flume health

User Manual for New Groups

Product Documentation & Guidelines

flume health

HR Enrollment Guide

How to add or remove an enrollee or change someone's address outside of Open Enrollment

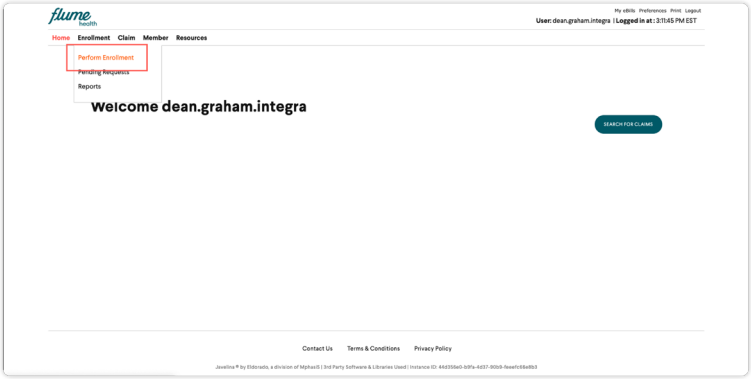
Enrolling a new employee

To enroll a new employee, you'll need your administrator login, which was provided to you by your Flume Health Account Manager. If you don't have this, reach out to your Account Manager, whose contact info is on the next page.

You will also need the new enrollee's personal information, dependent information, and their health coverage elections (if they have multiple options). The easiest way to do this may be to go through the submission process together.

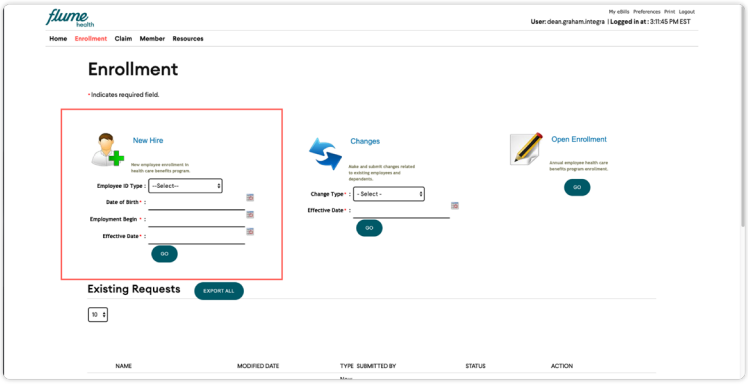
Step 1

Login to my.flumehealth.com using your administrator account. Go to "Enrollment" in the toolbar at the top of the page, and click "Perform Enrollment".



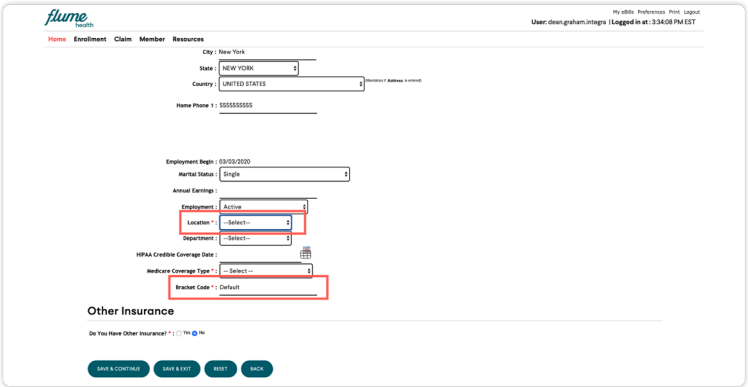
Step 2

Enter the information requested under “New Hire,” and click “Go”. Be sure to select an Employee ID Type, or the enrollment won’t process correctly.



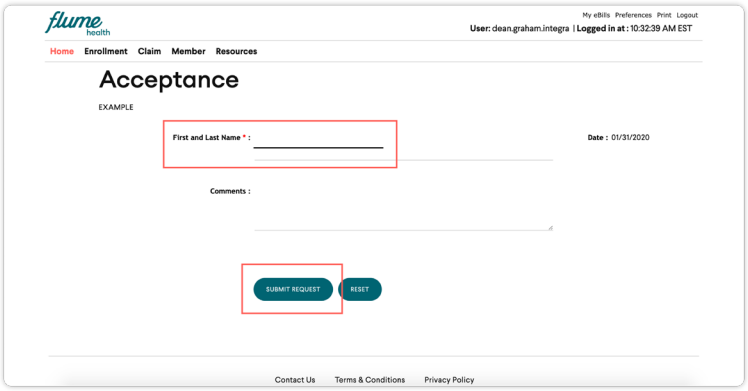
Step 4

Fill out section 1 of the online Enrollment form, called “Employee Information”. There will be a drop-down box for the employee’s “Location”. For a list of your company’s location codes and the corresponding locations, refer to the client user manual you received when the plan went live. It will also ask for a “Bracket Code”. This should automatically set to default, and you don’t need to change it.



