

# Weber State University

## 2020 EMI Health Member Benefits Guide



EMI HEALTH

Every  
Member is  
Important

[www.emihealth.com](http://www.emihealth.com)



**DENTAL COVERAGE**

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

**OUTLINE OF COVERAGE**

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

**Group:** [Weber State University \(Plan #880\)](#)  
**Plan:** [Premier PPO](#)  
**Administered by:** [Educators Mutual Insurance Association, a Utah Company](#)  
**Effective Date:** 7/1/2020  
**Benefit Year:** Contract  
**Plan Type:** Contributory / Self Funded

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	80%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 25	50%	50%
Adults	50%	50%
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 3 - Major	Type 3 - Major
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic
<b>Specialists</b>	Member pays same as General Dentists	Member pays same as General Dentists
<b>Waiting periods</b>	None	
Type 2 - Basic	Failure to enroll at first opportunity will result in 24 month waiting period	
Type 3 - Major		
Type 4 - Orthodontics		
<b>Deductible</b>	None	
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A
<b>Annual Maximum Per Person</b>	\$2,000.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,500.00	
<b>Network / Reimbursement Schedule</b>	Premier	Premier
<b>Monthly Rates</b>		
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Any Age	
Sealants	Dependent children only	
Space Maintainers	Up to age 17	
Bitewing X-Rays	2 per year	
Periapical X-Rays	Covered in Type 1	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia - (Age 8 and over)	Covered in Type 2 - Basic	
Anesthesia - (For children age 7 and under)	Covered in Type 2 - Basic*	
Implants / Implant Abutments	Covered in Type 3 - Major	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).		
** Anesthesia is not subject to waiting periods.		



5101 South Commerce Drive  
 MURRAY, UT 84107  
 CORPORATE (801)262-7475  
 TOLL FREE (800)662-5851  
[EMIHealth.com](http://EMIHealth.com)

**Group:** **Weber State University (Plan #880)**  
**Plan:** **Vision 160B**  
 Underwritten by / Administered by: Opticare of Utah / Educators Mutual Insurance Association  
 Plan Type: Voluntary  
 Effective Date: 7/1/2020  
 Benefit Year: Contract

	In-Network	Out-of-Network
<b>Eye Exam</b>	<b>No Eye Exam Benefit</b>	
<b>Lenses</b>		▲ \$95 Allowance for lense, options, and coatings
Single Vision	\$10 Co-pay	
Bifocal (FT 28)	\$10 Co-pay	
Trifocal (FT 7*28)	\$10 Co-pay	
<b>Lens Options</b>		
*Progressive (Standard no-line)	\$50 Co-pay	
*Premium Progressive Options	No Discount	
Glass Lenses	15% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
<b>Coatings</b>		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options <i>A/R edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$160 Allowance	▲ \$90 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit.	\$160 Allowance	▲ \$125 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
<b>Frequency</b>		
Lenses, Frames, Contacts	Every 12 Months	Every 12 Months
<b>Refractive Surgery</b>		
****LASIK	\$500 off per Eye	Not Covered
<b>Monthly Rates</b>		
Employee	\$5.60	
Two Party	\$10.90	
Family	\$17.30	

**Discounts** - Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

\* Co-pays for Progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

\*\*50% discount at Standard Optical locations Only. All other Network discounts vary from 20% - 35%

\*\*\*Must purchase full year supply to receive discounts on select brands. See provider for details.

\*\*\*\*LASIK (Refractive surgery) Standard Optical Locations ONLY.

LASIK services are not an insured benefit; this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on Standard Optical retail fees.

▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.

# BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE OVERVIEW

Prepared for the employees of Educators Mutual Insurance Association

## Basic AD&D Insurance Coverage – paid by your employer

<b>Eligibility</b>	Active Employees of a participating Employer in the Educators Mutual Insurance Association	
<b>Employee</b>	<b>Benefit Amount and Maximum</b>	\$5,000

## Other Accidental Death & Dismemberment (AD&D) Coverage Features

### A Valuable Combination of Benefits

To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

Only one benefit (the largest) will be paid for losses from the same accident.

