

# Weber State University

## Member Benefit Guide 2024/2025





**DENTAL COVERAGE**

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

**OUTLINE OF COVERAGE**

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

**Group:** [Weber State University \(Plan #0880\)](#)  
**Plan:** [Premier PPO](#)  
**Administered by:** [Educators Mutual Insurance Association, a Utah Company](#)  
**Effective Date:** [7/1/2024](#)  
**Benefit Year:** [Contract](#)  
**Plan Type:** [Contributory / Self Funded](#)

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	80%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 25	50%	50%
Adults	50%	50%
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 3 - Major	Type 3 - Major
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic

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

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

<b>Annual Maximum Per Person</b>	\$2,000.00
<b>Orthodontic Lifetime Maximum</b>	\$1,500.00

<b>Network / Reimbursement Schedule</b>	Premier	Premier
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Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Any Age
Sealants	Dependent children only
Space Maintainers	Up to age 17
Bitewing X-Rays	2 per year
Periapical X-Rays	Covered in Type 1
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia - (Age 8 and over)	Covered in Type 2 - Basic**
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 2 - Basic**
Implants / Implant Abutments	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

\* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

\*\* Anesthesia is not subject to waiting periods.



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

**Group:** **Weber State University (Plan #880)**  
**Plan:** **Vision 160B**  
Underwritten by / Administered by: Opticare of Utah / Educators Mutual Insurance Association  
Plan Type: Voluntary  
Effective Date: 7/1/2024  
Benefit Year: Contract

	In-Network	Out-of-Network	
<b>Eye Exam</b>	<b>No Eye Exam Benefit</b>		
<b>Lenses</b>			
Single Vision	\$10 Co-pay	▲ \$95 Allowance for lense, options, and coatings	
Bifocal (FT 28)	\$10 Co-pay		
Trifocal (FT 7*28)	\$10 Co-pay		
<b>Lens Options</b>			
*Progressive (Standard no-line)	\$50 Co-pay		
*Premium Progressive Options	No Discount		
Glass Lenses	15% Discount		
Polycarbonate	25% Discount		
High Index	25% Discount		
<b>Coatings</b>			
Scratch Resistant Coating	\$10 Co-pay		
Ultra Violet protection	\$10 Co-pay		
Other Options <i>A/R edge polish, tints, mirrors, etc.</i>	Up to 25% Discount		
<b>Frames</b>			
Allowance Based on Retail Pricing	\$160 Allowance	▲ \$90 Allowance	
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail		
<b>Contacts</b>			
Contact benefits is in lieu of lens and frame benefit.	\$160 Allowance	▲ \$125 Allowance	
Additional contact purchases:			
***Conventional	Retail		
***Disposables	Retail		
<b>Frequency</b>			
Lenses, Frames, Contacts	Every 12 Months	Every 12 Months	
<b>Refractive Surgery</b>			
****LASIK	\$500 off per Eye	Not Covered	
<b>Monthly Rates</b>			
Employee	\$6.20		
Two Party	\$11.80		
Family	\$18.80		

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

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

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

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

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

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

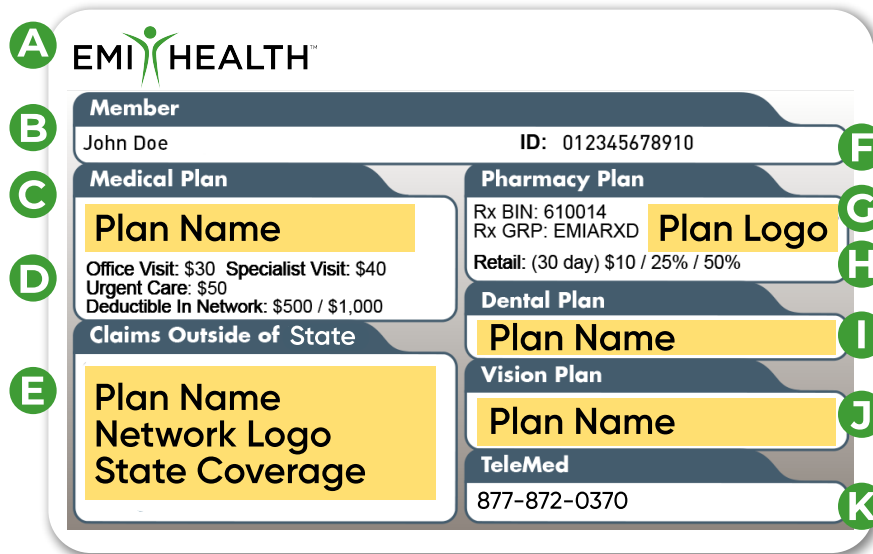
▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.

