

Murray School District

2020 EMI Health Member Benefits Guide



EMI HEALTH

Every
Member is
Important

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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: 9/1/2020
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 MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	70% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	40% up to MAC*
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 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: 9/1/2020
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	See Claim Payment Schedule
Periodontics	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
Sealants	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
Space Maintainers	Type 2 - See Co-Pay Schedule	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 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 1/1/2020

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 (Including bitewings)	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 (*Verify age limits of the plan)	0	20% Discount	9
D1351	SEALANT - PER TOOTH (*Verify age limits of the plan)	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 (ANTERIOR)	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 (Excluding final restoration)	26	20% Discount	0
D3220	TX PULP - REMV PULP CORONAL DENTINOCEMENTL JUNC	62	20% Discount	0
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH (Excluding final restoration)	209	20% Discount	86
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH (Excluding final restoration)	269	20% Discount	96
D3330	ENODODONTIC THERAPY MOLAR TOOTH (Excluding final restoration)	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	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 (Elevation and/or forceps removal)	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.



Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid TERM LIFE INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

Term Life insurance can help protect your loved ones' financial health if you are no longer there to support them.

Who Is Eligible For Coverage?:

You: All active Contract Employees of the Employer regularly working a minimum of 30 hours per week and Employees of the Employer classified as Contracted Bus Drivers, regularly working a minimum of 25 hours per week, who are citizens or permanent resident aliens of the United States, excluding Employees classified as an Administrator.

You will be eligible for coverage immediately.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$50,000	\$50,000	\$50,000
Spouse	\$2,000	\$2,000	\$2,000
Child	\$2,000	\$2,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupations as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Spouse: 50% of your Term Life Insurance coverage amount or \$100,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 75, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Important Definitions and Policy Provisions:

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 your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule - If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70.



Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid

TERM LIFE INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

Term Life insurance can help protect your loved ones' financial health if you are no longer there to support them.

Who Is Eligible For Coverage?:

You: All active Employees of the Employer, classified as Administrator, regularly working a minimum of 30 hours per week who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage immediately.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	\$50,000	\$50,000	\$50,000
Spouse	\$2,000	\$2,000	\$2,000
Child	\$2,000	\$2,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupations as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$37,500, whichever is less.

Spouse: 50% of your Term Life Insurance coverage amount or \$1,000, whichever is less.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Important Definitions and Policy Provisions:

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 your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule – If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70.

Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 966726. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Is Eligible For Coverage?:

You: All active Employees of the Employer, classified as an Administrator, regularly working a minimum of 30 hours per week who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage immediately.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	\$100,000	\$100,000
Spouse	\$5,000	\$5,000
Children	\$2,000	\$2,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; 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%

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member 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.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag – You will receive an additional 10% benefit but not more than \$1,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$5,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's 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.

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits.

Exclusions – 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.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 968248. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Limitations – The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 966726. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid LONG-TERM DISABILITY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Who Is Eligible For Coverage?:

You: 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 citizens or permanent resident aliens of the United States. You will be eligible for coverage immediately.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$10,000	120 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features
Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. • any cosmetic surgery or surgical procedure that is not Medically Necessary.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1 Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

2 Costs are subject to change.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964622. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Is Eligible For Coverage?:

You: 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 citizens or permanent resident aliens of the United States, excluding Employees classified as an Administrator.

You will be eligible for coverage immediately.

Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.

Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	\$50,000	\$50,000
Spouse	\$5,000	\$5,000
Children	\$2,000	\$2,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; 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%

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member 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.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag – You will receive an additional 10% benefit but not more than \$5,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$2,500 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's 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.

Additional Features — continued

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits.

Exclusions – 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.

Limitations – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 968248. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Offered by Life Insurance Company of North America, a Cigna company

Employer-Paid LONG-TERM DISABILITY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.

Who Is Eligible For Coverage?:

You: 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 citizens or permanent resident aliens of the United States.

You will be eligible for coverage immediately.

Available Coverage:

Gross Monthly Benefit ¹	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
66.67% of your monthly covered earnings	\$10,000	120 Days	Please refer to the "How Long Benefits Last" section below for more details.

Additional Features

Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Definitions and Policy Provisions:

Disability – "Disability" or "Disabled" means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

When Benefits Begin – You must be continuously Disabled for 120 Days before benefits will be paid for a covered Disability.

How Long Benefits Last – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

When Coverage Takes Effect – Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

Benefit Reductions, Conditions, Limitations and Exclusions:

Effects of Other Income Benefits - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

Earnings While Disabled - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

Limited Benefit Period - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

Pre-existing Condition Limitation - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Termination of Disability Benefits - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

Exclusions - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. • any cosmetic surgery or surgical procedure that is not Medically Necessary.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1 Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.

2 Costs are subject to change.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 964622. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

Employee-Paid TERM LIFE INSURANCE

SUMMARY OF BENEFITS

Prepared for: Murray City School District

Term Life insurance can help protect your loved ones' financial health if you are no longer there to support them.

Who Is Eligible For Coverage?:

You: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week.

You will be eligible for coverage immediately.

Your Spouse*: Up to age 75, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	Units of \$10,000	\$500,000	\$200,000
Spouse	Units of \$10,000	\$200,000 not to exceed 100% of the employees benefit	\$50,000
Children	Units of \$2,500	\$10,000; under 14 Days old \$500; under 6 months old \$1,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

Additional Features:

Continuation of Disability – If your active service ends due to disability, at age 60 or over, your life insurance coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid. You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Extended Death Benefit with Waiver of Premium – The extended death benefit continues your coverage without payment of premium, before you're eligible to qualify for Waiver of Premium, if you are continuously Disabled for 9 months prior to age 60. "Disabled" means, because of injury or sickness, you are unable to perform all the material duties of your regular occupation, or you are receiving disability benefits under a program sponsored by your Employer. Regular Occupation means the occupation you routinely performed at the time your Disability began. We/the insurance company will consider the duties of your occupations as those that are normally performed in the general labor market in the national economy. If you qualify for this benefit and have insured your spouse or children, the insurance company will also extend their coverage if applicable.

Accelerated Death Benefit – Terminal Illness – if two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$250,000, whichever is less.

Spouse: 50% of your Term Life Insurance coverage amount or \$100,000, whichever is less.

Portability – If your employment is terminated, you can continue your life insurance on a direct-bill basis. Coverage may also be continued for your spouse/children. Premiums will increase at this time. Coverage can be continued to age 75, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Employee's Monthly Cost of Coverage:

Age	Employee Cost Per \$10,000 Unit		Spouse Cost Per \$10,000 Unit		Age	Employee Cost Per \$10,000 Unit		Spouse Cost Per \$10,000 Unit	
	Non-Smoker	Smoker	Non-Smoker	Smoker		Non-Smoker	Smoker	Non-Smoker	Smoker
0-19	\$0.630	\$0.950	\$0.630	\$0.950	60-64	\$6.600	\$6.930	\$6.600	\$6.930
20-24	\$0.630	\$0.950	\$0.630	\$0.950	65-69	\$12.700	\$12.700	\$12.700	\$12.700
25-29	\$0.630	\$0.950	\$0.630	\$0.950	70-74	\$20.600	\$21.000	\$20.600	\$21.000
30-34	\$0.800	\$0.950	\$0.800	\$0.950	75-79	\$20.600	\$36.700		
35-39	\$0.900	\$1.260	\$0.900	\$1.260	80-84	\$20.600	\$36.700		
40-44	\$1.050	\$1.580	\$1.050	\$1.580	85-89	\$20.600	\$36.700		
45-49	\$1.680	\$2.520	\$1.680	\$2.520	90-94	\$20.600	\$36.700		
50-54	\$2.310	\$3.470	\$2.310	\$3.470	95-99	\$20.600	\$36.700		
55-59	\$4.300	\$5.880	\$4.300	\$5.880					

Child Cost Per \$2,500 Unit = \$1.250

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Monthly Cost:

Step 1: Use the chart above to find your **Monthly** rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the **Monthly** cost.

Important Definitions and Policy Provisions:

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 your enrollment elections are received if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any spouse or child who on the effective date is an inpatient in a facility or is home confined and under the care of a physician. Coverage will end on the earliest of the date you are eligible for coverage under a plan intended to replace this coverage, you or your dependents if applicable, are no longer eligible, the group policy is no longer in force, or required premiums are not paid.

Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule - If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70.

Exclusions - Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations - The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

Guaranteed Issue:

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX 966726. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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Offered by Life Insurance Company of North America, a Cigna company

**Employee-Paid
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

SUMMARY OF BENEFITS

Prepared for: Murray City School District

If you pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses, or help your loved ones pay for future expenses after you're gone.

Who Can Elect Coverage?:

You: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week. You will be eligible for coverage immediately.
 Your Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.
 Your Child(ren): Is eligible as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$25,000	Lesser of 10 Times Salary or \$500,000
Spouse	50% of employee amount or 60% if no dependent children	50% of employee amount or 60% if no dependent children to a maximum of \$300,000
Children	25% of employee amount or 25% if no spouse	25% of employee amount or 25% if no spouse to a maximum of \$75,000

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; 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%

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member 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.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag – You will receive an additional 10% benefit but not more than \$16,667 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$8,333 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's 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.

For Rehabilitation – If you or an insured family member incur rehabilitative expenses within 2 years of the date of a Covered Accident, we will pay an additional 1% of the benefit amount, subject to a maximum of \$2,400 for each Covered Accident.

For a Loss Resulting from a Common Carrier – If you or an insured family member suffer a covered loss while riding as a passenger in, or being struck by, a common carrier, we will pay an additional 100% of the benefit amount, to a maximum of \$250,000.

Additional Features — continued

For Furthering Education — If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 5% or \$5,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

For Child Care Expenses — If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 5% of your benefit amount per year, but not more than \$5,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

For Victims of Crime — Additional 10% benefit but not more than \$25,000 if you suffer a covered loss during a felonious assault at work or while traveling on company business. Felonious assault includes robbery, holdup or attempted holdup, or kidnapping during a holdup. Assaults by fellow or former employees or members of your family or household are not covered.

Conversion — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 3 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

Your Monthly Cost of Coverage:

Employee and Family Cost Per \$1,000 = \$0.030

Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).

Rates may be subject to change in the future.

How to Calculate Your Monthly Cost of Coverage:

Step 1: Find the above Monthly rate.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

Step 3: The result is the Monthly cost.

Important Definitions and Policy Provisions:

When your coverage begins — Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

When your coverage ends — Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits.

Exclusions — 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.

Limitations — For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 968248. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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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

EMI HEALTH™

Member John Doe		ID: 012345678910	
Dental Plan Choice PPO		Customer Service 1-800-662-5851 cs@emihealth.com www.emihealth.com	
Dental Networks		<i>Underwritten or Administered by Educators Health Plans Life, Accident, and Health</i>	
		Dental Claims Submission EMI Health 5101 S Commerce Dr Murray, UT 84107	

EMI HEALTH™

Member John Doe		ID: 012345678910	
Dental Plan Choice PPO		Customer Service 1-800-662-5851 cs@emihealth.com www.emihealth.com	
Dental Networks		<i>Underwritten or Administered by Educators Health Plans Life, Accident, and Health</i>	
		Dental Claims Submission EMI Health 5101 S Commerce Dr Murray, UT 84107	

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

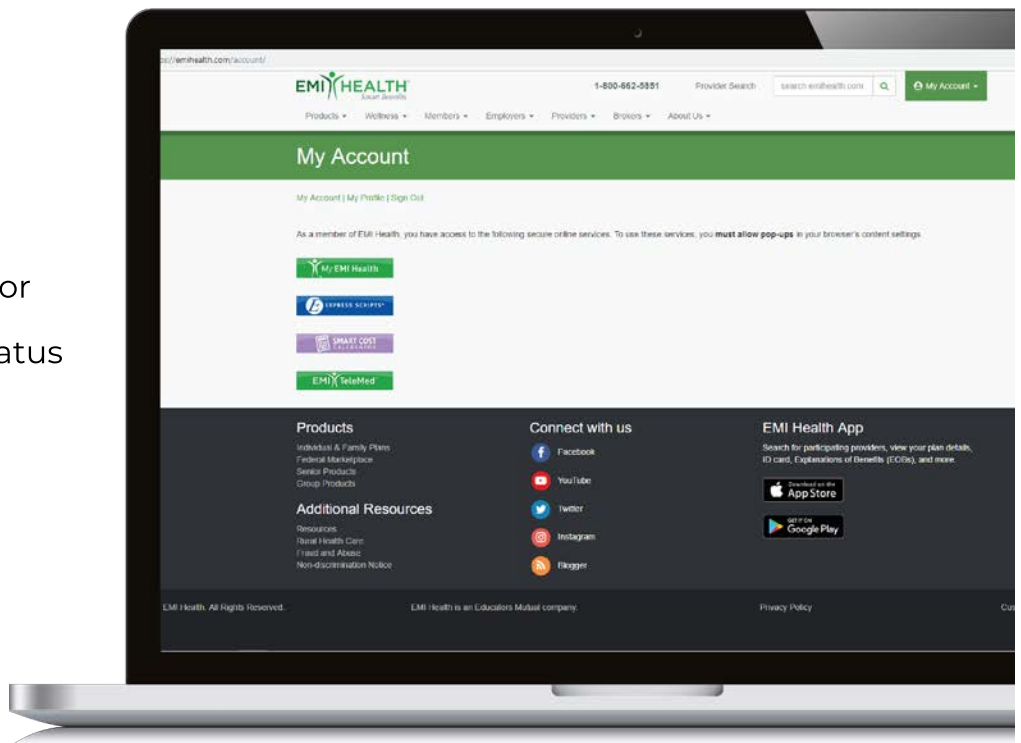
Order ID cards

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

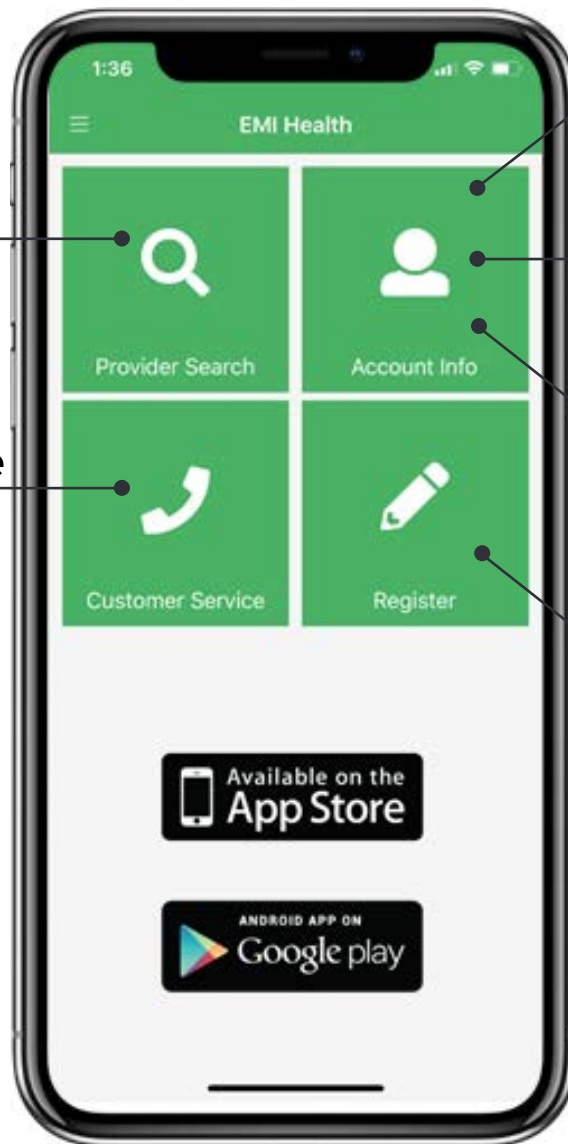
Find in-network providers and facilities.

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

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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

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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
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!