## Additional Benefits of Personal Accident Insurance

**For Wearing a Seatbelt & Protection by an Airbag** - Additional 10% benefit but not more than \$500 if the covered person dies in an automobile accident while wearing a seatbelt. We will increase the benefit by an additional 5% but not more than \$250 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

**For Comas** - 1% of full benefit amount, for up to 11 months, if you are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

**For Exposure & Disappearance** - Benefits are payable if you suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If your body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

### What is Not Covered

Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned,



leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

**When Your Coverage Begins and Ends**

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Coverage will continue while you remain eligible, the group policy is in force, and required premiums are paid.

**Conversion** - If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. OK969334. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2015





emihealth.com

5101 SOUTH COMMERCE DRIVE  
MURRAY, UTAH 84107  
TOLL FREE 800 662 5850  
CORPORATE 801 262 7476  
FAX 801 270 3016

MR TEST  
100 S ROOSEVELT ST  
MURRAY, UT 84107

Dear Insured:

Welcome to EMI Health. We are pleased to provide you with your new identification cards. *Please present this card to your provider each time you receive services.*

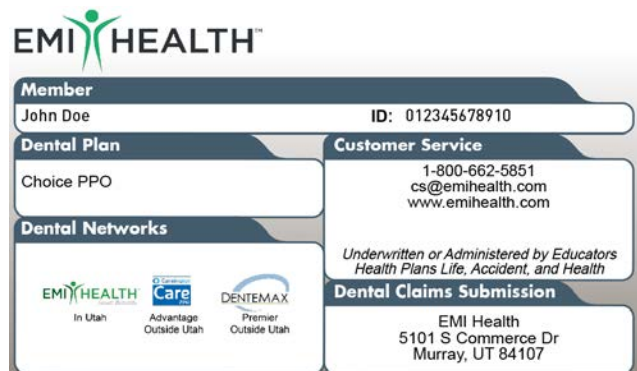
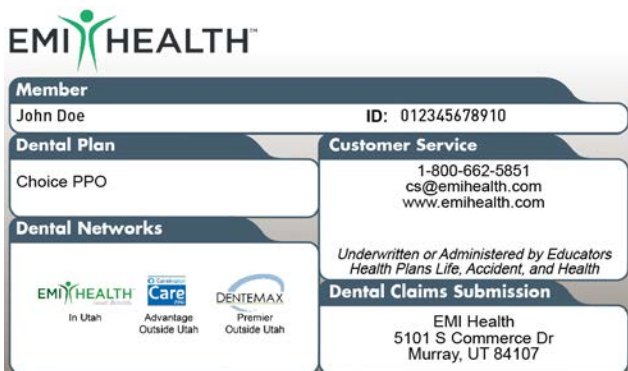
Providers may use either your social security number or the member ID number on your card when submitting claims. All correspondence from EMI Health, including your Explanations of Benefits (EOBs), will reference your social security number.

If you have any questions or concerns, or if you have terminated your employment, please call the EMI Health Enrollment Department at (801) 262-7475 within the Salt Lake area, or toll free at (800) 662-5851 in other areas of Utah.

Sincerely,  
EMI Health

000222XXEMIHFI

Detach Cards Here





**\*See Reverse Side for Additional Information\***

Attached is your identification card that shows your ID number and other plan information.


These cards are a form of identification and do not guarantee benefits.

**Opticare of Utah Corporate Headquarters**  
**1901 W. Parkway Blvd**  
**Salt Lake City, UT 84119**  
**800-363-0950**  
**[www.opticareofutah.com](http://www.opticareofutah.com)**


 **Insured ID: 123456789**  
**Effective: 01/01/2012**




**Name: John Doe (SAMPLE)**  
**Group: EMI HEALTH**  
**ID: EMIAZ**  
**Plan: Opticare Plan 130B**  
**Tier: Family**




THIS CARD DOES NOT GUARANTEE COVERAGE

 **Insured ID: 123456789**  
**Effective: 01/01/2012**



**Name: John Doe (SAMPLE)**  
**Group: EMI HEALTH**  
**ID: EMIAZ**  
**Plan: Opticare Plan 130B**  
**Tier: Family**



THIS CARD DOES NOT GUARANTEE COVERAGE

Dear Member:

Welcome and congratulations on your decision to join Opticare of Utah!

