



Educational Services, LLC

2024 EMI Health Member Benefits Guide

Major Medical Plans



Administered by EMI Health
 EMI Health Customer Service 801-262-7475 or 1-800-662-5851
 Self Funded Employee Medical Benefit Plan

All services are subject to the EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the Covered Person is responsible for all fees in excess of the Maximum Allowable Charge.		
A 3000 5000 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$5,000 / \$10,000	\$10,000 / \$20,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$3,000 / \$6,000	\$6,000 / \$12,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS administered by Smith Rx (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	Generic - \$15 Preferred - \$35 Non-Preferred - \$70	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	Generic - \$38 Preferred - \$88 Non-Preferred - \$175	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Smith Rx approved specialty pharmacy.	25% (\$250 Max)	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$30	♦40%
Physician Office Visits (secondary care)	\$60	♦40%
Physician Office Visits (after hours)	\$60	♦40%
Physician Visits (Inpatient)	♦Covered 100%	♦40%
Physician Visits (Outpatient)	♦Covered 100%	♦40%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦40%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦40%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦40%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦40%
Injections (office)	Covered 100%	♦40%
Surgery (office)	Covered 100%	♦40%
Surgery (Inpatient)	♦Covered 100%	♦40%
Surgery (Outpatient)	♦Covered 100%	♦40%
Anesthesiology (office)	Covered 100%	♦40%
Anesthesiology (Inpatient)	♦Covered 100%	♦40%
Anesthesiology (Outpatient)	♦Covered 100%	♦40%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦40%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦40%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	\$30	♦40%
Chiropractic Therapy (20 visits per Year)	\$30	♦40%
Allergy Testing	Covered 100%	♦40%

A 3000 5000 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	Covered 100%	◆40%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆40%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆40%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆40%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆40%
Emergency Room (ER)	\$250	\$250
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆40%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆40%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆40%
Newborn	Covered 100%	40%
Urgent Care Clinic	\$75	◆40%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆40%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	\$88	◆40%
Medical Supplies	◆Covered 100%	◆40%
Medical Supplies (office)	Covered 100%	◆40%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆40%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆40%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆40%
Growth Hormone	◆Covered 100%	◆40%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆40%
Residential Treatment (30 days per Year)	◆Covered 100%	◆40%
Outpatient Services	◆Covered 100%	◆40%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$30	◆40%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆Covered 100%	◆40%
Services designated ◆ are subject to first dollar Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.



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A 5000 6500 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note *	\$6,500 / \$13,000	\$13,000 / \$26,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$5,000 / \$10,000	\$10,000 / \$20,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS administered by Smith Rx (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	Generic - \$15 Preferred - \$40 Non-Preferred - \$80	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	Generic - \$38 Preferred - \$100 Non-Preferred - \$200	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Smith Rx approved specialty pharmacy.	25% (\$250 Max)	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	\$30	♦50%
Physician Office Visits (secondary care)	\$60	♦50%
Physician Office Visits (after hours)	\$60	♦50%
Physician Visits (Inpatient)	♦Covered 100%	♦50%
Physician Visits (Outpatient)	♦Covered 100%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	Covered 100%	♦50%
Injections (office)	Covered 100%	♦50%
Surgery (office)	Covered 100%	♦50%
Surgery (Inpatient)	♦Covered 100%	♦50%
Surgery (Outpatient)	♦Covered 100%	♦50%
Anesthesiology (office)	Covered 100%	♦50%
Anesthesiology (Inpatient)	♦Covered 100%	♦50%
Anesthesiology (Outpatient)	♦Covered 100%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	\$30	♦50%
Chiropractic Therapy (20 visits per Year)	\$30	♦50%
Allergy Testing	Covered 100%	♦50%

A 5000 6500 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	Covered 100%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆50%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆50%
Emergency Room (ER)	\$350	\$350
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	Covered 100%	◆50%
Newborn	Covered 100%	50%
Urgent Care Clinic	\$75	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆20%	
Orthodontic Injury Treatment	◆*50%	
Dental Injury Treatment	◆20%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	\$100	◆50%
Medical Supplies	◆Covered 100%	◆50%
Medical Supplies (office)	Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆50%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆50%
Growth Hormone	◆Covered 100%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆50%
Residential Treatment (30 days per Year)	◆Covered 100%	◆50%
Outpatient Services	◆Covered 100%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	\$30	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆*50%	Not Covered
Orthognathic/Mandibular Osteotomy	◆*50%	Not Covered
Total Parenteral Nutrition (TPN)	◆*50%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆*50%	Not Covered
Reduction Mammoplasty	◆*50%	Not Covered
Autism Applied Behavior Analysis	◆Covered 100%	◆50%
Services designated ◆ are subject to first dollar Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.

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A 3200 3200 QHDHP 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year)	\$3,200 / \$6,400	\$10,000 / \$20,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$3,200 / \$6,400	\$6,400 / \$12,800
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
PRESCRIPTION DRUG BENEFITS administered by Smith Rx (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY	
Participating Pharmacy (up to 30 day supply)	♦Generic - Covered 100% ♦Preferred - Covered 100% ♦Non-Preferred - Covered 100%	
Non-Participating Pharmacy	Not Covered	
Mail Order (up to 90 day supply)	♦Generic - Covered 100% ♦Preferred - Covered 100% ♦Non-Preferred - Covered 100%	
Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Smith Rx approved specialty pharmacy.	♦Covered 100%	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	♦Covered 100%	♦50%
Physician Office Visits (secondary care)	♦Covered 100%	♦50%
Physician Office Visits (after hours)	♦Covered 100%	♦50%
Physician Visits (Inpatient)	♦Covered 100%	♦50%
Physician Visits (Outpatient)	♦Covered 100%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	♦Covered 100%	♦50%
Injections (office)	♦Covered 100%	♦50%
Surgery (office)	♦Covered 100%	♦50%
Surgery (Inpatient)	♦Covered 100%	♦50%
Surgery (Outpatient)	♦Covered 100%	♦50%
Anesthesiology (office)	♦Covered 100%	♦50%
Anesthesiology (Inpatient)	♦Covered 100%	♦50%
Anesthesiology (Outpatient)	♦Covered 100%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	♦Covered 100%	♦50%
Chiropractic Therapy (20 visits per Year)	♦Covered 100%	♦50%
Allergy Testing	♦Covered 100%	♦50%

A 3200 3200 QHDHP 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	◆Covered 100%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆50%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆50%
Emergency Room (ER)	◆Covered 100%	◆Covered 100%
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	◆Covered 100%	◆50%
Newborn	◆Covered 100%	◆50%
Urgent Care Clinic	◆Covered 100%	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆Covered 100%	
Orthodontic Injury Treatment	◆Covered 100%	
Dental Injury Treatment	◆Covered 100%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	◆Covered 100%	◆50%
Medical Supplies	◆Covered 100%	◆50%
Medical Supplies (office)	◆Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆50%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆50%
Growth Hormone	◆Covered 100%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆50%
Residential Treatment (30 days per Year)	◆Covered 100%	◆50%
Outpatient Services	◆Covered 100%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	◆Covered 100%	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆Covered 100%	Not Covered
Orthognathic/Mandibular Osteotomy	◆Covered 100%	Not Covered
Total Parenteral Nutrition (TPN)	◆Covered 100%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆Covered 100%	Not Covered
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PROVIDER NETWORK		
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Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