# Your ID Card *Front*

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

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

## Card Front



**A** EMI Health is your insurance carrier.

**B** The employee's name is listed on the ID card. Covered dependents are not listed.

**C** This is the name of your medical plan and also indicates your participating provider network. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851.

**D** These are your basic copay, coinsurance, and deductible amounts when you visit a participating provider. For more detailed benefits information, see your Summary of Benefits and member handbook.

**E** This is your medical participating provider network when traveling outside of your state. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851.

**F** Your unique member number is required in order to verify coverage, determine benefits, and pay claims for you and your dependents.

**G** Your Pharmacy Benefits Manager Name/Logo will appear here.

**H** These are your basic pharmacy copays and coinsurance amounts.

**I** If you have dental coverage with EMI Health, the name of your dental plan will appear here. This also indicates your dental participating provider network. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851. If this section is not on your card, you do not have dental coverage through EMI Health.

**J** If you have vision coverage with EMI Health, the name of your vision plan will appear here. This also indicates your vision participating provider network. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851.

If this section is not on your card, you do not have vision coverage through EMI Health.

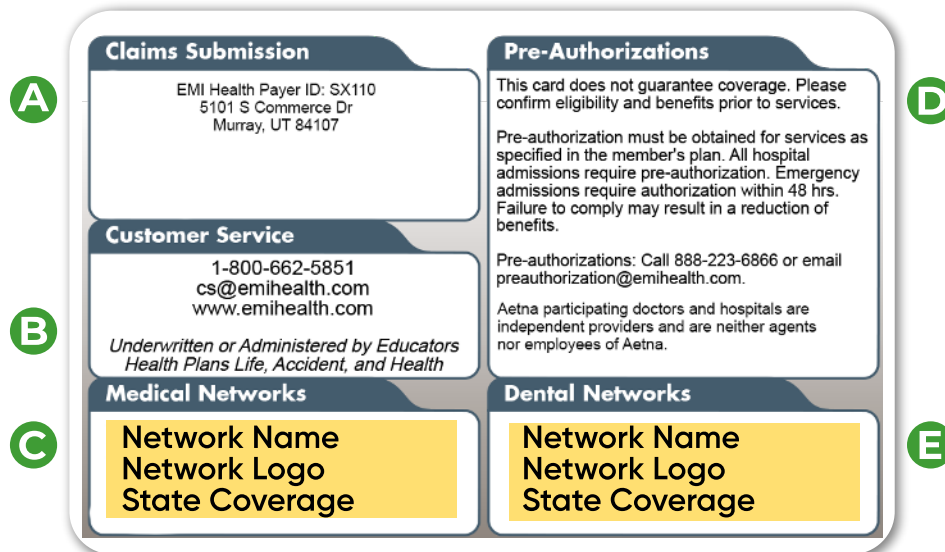
**K** This is the phone number to call for a Telemed consultation with a Recuro physician. EMI Telemed can eliminate the need for office visits for many common conditions.

If this section is not on your card, you do not have TeleMed services through EMI Health.

*Questions?* 1 (800) 662-5851

# Your ID Card *Back*

## Card Back



**A** This is the claims submission address for medical claims and all dental claims. In most cases, your provider will submit claims directly to EMI Health.

**B** This is the telephone number to call for customer service inquiries.

**C** These are your participating provider medical networks for in-state and out-of-state. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851.

**D** This is the telephone number to call for preauthorizations.

**E** These are your participating provider dental networks for in-state and out-of-state. To verify a provider's status, visit [emihealth.com](http://emihealth.com) or call 800-662-5851.

If this section is not on your card, you do not have dental coverage through EMI Health.

