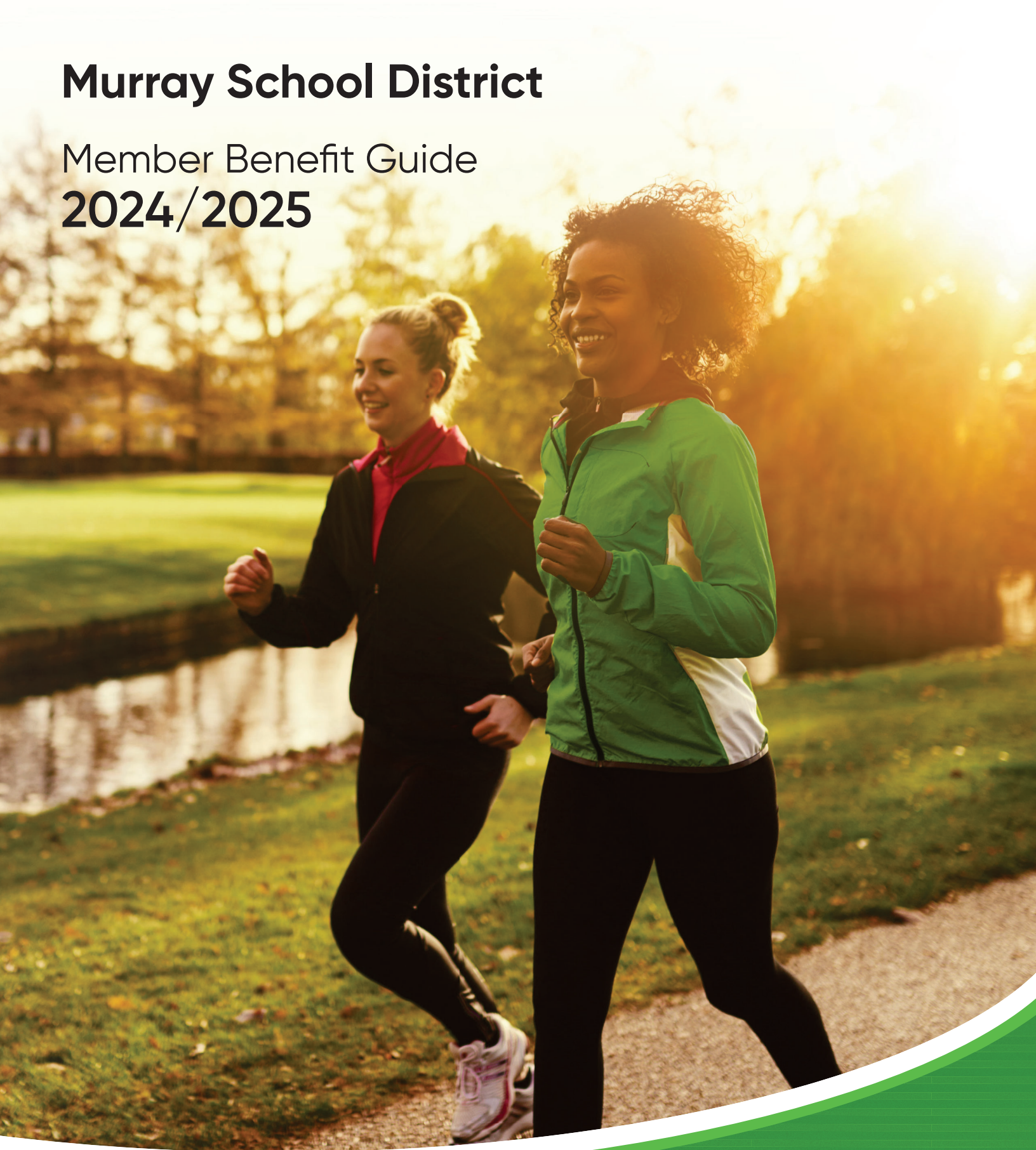


# Murray School District

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:** [Murray School District \(Plan #0432\)](#)  
**Plan:** **Choice PPO**  
**Underwritten & Administered by:** **Educators Mutual Insurance Association, a Utah Company**  
**Effective Date:** 9/1/2024  
**Benefit Year:** **Contract**  
**Plan Type:** **Voluntary / Fully Insured**  
**Rate Guarantee:** **1 Year**

	In-Network (Advantage <b>Plus</b> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	70% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	70% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	40% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
<b>Deductible</b>			
Per Person	\$0.00	\$0.00	\$25.00
Family Max	\$0.00	\$0.00	\$75.00
<b>Deductible Applies To</b>	N / A	N / A	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>		\$1,000.00	
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	Premier
<b>Monthly Rates</b>			
Employee		\$40.40	
Two-Party		\$91.70	
Family		\$131.80	
<b>Provisions / Limitations / Exclusions</b>			
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 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.			



