

Murray School District

2019 EMI Health Member Benefits Guide



EMI HEALTH

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!**

Group: [Murray School District \(Plan #432\)](#)
Plan: **Choice PPO**
Underwritten & Administered by: **Educators Mutual Insurance Association, a Utah Company**
Effective Date: 9/1/2019
Benefit Year: **Contract**
Plan Type: **Voluntary / Fully Insured**

| | In-Network (Advantage Plus Network) | In-Network (Premier Network) | Out-of-Network |
|--|---|---------------------------------|-----------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 100% | 100% | 70% up to TOA* |
| Type 2 - Basic Fillings, Oral Surgery | 80% | 80% | 70% up to TOA* |
| Type 3 - Major Crowns, Bridges, Prosthodontics | 50% | 50% | 40% up to TOA* |
| Type 4 - Orthodontics Dependent children ages 7 through 18 | 50% | 50% | 50% |
| Adults | Discount Only (Up to 25%) | Discount Only (Up to 25%) | No Coverage |
| Orthodontic Discount (All Members) | Up to 25% Discount | Up to 25% Discount | No Discount |
| Endodontics | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Periodontics | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Sealants | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Space Maintainers | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Waiting periods | | | |
| Type 2 - Basic | | None | |
| Type 3 - Major | | None | |
| Type 4 - Orthodontics | | None | |
| Deductible | | | |
| Per Person | \$0.00 | \$0.00 | \$25.00 |
| Family Max | \$0.00 | \$0.00 | \$75.00 |
| Deductible Applies To | N / A | N / A | Type 2 & Type 3 |
| Annual Maximum Per Person | \$2,000.00 | \$1,500.00 | |
| | All maximums are combined up to limits above | | |
| Orthodontic Lifetime Maximum | \$1,000.00 | | |
| Network / Reimbursement Schedule | Advantage Plus | Premier | Premier |
| Monthly Rates | | | |
| Employee | | \$39.40 | |
| Two-Party | | \$89.40 | |
| Family | | \$128.50 | |
| 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 | | | 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 Table of Allowances (TOA). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances (TOA). | | | |
| ** Anesthesia is not subject to waiting periods. | | | |



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: Murray School District (Plan #432)
Plan: Advantage Co-Pay
Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company
Effective Date: 9/1/2019
Benefit Year: Contract
Plan Type: Voluntary / Fully Insured

| | In-Network | Out-of-Network |
|---|---|-------------------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 100% | See Claim Payment Schedule |
| Type 2 - Basic Fillings, Oral Surgery | See Co-Pay Schedule | See Claim Payment Schedule |
| Type 3 - Major Crowns, Bridges, Prosthodontics | See Co-Pay Schedule | See Claim Payment Schedule |
| Type 4 - Orthodontics Dependent children ages 7 through 18 | Discount Only (Up to 25%) | No Coverage |
| Adults | Discount Only (Up to 25%) | No Coverage |
| Orthodontic Discount (All Members) | Up to 25% Discount | No Coverage |
| Endodontics | Type 3 - See Co-Pay Schedule | Type 3 - See Claim Payment Schedule |
| Periodontics | Type 3 - See Co-Pay Schedule | Type 3 - See Claim Payment Schedule |
| Sealants | Type 2 - See Co-Pay Schedule | Type 2 - See Claim Payment Schedule |
| Space Maintainers | Type 2 - See Co-Pay Schedule | Type 2 - See Claim Payment Schedule |
| Specialists (** See note below) | 20% Discount Only (Pediatric - See Co-Pay Schedule) | No Coverage |
| **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. | | |
| Waiting periods | | |
| Type 2 - Basic | None | |
| Type 3 - Major | None | |
| Type 4 - Orthodontics | N / A | |
| Deductible | In and Out of Network Deductibles are Combined | |
| Per Person | \$0.00 | \$0.00 |
| Family Max | \$0.00 | \$0.00 |
| Deductible Applies To | N / A | N / A |
| Annual Maximum Per Person | None | |
| Orthodontic Lifetime Maximum | N / A | |
| Network / Reimbursement Schedule | Advantage | Advantage |
| Monthly Rates | | |
| Employee | \$19.90 | |
| Two-Party | \$45.00 | |
| Family | \$64.80 | |

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 | 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 Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

* Anesthesia is not subject to waiting periods.

Co-Pays are subject to change January 1st of each year.



Advantage Co-Pay (Utah)
Co-Pay & Claim Payment Sample Schedule
Effective 1/1/2019

