



Weber State University

2023-2024 EMI Health Member Benefits Guide



Corporate (801)262-7475
Customer Service (800)662-5851
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:	<u>Weber State University (Plan #0880)</u>
Plan:	Premier PPO
Administered by:	Educators Mutual Insurance Association, a Utah Company
Effective Date:	7/1/2023
Benefit Year:	Contract
Plan Type:	Contributory / Self Funded

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	80%	80% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%
Adults	50%	50%
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 3 - Major	Type 3 - Major
Space Maintainers	Type 2 - Basic	Type 2 - Basic

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	Failure to enroll at first opportunity will result in 24 month waiting period
Type 4 - Orthodontics	

Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A

Annual Maximum Per Person	\$2,000.00
Orthodontic Lifetime Maximum	\$1,500.00

Network / Reimbursement Schedule	Premier	Premier
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Provisions / Limitations / Exclusions	
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, once per year)	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

Group:

Plan:

Underwritten by / Administered by:

Plan Type:

Effective Date:

Benefit Year:

Weber State University (Plan #880)

Vision 160B

Opticare of Utah / Educators Mutual Insurance Association

Voluntary

7/1/2023

Contract

	In-Network	Out-of-Network	
Eye Exam	No Eye Exam Benefit		
Lenses	▲ \$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
Lens Options			
*Progressive (Standard no-line)			\$50 Co-pay
*Premium Progressive Options			No Discount
Glass Lenses			15% Discount
Polycarbonate			25% Discount
High Index			25% Discount
Coatings			
Scratch Resistant Coating			\$10 Co-pay
Ultra Violet protection	\$10 Co-pay		
Other Options A/R edge polish, tints, mirrors, etc.	Up to 25% Discount		
Frames			
Allowance Based on Retail Pricing	\$160 Allowance	▲ \$90 Allowance	
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail		
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$160 Allowance	▲ \$125 Allowance	
Additional contact purchases:	Retail Retail		
***Conventional ***Disposables			
Frequency			
Lenses, Frames, Contacts	Every 12 Months	Every 12 Months	
Refractive Surgery			
****LASIK	\$500 off per Eye	Not Covered	
Monthly Rates			
Employee	\$6.00		
Two Party	\$11.50		
Family	\$18.30		

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.

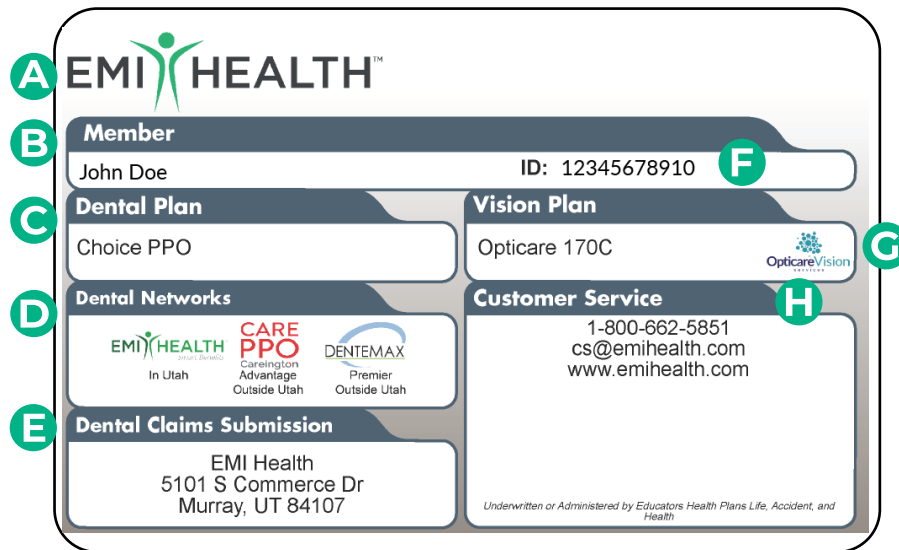
▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.

Your ID Card (front)

It is important that you present your ID card each time you receive services.

Your EMI Health ID card contains a lot of useful information for you and your provider.

Card Front



- A** EMI Health is your dental and vision insurance carrier.
- B** The employee's name is listed on the ID card. Covered dependents are not listed.
- C** If you have dental coverage with EMI Health, the name of your dental plan will appear here. This also indicates your dental participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.
- D** These are your participating provider dental networks outside of Utah. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have dental coverage through EMI Health.
- E** This is the claims submission address for all dental claims. In most cases, your provider will submit claims directly to EMI Health.
- F** Your unique member number is required in order to verify coverage, determine benefits, and pay claims for you and your dependents.
- G** If you have vision coverage with EMI Health, the name of your vision plan will appear here. This also indicates your vision participating provider network. To verify a provider's status, visit emihealth.com or call 800-662-5851.

