



## UIA Benefits Pool

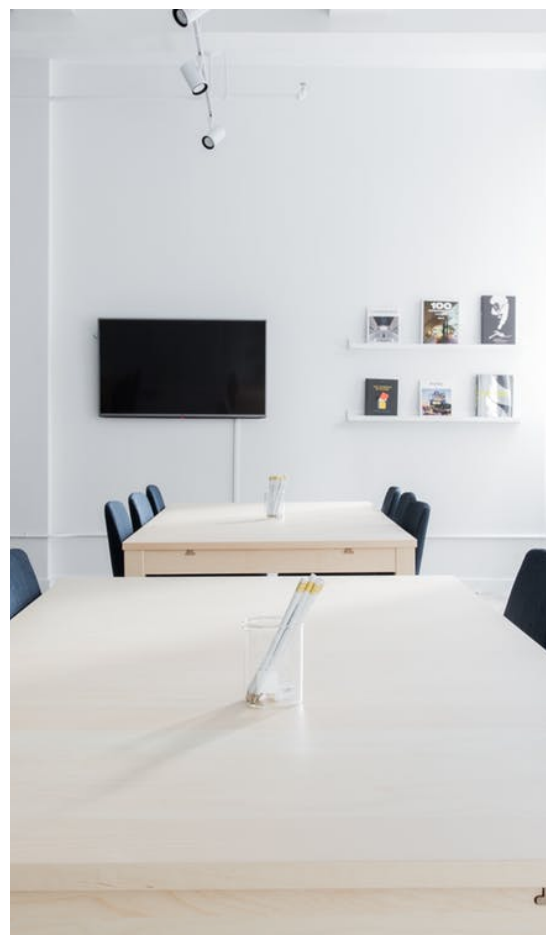


[emihealth.com](https://emihealth.com)

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# THANK YOU for the work and services you provide.

Your efforts give us and our loved ones the opportunities to enjoy life in ways that we otherwise could not. We are here to provide a security blanket for you, your employees and your families for the moments when you need the healthcare system to work for you. We appreciate this opportunity to provide you with more information on how we can deliver incredible benefits for those that matter most in your life. We hope the information contained in this booklet will help you in your search for a great health insurance option for your company.

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UIA Pool

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offered through





## ABOUT EMI HEALTH

EMI Health was founded in 1935 as a teachers welfare organization and has provided health insurance for more than 80 years. Over that time, EMI Health has evolved into a successful health insurance organization serving employer groups in both public and commercial sectors. With no stockholders, EMI Health can use earnings to offer members quality health benefits for lower premiums.

EMI Health enjoys a ratio of assets over liabilities that is one of the strongest in the industry and maintains a high ratio of surplus funds to policy reserve liabilities. This means that EMI Health has the stability to support your insurance needs and the flexibility to address your specific goals with a personal touch.

We take great pride in the overall quality and excellence of the products and services we offer our individual members and employer groups, as well as the service we provide to our business partners. In our most recent member survey, EMI Health recorded an overall satisfaction ranking of 92 percent, with high satisfaction in quality of benefits, network of physicians and facilities, fast and accurate claims payments, and customer service.

Providers are highly satisfied as well, giving EMI Health a 95 percent overall satisfaction ranking. EMI Health is consistently honored as Utah's Best of State winner in the Insurance Category, taking home the award in 2007, 2009, 2012, 2014, 2015, and most recently in 2018.

Our members are why we are here and our commitment to taking care of them is how we have found success over the past 80 years.



# EMI HEALTH - PURCHASING GROUP BENEFITS



EMI Health offers a unique way for your company to come together in a pool to better control health plan costs. By joining the UIA pool, you and your employees experience low renewals and strong cost controls around your health benefits. Imagine experiencing the flexibility and customization of self-funding but with the stability and consistent premiums of a fully insured product. We offer you the best of both worlds through our pools.

## MINIMIZE RISK

Being part of our pool translates into less rate fluctuation for your company. This makes it easier for you to forecast and budget your operating expenses for your group.

We set appropriate tiers thanks to our ability to underwrite. This helps keep the pool healthy and leads to more predictable renewals.

We have been financially stable for over 85 years and we aren't going anywhere. We will be here for you and your employees for the long haul in providing you with the coverage you need to get and stay healthy.

## REDUCE COST

The UIA pool is exclusive and your group is put together with other groups that keep your exchange strong.

You are underwritten as a self-funded group. This lowers administrative costs and allows your premiums to more closely reflect your group's claim costs.

If your claims are higher than your premiums at the end of the year, you just pay your premiums. If claims are lower than your premiums at the end of the year, your pool is eligible for a refund of the surplus.

You deserve to be rewarded for better health.

## BE HEARD

To us, transparency means no hidden data. The pool meets quarterly and you have voting rights for renewal changes. You have a voice in the direction of your health plan.

We work with you, using the plan data, to provide you with information about how the pool spends premium dollars. You receive quarterly reports specific to the pool and its performance.

This level of communication and transparency enables you to understand the data and anticipate the increases or decreases that are coming down the plan's pipeline.

## PRODUCTS & SERVICES

### MEDICAL BENEFITS

Choose between a full range of partially self-funded medical plans. Your group can choose up to three plan options so your employees can select what is best for their situation. The cost proposal provides more information.

### NETWORK OPTIONS

EMI Health's expansive hospital network has you covered throughout Utah with access to the Intermountain Medical Network. Outside of Utah, your group is covered by the prestigious Cigna PPO Network.

### DENTAL BENEFITS

We offer you a variety of group and individual dental plans, ranging from high-option PPO plans to discount-only programs. We can also customize a dental plan to fit the needs of your group. Groups as small as five employees are eligible to participate, and voluntary and contributory plans are available

### VISION BENEFITS

EMI Health offers a variety of vision plans through our partnership with VSP, a Best in Class vision organization with nearly 60 years of experience and an extensive NCQA-credentialed provider network of 50,000 access points nationwide. Groups as small as five are eligible to participate. Voluntary and contributory plans are available.

### COBRA ADMINISTRATION

We administer COBRA continuation of coverage at no additional cost for the lines of business covered by EMI Health. Each person on COBRA will be charged 102 percent of the active employee rate.

### CUSTOMER SERVICE

You can reach our dedicated Customer Service team by calling **800-662-5851** from 8:00 a.m. to 6:00 p.m. Mountain Time, Monday through Friday or by sending an email to **cs@emihealth.com**. They are ready to help with your EMI Health related questions including claims inquiries, benefits questions, network, eligibility and updates to personal information.

Members can access **My EMI Health**, their online benefits portal, to review their Explanation of Benefits, order new ID cards, view benefits information and more.

Each group receives a dedicated account manager to assist and eliminate escalated issues or for more complex group benefit questions.

### POOLS

Pools offer several advantages over traditional single-group coverage:

- Minimized risk
- More predictable budgeting capabilities
- More accurate forecasting
- Large, self-funded underwriting group rates
- Discussion forum for benefit decisions
- Quarterly or semi-annual exchange reviews







## EMI HEALTH PLAN ENHANCEMENTS

It is critical that your plan benefits are administered efficiently and accurately, and we feel that your health insurance company should bring more value to your group than just claims administration and network coverage. This is why we offer additional services to keep your members healthy and reduce your healthcare costs. These services are included in your plan at no additional cost and enhance the member's healthcare experience while preventing illness.

**TeleMedicine** 24/7 access to doctors across the nation from the comfort of your own home.

**Health & Wellness** Personal wellness coaching and services that help you achieve your health and wellness goals.

**Transparency Tool** See the cost of procedures, services, and prescriptions from your **My EMI Health** Account.

**Benefit Hub** Get discounts on gym memberships, retail, travel and more.



## TELEMEDICINE

provided for EMI Health through **WELLVIA**

Some 70% of doctor visits can be handled over the phone, and 40% of urgent care visits can be managed using TeleMedicine. WellVia for EMI Health gives you access to U.S. board-certified doctor over the phone anytime, anywhere.

### WHY USE TELEMEDICINE?

WellVia does not replace your primary care physician. It is a convenient, alternative way for you to get the care you need while saving you time and money. Whether it's the middle of the night, while on vacation, on a business trip, or that moment when you've run out of a prescription, WellVia is on call.

You can speak with a doctor anytime and pay no consultation fee rather than pay the high costs associated with office visits, urgent care visits, and emergency room visits. Just call **1-877-872-0370**.

WellVia has a trusted physician network that is U.S. based and licensed. Board-certified doctors with an average of 10 years of experience are on call to help you feel better.

WellVia is supported by an internal, bilingual Patient Care Center with specialists in communicating and diagnosing via Telehealth.

### USE WELLVIA FOR COMMON CONDITIONS

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Constipation
- Cough
- Diabetes
- Ear Pain\*
- Fever
- Gout
- Headache
- Hemorrhoids
- High Blood Pressure
- Joint Pain
- Nausea
- Pink Eye
- Rashes
- Sinus Conditions
- Sore Throat
- Stomach Virus
- Thyroid Conditions
- UTI
- Yeast Infections
- And More

### AND COMMON MEDICATIONS

- Albuterol
- Allegra
- Flonase
- Ibuprofen 800mg
- Levaquin
- Lipitor
- Nasonex
- Many Others

\*In accordance with telemedicine guidelines, ear infections are only diagnosed for patients that are 18 years or older.





## WELLNESS PROGRAM

EMI Health has a deep concern for the health and wellbeing of our members. Our wellness program is designed to give members the education to understand their current health situation and the tools to help them achieve their own wellness goals.

### BIOMETRIC SCREENING

Trained screeners run a series of tests at the employer's site and participants receive instant feedback on key biometric data related to the health and wellbeing of the participants.

### MOBILE MAMMOGRAM

Trained professionals come to the employer's location to perform screening using state-of-the-art equipment to help detect and prevent more serious complications.

### FLU SHOT CLINIC

Immunization-trained pharmacists or clinical practitioners come to a location of the employer's choosing to administer immunizations to help your employees fight against the flu season.

### WELLNESS COACHING

Certified health & wellness coaches work with your employees to establish individualized wellness goals. Coaches check in with your employees to offer support, motivation, and accountability so employees achieve their desired outcomes.

\*Minimum participation numbers apply for screenings, mobile mammograms, and flu clinics.

\*\*Minimums vary depending on location in Arizona.



## FIND PARTICIPATING PROVIDERS TOOL

Using participating providers is an important part of ensuring that you make the most of your health plan benefits. You can confirm that your provider is part of the EMI Health network, or locate a new participating provider, online at [emihealth.com](https://emihealth.com):

- 1 Hover over the **Members** tab at [emihealth.com](https://emihealth.com).
- 2 Select **Provider Search** from the drop-down menu.
- 3 Select the type of plan (medical, dental, or vision).
- 4 Select your plan (as identified on your ID card) and your state.
- 5 To narrow your search, select one or more of the additional criteria listed and click **Search**.

You can also download the EMI Health mobile app on your smart phone to perform a provider search. Follow the same directions starting at step 3 above.

Not all plans have participating provider benefits outside of your state of residence. To confirm your benefits, or if you have any questions, please contact EMI Health's customer service department toll free at **800-662-5851**.



# SECURE YOUR MEDICAL RATES - CHECKLIST

Send the following to: **Brandon at [bjorgensen@emihealth.com](mailto:bjorgensen@emihealth.com) and cc: [quotes@emihealth.com](mailto:quotes@emihealth.com)**

- ☐ Group name, address(es), SIC code
- ☐ Census in Excel of all eligible employees and their dependents including the following:
  - First and last name
  - Birth date
  - Gender
  - Street Address, City, State, Zip code
  - Home phone number
  - Coverage tier
- ☐ Current and renewal rates and benefits
- ☐ Current medical plan invoice or renewal file from carrier including covered employees
- ☐ Individual health questionnaires for groups with 15 or fewer currently enrolled employees
  - Individual health questionnaires for groups up to 25 may be requested depending on initial underwriting.
  - Claims experience is requested whenever available. It will be accepted in lieu of individual health questionnaires.

(The reporting must include a monthly claims history report, a large claimant report with diagnosis information, 12 months of claims history, and have been produced in the last 45 days)
- ☐ Group risk evaluation form for all groups (unless individual health questionnaires were provided).
- ☐ Claims experience for groups that are self-funded, level-funded or have over 100 enrolled
- ☐ Individual health questionnaires for any size group if no current coverage is offered



## PLAN DESIGNS

Choose up to three plans that work best for your group  
**[Click here to view full page plan details](#)**



## PLAN DESIGNS

Choose up to three plans that work best for your group  
**[Click here to view full page plan details](#)**



Required for Groups of 26 Enrolled or more

## Group Risk Evaluation

Group Name

### Questionnaire

1. Have covered employees or dependents ever had, consulted a health care professional, or received counseling or treatment for: (Circle all that apply and explain below)?

|                         |                              |                               |
|-------------------------|------------------------------|-------------------------------|
| AIDS / HIV              | Heart Disease                | Multiple Sclerosis            |
| Alcohol/Substance abuse | Hodgkin's Disease / Lymphoma | Muscular Dystrophy            |
| Blood Disorders         | Hypertension                 | Nervous System / Muscular     |
| Cancer                  | Infertility                  | Organ Disorder                |
| Cerebral Palsy          | Kidney / Urinary             | Rheumatoid Arthritis          |
| Colitis                 | Leukemia                     | Sarcoidosis                   |
| Crohn's Disease         | Liver                        | Sexually Transmitted Diseases |
| Diabetes                | Lung                         | Strokes                       |
| Digestive System        | Lupus                        | Transplants                   |
| Emphysema               | Mental / Emotional           | Tumors                        |

2. Are any employees or dependents currently pregnant? If so, list the expected delivery date, and any complications including the anticipation of multiple births or C-section? Yes ☐ No ☐

3. Have any employees or dependents been hospitalized (inpatient or outpatient) or had any surgical operations during the past 5 years? Yes ☐ No ☐

4. Have any employees been absent from work or confined to the home or incapacitated for more than 2 consecutive weeks due to illness or injury during the past 5 years? Yes ☐ No ☐

5. Have any employees or dependents been advised to undergo medical treatment, surgical operations, diagnostic testing or hospitalization in the next 6 months? Yes ☐ No ☐

6. Are any employees or dependents receiving disability benefits of any type including Social Security Income, Worker's Compensation and Medicare? Yes ☐ No ☐

### Additional Details

For any question above answered "Yes", please complete the following:

| Question # | Employee or dependent<br>Age & Gender | List condition, disorder, disease, problem<br>and treatment | Dates of care: first / last due<br>date if pregnant | Cost of care: actual or<br>expected | Health<br>status |
|------------|---------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|------------------|
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |
|            |                                       |                                                             |                                                     |                                     |                  |

### Signature

I certify to the best of my knowledge that the above information is true, complete and accurate and acknowledge that any coverage issued by the Plan will be issued in reliance thereon.

|                    |        |      |
|--------------------|--------|------|
| Employer Signature | Title  | Date |
| Agent Signature    | