

A photograph of a man and a woman smiling and holding a baby. The man is on the left, kissing the woman on the cheek. The woman is on the right, holding the baby. They are in a bright, modern setting, possibly a home or a hospital room.

The importance of **updating your other insurance information**

Are you or your dependents covered under more than one group medical or dental 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 medical or dental 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.

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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



A UnitedHealthcare Company

When claims are denied for other insurance

If UMR receives a claim for medical care or dental 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 or dental 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. In addition, when you log on to **umr.com**, you'll find your **MyTaskbar** on the homepage. On the taskbar, you'll see an icon with a red exclamation point indicating that you need to provide other medical insurance information.

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

It's easy to take action on umr.com

In the Claims Summary on **umr.com**, we will alert you if your claim is denied and waiting for other insurance information. Simply click on the **Take action** link and submit an electronic form, then you're done!