Step 5

Fill out sections 2-4 of the online Enrollment Form, review all the information to make sure it's correct, and then digitally sign your name under "Acceptance" and click "Submit Request". If you entered the enrollee's email address in the Enrollment Form, they should receive a confirmation email.



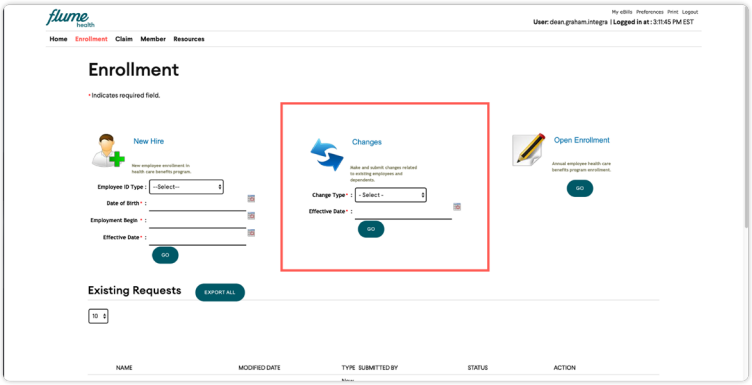
Terminating an employee

Step 1

Login to my.flumehealth.com using your administrator account. Go to "Enrollment" in the toolbar at the top of the page, and click "Perform Enrollment".

Step 2

Select “Termination” from the dropdown menu in the “Change” section, and enter the date you want the change to become effective. For example, if the enrollee’s last day of employment is February 18, you should enter February 19 as the effective date.

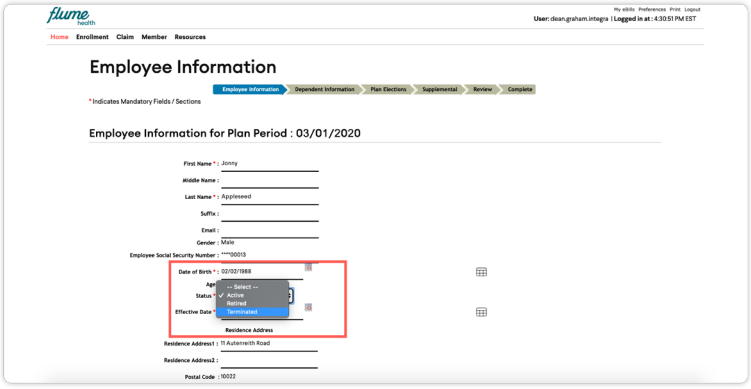


Step 3

On the “Member Search” page, enter information for the employee who is being terminated. You should search for the member using at least their last name, but it’s okay if you don’t enter a Patient ID. Click “Search” and select the correct employee.

Step 4

You’ll be taken back into the enrollment form. Scroll down to “Status” and change it to Terminated. Then go to the bottom of the page and click “Save & continue”.



Step 5

You’ll be taken straight to the “Review” section of the form. Once you’ve reviewed the information, click “Submit request” at the bottom of the page.

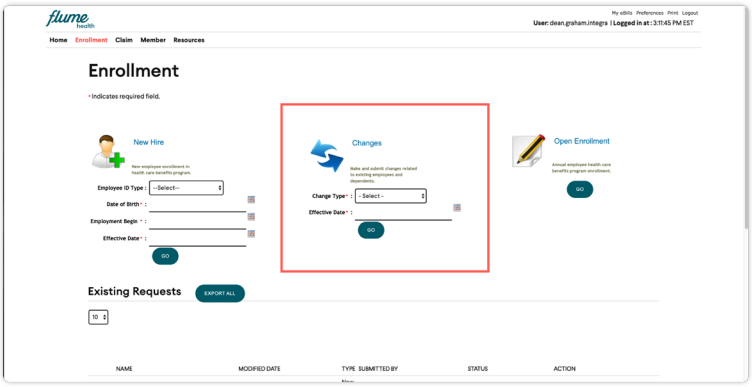
Changing an employee's address

Step 1

Login to my.flumehealth.com using your administrator account. Go to "Enrollment" in the toolbar at the top of the page, and click "Perform Enrollment".