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	Participating Provider Option	Non-Participating Provider Option
GENERAL INFORMATION	YOU PAY	
Benefit Accumulator	Calendar Year	
Dependent Age Limit	26	
Out-of-Pocket Maximum (Per Person/Family Per Year)	\$5,000 / \$10,000	\$15,000 / \$30,000
Medical Deductible (Per Person/Family Per Year). Please note ♦	\$5,000 / \$10,000	\$10,000 / \$20,000
Non-Preauthorization Patient Penalty	Not Applicable	50% Reduction in Benefits
Non-Preauthorization Provider Sanction	\$500 Reduction in Payment	Not Applicable
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Specialty Pharmacy (up to 90 day supply) All fills must be purchased through Smith Rx approved specialty pharmacy.	♦Covered 100%	
PREVENTIVE SERVICES	YOU PAY	
Routine Physical Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Gynecological Exam (1 visit per Year)	Covered 100%	Not Covered
Family History Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%	Not Covered
Routine Well-Baby Exams	Covered 100%	Not Covered
Covered Immunizations	Covered 100%	Not Covered
Routine Vision Exam (1 visit per Year)	Covered 100%	Not Covered
Routine Hearing Exam (1 visit per Year)	Covered 100%	Not Covered
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY	
Physician Office Visits (primary care)	♦Covered 100%	♦50%
Physician Office Visits (secondary care)	♦Covered 100%	♦50%
Physician Office Visits (after hours)	♦Covered 100%	♦50%
Physician Visits (Inpatient)	♦Covered 100%	♦50%
Physician Visits (Outpatient)	♦Covered 100%	♦50%
Major Diagnostic Test, CT Scan, MRI, NMR (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (office)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Inpatient)	♦Covered 100%	♦50%
Minor Diagnostic Test, Radiology, Lab (Outpatient)	♦Covered 100%	♦50%
Injections (office)	♦Covered 100%	♦50%
Surgery (office)	♦Covered 100%	♦50%
Surgery (Inpatient)	♦Covered 100%	♦50%
Surgery (Outpatient)	♦Covered 100%	♦50%
Anesthesiology (office)	♦Covered 100%	♦50%
Anesthesiology (Inpatient)	♦Covered 100%	♦50%
Anesthesiology (Outpatient)	♦Covered 100%	♦50%
Routine Prenatal & Delivery (Dependent maternity included)	♦Covered 100%	♦50%
Home Health and Hospice Care (in lieu of Hospital) (for supplies, see Medical Supplies and Equipment)	♦Covered 100%	♦50%
Rehabilitation Therapy (Outpatient physical, speech, occupational, cardiac, or pulmonary - 20 visits per Year per injury/illness)	♦Covered 100%	♦50%
Chiropractic Therapy (20 visits per Year)	♦Covered 100%	♦50%
Allergy Testing	♦Covered 100%	♦50%

A 5000 5000 QHDHP 100% 2024 Contract Year	Care Plus	
	Participating Provider Option	Non-Participating Provider Option
Allergy Treatment/Serum	◆Covered 100%	◆50%
HOSPITAL/FACILITY BENEFITS (Physician & Professional Services are not included in this section.)	YOU PAY	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	◆Covered 100%	◆50%
Medical/Surgical/Maternity/Intensive Care (Inpatient Ancillary)	◆Covered 100%	◆50%
Skilled Nursing Facility (30 days per Year) (Admission must be within 5 days of discharge from Hospital Confinement)	◆Covered 100%	◆50%
Medical/Surgical Care (Outpatient)	◆Covered 100%	◆50%
Emergency Room (ER)	◆Covered 100%	◆Covered 100%
Major Diagnostic Test, CT Scan, MRI, NMR (Outpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Inpatient)	◆Covered 100%	◆50%
Minor Diagnostic Test, X-ray, Lab (Outpatient)	◆Covered 100%	◆50%
Newborn	◆Covered 100%	◆50%
Urgent Care Clinic	◆Covered 100%	◆50%
Eligible Preventive Services	Covered 100%	Not Covered
REHABILITATION THERAPY BENEFIT	YOU PAY	
Inpatient – physical, speech, occupational, cardiac, or pulmonary (40 days per person per Year)	◆Covered 100%	◆50%
ACCIDENT AND LIFE THREATENING CONDITION	YOU PAY	
Medical/Surgical – Physician/Facility/ER	Covered as any other condition	Covered as a Participating Benefit to the Maximum Allowable Charge
Ambulance Land/Air (Accident & Life-threatening)	◆Covered 100%	
Orthodontic Injury Treatment	◆Covered 100%	
Dental Injury Treatment	◆Covered 100%	
TRANSPLANT BENEFIT	YOU PAY	
Heart, Liver, Pancreas, Bone Marrow, Cornea, Lung, Kidney	Covered as any other condition	Not Covered
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY	
Diabetic Testing Supplies (90 day supply)	◆Covered 100%	◆50%
Medical Supplies	◆Covered 100%	◆50%
Medical Supplies (office)	◆Covered 100%	◆50%
Durable Medical Equipment/Prosthetics/Orthotic Devices	◆Covered 100%	◆50%
Hearing Aids (\$2,500 per Year)	◆Covered 100%	◆50%
Orthotic Supplies (foot inserts & arch supports)	◆Covered 100%	◆50%
Growth Hormone	◆Covered 100%	◆50%
MENTAL HEALTH & DRUG/ALCOHOL TREATMENT	YOU PAY	
Inpatient Services (non-residential)	◆Covered 100%	◆50%
Residential Treatment (30 days per Year)	◆Covered 100%	◆50%
Outpatient Services	◆Covered 100%	◆50%
Physician Office Visits Psychologist / LCSW / APRN / Psychiatrist	◆Covered 100%	◆50%
ADDITIONAL BENEFITS	YOU PAY	
TMJ Syndrome diagnosis & non-surgical treatment	◆Covered 100%	Not Covered
Orthognathic/Mandibular Osteotomy	◆Covered 100%	Not Covered
Total Parenteral Nutrition (TPN)	◆Covered 100%	Not Covered
Initial assessment and diagnosis of Primary Infertility	◆Covered 100%	Not Covered
Reduction Mammoplasty	◆Covered 100%	Not Covered
Autism Applied Behavior Analysis	◆Covered 100%	◆50%
Services designated ◆ are subject to first dollar Medical Deductible		
Services designated *, premiums, balance-billed charges, charges for services this Plan doesn't cover, amounts in excess of benefit limits, and penalties for failure to obtain Preauthorization, do not accumulate toward your Out-of-pocket Maximum.		
PROVIDER NETWORK		
Utah	EMI Health Care Plus	
Arizona	Blue Cross® Blue Shield® of Arizona	
Outside of Utah and Arizona	First Health	

Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross and Blue Shield Association, provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona.

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, including Preauthorization, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.



Group: Educational Services, LLC (Plan #3823)
Plan: **Summit Plus Indemnity**
Underwritten & Administered by: EMI Health
Plan Type: Voluntary / Fully Insured
Effective Date: 1/1/2024
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to R&C
Type 2 - Basic Fillings, Oral Surgery	90%	80% up to R&C
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	50% up to R&C
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		None
Deductible	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	\$50.00
Family Max	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,500.00	
Network (Utah)	Premier (EMI Health)	N/A
Network (Arizona & Outside Utah)	Summit Plus (Cigna)	N/A
Fee Schedule	Summit Plus	R & C (80th)
Monthly Rates		
Employee		\$52.00
Employee + Spouse		\$108.30
Employee + Child(ren)		\$116.80
Employee + Spouse + Child(ren)		\$182.20
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings and Fluoride		2 per year
Fluoride		Up to age 16
Sealants		Up to age 16
Space Maintainers		Up to age 16
Bitewing X-Rays		Up to 4, twice per year
Periapical X-Rays		6 per year
Panoramic X-Ray		1 every 3 years
Impacted Teeth		Covered in Type 2 - Basic
Anesthesia - (Age 8 and over for the extraction of impacted teeth only)		Covered in Type 3 - Major*
Anesthesia - (For children age 7 and under, once per year)		Covered in Type 3 - Major*
Implants / Implant Abutments		Not Covered
Crowns, Pontics, Abutments, Onlays and Dentures		1 every 5 years per tooth
Fillings on the same surface		1 every 18 months
Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.		
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).		
* Anesthesia is not subject to waiting periods.		



Group: Educational Services, LLC (Plan #3823)
Plan: VSP Plus 10-130
Effective Date: 1/1/2024
Plan Type: Voluntary

	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	\$10 Co-pay	Up to \$65
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	\$130 Allowance at any VSP doctor or \$70 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.	\$130 Allowance	Up to \$115
Frequency		
Exam, Lenses, Frame or Contacts	Every 12 Months	
Refractive Surgery		
LASIK***	Up to \$500 in Savings	Not Covered
Monthly Rates	Voluntary	
Employee	\$11.90	
Employee + Spouse	\$25.50	
Employee + Child(ren)	\$27.40	
Employee + Spouse + Child(ren)	\$39.10	
Notes		
This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.		
** 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		

Underwritten by: EMI Health

VSP Choice Plus

Awesome coverage and easy to use benefits.

- 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 Plus Network

- Costco
 - Walmart
 - Sam's Club
 - Visionworks
- 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.

MEC

Minimum Essential Coverage Plan



All services are subject to the EMI Health Table of Allowances. There will be no benefit when using a Non-participating Provider. THIS IS A MINIMUM ESSENTIAL COVERAGE PLAN. BENEFITS ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. Read your plan document carefully!