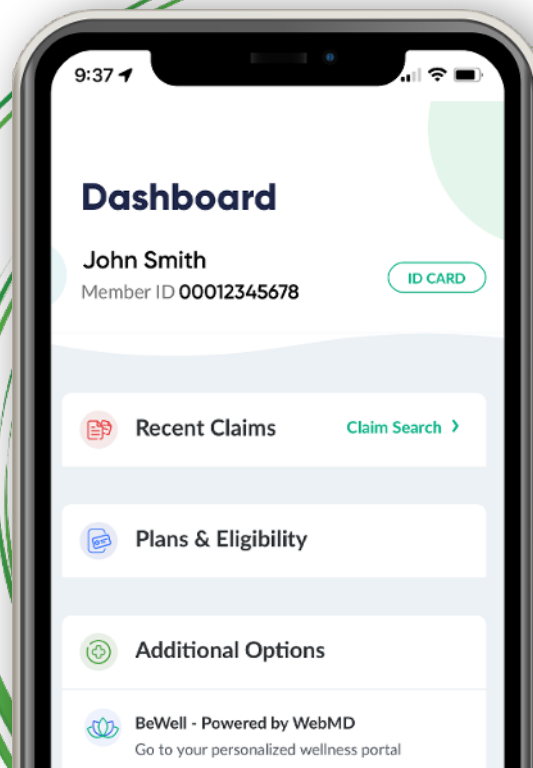
## Access your ID Card, *and much more!*

### The EMI Health App

Download the app and log in using your My EMI Health username and password. If you haven't registered your account, you can do so in the app or online at [emihealth.com](http://emihealth.com).



Scan this QR code with your phone to download.

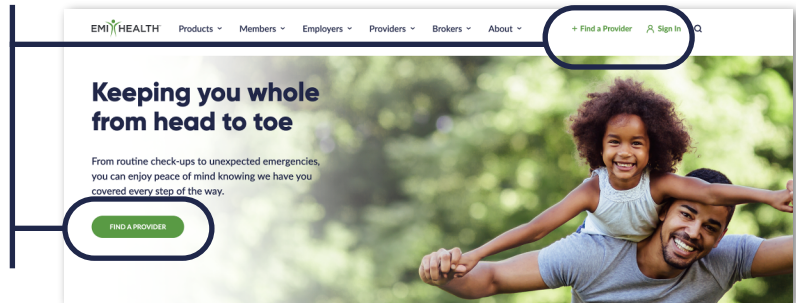


# Online Services

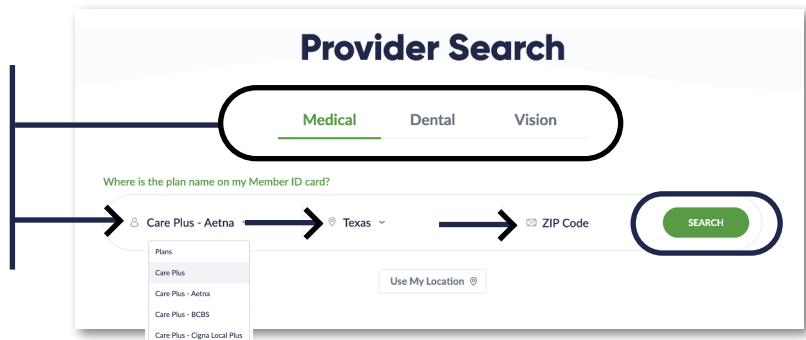
## Finding a Provider

As a member of EMI Health, you can take advantage of a large choice of in-network providers locally and nationally. To find an in-network provider, follow these steps.

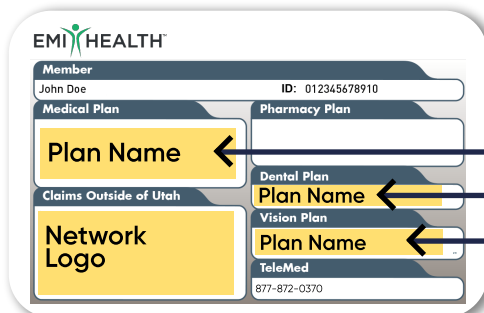
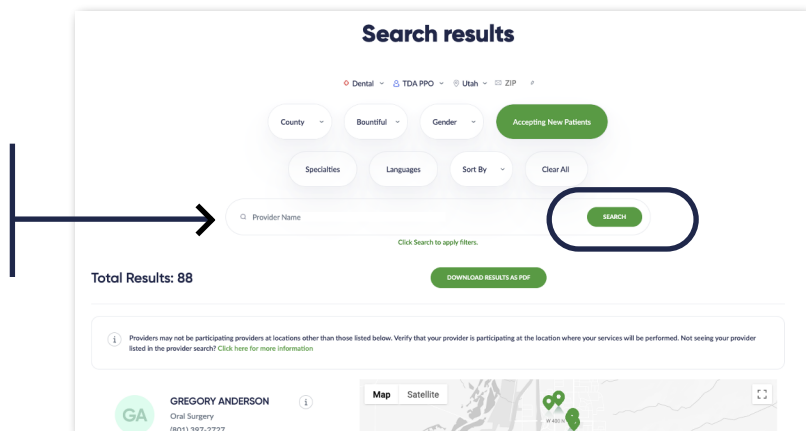
- 1 Go to **emihealth.com** and click on **+ FIND A PROVIDER** along the upper part of the home page, or use the green button below.



