

Unique ID: xxxxx-xxxx PIN: xxxxxx

United States District Court for the Western District of Wisconsin

Micone v. UMR, Inc., No. 3:23-CV-00513

NOTICE OF SETTLEMENT

Our records indicate that you were a participant of an employer-sponsored health plan administered by UMR, Inc. (“UMR”), and that you or one of your beneficiaries may be eligible for a payment as part of a settlement between UMR and the United States Department of Labor (“DOL”).

YOU MUST TAKE ACTION TO RECEIVE PAYMENT

UMR is a third-party administrator of health benefits plans sponsored by employers. In the case referenced above, DOL alleged, among other things, that health benefit claims for emergency room visits were improperly denied because it was determined that the participant or beneficiary was not experiencing a medical emergency.

Although UMR disputes DOL’s allegations, UMR and DOL have agreed to settle their dispute through a Consent Order and Judgment (“Consent Judgment”). The Consent Judgment provides payment to participants and beneficiaries for certain health benefits claims for emergency room visits (“Covered ER Claims”).¹ Our records indicate that you or your beneficiary may have Covered ER Claims and may **be eligible for a payment of up to \$353.22 per Covered ER Claim.**

To receive payment:

You must take action to receive a payment. Specifically, **no later than September 2, 2025**, you must complete the following steps:

- (1) Complete a claim form;
- (2) Print and sign the Release of claims document that accompanies this letter;
- (3) Provide copies of canceled checks, credit card statements, bank account statements, receipt(s) for payment(s), or statements from a financial institution showing that you paid an out-of-pocket amount to your medical provider for Covered ER Claim(s). If you have Covered ER Claims arising from multiple emergency room visits, you should upload the necessary documentation for each claim.

¹ All capitalized terms in this notice are defined in the Consent Judgment, which can be found at www.UDSERSettlement.com.

(4) You must submit your claim, Release, and all required documents by September 2, 2025, at www.UDSERSettlement.com or by mail (postmarked by September 2, 2025) to: UMR UDS-ER Settlement, c/o JND Legal Administration, P.O. Box 91226, Seattle, WA 98111.

- a. If submitting your claim online, visit www.UDSERSettlement.com and use the Unique ID and PIN listed on page 1 of this notice to access the claims submission portal. Also available on the website is a secure link that will provide you with information regarding your original claim(s) including the claim number(s), claim date(s), and provider name(s).

Important Note: Failure to complete all of these steps by the deadline listed above will invalidate your claim.

Submitting these documents does not automatically entitle you to payment. After you have submitted the necessary documents, there will be a determination whether you have met the requirements for payment. If the documents you submit demonstrate that you meet these requirements, you will receive a payment for a Covered ER Claim.

A claim form and Release are enclosed in this mailing and available at www.UDSERSettlement.com.