If this section is not on your card, you do not have vision coverage through EMI Health.
- H** This is the telephone number to call for customer service inquiries.

Looking for dental and vision providers?

It's easy to find in-network dental and vision providers near you using the EMI Health Provider Search tool.

1

Go to emihealth.com

Click on [Find a Provider](#) along the upper part of the home page.

2

Select the type of provider

Select dental or vision.

3

Enter your plan name (found on your ID card)

These are the plan options you will see.

Dental	Vision
Premier (Choice)	Opticare
Advantage/Advantage Plus (Choice)	VSP Choice
Value	VSP Choice Plus
Summit*	
Summit Plus*	

**If you have the Summit or Summit Plus dental plans, you will be redirected to Cigna's dental provider search.*

4

Enter your location information and click "Search"

You can also select ["Use My Location."](#) This feature will automatically populate the state and zip code where you are searching.

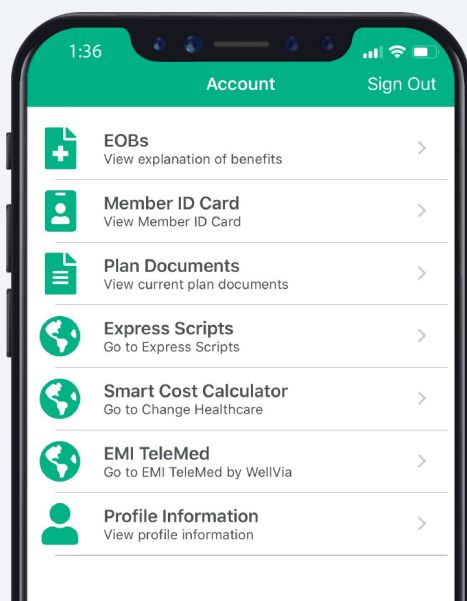
5

Filter and sort your results

Now you can filter your results for locations, specialties, facilities, languages, and more. Click ["Search"](#) each time you adjust a filter to refresh the results list.

That's all there is to it!

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



Search on the go

In addition to being another convenient way to search for providers and facilities, the EMI Health mobile app allows you to do even more.

Access your ID Card

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

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

Update your profile information like email address, password, or security questions.

The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

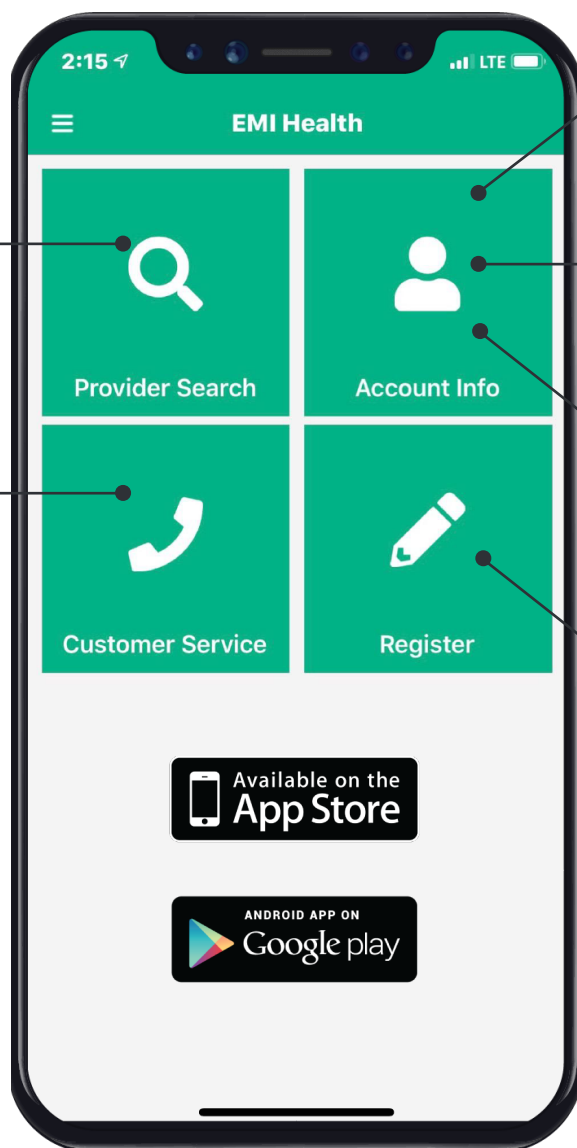
Find in-network providers and facilities.