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

| CDT | CDT Name | Patient Co-Pay (General & Pediatric providers) | In-Network Specialists | Out-of-Network Claim Payment |
|-------------|--|--|------------------------|------------------------------|
| D0120 | PERIODIC ORAL EVALUATION - EST PATIENT | 0 | 20% Discount | 21 |
| D0140 | LIMITED ORAL EVALUATION - PROBLEM FOCUSED | 0 | 20% Discount | 18 |
| D0150 | COMPORAL EVALUATION - NEW OR EST PATIENT | 0 | 20% Discount | 21 |
| D0210 | INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i> | 0 | 20% Discount | 38 |
| D0220 | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE | 0 | 20% Discount | 9 |
| D0230 | INTRAORAL - PERIAPICAL - EACH ADDITIONAL FILM | 0 | 20% Discount | 8 |
| D0270 | BITEWING - SINGLE RADIOGRAPHIC IMAGE | 0 | 20% Discount | 10 |
| D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES | 0 | 20% Discount | 14 |
| D0274 | BITEWINGS - FOUR RADIOGRAPHIC IMAGES | 0 | 20% Discount | 19 |
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE | 0 | 20% Discount | 41 |
| D1110 | PROPHYLAXIS - ADULT | 0 | 20% Discount | 38 |
| D1120 | PROPHYLAXIS - CHILD | 0 | 20% Discount | 26 |
| D1208 | TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Only allowed if patient is under age 16)</i> | 0 | 20% Discount | 9 |
| D1351 | SEALANT - PER TOOTH <i>(*Only allowed if patient is under age 16)</i> | 14 | 20% Discount | 5 |
| D2140 | AMALGAM - ONE SURFACE PRIMARY OR PERMANENT | 20 | 20% Discount | 25 |
| D2150 | AMALGAM - TWO SURFACES PRIMARY OR PERMANENT | 26 | 20% Discount | 33 |
| D2160 | AMALGAM - THREE SURFACES PRIMARY OR PERMANENT | 36 | 20% Discount | 34 |
| D2161 | AMALGAM - FOUR MORE SURFACES PRIMARY PERMANENT | 40 | 20% Discount | 40 |
| D2330 | RESIN - BASED COMPOSITE - ONE SURFACE ANTERIOR | 41 | 20% Discount | 30 |
| D2331 | RESIN - BASED COMPOSITE - TWO SURFACES ANTERIOR | 46 | 20% Discount | 35 |
| D2332 | RESIN - BASED COMPOSITE - THREE SURFACES ANTERIOR | 51 | 20% Discount | 45 |
| D2335 | RESIN - BASED COMPOSITE 4+ SURFACES INCISAL ANGLE <i>(Anterior)</i> | 56 | 20% Discount | 51 |
| D2391 | RESIN - BASED COMPOSITE - ONE SURFACE POSTERIOR | 41 | 20% Discount | 28 |
| D2392 | RESIN - BASED COMPOSITE - TWO SURFACES POSTERIOR | 56 | 20% Discount | 35 |
| D2393 | RESIN - BASED COMPOSITE - THREE SURFACES POSTERIOR | 66 | 20% Discount | 45 |
| D2394 | RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR | 80 | 20% Discount | 40 |
| D2740 | CROWN - PORCELAIN/CERAMIC | 355 | 20% Discount | 255 |
| D2750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | 355 | 20% Discount | 200 |
| D2751 | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL | 320 | 20% Discount | 190 |
| D2752 | CROWN - PORCELAIN FUSED TO NOBLE METAL | 320 | 20% Discount | 190 |
| D2920 | RE - CEMENT OR RE - BOND CROWN | 32 | 20% Discount | 0 |
| D2950 | CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED | 101 | 20% Discount | 0 |
| D2954 | PREFABRICATED POST AND CORE IN ADDITION TO CROWN | 104 | 20% Discount | 0 |
| D3120 | PULP CAP - INDIRECT <i>(Excluding final restoration)</i> | 26 | 20% Discount | 0 |
| D3220 | TX PULP - REMV PULP CORONAL DENTIN CEMENTL JUNC | 62 | 20% Discount | 0 |
| D3310 | ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i> | 209 | 20% Discount | 86 |
| D3320 | ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i> | 269 | 20% Discount | 96 |
| D3330 | ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i> | 345 | 20% Discount | 105 |
| D4341 | PRDONTAL SCALING & ROOT PLANING 4 MORE TEETH - QUAD | 91 | 20% Discount | 15 |
| D4355 | FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION & DX ON A SUBSEQUENT VISIT | 62 | 20% Discount | 10 |
| D4381 | LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR | 20% Discount | 20% Discount | 0 |
| D4910 | PERIODONTAL MAINTENANCE | 61 | 20% Discount | 13 |
| D6240 | PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL | 293 | 20% Discount | 142 |
| D6750 | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | 355 | 20% Discount | 200 |
| D7111 | EXTRACTION CORONAL REMNANTS - DECIDUOUS TOOTH | 31 | 20% Discount | 16 |
| D7140 | EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT <i>(Elevation and/or forceps removal)</i> | 46 | 20% Discount | 20 |
| D7210 | SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP | 76 | 20% Discount | 25 |
| D7230 | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY | 120 | 20% Discount | 30 |
| D7240 | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY | 151 | 20% Discount | 25 |
| D7810-D7899 | TMD THERAPY | 20% Discount | 20% Discount | 0 |
| D8010-D8999 | ORTHODONTIC SERVICES | 25% Discount | 25% Discount | 0 |
| D9110 | PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC | 40 | 20% Discount | 0 |
| D9230 | INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA | 21 | 20% Discount | 0 |

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.

Murray School District Long Term Disability and Life Insurance

EMI Health is pleased to continue to offer Murray School District employees Long Term Disability and Life Insurance. The following will describe what benefits you have available through EMI Health. Additional flyers are available.

The Benefits Below Are Paid For You By Your Employer - CLASS 1

| Long Term Disability (LTD) Insurance Coverage – paid by your employer | | |
|---|--|---|
| Eligibility | <p>Class 1: All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Contract Bus Drivers regularly working 25 hours per week, who are eligible to participate in the Utah Retirement System, who are a citizen or permanent resident alien of the United States.</p> <p>Class 2: All active non-Contract Employees of the Employer regularly working a minimum of 30 hours per week, who are eligible to participate in the Utah Retirement System, who are a citizen or permanent resident alien of the United States.</p> | |
| Monthly Benefit | Benefit Amount | Up to 66.67% of your monthly covered earnings |
| | Maximum | \$10,000 per month |
| Elimination Period | You must be disabled for 120 days before benefits may be payable. | |

| Basic Term Life – paid by your employer | | |
|---|--|--|
| Eligibility | All active Contract Employees of the Employer regularly Working a minimum of 30 hours per week and Contracted Bus Drivers, regularly working a minimum of 25 hours per week, who are a citizen or permanent resident alien of the United States, excluding Employees classified as an Administrator. | |
| Employee | Benefit Amount and Maximum | \$50,000 |
| | Benefit Reduction Schedule | Benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* | Spouse is eligible | |
| | Benefit Amount | \$2,000 |
| | Maximum | \$2,000 |
| Dependent Children | Under age 26. Premium includes all eligible children. | |
| | Benefit Amount | \$2,000 |
| | Maximum per child | \$2,000 (Birth to 14 days \$500) |

| Basic Accidental Death & Dismemberment (AD&D) – paid by your employer | | |
|---|--|--|
| Eligibility | All active Contract Employees of the Employer regularly Working a minimum of 30 hours per week and Contracted Bus Drivers, regularly working a minimum of 25 hours per week, who are a citizen or permanent resident alien of the United States, excluding Employees classified as an Administrator. | |
| Employee | Benefit Amount and Maximum | \$50,000 |
| | Benefit Reduction Schedule | Benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* | Spouse is eligible | |
| | Benefit Amount | \$5,000 |
| | Maximum | \$5,000 |
| Dependent Children | Under age 26. Premium includes all eligible children. | |
| | Benefit Amount | \$2,000 |
| | Maximum per child | \$2,000 |