MEC Enhanced 2024 Contract Year	MEC Participating Provider Option
GENERAL INFORMATION	YOU PAY
Benefit Accumulator	Calendar Year
Dependent Age Limit	26
PRESCRIPTION DRUG BENEFITS administered by Smith Rx (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)	YOU PAY
Participating Pharmacy (up to 30 day supply)	ACA Preventive Care Mandates - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
Non-Participating Pharmacy	Not Covered
Mail Order (up to 90 day supply)	ACA Preventive Care Mandates - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
Specialty Pharmacy	Not Covered
PREVENTIVE SERVICES	YOU PAY
Routine Physical Exam (1 visit per Year)	Covered 100%
Routine Gynecological Exam (1 visit per Year)	Covered 100%
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%
Routine Well-Baby Exams	Covered 100%
Covered Immunizations	Covered 100%
Routine Vision Exam (1 visit per Year)	Covered 100%
Routine Hearing Exam (1 visit per Year)	Covered 100%
Eligible Preventive Facility Services	Covered 100%
PHYSICIAN & PROFESSIONAL SERVICES	YOU PAY
Convenience Clinic (Max 3 visits per year)	\$20
Physician Office Visits (primary care) (Max 3 visits per year)	\$20
Physician Office Visits (secondary care) (Max 3 visits per year)	\$50
Major Diagnostic Test, CT Scan, MRI, NMR (office) (Max 1 per year)	\$250
Minor Diagnostic Test, Radiology, Lab (office or outpatient) (Max 3 per year)	\$50
Injections (office) (Max 3 per year)	Covered 100%
Surgery (office) (Max 1 per year)	Covered 100%
Anesthesiology (office) (Max 3 per year)	Covered 100%
URGENT CARE CLINIC	YOU PAY
Urgent Care Clinic (Max 3 visits per year)	\$50
MEDICAL SUPPLIES & EQUIPMENT	YOU PAY
Diabetic Testing Supplies (90 day supply)	30%
Medical Supplies (office) (Max 3 per year)	Covered 100%
PROVIDER NETWORK	
Nationwide, except Utah	First Health Limited Benefit Network
Utah	EMI Health MEC Network

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.

As an added benefit, in addition to this medical plan, members have access to EMI TeleMed.

TeleMed	YOU PAY
TeleMed	\$0



Corporate (801)262-7475
 Customer Service (800)662-5851
EMIHealth.com

Plan:
Administered by:
Plan Type:
Benefit Year:

Value
EMI Health
Voluntary / Discount Plan
Calendar

	In-Network Only
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	20% to 70% Savings - See Member Schedule (Discount Only)
Type 2 - Basic Fillings, Oral Surgery	20% to 60% Savings - See Member Schedule (Discount Only)
Type 3 - Major Crowns, Bridges, Prosthodontics	20% to 50% Savings - See Member Schedule (Discount Only)
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only
Adults	Discount Only
Endodontics	20% to 50% Savings - See Member Schedule (Discount Only)
Periodontics	20% to 50% Savings - See Member Schedule (Discount Only)
Sealants	20% to 60% Savings - See Member Schedule (Discount Only)
Space Maintainers	20% to 60% Savings - See Member Schedule (Discount Only)
Specialists	20% Discount
Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None
Deductible	
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	N / A
Annual Maximum Per Person	N / A
Orthodontic Lifetime Maximum	N / A
Network (Utah)	Value (EMI Health)
Network (Arizona & Outside Utah)	Value (Careington)
Fee Schedule	Value
The Program provides discounts only at certain health care providers for health care services; the Program holder is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the Program.	
Member Fees are subject to change January 1st of each year.	



Value (Arizona)
 Sample Schedule of Member Fees
 Effective 1/1/2023

Corporate (801)262-7475 Customer Service (800)662-5851
 emihealth.com

Code	Code Name	Member Fee*
D0120	PERIODIC ORAL EVALUATION - EST PATIENT	27
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	45
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	46
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	80
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	15
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	13
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	16
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	25
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	34
D0330	PANORAMIC RADIOGRAPHIC IMAGE	64
D1110	PROPHYLAXIS - ADULT	55
D1120	PROPHYLAXIS - CHILD	39
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Verify age limits of the plan)</i>	24
D1351	SEALANT - PER TOOTH <i>(*Verify age limits of the plan)</i>	29
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	71
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	90
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	109
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	133
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	84
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	105
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	129
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	152
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	92
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	129
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	159
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	165
D2740	CROWN - PORCELAIN/CERAMIC	677
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	668
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	622
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	638
D2920	RE-CEMENT OR RE-BOND CROWN	58
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	150
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	190
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	32
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	98
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	411
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	501
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	647
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	136
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	92
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount
D4910	PERIODONTAL MAINTENANCE	84
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	577
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	658
D7111	EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH	75
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i>	90
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	159
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	239
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	280
D7810-D7899	TMD THERAPY	20% Discount
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	58
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	32

*Member Fees apply to General Dentists only. Specialists provide a 20% discount off of billed charges.



Plan: VSP Vision Savings Pass
Plan Type: Voluntary or Contributory

	In-Network
Network	VSP Choice
WellVision Exam	\$50 with purchase of a complete pair of prescription glasses ¹
Contact Lens Exam	15% savings on a contact lens exam ²
Retinal Screening	Guaranteed pricing with WellVision Exam, not to exceed \$39
Lenses (Glass or Plastic)	
Single Vision	\$40 with purchase of a complete pair of prescription glasses
Lined Bifocal	\$60 with purchase of a complete pair of prescription glasses
Lined Trifocal	\$75 with purchase of a complete pair of prescription glasses
Polycarbonate for Children (under 18)	\$0 with purchase of a complete pair of prescription glasses
Lens Enhancements	
Progressive	Average savings of 20-25%
Scratch-Resistant	Average savings of 20-25%
Anti-Reflective	Average savings of 20-25%
Frames	25% savings when a complete pair of prescription glasses is purchased
Sunglasses	20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam.
Frequency	
Exam, Lenses, Frame or Contacts	Eye exam is limited to once per calendar year per member. Unlimited use on materials.
Notes	
VSP Vision Savings Pass is a discount vision program that offers immediate savings. This is not an insurance plan.	
1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% savings on an eye exam only.	
2. Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.	

For All Plans

TeleMedicine

Reach a doctor 24/7/365.

70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. Save time and money while still getting the treatment you need through EMI Health TeleMed offered through Recuro.

When to Use TeleMed

Recuro doctors diagnose acute, non-emergent medical conditions and prescribe medications when clinically appropriate.

Speak with a doctor anytime and pay no consultation fee rather than paying the high costs associated with office visits, urgent care visits, and emergency room visits.

Just call **855.6RECURO**.

Video consultations are available as well from 7 AM - 7 PM.

Common Conditions

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Ear Pain*
- Fever
- Gout
- Headache
- Hemorrhoids
- High Blood Pressure
- Joint Pain
- Nausea
- Pink Eye
- Rashes
- Sinus Conditions
- Sore Throat
- Stomach Virus
- Thyroid Conditions
- Urinary Tract Infections
- Yeast Infections

**In accordance with telemedicine guidelines, ear infections are only diagnosed for patients that are 18 years of age or older.*

Common Medications

- Albuterol
- Allegra
- Asthma
- Flonase
- Ibuprofen 800 mg
- Levaquin
- Lipitor
- Nasonex
- Many Others



Download the
Recuro mobile app

EMI HEALTH IS YOUR INSURANCE CARRIER

Register for a member account:

www.emihealth.com

Contact member services:

(800) 662-5851 or **cs@emihealth.com**

*EMI HEALTH leases the Blue Cross Blue Shield of Arizona
(BCBS of AZ) provider network*

STEP-BY-STEP CLAIMS PROCESS

- 1 Provider calls EMI HEALTH to verify coverage **(800) 662-5851** and/or obtain pre-authorization **(888) 223-6866**
- 2 Provider sends claim to BCBS of AZ using **EDI # 53589**
BCBS of AZ applies discounts and forwards claim back to EMI
- 3 EMI processes claim, pays provider, sends you an Explanation of Benefits (EOB)
- 4 Provider sends you a bill for any remaining balance
You pay the provider

Understanding the Claims Process

Access care with ease and confidence.

Carrier vs. Network

EMI Health is currently your insurance carrier. We pay your claims, manage your plan, and coordinate your benefits. It's important to remember that we are the main point of contact for eligibility, pre-authorizations, and all other benefit questions. In addition to providing insurance services, we lease provider networks to give you substantial discounts on your medical services and give you the convenience of having in-network provider options wherever you are in the country. In Arizona, we lease the Blue Cross Blue Shield of Arizona® network and have negotiated the best possible rates on your behalf. **For this reason, it's important that your claims get submitted to BCBSAZ first to ensure you're getting that special rate and the best savings.**

The Claims Process: Step by Step

It's always important to search for in-network providers and to show your EMI Health Member ID card upon arrival to a provider's office. They will first call EMI Health at **1-800-662-5851** to verify coverage and/or to obtain pre-authorization (*Not Blue Cross® Blue Shield® of Arizona*). Here's what happens next:

1

After you have received a service, the Provider sends your claim to Blue Cross Blue Shield of Arizona® electronically using EDI#53589 (*not to EMI Health*)

2

BCBSAZ sends the claim back to EMI Health, after applying the negotiated discount to ensure you are getting the maximum coverage at the lowest cost.