**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 #0432)  
**Plan:** Advantage Co-Pay  
**Underwritten & Administered by:** Educators Mutual Insurance Association, a Utah Company  
**Effective Date:** 9/1/2024  
**Benefit Year:** Contract  
**Plan Type:** Voluntary / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>100%</b>	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only	No Coverage
Adults	Discount Only	No Coverage
<b>Endodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Specialists (** See note below)</b>	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.		
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
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>	None	
<b>Orthodontic Lifetime Maximum</b>	N / A	
<b>Network / Reimbursement Schedule</b>	Advantage	Advantage
<b>Monthly Rates</b>		
Employee	\$20.40	
Two-Party	\$46.20	
Family	\$66.50	

**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 Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

\* 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 1/1/2024**

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	22
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	20% Discount	19
D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	0	20% Discount	22
D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES <i>(Including bitewings)</i>	0	20% Discount	40
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	40
D1120	PROPHYLAXIS - CHILD	0	20% Discount	27
D1208	TOPICAL APPLICATION OF FLUORIDE EXCL VARNISH <i>(*Verify age limits of the plan)</i>	0	20% Discount	9
D1351	SEALANT - PER TOOTH <i>(*Verify age limits of the plan)</i>	14	20% Discount	5
D2140	AMALGAM - ONE SURFACE PRIMARY OR PERMANENT	21	20% Discount	25
D2150	AMALGAM - TWO SURFACES PRIMARY OR PERMANENT	26	20% Discount	34
D2160	AMALGAM - THREE SURFACES PRIMARY OR PERMANENT	36	20% Discount	35
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	41	20% Discount	41
D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR	41	20% Discount	31
D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR	46	20% Discount	36
D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR	52	20% Discount	45
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES ANTERIOR	57	20% Discount	51
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	41	20% Discount	29
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	57	20% Discount	36
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	67	20% Discount	46
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	82	20% Discount	42
D2740	CROWN - PORCELAIN/CERAMIC	362	20% Discount	260
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	34	20% Discount	0
D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	106	20% Discount	0
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	107	20% Discount	0
D3120	PULP CAP - INDIRECT <i>(Excluding final restoration)</i>	26	20% Discount	0
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	63	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH <i>(Excluding final restoration)</i>	211	20% Discount	87
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH <i>(Excluding final restoration)</i>	272	20% Discount	97
D3330	ENODODONTIC THERAPY MOLAR TOOTH <i>(Excluding final restoration)</i>	362	20% Discount	111
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	92	20% Discount	15
D4355	FULL MOUTH DEBRID ENABLE COMP ORAL EVALUATION&DX ON A SUBSEQUENT VISIT	63	20% Discount	10
D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR	20% Discount	20% Discount	0
D4910	PERIODONTAL MAINTENANCE	62	20% Discount	13
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	296	20% Discount	143
D6750	RETAINER 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	21
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	77	20% Discount	25
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	124	20% Discount	31
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	153	20% Discount	25
D7810-D7899	TMD THERAPY	20% Discount	20% Discount	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	41	20% Discount	0
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	21	20% Discount	0

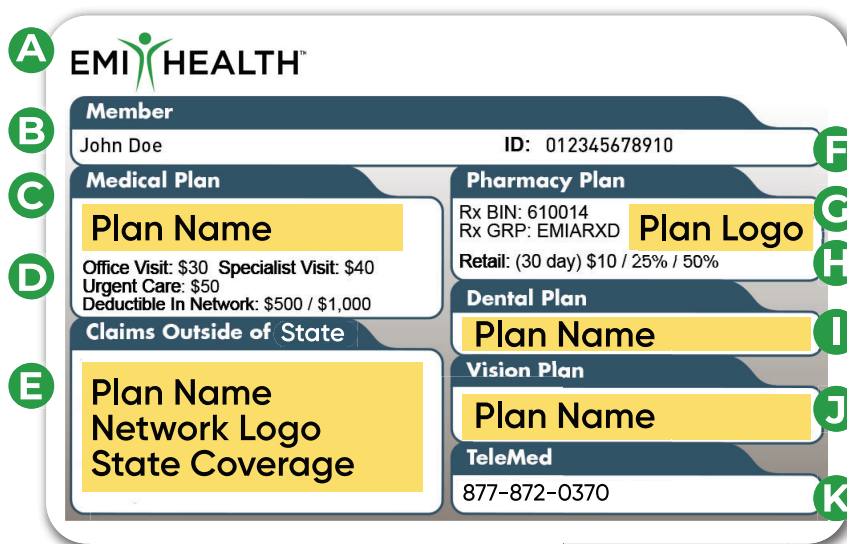
Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.