Murray School District Long Term Disability and Life Insurance

**The Benefits Below Are Voluntary And Are Paid By You
(Application is Required)**

| Voluntary Term Life Insurance Coverage – paid by you | | |
|---|---|---|
| Eligibility | All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Contracted Bus Drivers regularly working a minimum of 25 hours per week, who are a citizen or permanent resident alien of the United States. | |
| Employee | Benefit Amount | Units of \$10,000 |
| | Guaranteed Coverage Amount | \$200,000 |
| | Maximum | \$500,000 |
| | Benefit Reduction Schedule | Providing you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* (up to age 75) | Spouse is eligible provided that you apply for and are approved for coverage for yourself. | |
| | Benefit Amount | Units of \$10,000 not to exceed 100% of the Employees Voluntary Life coverage |
| | Guaranteed Coverage Amount | \$50,000 |
| | Maximum | \$200,000 |
| Dependent Children | Under age 26, as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children. | |
| | Benefit Amount | Units of \$2,500 |
| | Maximum Per Child | \$10,000 (Birth to 14 days \$500; 15 days to 6 months \$1,000) |

| Voluntary AD&D Insurance Coverage – paid by you | | |
|--|--|---|
| Eligibility | Active, full-time Employees of the Employer regularly working a minimum of 30 hours per week who are a citizen or permanent resident of the United States. | |
| Employee | Benefit Amount | Units of \$25,000 |
| | Maximum | The lesser of 5 times salary or \$500,000 |
| | Benefit Reduction Schedule | Providing you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* (up to age 75) | Spouse is eligible provided that you apply for and are approved for coverage for yourself. | |
| | Benefit Amount | 60% of the Employee's Principal Sum if no Dependent Children are insured. 50% of the Employee's Principal Sum if Dependent Children are insured. |
| | Maximum | \$200,000 |
| Dependent Children | Under age 26, as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children. | |
| | Benefit Amount | 25% of the Employee's Principal Sum |
| | Maximum per child | \$75,000 |

Murray School District Long Term Disability and Life Insurance

EMI Health is pleased to continue to offer Murray School District employees Long Term Disability and Life Insurance. The following will describe what benefits you have available through EMI Health. Additional flyers are available.

The Benefits Below Are Paid For You By Your Employer - CLASS 2

| Long Term Disability (LTD) Insurance Coverage – paid by your employer | | |
|---|---|---|
| Eligibility | Class 1: All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Contract Bus Drivers regularly working 25 hours per week, who are eligible to participate in the Utah Retirement System, who are a citizen or permanent resident alien of the United States. Class 2: All active non-Contract Employees of the Employer regularly working a minimum of 30 hours per week, who are eligible to participate in the Utah Retirement System, who are a citizen or permanent resident alien of the United States. | |
| Monthly Benefit | Benefit Amount | Up to 66.67% of your monthly covered earnings |
| | Maximum | \$10,000 per month |
| Elimination Period | You must be disabled for 120 days before benefits may be payable. | |

| Basic Term Life – paid by your employer | | |
|---|---|--|
| Eligibility | All active Employees of the Employer, classified as Administrator, regularly working a minimum of 30 hours per week who are a citizen or permanent resident alien of the United States. | |
| Employee | Benefit Amount and Maximum | \$ 50,000 or \$100,000 (if additional \$50,000 is purchased) |
| | Benefit Reduction Schedule | Benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* | Spouse is eligible | |
| | Benefit Amount | \$2,000 |
| | Maximum | \$2,000 |
| Dependent Children | Under age 26. Premium includes all eligible children. | |
| | Benefit Amount | \$2,000 |
| | Maximum per child | \$2,000 (Birth to 14 days \$500) |

| Basic Accidental Death & Dismemberment (AD&D) – paid by your employer | | |
|---|---|--|
| Eligibility | All active Employees of the Employer, classified as Administrator, regularly working a minimum of 30 hours per week who are a citizen or permanent resident alien of the United States. | |
| Employee | Benefit Amount and Maximum | \$100,000 |
| | Benefit Reduction Schedule | Benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* | Spouse is eligible | |
| | Benefit Amount | \$5,000 |
| | Maximum | \$5,000 |
| Dependent Children | Under age 26. Premium includes all eligible children. | |
| | Benefit Amount | \$2,000 |
| | Maximum per child | \$2,000 |

Murray School District Long Term Disability and Life Insurance

**The Benefits Below Are Voluntary And Are Paid By You
(Application is Required)**

| Voluntary Term Life Insurance Coverage – paid by you | | |
|---|---|---|
| Eligibility | All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Contracted Bus Drivers regularly working a minimum of 25 hours per week, who are a citizen or permanent resident alien of the United States. | |
| Employee | Benefit Amount | Units of \$10,000 |
| | Guaranteed Coverage Amount | \$200,000 |
| | Maximum | \$500,000 |
| | Benefit Reduction Schedule | Providing you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* (up to age 75) | Spouse is eligible provided that you apply for and are approved for coverage for yourself. | |
| | Benefit Amount | Units of \$10,000 not to exceed 100% of the Employees Voluntary Life coverage |
| | Guaranteed Coverage Amount | \$50,000 |
| | Maximum | \$200,000 |
| Dependent Children | Under age 26, as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children. | |
| | Benefit Amount | Units of \$2,500 |
| | Maximum Per Child | \$10,000 (Birth to 14 days \$500; 15 days to 6 months \$1,000) |

| Voluntary AD&D Insurance Coverage – paid by you | | |
|--|--|---|
| Eligibility | Active, full-time Employees of the Employer regularly working a minimum of 30 hours per week who are a citizen or permanent resident of the United States. | |
| Employee | Benefit Amount | Units of \$25,000 |
| | Maximum | The lesser of 5 times salary or \$500,000 |
| | Benefit Reduction Schedule | Providing you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. |
| Spouse* (up to age 75) | Spouse is eligible provided that you apply for and are approved for coverage for yourself. | |
| | Benefit Amount | 60% of the Employee's Principal Sum if no Dependent Children are insured. 50% of the Employee's Principal Sum if Dependent Children are insured. |
| | Maximum | \$200,000 |
| Dependent Children | Under age 26, as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children. | |
| | Benefit Amount | 25% of the Employee's Principal Sum |
| | Maximum per child | \$75,000 |

BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE OVERVIEW

Prepared for the employees of Educators Mutual Insurance Association

Basic AD&D Insurance Coverage – paid by your employer

| | | |
|--------------------|--|---------|
| Eligibility | Active Employees of a participating Employer in the Educators Mutual Insurance Association | |
| Employee | Benefit Amount and Maximum | \$5,000 |

Other Accidental Death & Dismemberment (AD&D) Coverage Features

A Valuable Combination of Benefits

To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

| If, within 365 days of a covered accident, bodily injuries result in: | We will pay this % of the benefit amount: |
|---|---|
| Loss of life | 100% |
| Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears | 100% |
| Total paralysis of both lower or upper limbs | 75% |
| Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and Reattachment of one hand or foot | 50% |
| Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand | 25% |
| Loss of all toes of the same foot | 20% |

Only one benefit (the largest) will be paid for losses from the same accident.