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

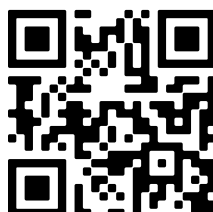
View and download your plan grids so you always know the benefits you have.

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.

Scan this QR code
with your phone
to download.

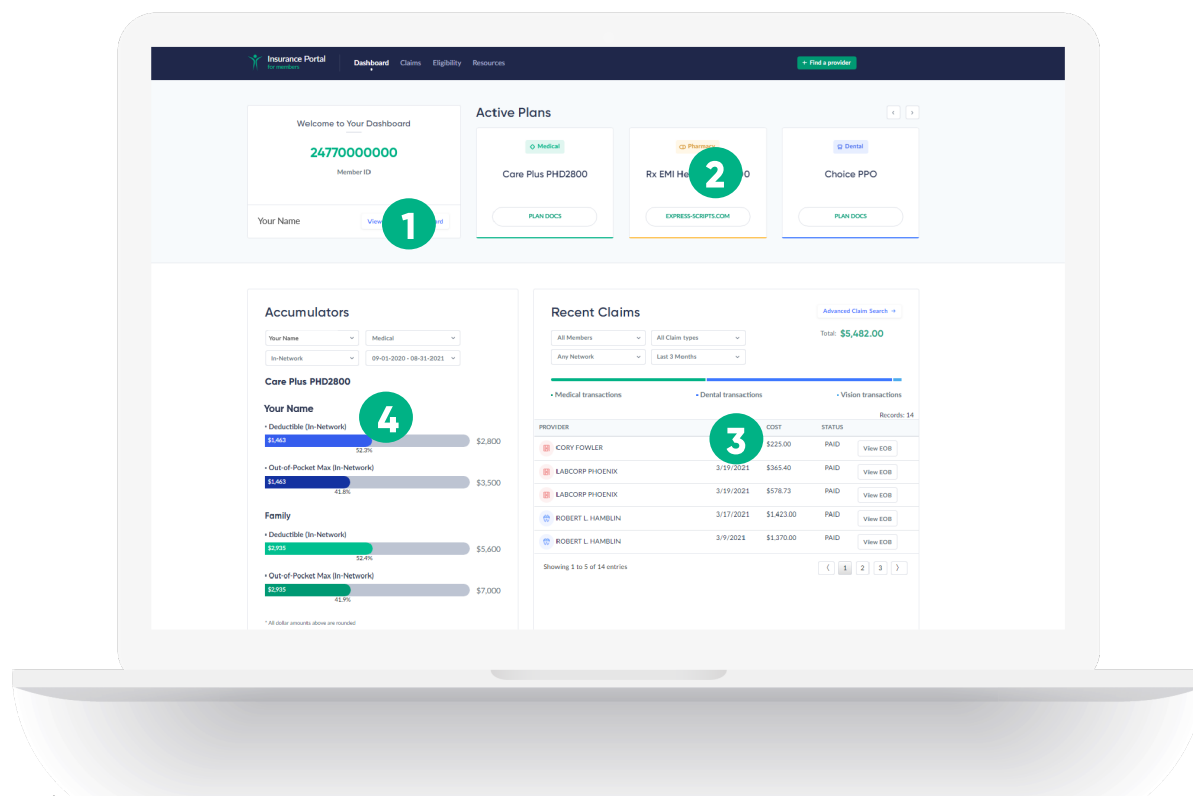


My EMI Health Account

Welcome to your member dashboard! In less than 30 seconds, you can see everything you need to know.

Let's take a tour of your dashboard

Note: not all of these blocks may appear on your dashboard. This guide covers all that may possibly show up, but they may not apply to the EMI Health plans you are enrolled in.



1 View your member ID card

View, download, or print your EMI Health ID card by clicking on "View Your Member ID Card" button.

2 See your plan documents

Here are the plans you are currently enrolled in through EMI Health. From here, you can view your plan documents (your coverage grids and/or fee schedules if applicable) and access your pharmacy tools.

