Every Member is Important

www.emihealth.com
## DENTAL COVERAGE

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

### OUTLINE OF COVERAGE

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

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**Group:** University of Utah Subsidized Graduate Students (Plan #4752)

**Plan:** Advantage Co-Pay

**Underwritten & Administered by:** Educators Health Plans Life, Accident & Health, a Utah Company

**Effective Date:** 8/16/2019

**Benefit Year:** Calendar

**Plan Type:** Contributory / Fully Insured

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1 - Preventive</strong></td>
<td>100%</td>
<td>See Claim Payment Schedule</td>
</tr>
<tr>
<td>Oral Exams, Cleanings, X-rays, Fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 2 - Basic</strong></td>
<td>See Co-Pay Schedule</td>
<td>See Claim Payment Schedule</td>
</tr>
<tr>
<td>Filings, Oral Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 3 - Major</strong></td>
<td>See Co-Pay Schedule</td>
<td>See Claim Payment Schedule</td>
</tr>
<tr>
<td>Crowns, Bridges, Prosthodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type 4 - Orthodontics</strong></td>
<td>Discount Only (Up to 25%)</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Dependent children ages 7 through 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>Discount Only (Up to 25%)</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Orthodontic Discount (All Members)</td>
<td>Up to 25% Discount</td>
<td>No Coverage</td>
</tr>
<tr>
<td><strong>Specialists</strong></td>
<td>Type 3 - See Co-Pay Schedule</td>
<td>Type 3 - See Claim Payment Schedule</td>
</tr>
<tr>
<td>(<strong>See note below)</strong></td>
<td>Type 3 - See Co-Pay Schedule</td>
<td>Type 3 - See Claim Payment Schedule</td>
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<tr>
<td>20% Discount Only (Pediatric - See Co-Pay Schedule)</td>
<td>No Coverage</td>
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<tr>
<td><strong>Waiting periods</strong></td>
<td>3 Month Waiting Period</td>
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<tr>
<td>Type 2 - Basic</td>
<td>12 Month Waiting Period</td>
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<tr>
<td>Type 3 - Major</td>
<td>N / A</td>
<td></td>
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<tr>
<td>Type 4 - Orthodontics</td>
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<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>In and Out of Network Deductibles are Combined</td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$25.00</td>
<td>$25.00</td>
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<tr>
<td>Family Max</td>
<td>$75.00</td>
<td>$75.00</td>
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<tr>
<td><strong>Deductible Applies To</strong></td>
<td>Type 2 &amp; Type 3</td>
<td>Type 2 &amp; Type 3</td>
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<tr>
<td><strong>Annual Maximum Per Person</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Maximum</strong></td>
<td>N / A</td>
<td></td>
</tr>
<tr>
<td><strong>Network / Reimbursement Schedule</strong></td>
<td>Advantage</td>
<td>Advantage</td>
</tr>
<tr>
<td><strong>Monthly Rates</strong></td>
<td></td>
<td></td>
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<tr>
<td>Student</td>
<td>$14.50</td>
<td></td>
</tr>
<tr>
<td>+ Spouse</td>
<td>$30.60</td>
<td></td>
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<tr>
<td>+ Children</td>
<td>$32.80</td>
<td></td>
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<tr>
<td>+ Family</td>
<td>$49.40</td>
<td></td>
</tr>
<tr>
<td><strong>Provisions / Limitations / Exclusions</strong></td>
<td></td>
<td></td>
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<tr>
<td>Exams (including Periodontal), Cleanings and Fluoride</td>
<td>2 per year</td>
<td></td>
</tr>
<tr>
<td>Fluoride</td>
<td>Up to age 16</td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td>Up to age 16</td>
<td></td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Up to age 16</td>
<td></td>
</tr>
<tr>
<td>Bitewing X-Rays</td>
<td>Up to 4, twice per year</td>
<td></td>
</tr>
<tr>
<td>Periapical X-Rays</td>
<td>6 per year</td>
<td></td>
</tr>
<tr>
<td>Panoramic X-Ray</td>
<td>1 every 3 years</td>
<td></td>
</tr>
<tr>
<td>Impacted Teeth</td>
<td>Covered in Type 2 - Basic</td>
<td></td>
</tr>
<tr>
<td>Anesthesia- (Age 8 and over for the extraction of impacted teeth only)</td>
<td>Covered in Type 3 - Major*</td>
<td></td>
</tr>
<tr>
<td>Anesthesia - (For children age 7 and under, once per year)</td>
<td>Covered in Type 3 - Major*</td>
<td></td>
</tr>
<tr>
<td>Implants / Implant Abutments</td>
<td>Covered in Type 3 - Major</td>
<td></td>
</tr>
<tr>
<td>Crowns, Pontics, Abutments, Onlays and Dentures</td>
<td>1 every 5 years per tooth</td>
<td></td>
</tr>
<tr>
<td>Fillings on the same surface</td>
<td>1 every 18 months</td>
<td></td>
</tr>
</tbody>
</table>