Additional Benefits of Personal Accident Insurance

For Wearing a Seatbelt & Protection by an Airbag - Additional 10% benefit but not more than \$500 if the covered person dies in an automobile accident while wearing a seatbelt. We will increase the benefit by an additional 5% but not more than \$250 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Comas - 1% of full benefit amount, for up to 11 months, if you are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

For Exposure & Disappearance - Benefits are payable if you suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If your body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

What is Not Covered

Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned,



leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Coverage will continue while you remain eligible, the group policy is in force, and required premiums are paid.

Conversion - If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. OK969334. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2015





Voluntary Group Term Life Insurance Premium Table

Scheduled Benefit: Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the Table below.

For employees age 75 and older:

Benefit amounts are reduced according to the age-based reduction chart shown in the Voluntary Term Life brochure. When selecting an amount of insurance, you must select a pre-age 75 benefit amount.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 75 and older: see above comment - **do not select a calculated reduced amount**).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday.
Your spouse must be under age 70 to be enrolled.
- Employee and spouse rates change as insured moves from one age bracket to the next.

Smoker Monthly Premiums

| Benefit Amount | Age 00-29 | Age 30-34 | Age 35-39 | Age 40-44 | Age 45-49 | Age 50-54 | Age 55-59 | Age 60-64 | Age 65-69 | Age 70+ |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|
| \$10,000 | 0.95 | 0.95 | 1.26 | 1.58 | 2.52 | 3.47 | 5.88 | 6.93 | 12.70 | 21.00 |
| \$20,000 | 1.90 | 1.90 | 2.52 | 3.16 | 5.04 | 6.94 | 11.76 | 13.86 | 25.40 | 42.00 |
| \$30,000 | 2.85 | 2.85 | 3.78 | 4.74 | 7.56 | 10.41 | 17.64 | 20.79 | 38.10 | 63.00 |
| \$40,000 | 3.80 | 3.80 | 5.04 | 6.32 | 10.08 | 13.88 | 23.52 | 27.72 | 50.80 | 84.00 |
| \$50,000 | 4.75 | 4.75 | 6.30 | 7.90 | 12.60 | 17.35 | 29.40 | 34.65 | 63.50 | 105.00 |
| \$60,000 | 5.70 | 5.70 | 7.56 | 9.48 | 15.12 | 20.82 | 35.28 | 41.58 | 76.20 | 126.00 |
| \$70,000 | 6.65 | 6.65 | 8.82 | 11.06 | 17.64 | 24.29 | 41.16 | 48.51 | 88.90 | 147.00 |
| \$80,000 | 7.60 | 7.60 | 10.08 | 12.64 | 20.16 | 27.76 | 47.04 | 55.44 | 101.60 | 168.00 |
| \$90,000 | 8.55 | 8.55 | 11.34 | 14.22 | 22.68 | 31.23 | 52.92 | 62.37 | 114.30 | 189.00 |
| \$100,000 | 9.50 | 9.50 | 12.60 | 15.80 | 25.20 | 34.70 | 58.80 | 69.30 | 127.00 | 210.00 |
| \$110,000 | 10.45 | 10.45 | 13.86 | 17.38 | 27.72 | 38.17 | 64.68 | 76.23 | 139.70 | 231.00 |
| \$120,000 | 11.40 | 11.40 | 15.12 | 18.96 | 30.24 | 41.64 | 70.56 | 83.16 | 152.40 | 252.00 |
| \$130,000 | 12.35 | 12.35 | 16.38 | 20.54 | 32.76 | 45.11 | 76.44 | 90.09 | 165.10 | 273.00 |
| \$140,000 | 13.30 | 13.30 | 17.64 | 22.12 | 35.28 | 48.58 | 82.32 | 97.02 | 177.80 | 294.00 |
| \$150,000 | 14.25 | 14.25 | 18.90 | 23.70 | 37.80 | 52.05 | 88.20 | 103.95 | 190.50 | 315.00 |
| \$160,000 | 15.20 | 15.20 | 20.16 | 25.28 | 40.32 | 55.52 | 94.08 | 110.88 | 203.20 | 336.00 |
| \$170,000 | 16.15 | 16.15 | 21.42 | 26.86 | 42.84 | 58.99 | 99.96 | 117.81 | 215.90 | 357.00 |
| \$180,000 | 17.10 | 17.10 | 22.68 | 28.44 | 45.36 | 62.46 | 105.84 | 124.74 | 228.60 | 378.00 |
| \$190,000 | 18.05 | 18.05 | 23.94 | 30.02 | 47.88 | 65.93 | 111.72 | 131.67 | 241.30 | 399.00 |
| \$200,000 | 19.00 | 19.00 | 25.20 | 31.60 | 50.40 | 69.40 | 117.60 | 138.60 | 254.00 | 420.00 |
| \$210,000 | 19.95 | 19.95 | 26.46 | 33.18 | 52.92 | 72.87 | 123.48 | 145.53 | 266.70 | 441.00 |
| \$220,000 | 20.90 | 20.90 | 27.72 | 34.76 | 55.44 | 76.34 | 129.36 | 152.46 | 279.40 | 462.00 |
| \$230,000 | 21.85 | 21.85 | 28.98 | 36.34 | 57.96 | 79.81 | 135.24 | 159.39 | 292.10 | 483.00 |
| \$240,000 | 22.80 | 22.80 | 30.24 | 37.92 | 60.48 | 83.28 | 141.12 | 166.32 | 304.80 | 504.00 |
| \$250,000 | 23.75 | 23.75 | 31.50 | 39.50 | 63.00 | 86.75 | 147.00 | 173.25 | 317.50 | 525.00 |