# 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.

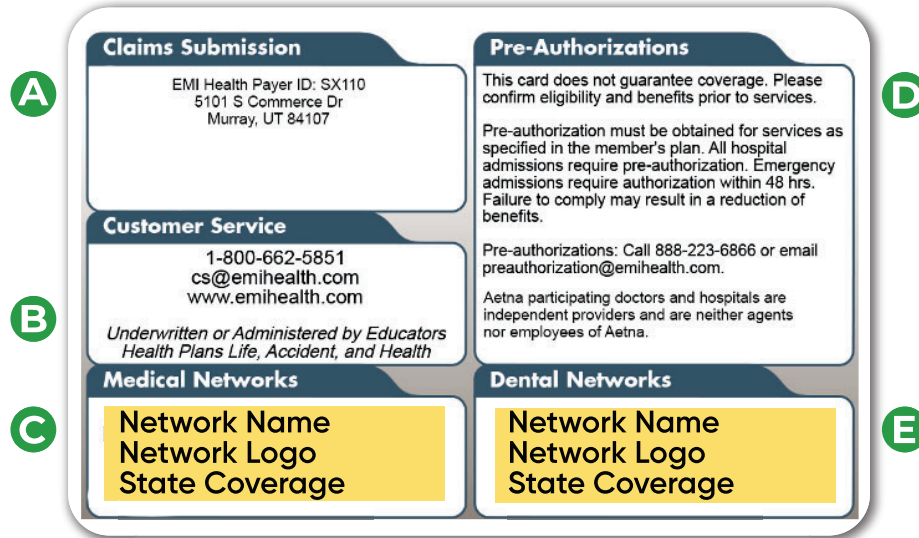
**K** This is the phone number to call for a Telemed consultation with a Recuro physician. EMI Telemed can eliminate the need for office visits for many common conditions.

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.

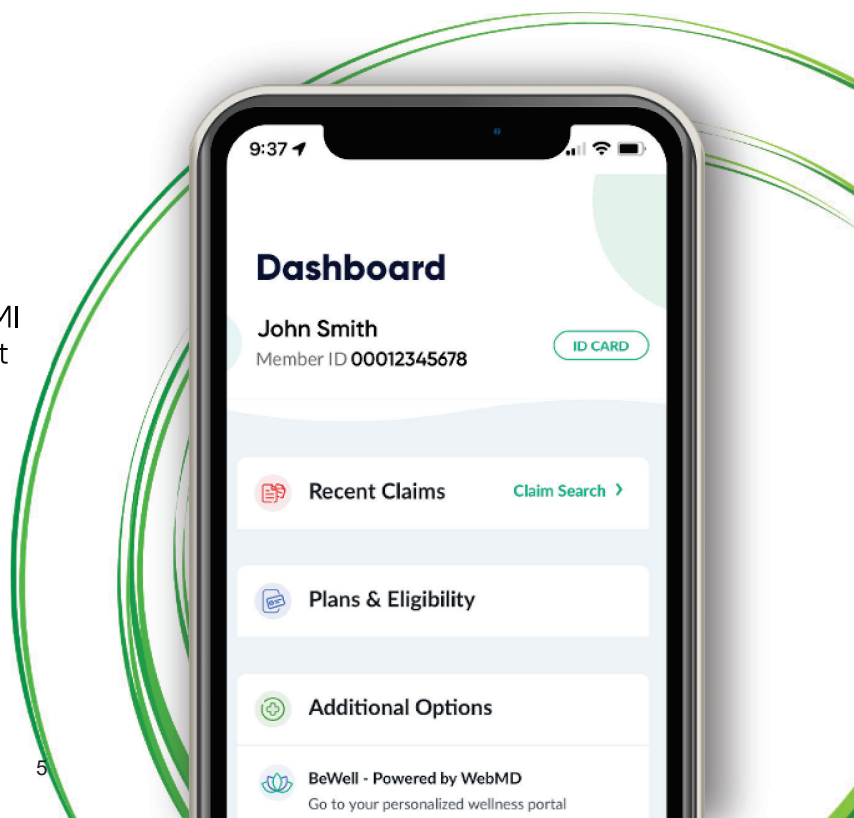
## Access your ID Card, *and much more!*

### 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.

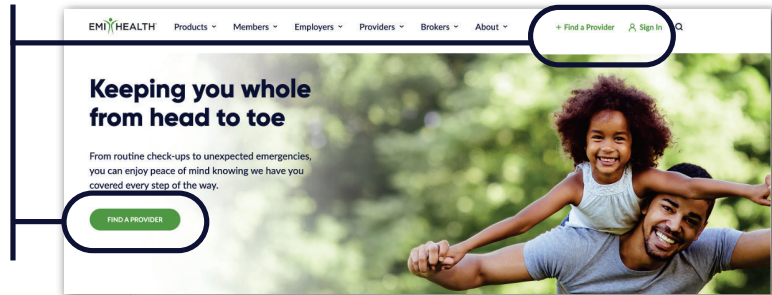


# Online Services

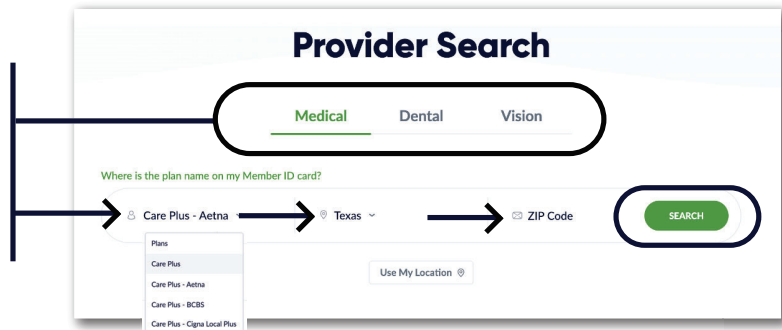
## Finding a Provider

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.

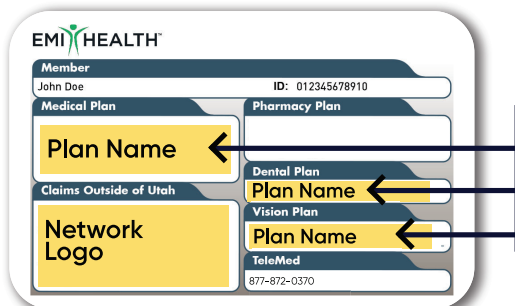
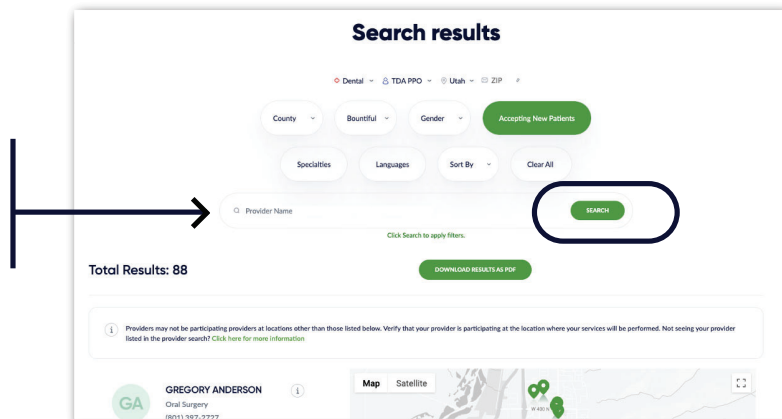


- 2 Click on either the **MEDICAL**, **DENTAL**, or **VISION** tab. Choose your **PLAN NAME** (see note below on how to locate your plan name) from the drop down menu. Choose your **STATE**, and click **SEARCH**.



- 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.