3

EMI Health will then process your claim, pay the provider and send you an Explanation of Benefits

4

Lastly, the Provider will send you a bill for the remaining balance (if applicable) and you then pay the provider.

It's that simple!

How to Read Your EMI Health Member ID Card



Member John Doe ID: 2477000000	
Medical Plan A 5000 6500 100%	Arizona Medical Network PPO Group #: EMH222 PPO EDI #: 53589
Office Visit / Urgent Care: \$30 / \$75 Deductible In Network: \$5,000 / \$10,000 Out-of-Pocket In Network: \$6,500 / \$13,000	Dental Plan Summit Plus Indemnity Cigna Group #: 0196747 Electric Payer ID #: 62308 PO Box 188061 Chattanooga, TN 37422-8061
Pharmacy Plan RxBIN: 024368 RxGRP: EMIARXD RxPCN: 3207 Retail: (30 day) \$15 / \$40 / \$80	Cigna DPPO SA Plus
Telemedicine 877-872-0370	Vision Plan VSP Choice Plus 10-130

Claims Submission Medical Claims in AZ: BCBSAZ providers/facilities in Arizona must submit EDI claims to BCBSAZ using EDI # 53589 or PO Box 2924, Phoenix, AZ 85062-2924. Arizona Network provided by Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross and Blue Shield Association. BCBSAZ provides network access only and provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and Blue Shield plans outside of Arizona. All Other Claims EMI Health Payer ID: SX110 or PO Box 21452 Eagan, MN 55121 	Pre-Authorizations This card does not guarantee coverage. Please confirm eligibility and benefits prior to services. Prior authorization is required for inpatient admission, outpatient surgery and other services prior to receiving care or within 48 hours in an emergency. See plan for full list. Pre-authorizations: Call 888-223-6886 or email preauthorization@emihealth.com
Customer Service / Eligibility EMI Health: 800-662-5851 cs@emihealth.com www.emihealth.com SmithRx: 844-454-5201	Outside of UT & AZ Medical Networks Care Plus EMI HEALTH In Utah First Health First Health Network A medical provider network, outside of Illinois and Utah
Dental Networks Cigna DPPO SA Plus 	

A EMI Health is the insurance carrier you have coverage through. We handle your claims and provide your benefits.

B This fine print explains that BCBSAZ is providing network access only and will not pay claims for members of EMI Health.

C This section gives providers the EMI Health contact information if they need to discuss eligibility.

D This section gives providers the EMI Health contact information if they need to obtain pre-authorization.

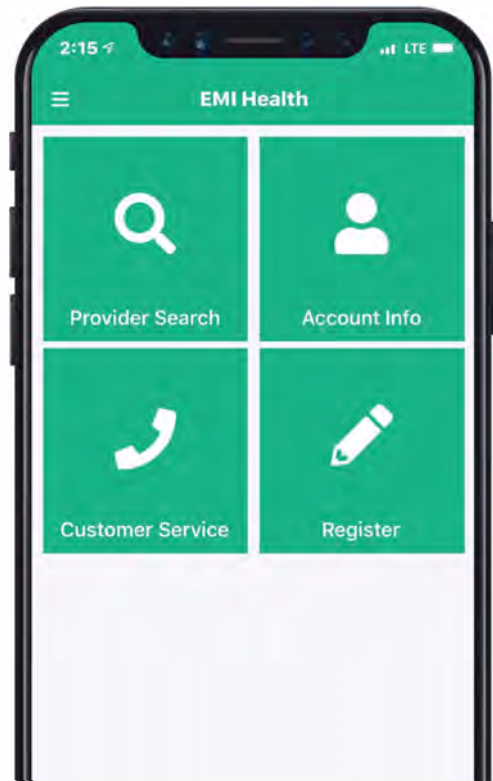
Questions?

As always, we are here to help.

Call customer service at 1-800-662-5851

You can access Provider Search right from your phone!

Download the EMI Health mobile app for free in the App Store or the Google Play store.

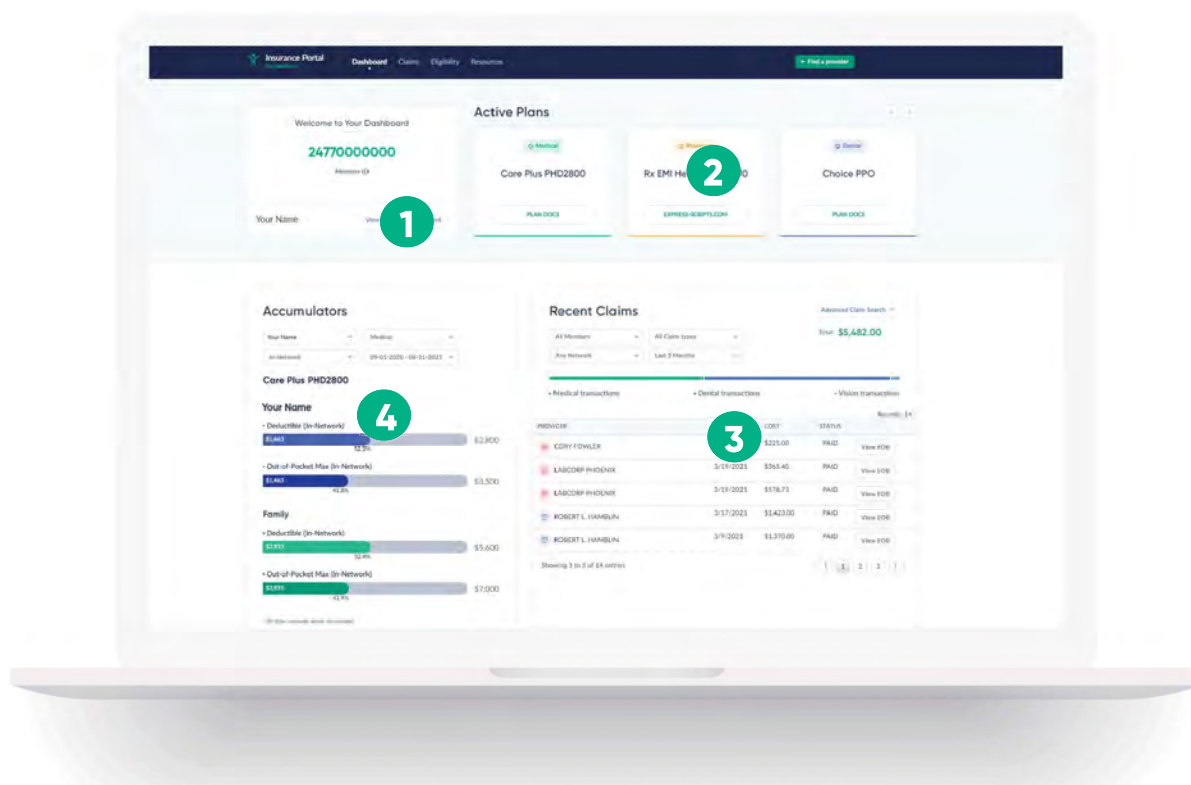


My EMI Health Account

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.

Bonus tools included with your account

Below your account tools, you can scroll through some additional tools included with your plan to help you save money and get the most out of your EMI Health benefits. *(What you will see in your dashboard depends on the plans you are currently enrolled in with EMI Health.)*



\$0 Copay TeleMed

You can speak to a board-certified physician for FREE anytime, anywhere. You can save money and time by avoiding the doctor's office, urgent care, and emergency room visits for acute, non-emergency illnesses or injuries.



Be Well - Wellness Platform powered by WebMD

Be Well puts you in the driver's seat when it comes to your health and wellness goals. Your platform is customized to your health profile and your interests, so the resources, challenges, and recommendations you can access in this platform are tailored to you.



Smart Cost Calculator

You can easily see the estimated cost of procedures, services, and prescriptions before you go, empowering you to make the smartest decisions for your health care.

Setup your My EMI Health Account

If you haven't set up your My EMI Health account yet, here are the instructions:

- Go to **emihealth.com**.
- Click **Login** 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.*

Finding a Provider

Using in-network providers and facilities gets you the most coverage for healthcare services and saves you money.

Blue Cross® Blue Shield® of Arizona Provider Search

As a member of EMI Health, you have access to a great network of doctors, hospitals, and other facilities.

To find an in-network provider, follow these simple steps.

