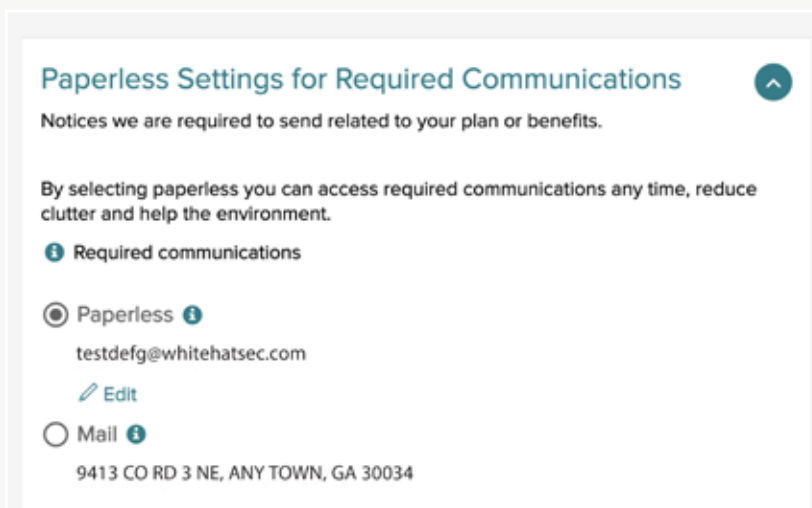
## Selecting your communication preferences and access privileges

### You have options regarding your communications from UMR and private information. Here's how to update:

**Step 1:** Plan holders must create an account on **umr.com**. Any dependent over age 18 (child or spouse) will also need to create their own **umr.com** account.



**Step 2:** Once logged in, under **Account settings** in the **Access privileges** section, the dependent can identify who should have access to his or her information. Dependents can grant access to any other dependent over 18 years of age in the **Account settings** tab. To make any changes to access privileges, simply click the edit button within that section, and make sure to save changes.



**Step 3:** The plan holder must also create an account on **umr.com**. Once registered, plan holders can update communication preferences in the **Account settings** section. Under **Communication preferences**, you can choose to have EOB and financial statement notifications emailed to you as they are available. (You will still need to log in to **umr.com** to access these communications). You can also elect to have EOBs mailed to you in paper form. *Reminder: Selections for paper and paperless options apply to all members on your plan.*



Life is  
better in  
focus.™

## Get access to the best in eye care and eyewear with CITY OF RENO and VSP® Vision Care.



As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

See why we're consumers' #1 choice in vision care<sup>3</sup>.

Contact us. 800.877.7195  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



CITY OF RENO and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 07/01/2018

**VSP Provider Network:** VSP Advantage

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>		<b>\$25</b>	<b>See frame and lenses</b>
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$120 allowance for a wide selection of frames</li> <li>\$140 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$65 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> </ul>	\$55 \$95 - \$105	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li><del>\$120</del> allowance for contacts and contact lens exam (fitting and evaluation) <b>Now \$160!</b></li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every 12 months
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

Exam .....	up to \$47	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$45	Lined Trifocal Lenses .....	up to \$60	Contacts .....	up to \$100
Single Vision Lenses .....	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

1. Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
3. 2017 National Vision Plan Member Research.