- 2 Click on either the **MEDICAL**, **DENTAL**, or **VISION** tab, Choose your **PLAN NAME** (see note below on how to locate your plan name) from the drop down menu, Choose your **STATE**, and click **SEARCH**.



- 3 Scroll down to see a list of participating providers along with their contact information. If you'd prefer to search for a specific provider, enter the **PROVIDER NAME** in the field and click the **SEARCH** button.



### Locating your PLAN NAME on your ID Card:

You can find the searchable **Plan Name** within each category (medical/dental/vision) of your subscribed types of coverage. If applicable, there will be network logos for "within state" and "out-of-state" coverage networks.

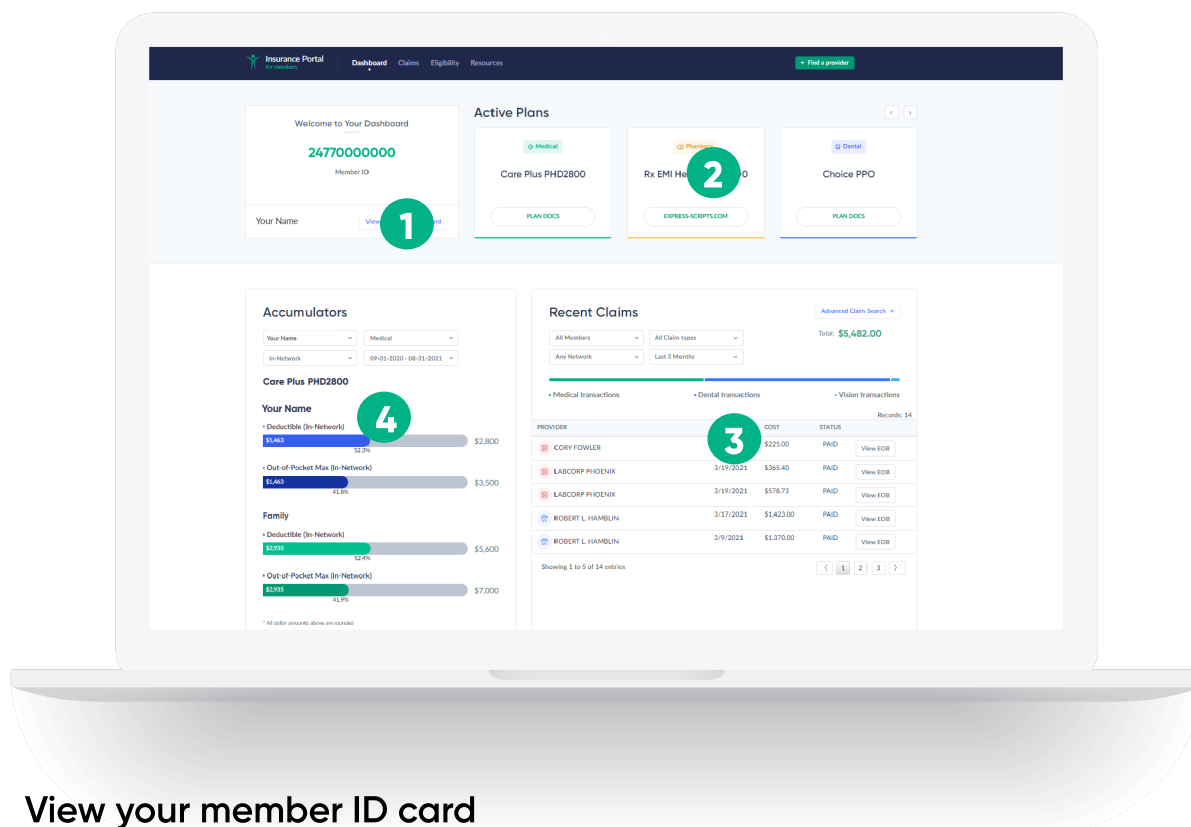
Questions? 1 (800) 662-5851

# My EMI Health Account

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

## Let's take a tour of your dashboard

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



- 1 View your member ID card**  
View, download, or print your EMI Health ID card by clicking on "View Your Member ID Card" button.
- 2 See your plan documents**  
Here are the plans you are currently enrolled in through EMI Health. From here, you can view your plan documents (your coverage grids and/or fee schedules if applicable) and access your pharmacy tools.
- 3 View and sort your recent claims**  
Use the toggles to filter and sort your claims by type, covered member, network, and date range. View your **Explanation of Benefits (EOBs)** documents by clicking on "View EOB" to the right of each claim. *Note: These documents are not mailed, so it's important to check your dashboard regularly for any new EOBs that come into your account.*
- 4 At-a-glance accumulators**  
In this block, you are able to see your progress towards applicable plan accumulators for medical and dental plans. Use the drop down options at the top to switch between covered members on your plan, time period, and accumulator type.

# My EMI Health Account

All your benefit answers in one place.

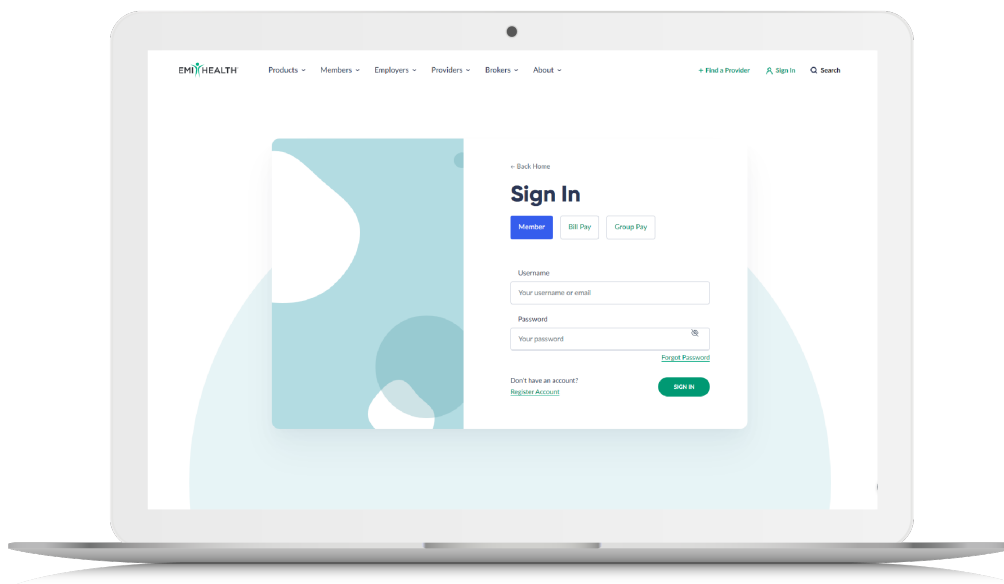
## Getting Started:

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

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

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

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



## What you can do:

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



# Reading Your EOB



EMI Health  
5101 South Commerce Drive  
Murray UT 84107

J148 [1] 1 of 1



## How To Read Explanation of Benefits

Forwarding Service Requested

RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

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

**1 Customer Service**

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

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

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

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

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

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

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

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

**16 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.

**17 Explanation of Codes**

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

# Reading Your EOB

## Benefits Determination <sup>(18)</sup>

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

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

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

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

## Claim Summary <sup>(19)</sup>

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

## How To Read EOB

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

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

3. Description of Service: Lists the procedure performed.

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

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

6. Provider Discount: The amount discounted.

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

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

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

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

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

12. Payment: Total amount less any adjustments.

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

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

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

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

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

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

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



## The EMI Health Mobile App

Your benefits.  
Anytime.  
Anywhere.