- 1 Go to emihealth.com**
Click on **Find a Provider** along the upper part of the home page.
- 2 Enter your plan name and state**
Choose **medical** as the type of provider, choose **Care Plus** as your plan name, and select your state from the drop-down list.
- 3 Click on the Blue Cross® Blue Shield® of Arizona logo**
When you see this pop-up, click on the BCBSAZ logo to be redirected to their provider search tool.
- 4 Customize your search**
Now, choose a plan (**Arizona PPO or Mayo Clinic**) and click Find a Doctor.

From here, you'll enter your location and search doctors, hospitals, and more.



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.

Traveling outside Arizona?

Searching outside Arizona and Utah: If you are outside Arizona and Utah, First Health has you covered. Follow steps 1 & 2 above, and choose the First Health logo when you see the pop-up. This will take you to First Health's website. Click on **Start now**. Then, mark what you'd like to search (physician, hospital, urgent care center, etc.), hone in with the geography filters, and hit **Search now** to find your providers.

Searching in Utah: Enter your location on the EMI Health provider search tool, selecting Utah as your state. You will then be taken to the results page, and you can then filter by specialties, locations, languages, and more. You can map the provider's location, get contact information, and download your results to a PDF.

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.

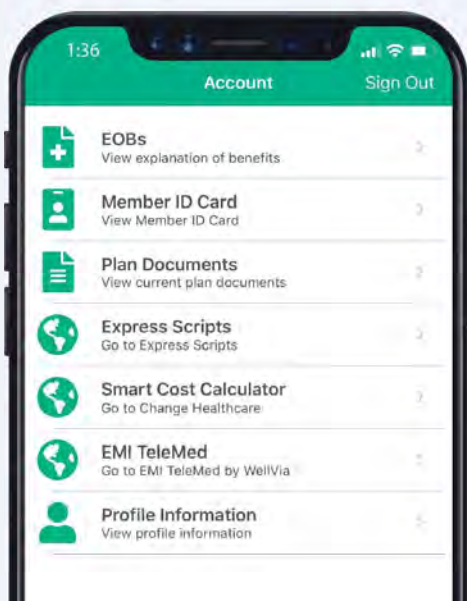
Dental	Vision
Premier (Choice)	Opticare
Advantage/Advantage Plus (Choice)	VSP Choice
Value	VSP Choice Plus
Summit*	
Summit Plus*	

**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

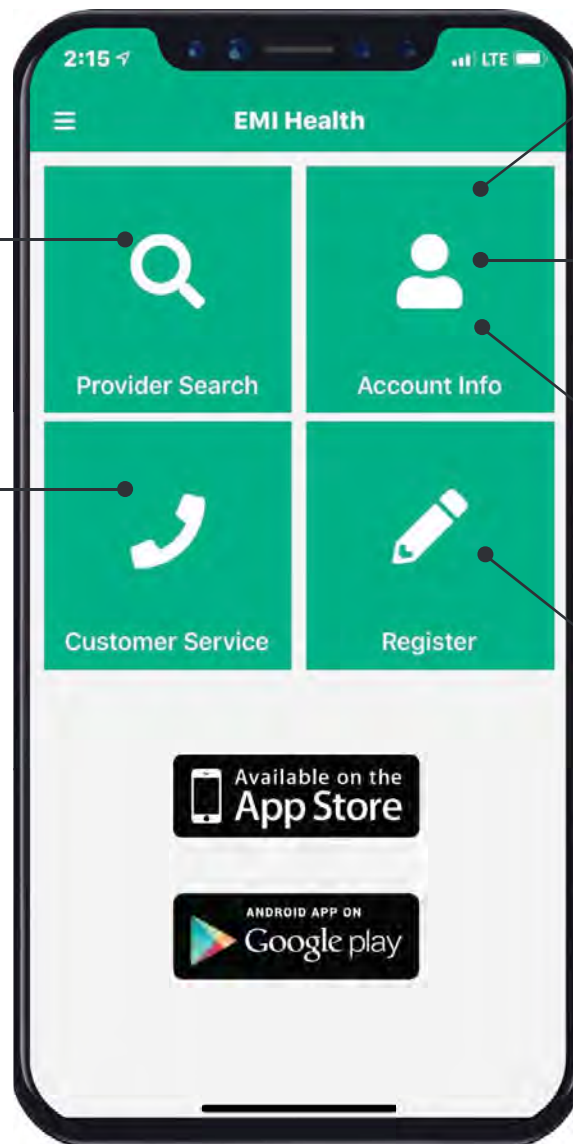
Find in-network providers and facilities.

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.



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

*****SNGLP
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.

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.

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

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 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

- 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.
- Service Dates:** Represents the date(s) the patient received services.
- Description of Service:** Lists the procedure performed.
- Billed:** This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amount.
- Allowed:** The amount allowed by the provider contact.
- Provider Discount:** The amount discounted.
- Not Covered:** Any specific amount that was determined to be ineligible for payment by the plan.
- Reason Code:** This code is used to explain the reason for an adjustment or benefit limitation.
- Deductible:** This amount reflects the deductible requirement at the time charges were processed.
- Coinsurance:** Percentage of allowed amount for which the patient is responsible.
- Co-Pay:** Represents amounts responsible to the patient.
- Payment:** Total amount less any adjustments.
- Other Insurance Credit or Adjustments:** The amount paid by another health plan or insurance company toward services the member received.
- Total Payment Amount:** Total amount less any adjustments.
- Member Responsibility:** This is the total amount that you owe the provider. This includes any co-payments, deductibles, co-insurance and/or excluded charges.
- Plan Year Accruals:** The amount of money you have paid to date for health care services
- Explanation of Codes:** This code is used to explain the reason something is not covered or is discounted from the billed amount.
- Benefits Determination:** This will be the procedure and information needed to file a formal review for any denied claim.
- Claim Summary:** Provides a summary of claims processed during an extended timeframe.



PO Box 994
Lehi, UT 84043

Welcome to SmithRx, your new pharmacy benefit partner!

Since SmithRx is a new name, you will be receiving a new healthcare ID card. It is important to keep using your current ID card until the effective date of your new plan. When you present your new card at the pharmacy, your pharmacist will update your information to include SmithRx as your new pharmacy benefits manager.

We understand there may be some confusion, but want to reassure you that we are working hard to ensure this transition will be smooth and seamless. If you have any questions, please be sure to call SmithRx Customer Service at (844) 454-5201, also found on the back of your ID card. Thank you for being a valued member of our plan!

A handwritten signature in black ink, appearing to read "Jake Frenz".

Jake Frenz

CEO

jake.frenz@smithrx.com





Understanding Your Prescription Benefit Program

Providing you with the tools and resources to help you make better drug therapy decisions

Your Prescription Benefit Plan through SmithRx.

SmithRx is your new prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

Using Your Prescription Drug Card at Retail

You will receive a prescription card from your employer. Please present your new prescription card along with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription.

Using Your Mail Order Home Delivery Benefit

Taking advantage of your home delivery benefit may enable you to receive up to a 90-day supply of your maintenance medication(s) at a discounted price through **Serve You DirectRx**. Just ask your physician to write a new prescription to Serve You DirectRx for home delivery. To get started you can ask your physician to:

- **E-prescribe or Fax:** Have your doctor electronically prescribe or fax your prescription to (866) 494-0364. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- **Phone:** Your doctor can "call in" the prescription to (800) 759-3203 with an IVR option.

Please note: For prompt delivery, please provide your payment information by faxing or mailing in your completed order form to PO Box 26096, Milwaukee, WI 53226 and calling **(800) 759-3203**.

Online Tools at www.mysmithrx.com

Secure online connection, protecting your confidentiality and providing:

- Drug formulary
- Real-time benefit information
- View and download pharmacy claims
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment, and mail order forms

Formulary Changes

To help provide our customers with access to safe, high-quality and cost-effective prescription benefits, it is necessary to classify some drugs as preferred and others as non-preferred drugs on the SmithRx formulary.

Additional requirements for coverage or limits on certain medications may include:

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that members use these medications in the most effective way and also help the Plan control medication costs. A team of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members.

Quantity Limits

For certain medications, your Plan may limit the amount of the medication that will be covered per prescription or for a defined period of time. Amounts exceeding these limits will require additional review for coverage.

Step Therapy

In some cases, your Plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first. If Drug A does not work for you, then your Plan will cover Drug B.

Prior Authorization

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. Our Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). To see if your medication(s) require prior authorization, please contact Customer Service at (844) 454-5201.



SmithRx Connect

Connecting you to the lowest cost prescription solutions.

SMITHRX CAN HELP LOWER YOUR DRUG COSTS

Did you know your local retail pharmacy may not always be the lowest cost option? SmithRx Connect can help you navigate alternative sources and hold your hand through the process. The result will save you money since many of these programs require little to no copayment on your medication. We'll do the work so you can stay healthy and happy!