3 View and sort your recent claims

Use the toggles to filter and sort your claims by type, covered member, network, and date range. View your **Explanation of Benefits (EOBs)** documents by clicking on "View EOB" to the right of each claim. *Note: These documents are not mailed, so it's important to check your dashboard regularly for any new EOBs that come into your account.*

4 At-a-glance accumulators

In this block, you are able to see your progress towards applicable plan accumulators for medical and dental plans. Use the drop down options at the top to switch between covered members on your plan, time period, and accumulator type.

My EMI Health Account

All your benefit answers in one place.

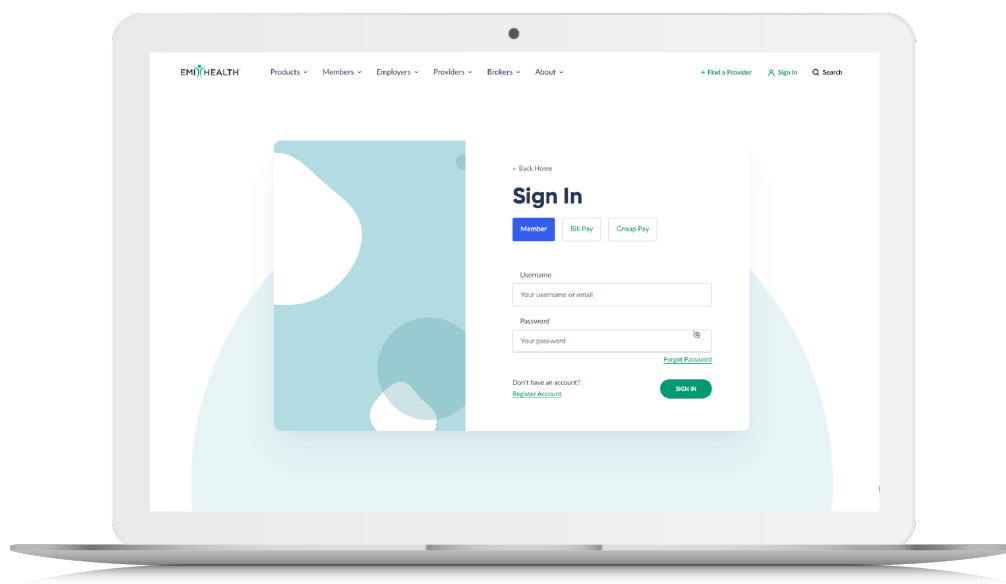
Getting Started:

Find everything related to your benefits from general plan documents to detailed claims information.

- Go to **emihealth.com**.
- Click **Sign In** and select My EMI Health.
- Select **Register** and choose **Member** as the type of account.
- Enter the data to identify yourself and click **Continue**.

** You will need your Member ID found on your EMI Health ID card. Also, for your security, your password must be at least six characters and include a special character, e.g., !, @, #, \$, etc.*

***Please note that you will only make an EMI Health account for your family through the plan subscriber. Dependents and spouses will not have their own account.*



What you can do:

- View your plan documents
- View and sort your claims
- Download, and print your ID cards
- View all your EOBs
- See at-a-glance progress towards your accumulators
- Review eligibility/enrollment status

Reading Your EOB



EMI Health
5101 South Commerce Drive
Murray UT 84107

J148 [1] 1 of 1



How To Read Explanation of Benefits

Forwarding Service Requested

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

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

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

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.

Patient: JOE SAMPLE

Provider: ABC Hospital

Claim #: 215-000111111-00

Subscriber: JOE SAMPLE

Subscriber #: 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
Column Totals		\$677.79	\$474.45	\$203.34	\$0.00		\$474.45	\$0.00	\$0.00	\$0.00
⑬ Other Insurance Credits or Adjustments										\$142.56
⑭ Total Payment Amount										\$0.00
⑮ Member Responsibility										\$474.45

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

Patient: JOE SAMPLE

Provider: ABC Hospital

Claim #: 215-000222222-00

Subscriber: JOE SAMPLE

Subscriber #: 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
Column Totals		\$907.50	\$385.84	\$521.66	\$0.00		\$25.55	\$0.00	\$100.00	\$0.00
⑬ Other Insurance Credits or Adjustments										\$69.18
⑭ Total Payment Amount										\$0.00
⑮ Member Responsibility										\$125.55

Plan Year Accruals

⑯

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

⑰

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 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
Totals:		\$1,585.29	\$1,585.29	\$725.00	\$0.00	\$500.00	\$0.00	\$100.00	\$0.00

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 contract.

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.

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!



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