Step 2

Select "Address Change" from the dropdown menu in the "Change" section, and enter the date you want the change to become effective.



Step 3

On the "Member Search" page, enter information for the employee whose address you want to change. You should search for the member using at least their last name, but it's okay if you don't enter a Patient ID. Click "Search" and select the correct employee.

Step 4

Enter the employee's new address and click "Submit."

Have questions?
Contact your Flume Account Management Team

account-management@flumehealth.com

Flume Health Claims Processing

Our high frequency / low frequency framework

At Flume Health, we believe that better outcomes drive lower costs. Our claims processing framework is designed accordingly, to minimize disruption for routine claims while taking a high-touch approach when the stakes get high. To do this, we divide claims into two major categories:

HIGH FREQUENCY CLAIMS

< $5,000 threshold

95% of claims, 65% of claims spend

Algorithmic fraud, waste, and abuse detection

Pre-authorization

Focus on minimizing noise

LOW FREQUENCY CLAIMS

> $5,000 threshold

5% of claims, 35% of claims spend

Focus on quality of care

High engagement with the member

Provide second opinion and redirection if necessary, including option for medical tourism

flume health

How we build Flume Community™

A community of providers who have agreed to fair pricing

1. Geographic expansion
Our Flume Community™ team finds high-quality providers in the areas where we have plans and invites them to join Flume Community™.

2. Provider nomination and Open Enrollment
Members can nominate their providers online at any time leading up to and during the plan year. We also provide printed nonimation forms at Open Enrollment.

3. Claims analysis
After the plan goes live, we analyze claims to find out which providers are regularly seeing our members, and then reach out and invite them to join Flume Community™.

4. Inbound requests
Because of the benefits of being part of Flume Community™, providers sometimes reach out to us. If they are willing to agree to fair, transparent prices, we invite them to join Flume Community™.

Why providers love Flume Community™

- Claims paid in 72 hours
- Not responsible for collecting deductibles
- Get patients who otherwise couldn't afford to seek care

How we handle balance bills

Like everything, it's about putting the member first

During Open Enrollment and in our member communication throughout the year, we remind members to always check their bill against their EOB. If there is a discrepancy, they're instructed to call the Flume Concierge and let us know right away. We'll record the balance bill in our system and begin addressing the issue, escalating our approach as necessary:

1. We reach out to the provider
The majority of balance bills can be resolved with a simple phone call. We'll reach out to the provider and explain why the plan paid the amount it did. We'll also use this as an opportunity to invite them to join Flume Community™, so we can avoid any billing issues in the future.

2. We bring in an expert negotiator
If the provider refuses to negotiate, or we haven't reached an agreement after 90 days, we escalate the issue by bringing in a third party expert to negotiate on the plan's behalf. This service is included in Flume Health's administration fee and doesn't involve any extra cost for the plan sponsor.

3. The plan chooses to either settle or litigate
If six months after the original balance bill was received, the provider has still not agreed to a reasonable price, we work with the plan sponsor to decide whether to settle or litigate the issue. For extra large claims, we can also add another level of third-party escalation, which involves an additional fee. It's important to remember that most balance bill issues never reach this point. When they do, our primary concern is always the patient's situation. If the provider has taken credit action against the patient, we won't agree to any resolution that doesn't involve the credit action being reversed.

Protecting the member experience

Balance billing issues are often frustrating, and rightfully so. In order to provide members with some peace of mind, we do the following:

- Proactively educate them on the resolution process
- Let them know every time we reach out to the provider
- Carefully track the status of the resolution process and provide real-time updates on request

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Claims fund basics

How we withdraw money from your account to pay claims

What is a claims fund?
A claims fund is the bank account we withdraw from in order to pay your employees' claims. The account can be at whichever bank you prefer.

If your business has multiple locations, each location can have its own account. If you choose to do this, you'll need to be prepared for the added complexity of tracking and maintaining multiple balances.

How is the account funded?
The account should have enough money in it to pay for one and a half months of estimated claims and fixed fees (the expected annual amount divided by 8.1). We recommend that you top off the account every week.

We'll approve claims up to 1/5 of the claims fund amount each working day, to ensure that the account is never overdrawn.

How do you pay claims?
We process claims every weekday and release funds for fully adjudicated claims to our down-stream vendors to pay the provider. Providers are paid via ACH, checks, or pre-paid debit cards that are faxed or emailed to them.

How can I monitor these payments?
We can report on claims by whatever metrics you prefer, including group or location. This information will be included on your monthly invoice.

Is a claims fund the only option?
If for some reason this set-up doesn't work for you, we do have another option. You can write a check to us, and we'll authorize payments up to that amount. We'll approve and pay all claims before proceeding to the next month, but won't move on to paying the next month until the prior one has been fully paid.

Because of the extra work involved for this option, we'll charge an extra $5 per employee per month in our administrative fee.

Frequently Asked Questions

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We're here to help!

Have questions about your health coverage?
Call the Flume Concierge at
(844) My Flume (693-5863)

flume health

What You Need to Know

Think of **Flume Concierge** as really fancy customer support. Real people will answer the phone every time you call. They are the fastest way to getting help with your healthcare.

What can you do:

- **Answer Questions** - Confirm EOB charges, advice on the best way to start seeking care, find a doctor, eligibility, general questions.
- **Solve Issues** - If there's a billing discrepancy/confusion, if doctors push back on your new plan, if member/dependent information needs to be updated.
- **Provider Search** - find a doctor in **Flume Community** or nominate someone.

How to reach us

Flume Concierge (844) 693-5863
Monday - Friday
9AM -6PM Eastern

Your new insurance card is on the way

Watch for it in the mail in the next few weeks

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What You Need to Know

Make sure you replace your old card with the new one, and alert your doctors and pharmacists there has been a change. As soon as your plan goes live, your old card will no longer work.

Card includes member ID number, copay amounts, prescription plan information, Flume Health contact information, as well as everything your doctor needs to know to bill Flume Health and process your claims.

How to replace ID cards

1. Log into my.flumehealth.com
2. type your name, member ID, and how many cards you'd like into the "Contact Flume Concierge" box
3. Hit "Send"

Call **Flume Concierge** at **(844) My Flume (693-5863)** if you or your provider have any questions regarding your health plan.

Not feeling well?

You have a nurse on call 24/7
Just call (844) My Flume (693-5863)

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What You Need to Know

You have a team of nurses ready to give you expert advice on when and where to start seeking care. **Call the 24/7 nurse line:**

- If you feel sick but aren't sure what's wrong
- If you think you need a doctor but don't know what kind
- If you don't understand the a diagnosis or prescription

This service is not a replacement for a doctor, but they can help make things more clear and comfortable. It's free, easy, and can be done over the phone.

What You Need to Do

If you are experiencing an illness more severe than a common cold, call the Flume Concierge and ask to be connected to the nurse line.

(844) 693-5863

How to see a doctor on your Flume Health plan

You're covered no matter where you go

On a Flume Health plan **you're covered for all eligible services no matter where you go**. No more "in-network and out-of-network". Doctors in the area may or may not be familiar with this set up, but it's very common nation-wide and growing fast. When making an appointment for the first time:

Don't

- Call the doctor and say "my insurance is Flume"
- Leave or get discouraged if they push back on you

Do

- Nominate your provider ahead of time
- Say "My employer pays for my health insurance. My ID card has the details"
- Show your card at the front desk - they'll know what to look for
- Call **Flume Concierge** if they push back
    - We will talk to them and explain how we pay
    - Most issues are handled in a single phone call.
    - After your first visit you shouldn't have any more issues.

Help build the health plan that works for you

Nominate your providers at
flumehealth.com/nominate

flume health

What You Need to Know

- Your plan is open-access, meaning **you are covered no matter where you choose to seek care** (for eligible services)
- Flume Community are certain doctors in your area that have contracted directly with us to guarantee low, transparent prices.
- When you choose to see a Flume Community doctor, you pay only a small copay and **$0 deductible**. This gives you a more affordable, better experience.
- Tell Flume Health which doctors you want to be in Flume Community, and we will reach out on your behalf to try to contract them.

What You Need to Do

Nominate your provider(s) today at **flumehealth.com/members** or by calling **Flume Concierge** at **(844) My Flume (693-5863)**.