PATIENT ASSISTANCE PROGRAMS

Many high cost specialty medications can be accessed through Patient Assistance Programs. SmithRx assists in navigating the process while you reduce out of pocket costs on the medications that work!



COPAY COUPON MAXIMIZATION

Did you know it is possible to leverage additional savings on traditional branded medications? If Patient Assistance is not available, our team works with preferred pharmacy partners to capture coupon savings through the Copay Max program.

WE ARE HERE TO HELP!

The SmithRx Member Support team is dedicated to connecting you with the tools and resources needed to lower your out of pocket costs for medications. We can answer your questions and support you throughout the process. Our goal is to simplify the pharmacy benefit and connect you to savings on your prescriptions!



Call us!
(844) 454-5201



Email us!
help@smithrx.com



Be Well

A wellness program specifically tailored for every individual's unique goals

EMI Health has teamed up with WebMD Health Services to create a comprehensive well-being tool that puts you in the driver's seat when it comes to your health and wellness goals.

Each view into the BE WELL platform is unique. The customized dashboard is based on your individual priorities, health risks, and biometric testing data. As a result, it's completely tailored to your needs and continues to evolve over time as your priorities and health conditions change. The BE WELL tools can help you focus on areas such as weight loss, stress management, nutrition, improving your sleep habits, and tobacco cessation.

Eligible EMI Health subscribers* who currently have a medical plan can access BE WELL through the member portal at emihealth.com. *A subscriber is the main account holder whose name appears on the EMI Health ID card. Dependents are not eligible to participate at this time.

A look at the BE WELL digital platform

Track Personal Health

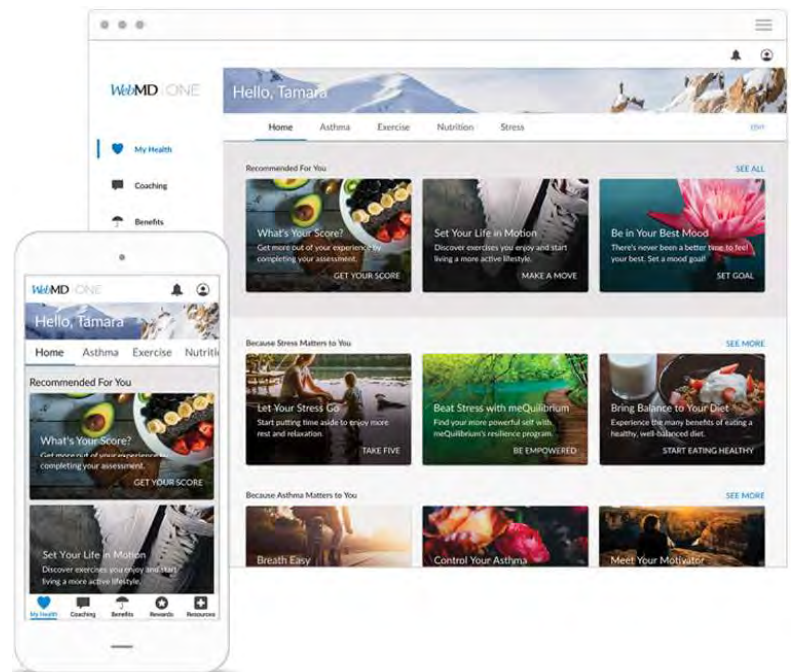
Receive a report on your current health, along with recommended steps to improve it. Whether you want to spend more time focusing on general well-being or a specific health condition, you will have the ability to choose your own priorities, and your personalized dashboard will reflect those interests.

Manage Specific Health Conditions

If you happen to have a specific health condition or concern, BE WELL can provide a recommended plan to help manage that condition as well as educational materials to help you better understand it. BE WELL can help manage diabetes, high blood pressure, hypertension, COPD, and many others.

Reevaluate Your Priorities at Anytime

As you track your personal progress you can make adjustments to the program. At any time along your journey you can switch gears and let BE WELL know you're interested in a new area of focus. If you feel like you have conquered one major milestone, then keep going and strive to reach another. With BE WELL, you can achieve what matters most to you.



Set Goals and Work on Daily Habits

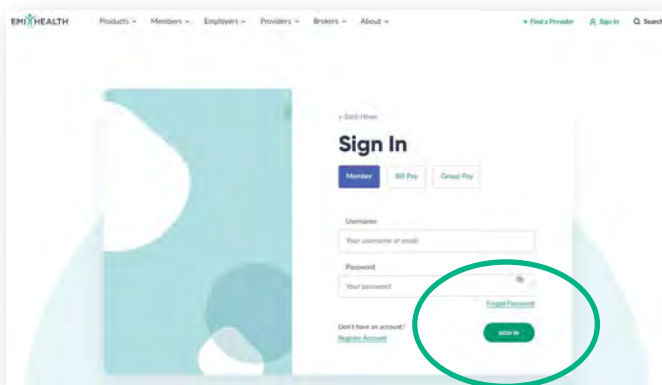
The Daily Habits tool uses the power of behavioral science to help you achieve your personal well-being goals and implement lifestyle changes. You can choose from a number of categories to help with things like diet and nutrition, stress management, depression, and even staying connected in your social life. Resources like workout routines, recipes, and food journals can help encourage you to stay motivated, track your progress and achieve real results.

Logging In to BeWell

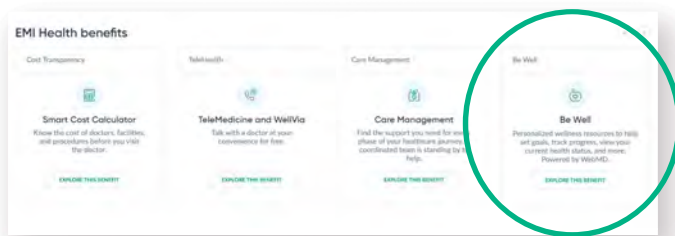


Step 1: EMI Health subscribers* who have a current medical plan can access **BeWell** through the member portal at emihealth.com. Click on **"Sign In"** under **"My EMI Health"** in the drop down menu.

*A subscriber is the main account holder whose name appears on the EMI Health ID card. At this time Dependents are not eligible to participate.

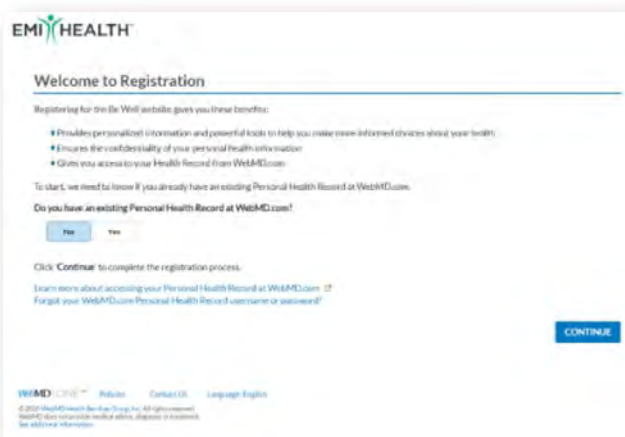


Step 2: Type in your **username** and **password**, click the green **"Sign In"** button. If you have not yet registered, click on the green **"Register Account"** button to get started.

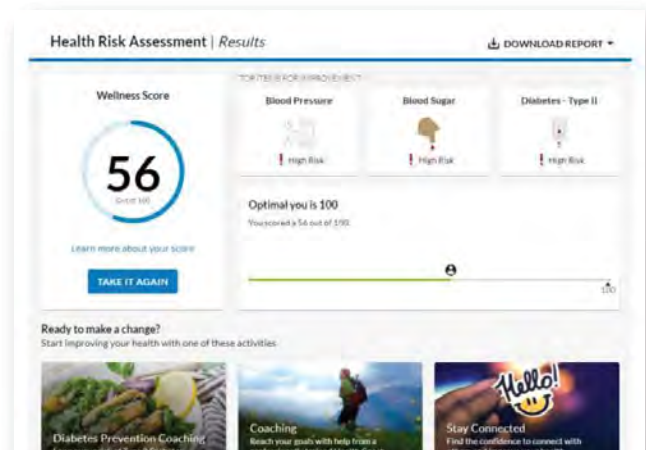


Step 3: After logging into the EMI Health member portal, scroll down to the bottom of the page. Click on the **BeWell "Explore this Benefit"** button at the bottom right of the menu.

Step 4: Begin the registration process. Confirm if you have an existing health record with WebMD and/or fill in your details. Click continue to complete your Health Risk Assessment.