*All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.

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<table>
<thead>
<tr>
<th>CDT</th>
<th>CDT Name</th>
<th>Patient Co-Pay (General &amp; Pediatric providers)</th>
<th>In-Network Specialists</th>
<th>Out-of-Network Claim Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>PERIODIC ORAL EVALUATION - EST PATIENT</td>
<td>0</td>
<td>20% Discount</td>
<td>21</td>
</tr>
<tr>
<td>D0140</td>
<td>LIMITED ORAL EVALUATION - PROBLEM FOCUSED</td>
<td>0</td>
<td>20% Discount</td>
<td>18</td>
</tr>
<tr>
<td>D0150</td>
<td>COMPRORAL EVALUATION - NON-EST PATIENT</td>
<td>0</td>
<td>20% Discount</td>
<td>21</td>
</tr>
<tr>
<td>D0210</td>
<td>INTRARADIAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES (including bitewing)</td>
<td>0</td>
<td>20% Discount</td>
<td>38</td>
</tr>
<tr>
<td>D0220</td>
<td>INTRARADIAL - PERIMAX/PRE MAX RADIOGRAPHIC IMAGE</td>
<td>0</td>
<td>20% Discount</td>
<td>9</td>
</tr>
<tr>
<td>D0230</td>
<td>INTRARADIAL PERIMAX/EACH ADDITIONAL FILM</td>
<td>0</td>
<td>20% Discount</td>
<td>8</td>
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<tr>
<td>D0270</td>
<td>BITEWING - SINGLE RADIOGRAPHIC IMAGE</td>
<td>0</td>
<td>20% Discount</td>
<td>10</td>
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<tr>
<td>D0272</td>
<td>BITEWING - TWO RADIOGRAPHIC IMAGES</td>
<td>0</td>
<td>20% Discount</td>
<td>14</td>
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<tr>
<td>D0274</td>
<td>BITEWINGS - FOUR RADIOGRAPHIC IMAGES</td>
<td>0</td>
<td>20% Discount</td>
<td>19</td>
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<tr>
<td>D0330</td>
<td>PANORAMIC RADIOGRAPHIC IMAGE</td>
<td>0</td>
<td>20% Discount</td>
<td>41</td>
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<tr>
<td>D1110</td>
<td>PROPHYLAXIS - ADULT</td>
<td>0</td>
<td>20% Discount</td>
<td>38</td>
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<tr>
<td>D1120</td>
<td>PROPHYLAXIS - CHILD</td>
<td>0</td>
<td>20% Discount</td>
<td>28</td>
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<tr>
<td>D1200</td>
<td>LINGUAL APPLICATION OF FLUORIDE EXCEPT VARCHIST (Only allowed if patient is under 16)</td>
<td>0</td>
<td>20% Discount</td>
<td>9</td>
</tr>
<tr>
<td>D1351</td>
<td>SEALANT - PER TOOTH (Only allowed if patient is under 16)</td>
<td>14</td>
<td>20% Discount</td>
<td>5</td>
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<tr>
<td>D2140</td>
<td>MARYLAM - ONE SURFACE PRIMARY OR PERMANENT</td>
<td>20</td>
<td>20% Discount</td>
<td>25</td>
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<tr>
<td>D2150</td>
<td>MARYLAM - TWO SURFACES PRIMARY OR PERMANENT</td>
<td>26</td>
<td>20% Discount</td>
<td>33</td>
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<tr>
<td>D2160</td>
<td>MARYLAM - THREE SURFACES PRIMARY OR PERMANENT</td>
<td>36</td>
<td>20% Discount</td>
<td>34</td>
