

Weber State University

Member Benefit Guide 2025/2026





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:	<u>Premier PPO</u>
Administered by:	<u>Educators Mutual Insurance Association, a Utah Company</u>
Effective Date:	<u>7/1/2025</u>
Benefit Year:	<u>Contract</u>
Plan Type:	<u>Contributory / Self Funded</u>

	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 25	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)	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.



Group: Weber State University (Plan #0880)
Plan: VSP 160
Effective Date: 7/1/2025
Plan Type: Voluntary

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	Not Covered	Not Covered
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
Lens Options		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
Coatings		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$160 Allowance at any VSP doctor or \$90 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
Elective Contact Lenses In Lieu of Frame & Lenses		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$160 Allowance	Up to \$145
Frequency		
Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered
Monthly Rates		
	Voluntary	
Employee	\$6.20	
Two Party	\$11.80	
Family	\$18.80	

Notes

** 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

*** Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3

VSP Choice

Awesome coverage and easy to use benefits.

EMI HEALTH™

vsp®
Vision care for life

1 Choose a VSP™ network provider

2 Give your EMI Health ID number

3 VSP does the rest!

No claim forms.

No paperwork.

It's that easy!

Choice Network

- Costco
- Visionworks
- And more

**Plans include Exams
& Hardware**



Extra savings with your vision plan

Here are some perks on your vision benefits!

- All non-covered lens options are cost-controlled, averaging 20-25% off retail prices.
- Most popular lens options have fixed co-pay for upgrades like light-reactive, impact-resistant, scratch-resistant, anti-glare coating, UV coatings, and more.
- 20% savings on frame cost over the frame allowance.
- 20% savings on complete pairs within the last 12 months of exam.
- 15% savings on contact lens evaluation & fitting fees.
- Laser vision correction.
 - Average 15% off the regular price or 5% off the promotional prices; only available from contracted facilities.
 - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Out-of-Network (OON) Claim Submittal Options

If you do visit an out-of-network provider, you have options

1 Provider Level - Assignment of Benefit Option (AoB)

- Provider bills VSP for OON reimbursement.
- Member pays overage at the time of service.

2 Member Level - Submitting for Reimbursement

- ALL CLAIMS BY MAIL MUST BE SUBMITTED ON A VSP MEMBER REIMBURSEMENT FORM.
- To submit a claim, you will need a copy of the itemized receipts or service statements.
- To submit a claim by mail, contact VSP Member Services at 800.877.7195 to request a VSP Member Reimbursement Form. The form can be sent to a preferred address or emailed to you. You must complete the form and mail it to the address below.

VSP
Attention: Claims Services
PO Box 385018
Birmingham, AL 35239-5018

3 Online Submission - VSP.com

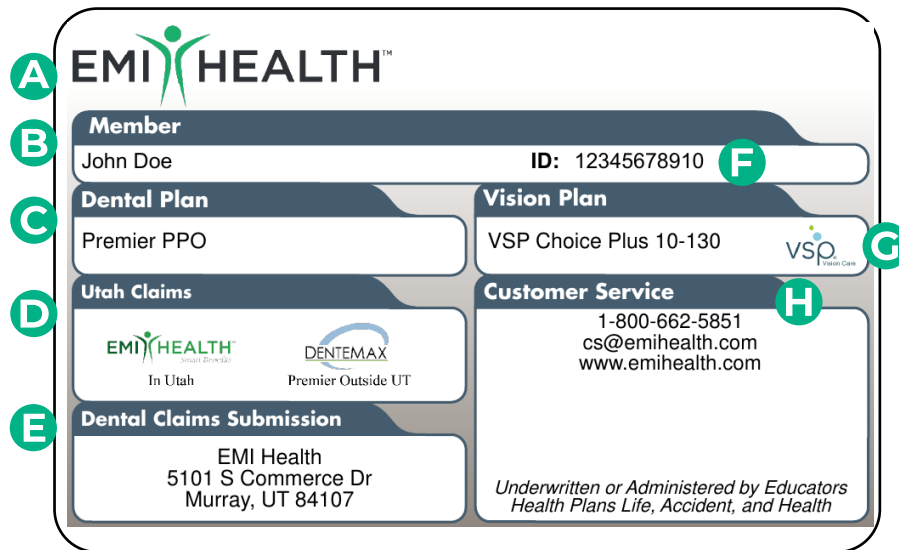
- Member signs in and completes online form and submits electronically.