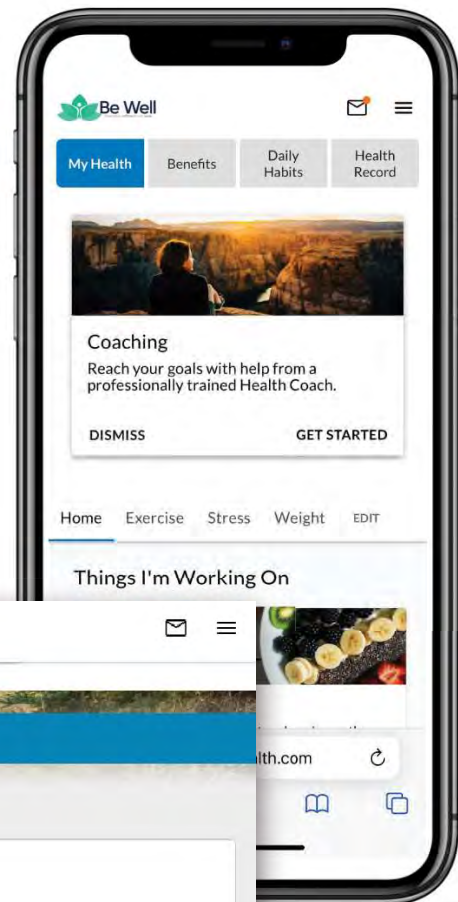
Step 5: After completing the Health Risk Assessment, you can immediately view your results including your Wellness Score, Risk Factors, and Recommended Resources tailored to your individual needs.



BeWell on the GO

At work, at home and everywhere in between. With Wellness At Your Side, the WebMD app, you can access Be Well no matter where you are.

Download the free wellness app "Wellness At Your Side" (WAYS) from the Apple App Store or Google Play store. Open the app and enter the one time connection code BeWell. Once connected sign-in to your EMI Health account to access the Be Well portal on the go!

A screenshot of the Be Well website. At the top, it says "Get connected! Simply choose your device, sync with WebMD, and start tracking". Below this is a "Wellness at Your Side" section with the heading "Let's get your phone connected". Step 1: "Install the FREE Wellness app from one of these stores:" with buttons for "Get it on the App Store" and "Get it on Google play". Step 2: "Open the app and enter this Connection Code: **BeWell**". To the right, there is a circular graphic with the WebMD logo and a "BeWell" input field with a "Connect" button. A smartphone is shown displaying the app interface.

Smart Cost Calculator

Know your costs before you go

Features:

EMI Health's Smart Cost Calculator allows you to compare different procedures, providers, and hospitals to see estimated costs based on your search criteria.



Procedure Costs

See data from local hospitals and providers near you or search in a specified area. See how much specific procedures typically cost and your out of pocket expenses.



Provider Reviews

Search for providers and see the reviews their patients left. This tool helps ensure you are visiting a provider that will meet your needs.

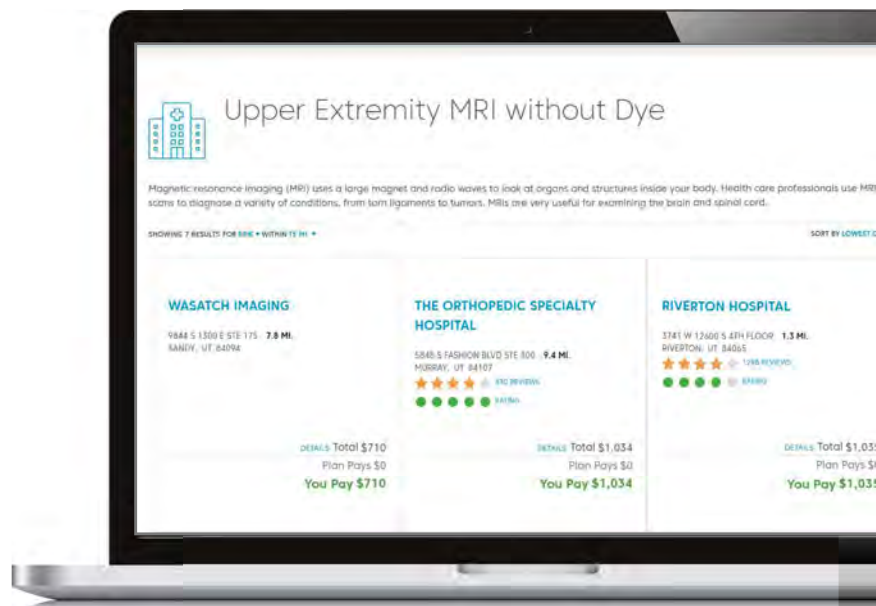


Facility Locations and Costs

Get hospital and clinic directions, patient reviews, and overall hospital ratings so you visit the proper facility that will take care of your complete healthcare situation.

How to use it:

1. **Log in to your My EMI Health account.**
2. **Click the Smart Cost Calculator button in the EMI Health benefits section.**
3. **Search for services**
Enter the doctor, hospital, or procedure you're looking for.
4. **Compare costs**
Select the doctor, hospital, or procedure to see reviews, compare costs, and get more details on what you need.



Preventive Care

Detect potential problems early.

The Affordable Care Act (ACA) provides for certain preventive services to be covered 100 percent when received by participating providers.

Preventive services are those provided when no symptoms or diagnosed medical conditions exist. For services to be covered as preventive, your doctor must bill claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copayments, coinsurance, or deductibles may apply.

Here are some some preventive services covered with no patient cost:

- Routine physical exam
- Routine gynecological exam
- Screening colonoscopy or Cologuard
- Routine vision exam
- Routine Pap smear
- FDA-approved contraception
- Routine hearing exam
- Screening mammogram

Immunizations recommended by the Advisory Committee on Immunizations Practices of the Center for Disease Controls and Prevention (CDC) are covered 100 percent if received from a participating provider. As of June 2021, those recommendations are as follows:

Children

VACCINE	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	2-3 Yrs	4-6 Yrs	7-10 Yrs	11-12 Yrs	13-18 Yrs
Hepatitis B	HepB	HepB				HepB							HepB Catch Up	
Rotavirus			RV	RV	RV									
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP			DTaP			DTaP	DTaP Catch Up	DTaP	DTaP Catch Up
Haemophilus Influenzae Type b			Hib	Hib	Hib			Hib						
Inactivated Poliovirus			IPV	IPV				IPV			IPV		Poliovirus Catch Up	
Measles, Mumps, Rubella								MMR			MMR		MMR Catch Up	
Varicella								Varicella			Varicella		Varicella Catch Up	
Pneumococcal			PCV	PCV	PCV			PCV						
Influenza											Influenza (Yearly)			
Hepatitis A								HepA (2 Doses)					HepA Catch Up	
Meningococcal													MenACWY	MenACWY
Human Papillomavirus													HPV	HPV Catch Up

Adults

VACCINE	19-26 Yrs	27-49 Yrs	50-59 Yrs	60-64 Yrs	≥ 65 Yrs
Diphtheria, Tetanus, Pertussis (Td/Tdap)	One dose of Tdap; then boost with Td every 10 years				
Influenza	One dose annually				
Pneumococcal	1 or 2 doses				1 dose
Zoster (Shingles)	2 doses after age 50				
IF NOT RECEIVED AS A CHILD					
Measles Mumps, Rubella	MMR				
Human Papillomavirus	HPV				
Varicella	Varicella				

Major Diagnostic Testing

Preauthorization Guidelines

Benefit preauthorization to confirm medical necessity is required for **ALL in-patient** confinements and surgeries as part of our commitment to help ensure all EMI Health members get the appropriate care, at the appropriate time, and in the appropriate setting.

In addition, **some major out-patient diagnostic testing** like MRIs, CT scans, PET scans and certain outpatient surgical procedures may also require preauthorization. Please have your provider's office contact EMI Health's customer service for preauthorization codes prior to any services being rendered.

EMI Health continually monitors procedures requiring preauthorization and makes adjustments as necessary.

Recent updates

For the new plan year (plans renewing on or after 07/01/2020), major diagnostic tests will require preauthorization.

Important member details

As a reminder, if the member uses a participating provider, the provider (not the member) is responsible for preauthorization.

If the member uses a non-participating provider for treatments or procedures requiring preauthorization, the member is responsible for obtaining preauthorization, and benefits may be denied or reduced if preauthorization is not obtained.

Refer to the plan document for more information regarding preauthorization.

A heartfelt thank you

We appreciate the opportunity of providing your healthcare coverage.

If you have any questions about this notice, please do not hesitate to call or email us.

Phone: 800.662.5851

Email: cs@emihealth.com

Please note: First Health, Blue Cross Blue Shield of AZ, and Cigna all have different preauthorization requirements.



We've got you covered!