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<tr>
<td>D2161</td>
<td>MARYLAM FOUR MORE SURFACES PRIMARY OR PERMANENT</td>
<td>40</td>
<td>20% Discount</td>
<td>40</td>
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<tr>
<td>D2330</td>
<td>RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR</td>
<td>41</td>
<td>20% Discount</td>
<td>30</td>
</tr>
<tr>
<td>D2331</td>
<td>RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR</td>
<td>46</td>
<td>20% Discount</td>
<td>35</td>
</tr>
<tr>
<td>D2332</td>
<td>RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR</td>
<td>51</td>
<td>20% Discount</td>
<td>45</td>
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<tr>
<td>D2333</td>
<td>RESIN-BASED COMPOSITE 4+ SURFACES INC/SAL ANGLE (Anterior)</td>
<td>56</td>
<td>20% Discount</td>
<td>51</td>
</tr>
<tr>
<td>D2339</td>
<td>RESIN-BASED COMPOSITE - ONE SURFACE POSTERIAL</td>
<td>41</td>
<td>20% Discount</td>
<td>23</td>
</tr>
<tr>
<td>D2359</td>
<td>RESIN-BASED COMPOSITE - TWO SURFACES POSTERIAL</td>
<td>56</td>
<td>20% Discount</td>
<td>35</td>
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<tr>
<td>D2363</td>
<td>RESIN-BASED COMPOSITE - THREE SURFACES POSTERIAL</td>
<td>68</td>
<td>20% Discount</td>
<td>45</td>
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<tr>
<td>D2364</td>
<td>RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES POSTERIAL</td>
<td>80</td>
<td>20% Discount</td>
<td>40</td>
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<tr>
<td>D2740</td>
<td>CROWN - PORCELAIN/DEMAC</td>
<td>355</td>
<td>20% Discount</td>
<td>295</td>
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<tr>
<td>D2750</td>
<td>CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL</td>
<td>355</td>
<td>20% Discount</td>
<td>300</td>
</tr>
<tr>
<td>D2751</td>
<td>CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL</td>
<td>320</td>
<td>20% Discount</td>
<td>190</td>
</tr>
<tr>
<td>D2752</td>
<td>CROWN - PORCELAIN FUSED TO NOBLEMET</td>
<td>320</td>
<td>20% Discount</td>
<td>190</td>
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<tr>
<td>D2520</td>
<td>RE-CEMENT OR RE-BOUND CROWN</td>
<td>32</td>
<td>20% Discount</td>
<td>0</td>
</tr>
<tr>
<td>D2569</td>
<td>CORE BUILDER INCLUDING ANY FILL WHEN REQUIRED</td>
<td>104</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D9304</td>
<td>PRE-FABRICATED POST AND CORE IN ADDITION TO CROWN</td>
<td>104</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D3120</td>
<td>PULP CAP - INDIRECT (excluding first restoration)</td>
<td>26</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D3220</td>
<td>TXPULP REM/PULP CORTAL DSTINC/MENTAL JUNC</td>
<td>62</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D3230</td>
<td>ENDODONTIC THERAPY ANTERIOR TOOTH (excluding first restoration)</td>
<td>209</td>
<td>20% Discount</td>
<td>88</td>
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<tr>