Your plan design brochure outlines your benefits and network options. Please review the benefits and co-payments as they differ.

**It is extremely important when calling to schedule appointments or visiting a provider location, that you identify yourself as an Opticare of Utah member.**

In the event of a misplaced card, please keep in mind it is not required to obtain benefits at a participating provider location. Simply give them your name, date of birth, and they will call us to verify eligibility.

Office hours are 8:00 am to 5:00 pm Monday through Friday, Mountain Standard Time. For claim and benefit questions, please contact EMI Health Customer Service at 800-662-5851 or 801-262-7475.

For a provider listing and additional information, visit [www.emihealth.com](http://www.emihealth.com)

Thank you!

**Send claims to:**  
Opticare of Utah Claims Department  
1901 West Parkway Blvd.,  
Salt Lake City, UT 84119  
800-363-0950

**For a listing of providers, visit**  
[www.emihealth.com](http://www.emihealth.com)  
or contact us at  
800-662-5851 or 801-262-7475.

**This is the only card you will receive and acts as  
identification for the policy holder  
and all dependents**

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or contact us at  
800-662-5851 or 801-262-7475.

**This is the only card you will receive and acts as  
identification for the policy holder  
and all dependents**



# Mobile App

Your benefits. Anytime. Anywhere.

## Provider Search

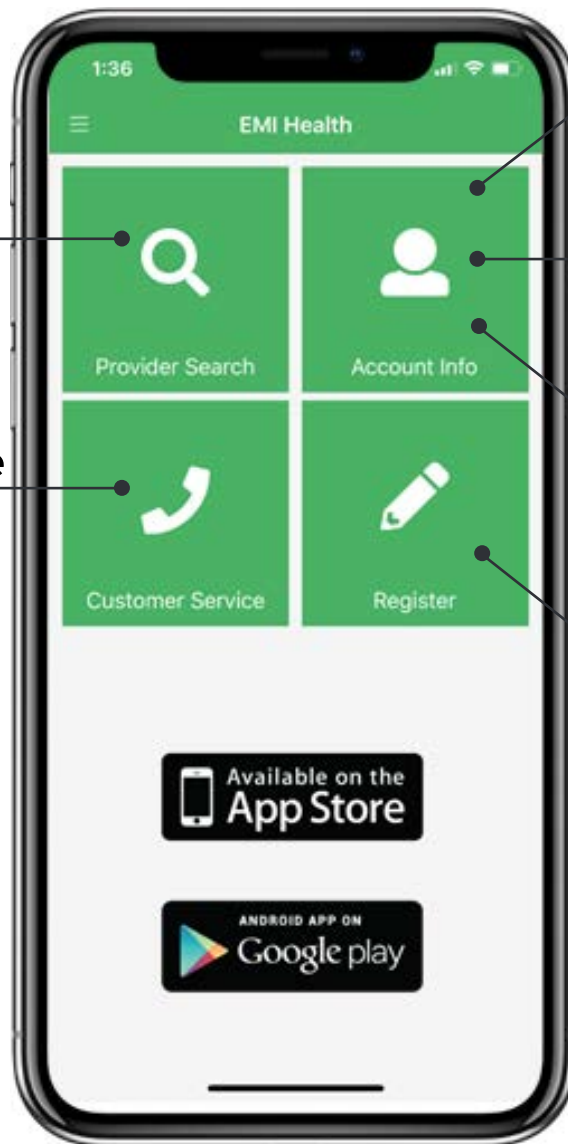
Find in-network providers and facilities.

## Customer Service

Need to talk to a person? No problem. Call us from the app.

## Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



## ID Card

Access your ID Card from anywhere at any time.

## EOBs

View your EOBs and search by person, service, date, and more.

## Plan Information

View and download your plan grids so you always know the benefits you have.

## Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at [emihealth.com](http://emihealth.com).

Scan this QR code with your phone to download.