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



EMI HEALTH™	
Member	
John Doe	ID: 12345678910
Dental Plan	Vision Plan
Premier PPO	VSP Choice Plus 10-130 
Utah Claims	Customer Service
 In Utah  Premier Outside UT	1-800-662-5851 cs@emihealth.com www.emihealth.com
Dental Claims Submission	
EMI Health 5101 S Commerce Dr Murray, UT 84107	
<i>Underwritten or Administered by Educators Health Plans Life, Accident, and Health</i>	

- 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.

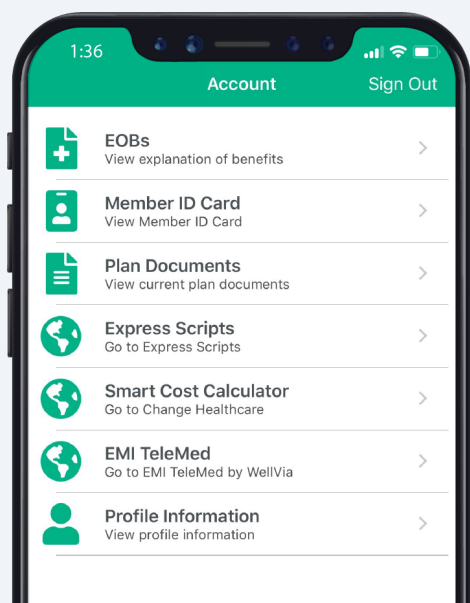
5

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

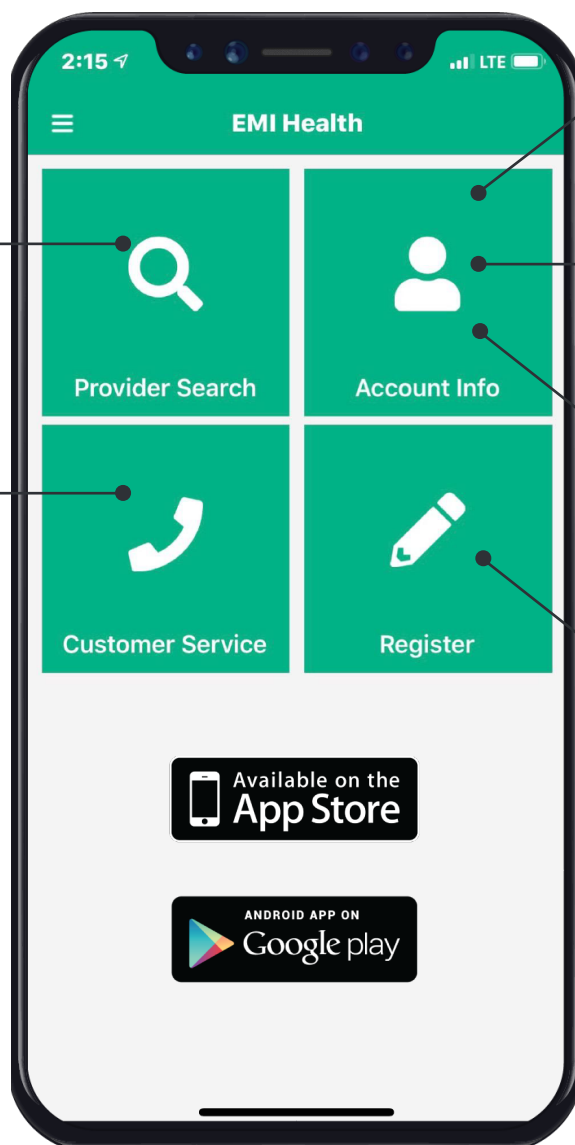
Find in-network providers and facilities.

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.