<td>D3320</td>
<td>ENDODONTIC THERAPY MATURE TOOTH (excluding first restoration)</td>
<td>399</td>
<td>20% Discount</td>
<td>96</td>
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<tr>
<td>D3330</td>
<td>ENDODONTIC THERAPY MATURE TOOTH (excluding first restoration)</td>
<td>345</td>
<td>20% Discount</td>
<td>106</td>
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<tr>
<td>D4341</td>
<td>PERIODONTAL SCALING/GRAFTING AMOE TEETH-QUAD</td>
<td>91</td>
<td>20% Discount</td>
<td>15</td>
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<tr>
<td>D4355</td>
<td>FULL MOUTH DISPLACEMENT ENABLED COMPRAL EVALUATION AX ON A SUBSEQUENT VISIT</td>
<td>62</td>
<td>20% Discount</td>
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<tr>
<td>D4381</td>
<td>LOC.DEL AMRORAL ACTS/SCREW/CLUD TISS TOTHBR 20% Discount</td>
<td>20% Discount</td>
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<tr>
<td>D4910</td>
<td>PERIODONTAL MAINTENANCE</td>
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<td>D6240</td>
<td>PORTIC - PORCELAIN FUSED TO HIGH NOBLEMET</td>
<td>253</td>
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<tr>
<td>D6790</td>
<td>CROWN - PORCELAIN FUSED TO HIGH NOBLEMET</td>
<td>355</td>
<td>20% Discount</td>
<td>200</td>
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<tr>
<td>D7111</td>
<td>EXTRACTION CORONAL RESECT - DEM DUG TOOTH</td>
<td>31</td>
<td>20% Discount</td>
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<tr>
<td>D7140</td>
<td>EXTRACTION BRUPIED TOOTH OR EXPOSED ROOT (Exclusion for any removal)</td>
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<td>20% Discount</td>
<td>20</td>
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<tr>
<td>D7210</td>
<td>SURG REMOVAL BRUPIED TOOTHE/REBONE ELEVATEP</td>
<td>78</td>
<td>20% Discount</td>
<td>25</td>
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<tr>
<td>D7230</td>
<td>REMOVAL OF IMACTED TOOTHE-PARTIALLY BONY</td>
<td>120</td>
<td>20% Discount</td>
<td>30</td>
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<tr>
<td>D7240</td>
<td>REMOVAL OF IMACTED TOOTHE-COMPLETELY BONY</td>
<td>151</td>
<td>20% Discount</td>
<td>25</td>
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<tr>
<td>D7810-D7899</td>
<td>TMD THERAPY 20% Discount</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D9010-D9099</td>
<td>ORTHODONTIC SERVICES 20% Discount</td>
<td>20% Discount</td>
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<tr>
<td>D9110</td>
<td>PALLATIVE EMERGENCY ORAL MAX MINOR PROC</td>
<td>40</td>
<td>20% Discount</td>
<td>0</td>
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<tr>
<td>D9220</td>
<td>INHALATION OF NITROUS OXIDE/NEOSTIB ANALYSIS</td>
<td>21</td>
<td>20% Discount</td>
<td>0</td>
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</tbody>
</table>
Puzzled about your dental benefits?