# My EMI Health

As a member of EMI Health, you have access to the following online tools and services.



## My EMI Health

### Manage your medical, dental, vision, and disability plans:

- View benefit descriptions
- Review eligibility/enrollment status
- Check claims status
- View Explanation of Benefits (EOBs)
- Order ID cards

### **important**

Your Explanation of Benefits (EOB) can only be found online through your My EMI Health account.

It is important to note that paper copies of your EOB are not mailed.

## Find Participating Providers

### Find in-network providers. Save Money.

To search for dental and vision providers, go to **emihealth.com** and click on **Provider Search** along the upper part of the home page.

1. Select the network type: **Dental** or **Vision** and choose your plan (found on your ID Card).  
**Dental Plans:** Premier, Advantage, Value, Summit, or Summit Plus  
**Vision Plans:** Opticare, VSP Choice, or VSP Choice Plus
2. Now, enter your provider's details and click **Search**.

That's all there is to it!

You will see a list of participating providers along with their contact information, address, and the ability to map the location of their offices. You can also download the results as a PDF to print.



IN PARTNERSHIP WITH



## VISIT OUR PROVIDERS

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### **Finding a participating vision provider is easy**

We have more than 100 providers in the State of Utah and more than 18,000 nationwide.

To locate a participating provider using our website, go to

[www.emihealth.com](http://www.emihealth.com)

From the home page, click "Provider Search" and then "Vision" to search by zip code.

### **Need help or have questions?**

Contact us:

(801) 262-7475 or (800) 662-5851

[cs@emihealth.com](mailto:cs@emihealth.com)



EMI.MKTG.OPTICARE.0618.0109

# Reading Your EOB



EMI Health  
5101 South Commerce Drive  
Murray UT 84107

J148 [1] 1 of 1



## How To Read Explanation of Benefits

RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

### Forwarding Service Requested

\*\*\*\*\*SNGLP  
1 1 SP 0.490  
JOE SAMPLE  
123 MAIN ST  
ANYTOWN, USA 12345

**1 Customer Service**

8:00 am to 6:00 pm MST Monday through Friday  
Customer Service and Benefit Inquires call  
(Local)(801)262-7475(Toll Free)(800)662-5851  
(Fax)(801)269-9734

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**Employer Group:** GROUP ABC  
**Date Processed:** 05/09/2018

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

<b>Patient:</b> JOE SAMPLE	<b>Provider:</b> ABC Hospital
<b>Claim #:</b> 215-000111111-00	<b>Subscriber:</b> JOE SAMPLE
	<b>Subscriber #:</b> 123456789

2 Service Dates	3 Description of Service	4 Billed	5 Allowed	6 Provider Discount	7 Not Covered	8 Reason Code	9 Deductible	10 Coinsurance	11 Co-pay	12 Payment
04/03-04/03/2018	Minor diagnostic testing (outpatient)	\$677.79	\$474.45	\$203.34	\$0.00	05	\$474.45	\$0.00	\$0.00	\$0.00
<b>Column Totals</b>		\$677.79	\$474.45	\$203.34	\$0.00		\$474.45	\$0.00	\$0.00	\$0.00
<b>13 Other Insurance Credits or Adjustments</b>										\$142.56
<b>14 Total Payment Amount</b>										\$0.00
<b>15 Member Responsibility</b>										\$474.45

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

<b>Patient:</b> JOE SAMPLE	<b>Provider:</b> ABC Hospital
<b>Claim #:</b> 215-000222222-00	<b>Subscriber:</b> JOE SAMPLE
	<b>Subscriber #:</b> 123456789

2 Service Dates	3 Description of Service	4 Billed	5 Allowed	6 Provider Discount	7 Not Covered	8 Reason Code	9 Deductible	10 Coinsurance	11 Co-pay	12 Payment
04/07-04/07/2018	Major diagnostic testing (outpatient)	\$907.50	\$385.84	\$521.66	\$0.00	05 49	\$25.55	\$0.00	\$100.00	\$0.00
<b>Column Totals</b>		\$907.50	\$385.84	\$521.66	\$0.00		\$25.55	\$0.00	\$100.00	\$0.00
<b>13 Other Insurance Credits or Adjustments</b>										\$69.18
<b>14 Total Payment Amount</b>										\$0.00
<b>15 Member Responsibility</b>										\$125.55

### Plan Year Accruals

Description	Claim Year	Amount Met
JOE SAMPLE Medical Individual Network Deductible - Participating	2018	\$500.00
JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating	2018	\$100.00
Medical Family Network Deductible - Participating	2018	\$500.00

The Amounts listed above are subject to change due to claim adjustments and/or the order in which claims are received.