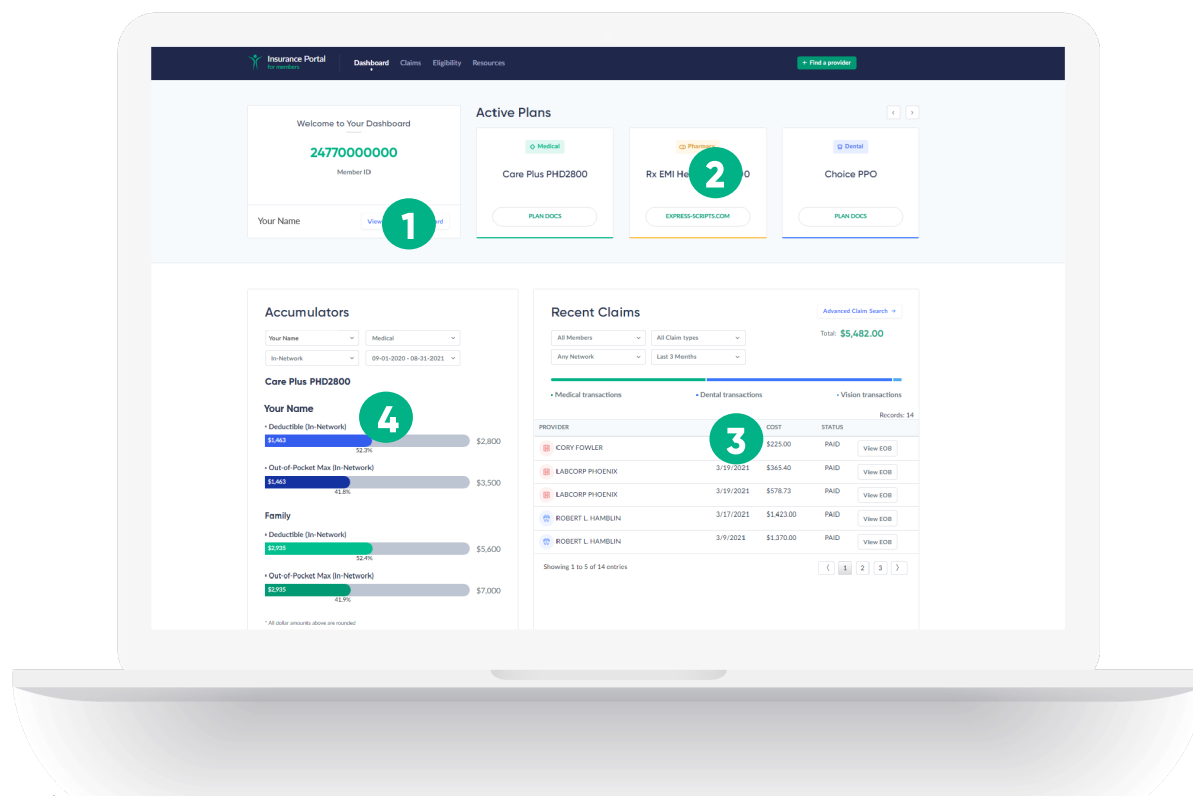


My EMI Health Account

Welcome to the 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.

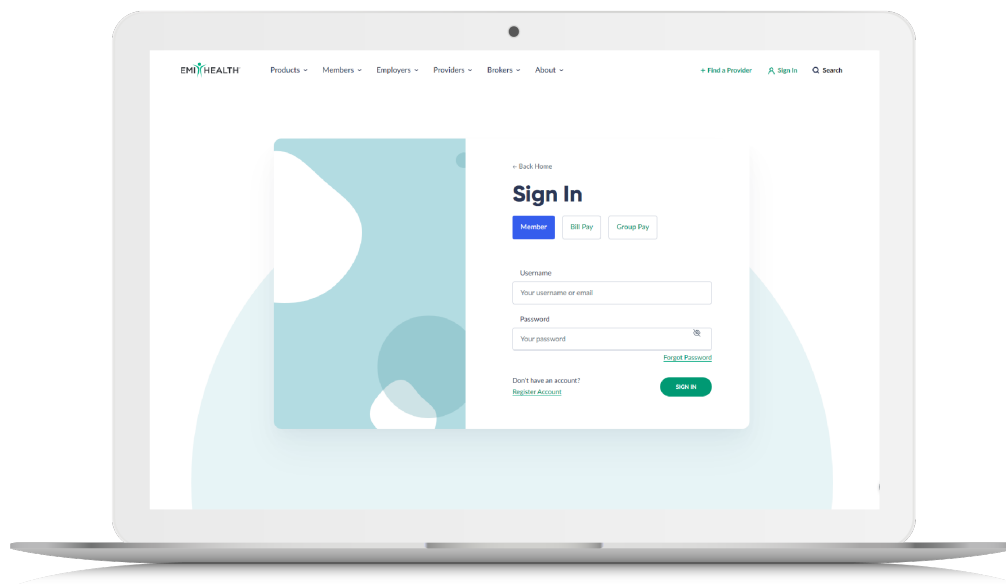
Getting Started:

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

18

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

19

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.