Diabetes Management

Your medical plan covers diabetic equipment and supplies under the major medical benefit and/or Prescription Drug (Pharmacy) Benefit. Contact customer service for the specifics of your plan. Here are some common coverage's.

Diabetic Testing Supplies

Diabetic testing supplies, such as blood sugar (glucose) test strips, and lancets, may be covered through your Major Medical or Prescription Drug Benefit.

Major Medical Benefits

Your coverage falls within the Medical Supplies & Equipment benefit category. To determine your member cost share, refer to the Diabetic Testing Supplies line item in your Schedule of Benefits.

To locate in-network suppliers, follow these easy steps:

1. Visit <https://emihealth.com/ProviderSearch>.
2. Navigate to the **Medical** tab and select your **Network Name** from the drop-down menu. Choose your **State** and click "**SEARCH**."
3. Refine your search results by switching from "**Provider**" to "**Facility**." To the right, click on "**Facilities**." You will then select from the "**Facility Type**" drop down menu. Opt for either "**Diabetes Testing Supplies**" or "**Durable Medical Equipment**." Click the "**SEARCH**" button.
4. The list of participating suppliers will be displayed.

*Note: If your initial search was under "**Durable Medical Equipment**," be sure to check for partners who specifically mention supplying **Diabetes Testing Supplies**. This ensures you find the most relevant information for your needs.

If you obtain supplies through any other medical provider or facility, benefits are subject to your Non-Participating Provider benefit option, if any.

Feel free to reach out if you have any questions or need further assistance.

Prescription Drug (Pharmacy) Benefit

Refer to the Prescription Drug section of your Schedule of Benefits for your member cost share. The formulary includes OneTouch and Freestyle. All other brands are excluded from coverage.



Diabetes Management (continued)

Continuous Glucose Monitoring Systems (CGMS) and Sensors

CGMS and sensors may be covered through your Major Medical or Prescription Drug Benefit, subject to pre-authorization criteria and plan review. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

Insulin Pump and Insulin Pump Supplies

Insulin pumps are covered through your Major Medical Benefit, subject to pre-authorization criteria and plan review. Refer to the Durable Medical Equipment section of your Schedule of Benefits for your member cost share.

Insulin pump supplies (cartridges and infusion sets) may be covered through your Major Medical or Prescription Drug Benefit. Refer to the Durable Medical Equipment and Prescription Drug sections of your Schedule of Benefits for your member cost share.

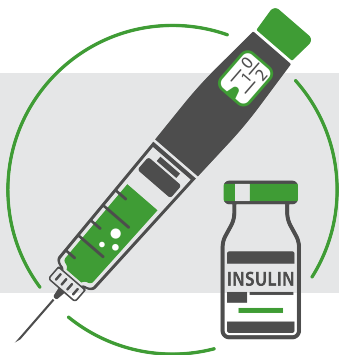
Insulin

Insulin is covered under the Prescription Drug Benefit. You may receive up to a 30-day supply per retail co-payment or up to a 90-day supply per mail-order co-payment. Refer to the Prescription Drug section of your Schedule of Benefits for member cost share.

Prescription drug coverage for Covered Persons is administered by SmithRx, which is a pharmacy benefits manager (PBM). SmithRx provides a nationwide network of participating pharmacies and a drug formulary. The presence of a drug on this formulary does not guarantee coverage, and the drugs listed on the formulary are subject to change. To find out if a prescribed medication is covered under the Program, Covered Persons may visit the member portal at <https://portal.mysmithrx.com/login> or call 844.454.5201 for the most current formulary information.

Prescription Drugs

The Prescription Drug Program (the Program) is separate from the medical plan outlined in this document and is not administered by EMI Health.



Questions?

As always, we are here to help. Call customer service at
1-800-662-5851

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

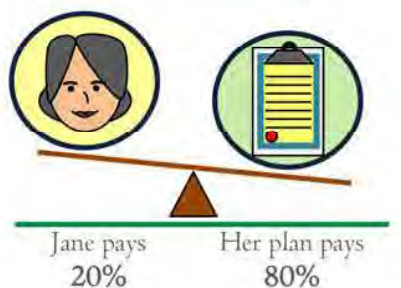
A request for your health insurer or **plan** to review a decision or a **grievance** again.

Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

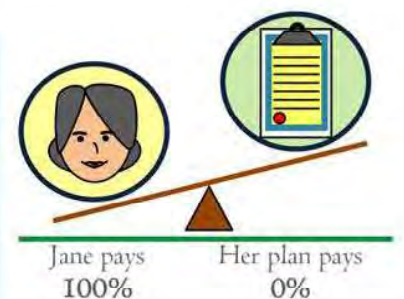
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health



(See page 4 for a detailed example.)

insurance or **plan** doesn't cover. Some health insurance or **plans** don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

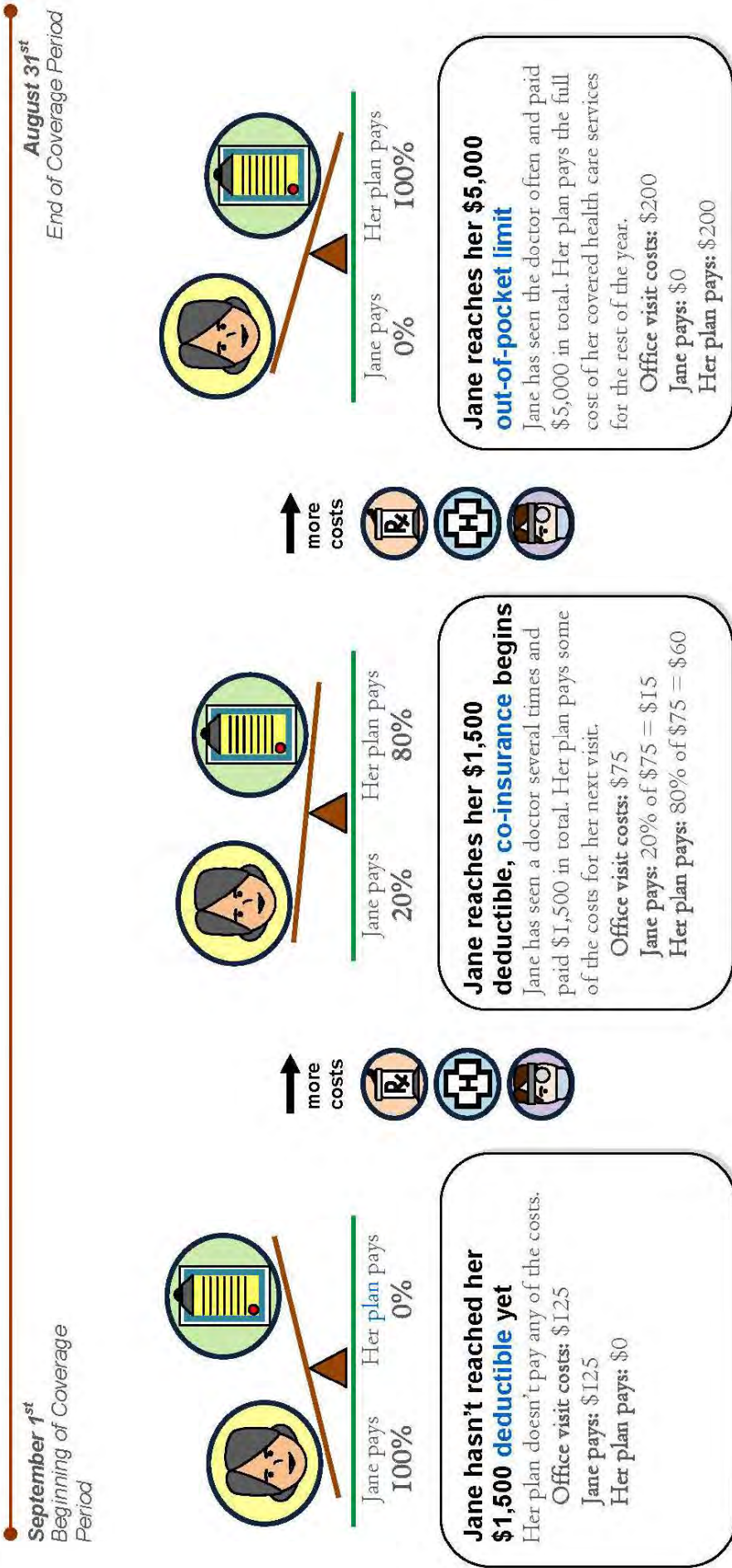
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000



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!

The EMI Health logo, which includes a stylized human figure icon and the text "EMI HEALTH™". The background of the entire advertisement is a scenic photograph of tall, golden grasses in the foreground and blue mountains in the distance under a clear sky.

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