

# U of U Student Health Plans-Subsidized Graduate Students

## 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:** [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:** [8/16/2024](#)  
**Benefit Year:** [Calendar](#)  
**Plan Type:** [Contributory / 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	Type 3 - See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule

<b>Specialists</b> (** 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.		

<b>Waiting periods</b>	
Type 2 - Basic	3 Month Waiting Period
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	N / A

<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$25.00	\$25.00
Family Max	\$75.00	\$75.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3

<b>Annual Maximum Per Person</b>	None
<b>Orthodontic Lifetime Maximum</b>	N / A

<b>Network / Reimbursement Schedule</b>	Advantage	Advantage
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<b>Monthly Rates</b>	
Student	\$9.90
+ Spouse	\$20.70
+ Children	\$22.20
+ Family	\$33.50

<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. 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.



**Group:** University of Utah Subsidized Graduate Students (Plan #4752)  
**Plan:** VSP Plus 10-130  
**Effective Date:** 8/16/2024  
**Plan Type:** Contributory

	In-Network	Out-of-Network
<b>Network</b>	<b>VSP Choice Plus</b>	
<b>WellVision Exam</b>	\$10 Co-pay	Up to \$65
<b>Lenses (Glass or Plastic)</b>		
Single Vision	\$10 Co-pay	Up to \$30
Lined Bifocal	\$10 Co-pay	Up to \$50
Lined Trifocal	\$10 Co-pay	Up to \$65
Lenticular	\$10 Co-pay	Up to \$100
<b>Lens Options</b>		
Progressive (Standard no-line)	\$0 Co-pay	Up to \$50 (In lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95-\$105 Co-pay	
Custom Progressive Options	\$150-\$175 Co-pay	
Plastic Gradient Dye	\$17 Co-pay	N/A
Solid Plastic Dye	\$15 Co-pay	
Photochromic Lenses	\$75 Co-pay	
Polycarbonate for Adults	\$31 Co-pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-pay	
<b>Coatings</b>		
Scratch Resistant Coating	\$17 Co-pay	N/A
Anti-Reflective Coating	\$41 Co-pay	
UV Protection	\$16 Co-pay	
Additional lens enhancements	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80
Additional Pairs of Glasses**	Up to 20% Off Retail	N/A
<b>Elective Contact Lenses In Lieu of Frame &amp; Lenses</b>		
Elective contact lens fitting, evaluation services and prescription contact lenses are covered up to plan allowance. 15% discount given off contact lens fitting and evaluation services, excluding materials.	\$130 Allowance	Up to \$115
<b>Frequency</b>		
Exam, Lenses, Frame or Contacts	Every 12 Months	
<b>Refractive Surgery</b>		
LASIK***	Up to \$500 in Savings	Not Covered
<b>Monthly Rates</b>	<b>Contributory</b>	
Student	\$4.00	
+ Spouse	\$7.80	
+ Children	\$12.40	
+ Family	\$12.40	

**Notes**  
 This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

\*\* 20% discount off unlimited additional pairs of glasses offered through any VSP Choice Providers within 12 months of last covered eye exam.

\*\*\* Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase3



# VSP Choice Plus

Awesome coverage and easy to use benefits.

**1** Choose a VSP™ network provider

**2** Give your EMI Health ID number

**3** VSP does the rest!

No claim forms.

No paperwork.

It's that easy!

## Choice Plus Network

- Costco
  - Walmart
  - Sam's Club
  - Visionworks
- Plans include Exams & Hardware**



# Extra savings with your vision plan

## Here are some perks on your vision benefits!

- All non-covered lens options are cost-controlled, averaging 20-25% off retail prices.
- Most popular lens options have fixed co-pay for upgrades like light-reactive, impact-resistant, scratch-resistant, anti-glare coating, UV coatings, and more.
- 20% savings on frame cost over the frame allowance.
- 20% savings on complete pairs within the last 12 months of exam.
- 15% savings on contact lens evaluation & fitting fees.
- Laser vision correction.
  - Average 15% off the regular price or 5% off the promotional prices; only available from contracted facilities.
  - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

## Out-of-Network (OON) Claim Submittal Options

### If you do visit an out-of-network provider, you have options

#### 1 Provider Level - Assignment of Benefit Option (AoB)

- Provider bills VSP for OON reimbursement.
- Member pays overage at the time of service.

#### 2 Member Level - Submitting for Reimbursement

- ALL CLAIMS BY MAIL MUST BE SUBMITTED ON A VSP MEMBER REIMBURSEMENT FORM.
- To submit a claim, you will need a copy of the itemized receipts or service statements.
- To submit a claim by mail, contact VSP Member Services at 800.877.7195 to request a VSP Member Reimbursement Form. The form can be sent to a preferred address or emailed to you. You must complete the form and mail it to the address below.

VSP  
Attention: Claims Services  
PO Box 385018  
Birmingham, AL 35239-5018

#### 3 Online Submission - VSP.com

- Member signs in and completes online form and submits electronically.

# The EMI Health Mobile App

Your benefits. Anytime. Anywhere.

## Provider Search

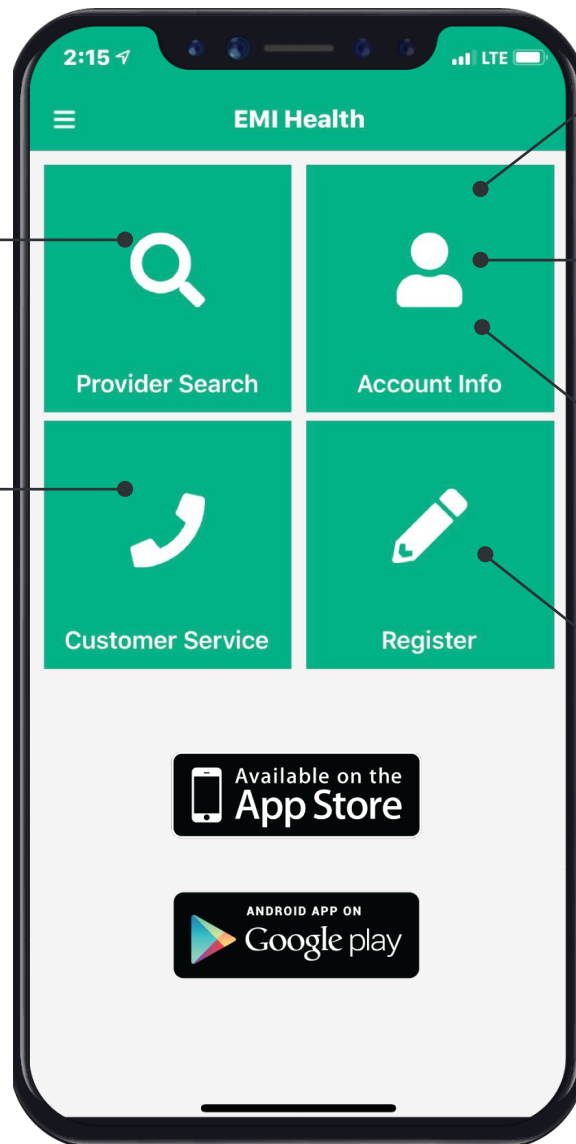
Find in-network providers and facilities.

## Customer Service

Need to talk to a person? No problem. Call us from the app.

## Other Features

- Access current and past issues of the Hope Health newsletter.
- Update your profile information like email address, password, or security questions.



## ID Card

Access your ID Card from anywhere at any time.

## EOBs

View your EOBs and search by person, service, date, and more.

## Plan Information

View and download your plan grids so you always know the benefits you have.

## Log in/Register

Download the app and log in using your My EMI Health username and password.

If you haven't registered your account, you can do so in the app or online at [emihealth.com](http://emihealth.com).

Scan this QR code with your phone to download.





# Looking for dental and vision providers?

It's easy to find in-network dental and vision providers near you using the EMI Health Provider Search tool.

**1** **Go to emihealth.com**  
Click on **Find a Provider** along the upper part of the home page.

**2** **Select the type of provider**  
Select dental or vision.

**3** **Enter your plan name (found on your ID card)**  
These are the plan options you will see.

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

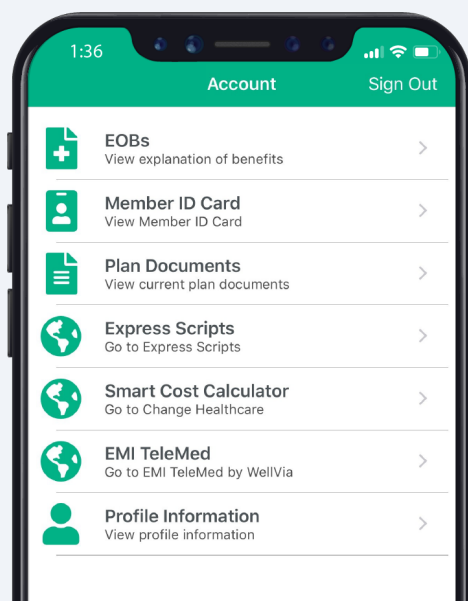
*\*If you have the Summit or Summit Plus dental plans, you will be redirected to Cigna's dental provider search.*

**4** **Enter your location information and click "Search"**  
You can also select **"Use My Location."** This feature will automatically populate the state and zip code where you are searching.

**5** **Filter and sort your results**  
Now you can filter your results for locations, specialties, facilities, languages, and more. Click **"Search"** each time you adjust a filter to refresh the results list.

That's all there is to it!

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



## Search on the go

In addition to being another convenient way to search for providers and facilities, the EMI Health mobile app allows you to do even more.

### Access your ID Card

**View and download your plan grids so you always know the benefits you have.**

**View your EOBs and search by person, service, date, and more.**

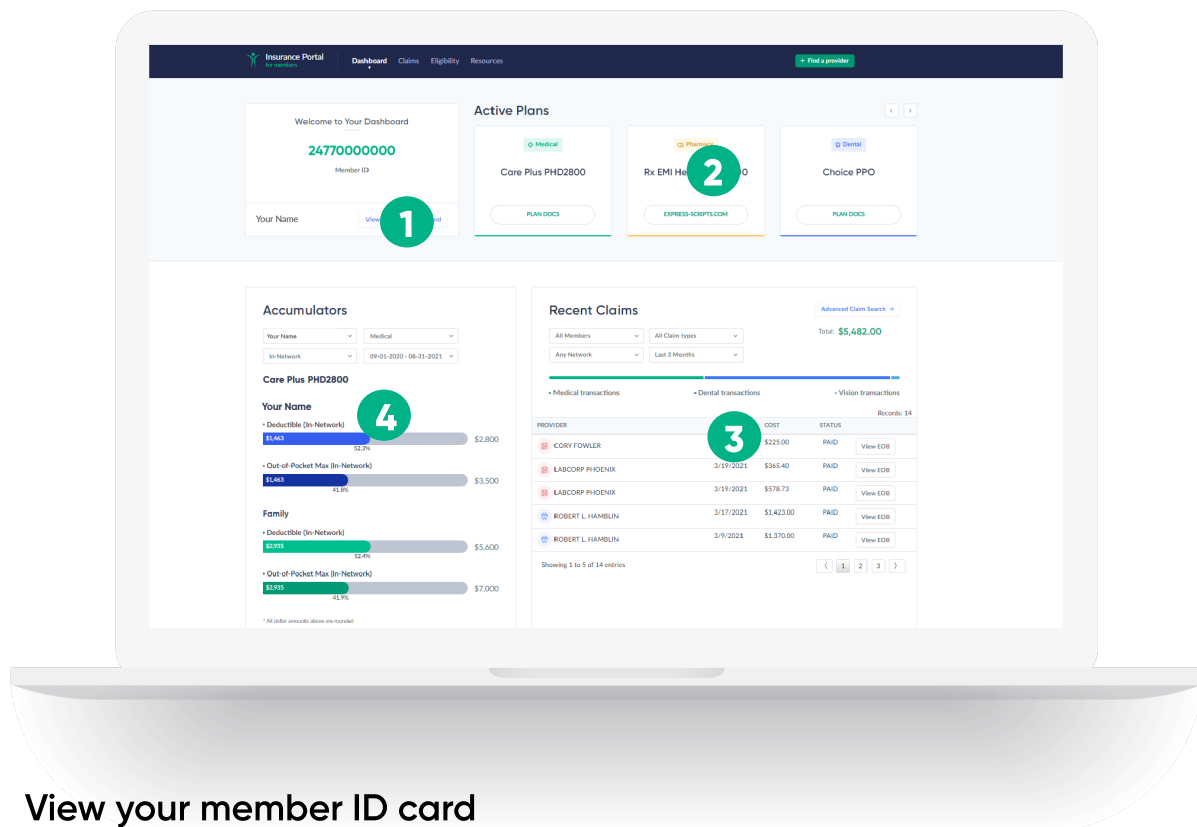
**Update your profile information like email address, password, or security questions.**

# My EMI Health Account

Welcome to the 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.

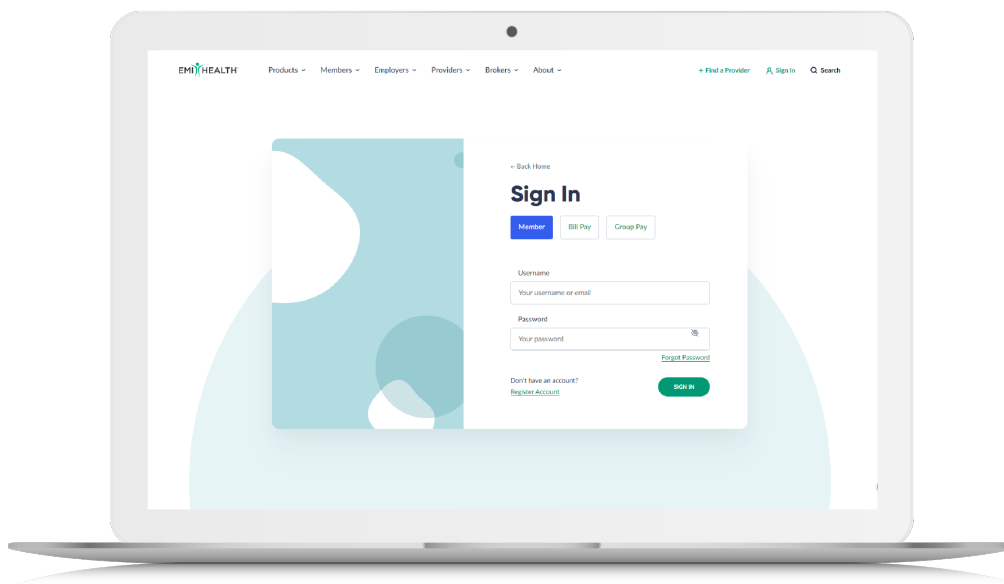
## Getting Started:

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

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

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

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

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

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

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

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

**16 Plan Year Accruals**

Description	Claim Year	Amount Met
JOE SAMPLE Medical Individual Network Deductible - Participating	2018	\$500.00
JOE SAMPLE Medical Individual Network Out-of-Pocket - Participating	2018	\$100.00
Medical Family Network Deductible - Participating	2018	\$500.00

The Amounts listed above are subject to change due to claim adjustments and/or the order in which claims are received.

**17 Explanation of Codes**

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

# Reading Your EOB

## Benefits Determination

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

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

## How To Read EOB

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

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

3. Description of Service: Lists the procedure performed.

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

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

6. Provider Discount: The amount discounted.

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

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

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

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

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

12. Payment: Total amount less any adjustments.

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

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

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

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

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

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

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





## The EMI Health Mobile App

Your benefits.  
Anytime.  
Anywhere.