Let us Help.

**Advantage Copay Dental**
If you select the Advantage Copay dental plan, you have the *Advantage* of seeking care and paying as you go.

Your only responsibility is your copay based on services performed.

**Other Benefits:**
- No Deductible or Waiting Periods on Preventive Coverage
- Deductible and Waiting Periods apply to Type 2 & 3 Services.
- No Annual Insurance Maximum
- Preventive Services covered at 100%

**The Plan in Action**

*Here’s a real world example.*

Let’s say you go in to your dentist for your semiannual checkup. You have your cleaning, x-rays, and an oral evaluation. Turns out, you also have two types of cavities.

So, how much do you pay?

Using the codes and amounts from the Co-Pay & Claim Payment schedule sent to you or found online, you can know exactly what this visit will cost.

**Important**
Be sure to ask your dentist how they will code the services you receive. That way, you can match the code with the correct copay amount so you know what you’ll need to pay once you receive dental services.

**Where to find your fee schedule**

Your copay schedule is located online in your My EMI Health account.
### University of Utah Subsidized Graduate Students (Plan #4752)

**Plan:** VSP Plus 10-130  
**Effective Date:** 8/16/2019  
**Plan Type:** Contributory

<table>
<thead>
<tr>
<th>Network</th>
<th>VSP Choice Plus</th>
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<tbody>
<tr>
<td>WellVision Exam</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Lenses (Glass or Plastic)</td>
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</tr>
<tr>
<td>Single Vision</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Co-pay</td>
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<tr>
<td>Lens Options</td>
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<tr>
<td>Progressive (Standard no-line)</td>
<td>$55 Co-pay</td>
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<tr>
<td>Premium Progressive Options</td>
<td>$95-$105 Co-pay</td>
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<tr>
<td>Custom Progressive Options</td>
<td>$150-$175 Co-pay</td>
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<tr>
<td>Plastic Gradient Dye</td>
<td>$17 Co-pay</td>
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<tr>
<td>Solid Plastic Dye</td>
<td>$15 Co-pay</td>
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<tr>
<td>Photochromic Lenses</td>
<td>$70 Co-pay SV/$82 Co-Pay Multifocal</td>
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<td>Polycarbonate for Adults</td>
<td>$31 Co-pay SV/$35 Co-Pay Multifocal</td>
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<tr>
<td>Polycarbonate for Children (under 18)</td>
<td>$0 Co-pay</td>
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<tr>
<td>Coatings</td>
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</tr>
<tr>
<td>Scratch Resistant Coating</td>
<td>$17 Co-pay</td>
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<tr>
<td>Anti-Reflective Coating</td>
<td>$41 Co-pay</td>
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<tr>
<td>UV Protection</td>
<td>$16 Co-pay</td>
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<tr>
<td>Additional lens enhancements</td>
<td>Up to 25% Discount</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
</tr>
<tr>
<td>Allowance Based on Retail Pricing</td>
<td>$130 Allowance at any VSP doctor or $70 at Costco, Sam's Club or Walmart</td>
</tr>
<tr>
<td>Additional Pairs of Glasses**</td>
<td>Up to 20% Off Retail</td>
</tr>
<tr>
<td>Elective Contact Lenses In Lieu of Frame &amp; Lenses</td>
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</tr>
<tr>
<td>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.</td>
<td>$130 Allowance</td>
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<tr>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>Exam, Lenses, Frame or Contacts</td>
<td>Every 12 Months</td>
</tr>
<tr>
<td>Refractive Surgery</td>
<td></td>
</tr>
<tr>
<td>LASIK***</td>
<td>Up to $500 in Savings</td>
</tr>
<tr>
<td>Monthly Rates</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>$6.40</td>
</tr>
<tr>
<td>+ Spouse</td>
<td>$12.60</td>
</tr>
<tr>
<td>+ Children</td>
<td>$20.10</td>
</tr>
<tr>
<td>+ Family</td>
<td>$20.10</td>
</tr>
</tbody>
</table>

**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 IntraLase.
Dear Insured:

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

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

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

Sincerely,

EMI Health

000222XXEMIHIFI
Hello, and welcome to VSP® Vision Care through EMI Health!

We're so glad you're a member. Your eyes are amazing, and we'll treat them amazingly well. We're committed to keeping you and your eyes healthy year after year.

Using your VSP benefit is easy.

- **Find the right eye care provider for you.** Visit vsp.com or call 800.877.7195 to find a VSP doctor.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment tell them you have VSP.** Make sure to give them your member ID located on your EMI Health Plan ID card.

That's it! We'll handle the rest - there are no claim forms to complete when you see your VSP doctor.

You'll get more than the basics at a great price.

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Our WellVision Exam® is more than a quick eye check. Our doctors take their time and look for eye problems and signs of other health conditions too. Plus, when you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

Thanks for letting us help you see well, stay healthy, and get the most out of life.

Sincerely,

Jim McGrann
President
VSP Vision Care

P.S. Satisfaction guaranteed. You'll be 100% happy when you see a VSP doctor or we'll make it right.

Contact us: vsp.com | 800.877.7195  (T.D.D. 800-428-4833)
VSP Choice Plus

Awesome coverage. Easy to use benefits.

How easy?