Smoker Monthly Premiums

| Benefit Amount | Age 00-29 | Age 30-34 | Age 35-39 | Age 40-44 | Age 45-49 | Age 50-54 | Age 55-59 | Age 60-64 | Age 65-69 | Age 70+ |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
| \$260,000 | 24.70 | 24.70 | 32.76 | 41.08 | 65.52 | 90.22 | 152.88 | 180.18 | 330.20 | 546.00 |
| \$270,000 | 25.65 | 25.65 | 34.02 | 42.66 | 68.04 | 93.69 | 158.76 | 187.11 | 342.90 | 567.00 |
| \$280,000 | 26.60 | 26.60 | 35.28 | 44.24 | 70.56 | 97.16 | 164.64 | 194.04 | 355.60 | 588.00 |
| \$290,000 | 27.55 | 27.55 | 36.54 | 45.82 | 73.08 | 100.63 | 170.52 | 200.97 | 368.30 | 609.00 |
| \$300,000 | 28.50 | 28.50 | 37.80 | 47.40 | 75.60 | 104.10 | 176.40 | 207.90 | 381.00 | 630.00 |
| \$310,000 | 29.45 | 29.45 | 39.06 | 48.98 | 78.12 | 107.57 | 182.28 | 214.83 | 393.70 | 651.00 |
| \$320,000 | 30.40 | 30.40 | 40.32 | 50.56 | 80.64 | 111.04 | 188.16 | 221.76 | 406.40 | 672.00 |
| \$330,000 | 31.35 | 31.35 | 41.58 | 52.14 | 83.16 | 114.51 | 194.04 | 228.69 | 419.10 | 693.00 |
| \$340,000 | 32.30 | 32.30 | 42.84 | 53.72 | 85.68 | 117.98 | 199.92 | 235.62 | 431.80 | 714.00 |
| \$350,000 | 33.25 | 33.25 | 44.10 | 55.30 | 88.20 | 121.45 | 205.80 | 242.55 | 444.50 | 735.00 |
| \$360,000 | 34.20 | 34.20 | 45.36 | 56.88 | 90.72 | 124.92 | 211.68 | 249.48 | 457.20 | 756.00 |
| \$370,000 | 35.15 | 35.15 | 46.62 | 58.46 | 93.24 | 128.39 | 217.56 | 256.41 | 469.90 | 777.00 |
| \$380,000 | 36.10 | 36.10 | 47.88 | 60.04 | 95.76 | 131.86 | 223.44 | 263.34 | 482.60 | 798.00 |
| \$390,000 | 37.05 | 37.05 | 49.14 | 61.62 | 98.28 | 135.33 | 229.32 | 270.27 | 495.30 | 819.00 |
| \$400,000 | 38.00 | 38.00 | 50.40 | 63.20 | 100.80 | 138.80 | 235.20 | 277.20 | 508.00 | 840.00 |
| \$410,000 | 38.95 | 38.95 | 51.66 | 64.78 | 103.32 | 142.27 | 241.08 | 284.13 | 520.70 | 861.00 |
| \$420,000 | 39.90 | 39.90 | 52.92 | 66.36 | 105.84 | 145.74 | 246.96 | 291.06 | 533.40 | 882.00 |
| \$430,000 | 40.85 | 40.85 | 54.18 | 67.94 | 108.36 | 149.21 | 252.84 | 297.99 | 546.10 | 903.00 |
| \$440,000 | 41.80 | 41.80 | 55.44 | 69.52 | 110.88 | 152.68 | 258.72 | 304.92 | 558.80 | 924.00 |
| \$450,000 | 42.75 | 42.75 | 56.70 | 71.10 | 113.40 | 156.15 | 264.60 | 311.85 | 571.50 | 945.00 |
| \$460,000 | 43.70 | 43.70 | 57.96 | 72.68 | 115.92 | 159.62 | 270.48 | 318.78 | 584.20 | 966.00 |
| \$470,000 | 44.65 | 44.65 | 59.22 | 74.26 | 118.44 | 163.09 | 276.36 | 325.71 | 596.90 | 987.00 |
| \$480,000 | 45.60 | 45.60 | 60.48 | 75.84 | 120.96 | 166.56 | 282.24 | 332.64 | 609.60 | 1,008.00 |
| \$490,000 | 46.55 | 46.55 | 61.74 | 77.42 | 123.48 | 170.03 | 288.12 | 339.57 | 622.30 | 1,029.00 |
| \$500,000 | 47.50 | 47.50 | 63.00 | 79.00 | 126.00 | 173.50 | 294.00 | 346.50 | 635.00 | 1,050.00 |

Non-Smoker Monthly Premiums

| Benefit Amount | Age 00-29 | Age 30-34 | Age 35-39 | Age 40-44 | Age 45-49 | Age 50-54 | Age 55-59 | Age 60-64 | Age 65-69 | Age 70+ |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|
| \$10,000 | 0.63 | 0.80 | 0.90 | 1.05 | 1.68 | 2.31 | 4.30 | 6.60 | 12.70 | 20.60 |
| \$20,000 | 1.26 | 1.60 | 1.80 | 2.10 | 3.36 | 4.62 | 8.60 | 13.20 | 25.40 | 41.20 |
| \$30,000 | 1.89 | 2.40 | 2.70 | 3.15 | 5.04 | 6.93 | 12.90 | 19.80 | 38.10 | 61.80 |
| \$40,000 | 2.52 | 3.20 | 3.60 | 4.20 | 6.72 | 9.24 | 17.20 | 26.40 | 50.80 | 82.40 |
| \$50,000 | 3.15 | 4.00 | 4.50 | 5.25 | 8.40 | 11.55 | 21.50 | 33.00 | 63.50 | 103.00 |
| \$60,000 | 3.78 | 4.80 | 5.40 | 6.30 | 10.08 | 13.86 | 25.80 | 39.60 | 76.20 | 123.60 |
| \$70,000 | 4.41 | 5.60 | 6.30 | 7.35 | 11.76 | 16.17 | 30.10 | 46.20 | 88.90 | 144.20 |
| \$80,000 | 5.04 | 6.40 | 7.20 | 8.40 | 13.44 | 18.48 | 34.40 | 52.80 | 101.60 | 164.80 |
| \$90,000 | 5.67 | 7.20 | 8.10 | 9.45 | 15.12 | 20.79 | 38.70 | 59.40 | 114.30 | 185.40 |
| \$100,000 | 6.30 | 8.00 | 9.00 | 10.50 | 16.80 | 23.10 | 43.00 | 66.00 | 127.00 | 206.00 |
| \$110,000 | 6.93 | 8.80 | 9.90 | 11.55 | 18.48 | 25.41 | 47.30 | 72.60 | 139.70 | 226.60 |
| \$120,000 | 7.56 | 9.60 | 10.80 | 12.60 | 20.16 | 27.72 | 51.60 | 79.20 | 152.40 | 247.20 |
| \$130,000 | 8.19 | 10.40 | 11.70 | 13.65 | 21.84 | 30.03 | 55.90 | 85.80 | 165.10 | 267.80 |
| \$140,000 | 8.82 | 11.20 | 12.60 | 14.70 | 23.52 | 32.34 | 60.20 | 92.40 | 177.80 | 288.40 |
| \$150,000 | 9.45 | 12.00 | 13.50 | 15.75 | 25.20 | 34.65 | 64.50 | 99.00 | 190.50 | 309.00 |
| \$160,000 | 10.08 | 12.80 | 14.40 | 16.80 | 26.88 | 36.96 | 68.80 | 105.60 | 203.20 | 329.60 |
| \$170,000 | 10.71 | 13.60 | 15.30 | 17.85 | 28.56 | 39.27 | 73.10 | 112.20 | 215.90 | 350.20 |
| \$180,000 | 11.34 | 14.40 | 16.20 | 18.90 | 30.24 | 41.58 | 77.40 | 118.80 | 228.60 | 370.80 |
| \$190,000 | 11.97 | 15.20 | 17.10 | 19.95 | 31.92 | 43.89 | 81.70 | 125.40 | 241.30 | 391.40 |
| \$200,000 | 12.60 | 16.00 | 18.00 | 21.00 | 33.60 | 46.20 | 86.00 | 132.00 | 254.00 | 412.00 |

Non-Smoker Monthly Premiums

| Benefit Amount | Age 00-29 | Age 30-34 | Age 35-39 | Age 40-44 | Age 45-49 | Age 50-54 | Age 55-59 | Age 60-64 | Age 65-69 | Age 70+ |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|
| \$210,000 | 13.23 | 16.80 | 18.90 | 22.05 | 35.28 | 48.51 | 90.30 | 138.60 | 266.70 | 432.60 |
| \$220,000 | 13.86 | 17.60 | 19.80 | 23.10 | 36.96 | 50.82 | 94.60 | 145.20 | 279.40 | 453.20 |
| \$230,000 | 14.49 | 18.40 | 20.70 | 24.15 | 38.64 | 53.13 | 98.90 | 151.80 | 292.10 | 473.80 |
| \$240,000 | 15.12 | 19.20 | 21.60 | 25.20 | 40.32 | 55.44 | 103.20 | 158.40 | 304.80 | 494.40 |
| \$250,000 | 15.75 | 20.00 | 22.50 | 26.25 | 42.00 | 57.75 | 107.50 | 165.00 | 317.50 | 515.00 |
| \$260,000 | 16.38 | 20.80 | 23.40 | 27.30 | 43.68 | 60.06 | 111.80 | 171.60 | 330.20 | 535.60 |
| \$270,000 | 17.01 | 21.60 | 24.30 | 28.35 | 45.36 | 62.37 | 116.10 | 178.20 | 342.90 | 556.20 |
| \$280,000 | 17.64 | 22.40 | 25.20 | 29.40 | 47.04 | 64.68 | 120.40 | 184.80 | 355.60 | 576.80 |
| \$290,000 | 18.27 | 23.20 | 26.10 | 30.45 | 48.72 | 66.99 | 124.70 | 191.40 | 368.30 | 597.40 |
| \$300,000 | 18.90 | 24.00 | 27.00 | 31.50 | 50.40 | 69.30 | 129.00 | 198.00 | 381.00 | 618.00 |
| \$310,000 | 19.53 | 24.80 | 27.90 | 32.55 | 52.08 | 71.61 | 133.30 | 204.60 | 393.70 | 638.60 |
| \$320,000 | 20.16 | 25.60 | 28.80 | 33.60 | 53.76 | 73.92 | 137.60 | 211.20 | 406.40 | 659.20 |
| \$330,000 | 20.79 | 26.40 | 29.70 | 34.65 | 55.44 | 76.23 | 141.90 | 217.80 | 419.10 | 679.80 |
| \$340,000 | 21.42 | 27.20 | 30.60 | 35.70 | 57.12 | 78.54 | 146.20 | 224.40 | 431.80 | 700.40 |
| \$350,000 | 22.05 | 28.00 | 31.50 | 36.75 | 58.80 | 80.85 | 150.50 | 231.00 | 444.50 | 721.00 |
| \$360,000 | 22.68 | 28.80 | 32.40 | 37.80 | 60.48 | 83.16 | 154.80 | 237.60 | 457.20 | 741.60 |
| \$370,000 | 23.31 | 29.60 | 33.30 | 38.85 | 62.16 | 85.47 | 159.10 | 244.20 | 469.90 | 762.20 |
| \$380,000 | 23.94 | 30.40 | 34.20 | 39.90 | 63.84 | 87.78 | 163.40 | 250.80 | 482.60 | 782.80 |
| \$390,000 | 24.57 | 31.20 | 35.10 | 40.95 | 65.52 | 90.09 | 167.70 | 257.40 | 495.30 | 803.40 |
| \$400,000 | 25.20 | 32.00 | 36.00 | 42.00 | 67.20 | 92.40 | 172.00 | 264.00 | 508.00 | 824.00 |
| \$410,000 | 25.83 | 32.80 | 36.90 | 43.05 | 68.88 | 94.71 | 176.30 | 270.60 | 520.70 | 844.60 |
| \$420,000 | 26.46 | 33.60 | 37.80 | 44.10 | 70.56 | 97.02 | 180.60 | 277.20 | 533.40 | 865.20 |
| \$430,000 | 27.09 | 34.40 | 38.70 | 45.15 | 72.24 | 99.33 | 184.90 | 283.80 | 546.10 | 885.80 |
| \$440,000 | 27.72 | 35.20 | 39.60 | 46.20 | 73.92 | 101.64 | 189.20 | 290.40 | 558.80 | 906.40 |
| \$450,000 | 28.35 | 36.00 | 40.50 | 47.25 | 75.60 | 103.95 | 193.50 | 297.00 | 571.50 | 927.00 |
| \$460,000 | 28.98 | 36.80 | 41.40 | 48.30 | 77.28 | 106.26 | 197.80 | 303.60 | 584.20 | 947.60 |
| \$470,000 | 29.61 | 37.60 | 42.30 | 49.35 | 78.96 | 108.57 | 202.10 | 310.20 | 596.90 | 968.20 |
| \$480,000 | 30.24 | 38.40 | 43.20 | 50.40 | 80.64 | 110.88 | 206.40 | 316.80 | 609.60 | 988.80 |
| \$490,000 | 30.87 | 39.20 | 44.10 | 51.45 | 82.32 | 113.19 | 210.70 | 323.40 | 622.30 | 1,009.40 |
| \$500,000 | 31.50 | 40.00 | 45.00 | 52.50 | 84.00 | 115.50 | 215.00 | 330.00 | 635.00 | 1,030.00 |

Dependent Child(ren) Monthly Premiums:

| Benefit Amount | Premium |
|----------------|---------|
| \$2,500 | \$0.50 |
| \$5,000 | \$1.00 |
| \$7,500 | \$1.50 |
| \$10,000 | \$2.00 |

(one rate for all eligible children in family, regardless of number)



Voluntary AD&D Insurance Premium Table

Benefit – Each eligible employee may elect an amount of insurance, in increments of \$10,000 to a maximum of \$500,000

| Benefit Amount | Employee | Family | Benefit Amount | Employee | Family | Benefit Amount | Employee | Family |
|----------------|----------|--------|----------------|----------|--------|----------------|----------|--------|
| \$10,000 | 0.25 | 0.30 | \$110,000 | 2.75 | 3.30 | \$210,000 | 5.25 | 6.30 |
| \$20,000 | 0.50 | 0.60 | \$120,000 | 3.00 | 3.60 | \$220,000 | 5.50 | 6.60 |
| \$30,000 | 0.75 | 0.90 | \$130,000 | 3.25 | 3.90 | \$230,000 | 5.75 | 6.90 |
| \$40,000 | 1.00 | 1.20 | \$140,000 | 3.50 | 4.20 | \$240,000 | 6.00 | 7.20 |
| \$50,000 | 1.25 | 1.50 | \$150,000 | 3.75 | 4.50 | \$250,000 | 6.25 | 7.50 |
| \$60,000 | 1.50 | 1.80 | \$160,000 | 4.00 | 4.80 | \$260,000 | 6.50 | 7.80 |
| \$70,000 | 1.75 | 2.10 | \$170,000 | 4.25 | 5.10 | \$270,000 | 6.75 | 8.10 |
| \$80,000 | 2.00 | 2.40 | \$180,000 | 4.50 | 5.40 | \$280,000 | 7.00 | 8.40 |
| \$90,000 | 2.25 | 2.70 | \$190,000 | 4.75 | 5.70 | \$290,000 | 7.25 | 8.70 |
| \$100,000 | 2.50 | 3.00 | \$200,000 | 5.00 | 6.00 | \$300,000 | 7.50 | 9.00 |

| Benefit Amount | Employee | Family | Benefit Amount | Employee | Family |
|----------------|----------|--------|----------------|----------|--------|
| \$310,000 | 7.75 | 9.30 | \$410,000 | 10.25 | 12.30 |
| \$320,000 | 8.00 | 9.60 | \$420,000 | 10.50 | 12.60 |
| \$330,000 | 8.25 | 9.90 | \$430,000 | 10.75 | 12.90 |
| \$340,000 | 8.50 | 10.20 | \$440,000 | 11.00 | 13.20 |
| \$350,000 | 8.75 | 10.50 | \$450,000 | 11.25 | 13.50 |
| \$360,000 | 9.00 | 10.80 | \$460,000 | 11.50 | 13.80 |
| \$370,000 | 9.25 | 11.10 | \$470,000 | 11.75 | 14.10 |
| \$380,000 | 9.50 | 11.40 | \$480,000 | 12.00 | 14.40 |
| \$390,000 | 9.75 | 11.70 | \$490,000 | 12.25 | 14.70 |
| \$400,000 | 10.00 | 12.00 | \$500,000 | 12.50 | 15.00 |



emihealth.com

5101 SOUTH COMMERCE DRIVE
MURRAY, UTAH 84107
TOLL FREE
CORPORATE
FAX

MR TEST
100 S ROOSEVELT ST
MURRAY, UT 84107

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.*

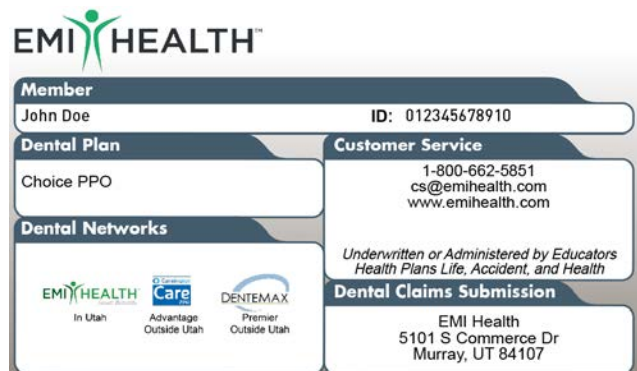
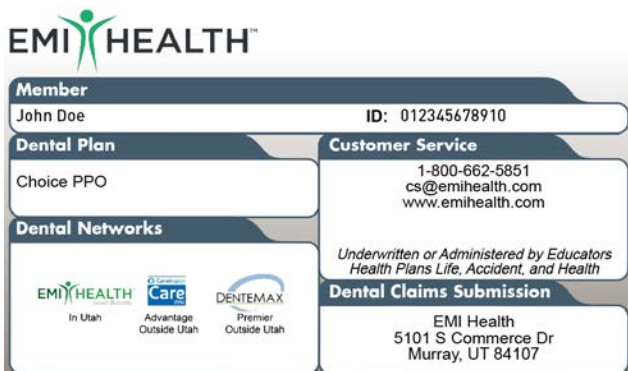
Providers may use either your social security number or the member ID number on your card when submitting claims. All correspondence from EMI Health, including your Explanations of Benefits (EOBs), will reference your social security number.

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

000222XXEMIHFI

Detach Cards Here



My EMI Health Account Setup

All your benefit answers. One website.

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

Get Started

1. Go to emihealth.com.
2. Click Login and select My EMI Health.
3. Select Register and choose Member as the type of account.
4. 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.

What You Can Do

View benefit descriptions

Check claims status

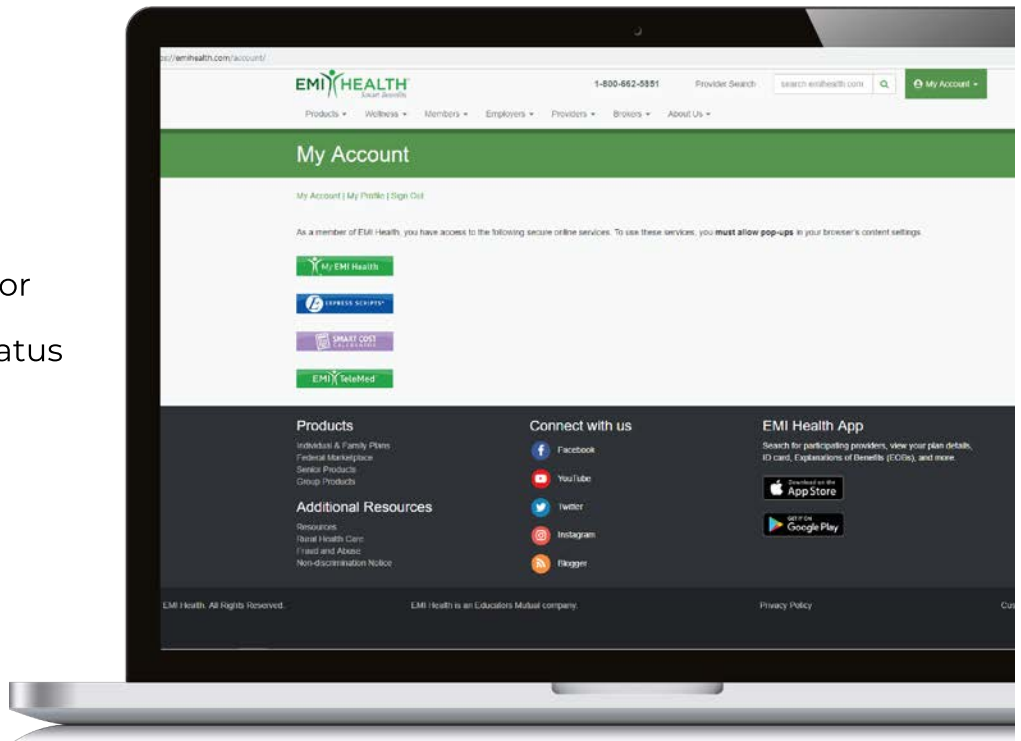
Order ID cards

View EOBs

Access the Smart Cost Calculator

Review eligibility/enrollment status

Manage prescription benefits



My EMI Health

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



My EMI Health

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

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.

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** and choose your plan (found on your ID Card).
Dental Plans: Premier, Advantage, Value, Summit, or Summit 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.

Mobile App

Your benefits. Anytime. Anywhere.

Provider Search

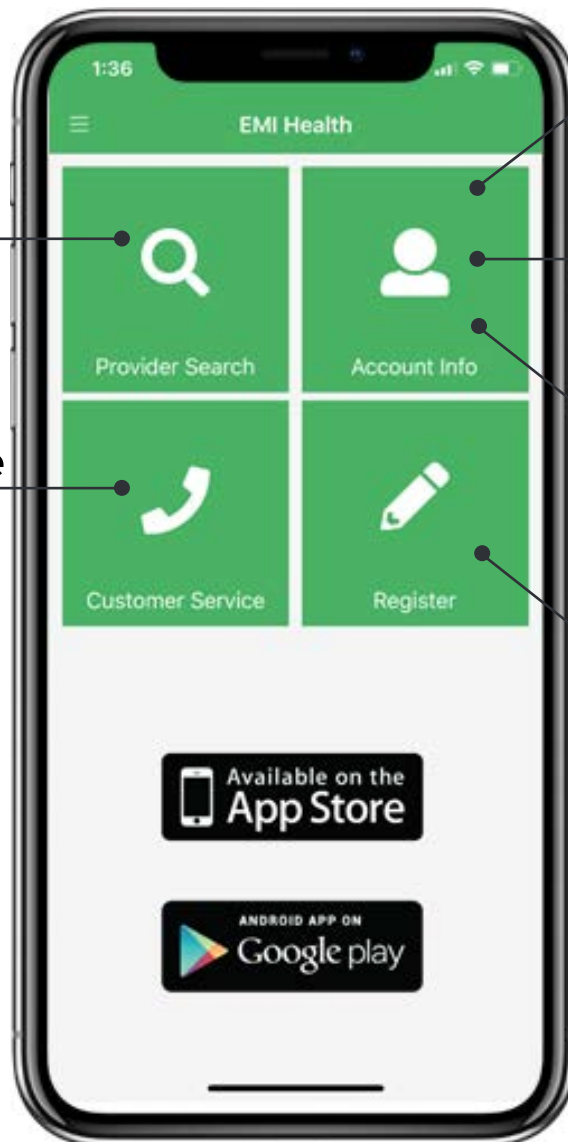
Find in-network providers and facilities.

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

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

*****SNGLP
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

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

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

| | | | |
|-----------------|------------------|----------------------|--------------|
| Patient: | JOE SAMPLE | Provider: | ABC Hospital |
| Claim #: | 215-000111111-00 | Subscriber: | JOE SAMPLE |
| | | Subscriber #: | 123456789 |

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

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

| | | | |
|-----------------|------------------|----------------------|--------------|
| Patient: | JOE SAMPLE | Provider: | ABC Hospital |
| Claim #: | 215-000222222-00 | Subscriber: | JOE SAMPLE |
| | | Subscriber #: | 123456789 |

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

Plan Year Accruals

| 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

18

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

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

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

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

Claim Summary

19

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

How To Read EOB

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

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

3. Description of Service: Lists the procedure performed.

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

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

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.

5101 S Commerce Drive | Murray, Utah 84107

Local: 801.262.7475

Toll free: 800.662.5851



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!