Then, when you need to see a doctor, call Flume Concierge to find the nearest Flume Community doctor and it can be low-cost or no-cost to you!

I got a balance bill

Don't worry - Flume is here to help

What You Need to Know

- 25 days after every doctor's appointment, an "Explanation of Benefits" (EOB) comes in the mail.
- **This is not a bill** – it is the official record of the services that were provided to you and how much you owe for them. EOBs are your source of truth for billings and claims.
- Not all hospital billing is accurate, or even fair. Flume Health has people who will help you review the bill to make sure you're not being overcharged.

What You Need to Do

- Read your EOB thoroughly to make sure it matches the services that were provided to you.
- **If you receive a balance bill, call Flume Concierge immediately at (844) My Flume (693-5863)**
- We will work with you, your employer, and 3rd party if necessary to make sure you you only pay what is right and fair.

Track your healthcare spending in real time

Log in to the member hub at my.flumehealth.com

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What You Need to Know

My.flumehealth.com is your online home when it comes to all things health insurance. It's where we provide you with the information and resources you need to save money and stay healthy all year long:

- Track your family's healthcare spend
- See claims
- Order ID Cards
- More...

What You Need to Do

Go to my.flumehealth.com and select "Sign Up Now". Create your account using your name, birthday, and email address. The Flume system will automatically recognize you. Call Flume Concierge for help getting started (844) 693-5863

Member Plan Guidebook

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Welcome to Flume

You're in good hands.

Welcome to your new health plan! Take a look through this guide to learn what Flume Health has to offer and how to use it!

Flume Health is a modern take on employer-sponsored health plans. We are a team of insurance-industry experts and technology-focused professionals working together to remove barriers and increase transparency in the healthcare industry. Just like you, we believe members shouldn't have to fight against their health plan to get the the care they need at a price that's fair. **Welcome to Flume Health!**

GUIDE CONTENTS

Member Services
How to use your full health plan and where to go for help when you need it.

Seeing a Doctor
Get the right care, at the right place, for the right price.

Understanding Healthcare
Healthcare jargon written in plain English. If you can't understand it, how are you going to use it?

Flume Concierge

Your dedicated healthcare guide.

You now have your own go-to team of care guides. That means you speak with real people every time you call or message.

SERVICES FOR YOU

Answer Questions

Healthcare is complicated, and everyone has questions. Don't hesitate to give us a call for more info about your plan.

Solve Issues

We can help you issues involving claims, billing, eligibility, or making appointments.

Provider Search

If you need assistance finding a great new doctor, give **Flume Concierge** a call. We will make sure you get great care from a great doctor.

Balance Bill Support

You have a team of experts on your side to make sure you never overpay for healthcare. If you ever receive a bill that doesn't match your EOB - call us first!

Where should I go for ice cream after I get my braces off?

Are the charges on my EOB correct?

What's my deductible?

I'm looking for a second opinion

Flume Concierge

(844) 693-5863
(MY-FLUME)

Monday-Friday 9a-6p (EST)

members@flumehealth.com

Flume Member Hub

Access your health plan anytime.

Services that are available to you online include:

Order new Member ID Cards

Print a temporary card and order a new card through the Flume member hub.

Check Health Plan Spending & Accumulators

Check your annual deductible progress, and see how much is left until you hit your out-of-pocket maximum.

Review Claims & EOBs

Easily view past claims from providers, as well as your detailed Explanation of Benefits (EOB) history.

You can create your account on the first day your plan is live. Go to

my.flumehealth.com

Open Access Plan

See any doctor, no restrictions.

On your new Flume plan, you're covered anywhere you choose to seek care for eligible services. See any provider you want without fear of going "out of network". Seeing certain doctors comes with perks for you, however. Flume Community™ is a group of local doctors who agree to see Flume Health members at fair and reasonable prices with no balance bills.

When you choose to see a Flume Community doctor, you will only pay a small copay - your deductible cost will be $0.

HOW IT WORKS

Know who you want to see?

Nominate your favorite doctors, and we will reach out and invite them to join Flume Community. We can't guarantee they will join, but if they do, your deductible for any and all visits with that provider will be $0.

Need to find a doctor?

Consider finding a Flume Community doctor first! **Call the Flume Concierge** at (844) MY-FLUME to check if any Flume Community doctors are already in your area.

Billing & Claims

For non-Flume Community visits, we work on your behalf to negotiate discounts with doctors and facilities both before and after appointments. By working directly with providers, the cost of care can be significantly lower for you and your employer.

flume community

6 DEGREES HEALTH

Flume Community

Lower Cost + Transparency + Fast Payment.
We call that a Win-Win-Win.

Flume Community is a group of doctors who have contractually agreed to see **Flume Health** members at fair and reasonable prices. When you see a **Flume Community** doctor, we'll waive your deductible for that visit and any future visits.

HOW IT WORKS

When seeing a Flume Community doctor, you will know the price of your service(s) ahead of time. No more surprise or balance bills. **You will also only pay a small copay at the time of service your deductible cost will be $0.**

Flume Community is **not** about making you change doctors. In fact, we really want to know which doctors and facilities you currently visit, or plan on visiting, so we can invite them to join **Flume Community**. This ensures that you receive high quality care at a fair price without receiving surprise bills.

Remember: you're covered for all eligible services no matter where you go. If your doctor doesn't join Flume Community, you can still see them.

2 Ways to Nominate Your Provider

1. Call the **Flume Concierge** at **(844) MY-FLUME**
2. Go online to flumehealth.com/nominate

Make an Appointment

See your favorite provider or find a great new one.

1

Make an Appointment

I would like to schedule an appointment to see a provider.

2

Need a Provider

I don't currently have a provider, and I need help finding a good one. I am not sure where to go.

3

Call Flume Concierge

Check if there's a Flume Community provider in your area so it can be low-cost or no-cost to you!

(844) MY-FLUME

If there are no Flume Community doctors in your area, we can usually still refer you to a great doctor anyway.

or

Already Have a Provider

I have a provider, but I want to make sure I'm getting the best possible price.

2

Nominate Your Provider

If your provider joins **Flume Community**, future visits could be at lower, or potentially no, cost to you! Nominate a provider now at

flumehealth.com/members

or call **Flume Concierge** at **(844) MY-FLUME**

Telemedicine

Talk to a provider at no extra cost within 15 minutes.

Telemedicine is a free service provided in partnership with **Teladoc**. It's a doctor's appointment you can do via phone or video, and it works just like an in-person visit:

Discuss your symptoms with the certified doctor
Get a diagnosis right over the phone
Order a prescription for many basic medications

Next time you or a family member are not feeling well, remember: **You've Got Teladoc!**

GETTING STARTED WITH TELEMEDICINE

1. As soon as your plan goes live, you can set up your account by visiting teladoc.com or calling 800-835-2362.
2. Download the Teladoc app onto your phone so its ready when you are
3. If you or a member of your family aren't feeling well, or need a prescription refill - use Teladoc first.

TELADOC™

Available on the App Store

GET IT ON Google Play

Seeking Care

Save time and money by knowing the best place to seek care.

1. **I have slight aches, a runny nose, general sickness, or am out of a prescription. I want to speak with a provider now.**

TELEMEDICINE (no cost)

Speak with a board-certified doctor in 15 minutes. Get a diagnosis as well as a prescription without having to leave your bed!

2. **I have aches, a runny nose, a sore throat, or general sickness. I want to see a provider in person.**

MAKE AN APPOINTMENT ($)

See your existing provider, or check if there's a **Flume Community** doctor already in your area

3. **I have a moderate cut, a fever without a rash, abdominal pain, a sprain, shortness of breath, or am vomiting.**

URGENT CARE ($$)

If you have non-life threatening symptoms that need attention immediately, an urgent care may be your best and most efficient option

4. **I have a broken bone, difficulty breathing, chest pain, deep cuts, loss of consciousness, or excessive bleeding.**

EMERGENCY ROOM ($$$)

If you have life threatening symptoms or injuries, acute pain, or any other emergency, call 911 - Go directly to the emergency room

Pharmacy/Rx

Prescriptions at lower cost made simple.

Delivery with Walmart Mail Order

Pay $0 copay for generic drugs and get them delivered right to your door! This can replace any other service you use for filling generic prescriptions.

- **Call 1-800-273-3455 and their customer support will help you get started**

Walmart

Drexi Drug Search

Drexi drug search lets you find the best price for your brand-name medications. Use their online platform to save tons of money on brand-name items.

- **Go to drexi.com/welcome and select 'Enroll' to set up your account**
- **For help getting started, call Drexi Support at 844-728-3479**

Drexi

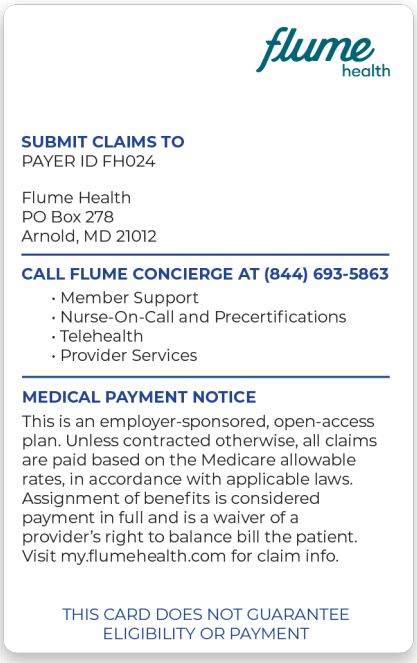
Your ID Card

Your ticket to the doctor's office

Your ID card includes everything your doctor & pharmacist needs to know to process your claims. This includes your name, member ID number, how much your co-pays are (if applicable), which company fills your prescriptions, and Flume's billing information including our address and payer ID.

The card also has the **Flume Concierge** number on both the front and back. You or your provider should call this number any time you need help using your plan.

Make sure to show your doctors and pharmacist your new ID card as soon as you can to avoid delays in claims payment.



You can download digital copies of your card from my.flumehealth.com after the first day your plan is live. Physical cards will be mailed to your address.

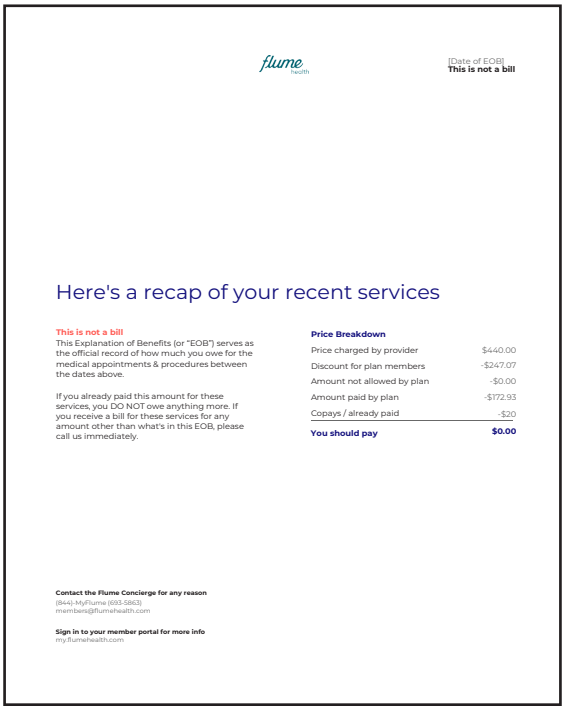
Billing & EOBs

80% of hospital bills have mistakes.
You could be overpaying.

After every appointment Flume will send you an **Explanation of Benefits (EOB)** that describes what happened and how much you need to pay (if at all) to settle a balance.

It is always a good idea to review your EOB and check that the charges line up with what happened during the appointment. Then, compare that EOB to any bill you receive after that. If you receive a bill and you are unsure about the charges listed, **Flume wants to help make sure you don't overpay! Call the Flume Concierge at:**

(844) MY-FLUME



flume health

[Date of EOB]
This is not a bill

Here's a recap of your recent services

This is not a bill
This Explanation of Benefits (or "EOB") serves as the official record of how much you owe for the medical appointments & procedures between the dates above.

If you already paid this amount for these services, you DO NOT owe anything more. If you receive a bill for these services for any amount other than what's in this EOB, please call us immediately.

Price Breakdown

Price charged by provider	$440.00
Discount for plan members	-$247.07
Amount not allowed by plan	-$0.00
Amount paid by plan	-$172.93
Copays / already paid	-$20
You should pay	**$0.00**

Contact the Flume Concierge for any reason
(844)-MyFlume (693-5863)
members@flumehealth.com

Sign in to your member portal for more info
my.flumehealth.com

Preventive Care

Included with your health plan

Take advantage of preventive services that are included in your health plan's coverage, such as:

- Annual Physical
- Preventive Mammogram
- Colorectal Cancer Screening (age dependent)
- STI Screening
- Many Vaccines
- Telehealth (depending on your plan)
- Most Women's Birth Control
- ... and more

for a full list of services covered-in-full, visit:
healthcare.gov/coverage/preventive-care-benefits/

Confirm coverage for other preventive services

Some preventive services may require a preauthorization, may not be covered in full, or may not be included in your health plan's coverage. Double check with your provider or **Flume Concierge** for any additional costs or any actions you need to take before scheduling your appointment.

- Travel Vaccines
- Diagnostic Colonoscopies
- Metabolic Panels
- Follow Up Care
- Imaging (MRIs, CT Scans, XRays, etc...)
- ECG's
- Urinalysis
- General Health Blood Panels

Flume Dictionary

Healthcare jargon is confusing.
Let us translate so we all can understand.

premium

The fixed employee contribution to stay covered. Eligibility can end if premiums are not paid.

out-of-pocket maximum

The most you will pay for covered health care (apart from premium) in a year. Once you reach it, your health insurance pays for all covered services.

individual deductible

The dollar amount any individual must pay (apart from services covered in full) for covered services before your plan begins paying.

family deductible

The dollar amount a family must collectively pay toward services before your plan begins paying.

covered

These services are paid for according to your plan's rules around cost-sharing. If you have a deductible, you will pay the bill at rates we negotiate on your behalf. If you have met you deductible but not your max, you might owe a copay or coinsurance.

not covered

These are services that are not paid for by your plan and will not count toward your deductible or out-of-pocket maximum. Usually, that goes for services with doctors who are not in-network, services that are not medically necessary, and certain drugs without a negotiated rate.

coinsurance

The amount you owe for a covered service or prescription, calculated as a % of the allowed charges·

copayment

The fixed dollar amount you pay for covered services and prescriptions. This is often collected when checking in for an appointment.

Flume Dictionary

Healthcare jargon is confusing.
Let us translate so we all can understand.

covered-in-full

When a benefit is paid entirely by your plan. In other words, it is free to you! Annual physicals, some primary care services, annual well-woman exams, well-child visits, and many immunizations are covered-in-full. For a complete list, visit:

healthcare.gov/coverage/preventive-care-benefits

explanation of benefits (EOB)

Following any appointment, you will receive an EOB from Flume describing your encounter and any balance that you may owe to the provider. If any bill is coming as a surprise or contains charges that you do not recognize, reach out to **Flume Concierge** right away.

To check if services are medically necessary, you can pre-authorize your upcoming visit by calling **AIMM**.

referrals

Your doctor may refer you to a specialist that you may or may not have seen before with Flume Health. In most cases services are covered, but sometimes they require pre-authorization. If you want to check if an upcoming appointment is pre-authorized, call **AIMM**.

If you are feeling unsure about this referred doctor, **Flume Concierge** would be happy to recommend a great option from our vetted list of high-quality, low-cost providers near you.

prior authorization

Certain medical encounters require prior authorization before the visit. This process helps to ensure you provider has no history of medical malpractice and the rendered services are appropriate. If you have any questions about prior authorization, call **Flume Concierge**.

Card Carrier

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Flume Health
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Arnold, MD 21012

Sample Patient
123 Sample Avenue
Sample, NY 10001

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Great news! Your new sample ID cards for your employer-sponsored health plan has arrived.

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3 Steps to Get Started with Flume

1. Setup your online account
Visit **my.flumehealth.com** today to confirm the features and dependents on your plan, opt-in to electronic communications, and see recent claims.

2. Review your Member Guidebook
Learn about Flume Health as well as the benefits of your new health plan. There is also a dictionary of common insurance terms to help you navigate our confusing jargon. Access your welcome packet in your account under **Resources > Documents & Forms**.

3. Nominate your provider to Flume Community™
Have you nominated your provider for **Flume Community** yet? If your provider joins, future visits could be at lower, or potentially no, cost to you! Nominate a provider now at **flumehealth.com/members** or by calling **Flume Concierge**.

Flume Concierge

Your Dedicated Healthcare Guides

Any time you have a question or concern about your health plan, call **Flume Concierge** first!

- **Nominate your provider or find a new one**
- **Ask a question about a recent claim or bill**
- **Get an expert opinion on when and where to seek care**

Save this number in your phone now!

(844) My Flume
(693-5863)

Monday-Friday 9:00 AM to 6:00 PM (EST) or say hi anytime at **members@flumehealth.com**