1. Choose a VSP provider.

2. Give your EMI Health ID number.

3. VSP does the rest.

No claim forms. No paperwork.

That was easy.

Choice Plus Network

- Costco
- Wal-Mart
- Sam's Club
- Shopko
- Visionworks
- Eye Masters

Plans include Exams & Hardware
Extra Savings

Here are some other VSP perks

• All non-covered lens options are cost-controlled, averaging 20-25% off retail prices
• Most popular lens option shave fixed co-pay for photochromic, polycarbonate, scratch anti-reflective, 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
   • Member pays provider in full and sends itemized receipt to VSP for reimbursement to:
     VSP
     PO Box 385018
     Birmingham, AL 35239-5018

3 Online Submission - VSP.com
   • Member signs in and completes online form and submits electronically
# How To Read Explanation of Benefits

**RETAIN FOR TAX PURPOSES**
**THIS IS NOT A BILL**

## Customer Service

8:00 am to 6:00 pm MST Monday through Friday
Customer Service and Benefit Inquiries call
(Local)(801)262-7475(Toll Free)(800)662-5851
(Fax)(801)259-9734

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.

<table>
<thead>
<tr>
<th>Service Dates</th>
<th>Description of Service</th>
<th>Billed</th>
<th>Allowed</th>
<th>Provider Discount</th>
<th>Not Covered</th>
<th>Reason Code</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Co-pay</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/03-04/03/2018</td>
<td>Minor diagnostic testing (outpatient)</td>
<td>$677.79</td>
<td>$474.45</td>
<td>$203.34</td>
<td>$0.00</td>
<td>05</td>
<td>$474.45</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Column Totals</strong></td>
<td></td>
<td><strong>$677.79</strong></td>
<td><strong>$474.45</strong></td>
<td><strong>$203.34</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$474.45</strong></td>
<td><strong>$0.00</strong></td>
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<th>Deductible</th>
<th>Coinsurance</th>
<th>Co-pay</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/07-04/07/2018</td>
<td>Major diagnostic testing (outpatient)</td>
<td>$907.50</td>
<td>$385.84</td>
<td>$521.66</td>
<td>$0.00</td>
<td>05 49</td>
<td>$25.55</td>
<td>$0.00</td>
<td>$100.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Column Totals</strong></td>
<td></td>
<td><strong>$907.50</strong></td>
<td><strong>$385.84</strong></td>
<td><strong>$521.66</strong></td>
<td><strong>$0.00</strong></td>
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<td><strong>$100.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

### Plan Year Accruals

<table>
<thead>
<tr>
<th>Description</th>
<th>Claim Year</th>
<th>Amount Mut</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOE SAMPLE Medical Individual Network Deductible - Participating</td>
<td>2018</td>
<td>$500.00</td>
</tr>
<tr>
<td>JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating</td>
<td>2018</td>
<td>$100.00</td>
</tr>
<tr>
<td>Medical Family Network Deductible - Participating</td>
<td>2018</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

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.
Benefits Determination

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

<table>
<thead>
<tr>
<th>Claim #</th>
<th>Patient</th>
<th>Billed</th>
<th>Allowed</th>
<th>Provider Discount</th>
<th>Not Covered</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Copay</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>215-0001111111-00</td>
<td>JOE SAMPLE</td>
<td>$677.79</td>
<td>$677.79</td>
<td>$203.34</td>
<td>$0.00</td>
<td>$474.45</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>215-0002222222-00</td>
<td>JOE SAMPLE</td>
<td>$907.50</td>
<td>$907.50</td>
<td>$521.86</td>
<td>$0.00</td>
<td>$25.55</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>$1,585.29</td>
<td>$1,585.29</td>
<td>$725.00</td>
<td>$0.00</td>
<td>$500.00</td>
<td>$0.00</td>
<td>$100.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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 members 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.
My EMI Health

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

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

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

Find Participating Providers

Find in-network providers. Save Money.

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

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

That's all there is to it!

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

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

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


Scan this QR code with your phone to download.

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.

12
The EMI Health Mobile App

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