### Explanation of Codes

05	Negotiated discount has been applied.
49	Service copayment applied.

# Reading Your EOB

## Benefits Determination

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Read this carefully - this is your notice of payment or nonpayment of claims.

In accordance with the provisions of your plan, you may appeal for reconsideration of any denied portion of this claim by writing to the Administration Office (address above). You should state the reason you believe your claim should be paid, attaching any documentation to support your appeal. The Administrator will consider and respond to your appeal within the time required by your plan. You should review your Plan Summary for specific directions on how and when an appeal must be filed.

Any request for a review of this claim must be received by EMI Health within 180 days of the date of this Explanation of Benefits. You are entitled to receive, upon request and free of charge, reasonable access to all documents, records, and other information relevant to this claim. If agreement is not reached after exhaustion of the claims review process outlined in your member handbook, you may have the right to submit the matter to voluntary binding arbitration or independent review or to pursue civil action. If you are covered by more than one health plan, you should file all your claims with each plan.

EMI Health now offers a full selection of Medigap & Medicare Prescription Drug Plans. Call us or visit [www.emihealth.com](http://www.emihealth.com) and click on the Medicare Products tab for more information.

## Claim Summary

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Claim #	Patient	Billed	Allowed	Provider Discount	Not Covered	Deductible	Coinsurance	Copay	Payment
215-000111111-00	JOE SAMPLE	\$677.79	\$677.79	\$203.34	\$0.00	\$474.45	\$0.00	\$0.00	\$0.00
215-000222222-00	JOE SAMPLE	\$907.50	\$907.50	\$521.66	\$0.00	\$25.55	\$0.00	\$100.00	\$0.00
<b>Totals:</b>		<b>\$1,585.29</b>	<b>\$1,585.29</b>	<b>\$725.00</b>	<b>\$0.00</b>	<b>\$500.00</b>	<b>\$0.00</b>	<b>\$100.00</b>	<b>\$0.00</b>

## How To Read EOB

1. Customer Service: If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.

2. Service Dates: Represents the date(s) the patient received services..

3. Description of Service: Lists the procedure performed.

4. Billed: This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amount.

5. Allowed: The amount allowed by the provider contact.

6. Provider Discount: The amount discounted.

7. Not Covered: Any specific amount that was determined to be ineligible for payment by the plan.

8. Reason Code: This code is used to explain the reason for an adjustment or benefit limitation.

9. Deductible: This amount reflects the deductible requirement at the time charges were processed.

10. Coinsurance: Percentage of allowed amount for which the patient is responsible.

11. Co-Pay: Represents amounts responsible to the patient.

12. Payment: Total amount less any adjustments.

13. Other Insurance Credit or Adjustments: The amount paid by another health plan or insurance company toward services the member received.

14. Total Payment Amount: Total amount less any adjustments.

15. Member Responsibility: This is the total amount that you owe the provider. This includes any co-payments, deductibles, co-insurance and/or excluded charges.

16. Plan Year Accruals: The amount of money you have paid to date for health care services

17. Explanation of Codes: This code is used to explain the reason something is not covered or is discounted from the billed amount.

18. Benefits Determination: This will be the procedure and information needed to file a formal review for any denied claim.

19. Claim Summary: Provides a summary of claims processed during an extended timeframe.

5101 S Commerce Drive | Murray, Utah 84107

Local: 801.262.7475

Toll free: 800.662.5851



## The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Access your ID Card, view EOBs, find a provider, and access customer service from the convenience of your phone. Download for free today!