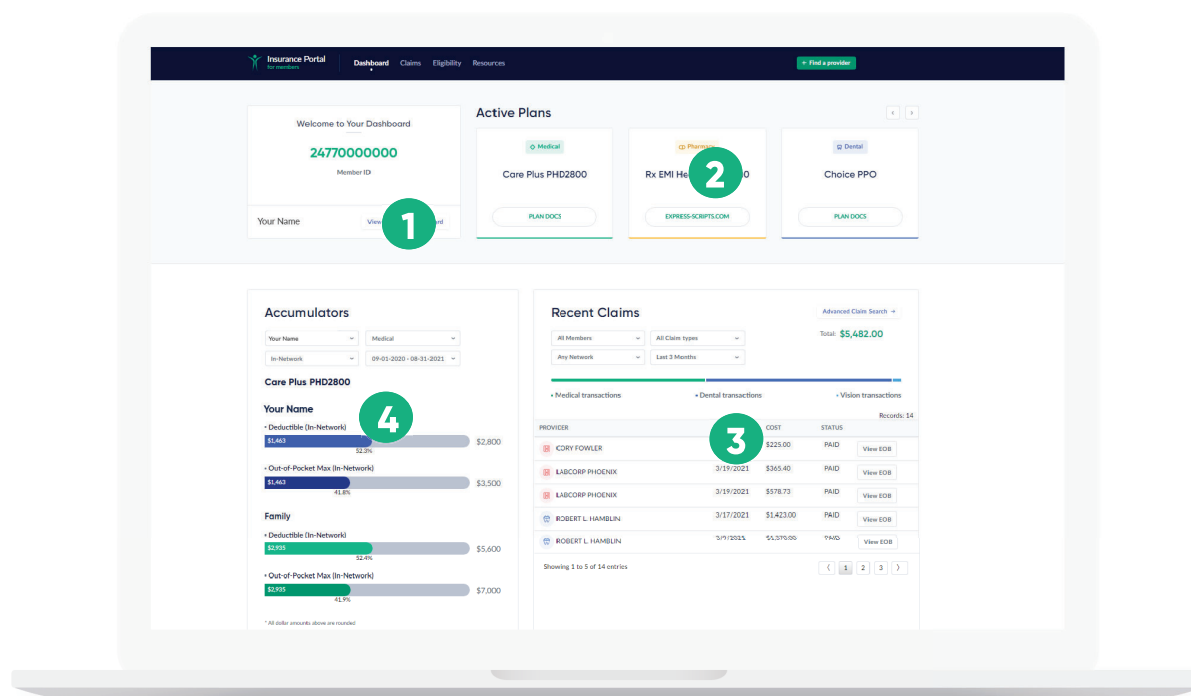
Questions? 1 (800) 662-5851

# 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.

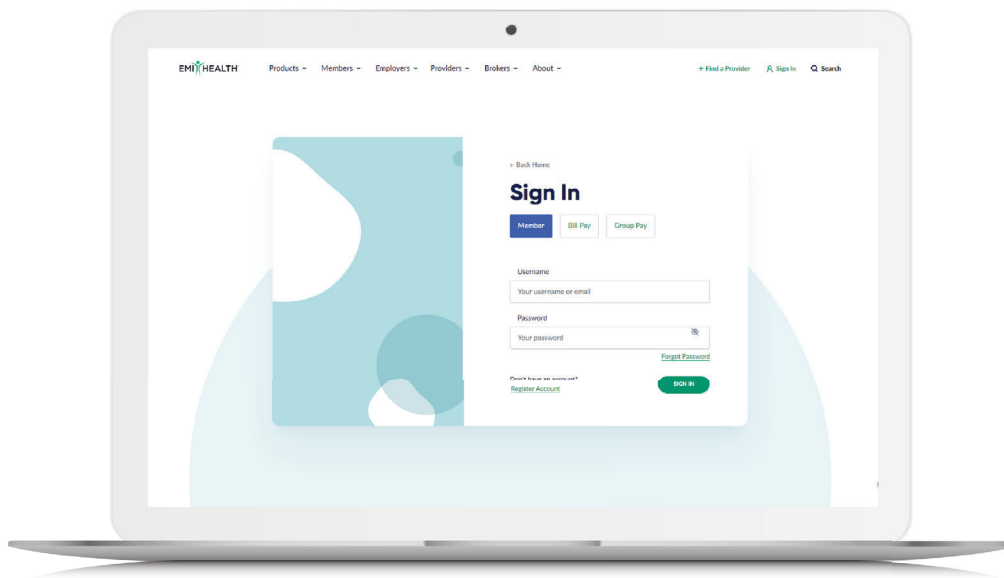
## Getting Started:

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



## 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

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 #:	215-00011111-00	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
<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.

Patient:	JOE SAMPLE	Provider:	ABC Hospital
Claim #:	215-00022222-00	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
<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

### 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](http://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
<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

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



## The EMI Health Mobile App

Your benefits.  
Anytime.  
Anywhere.

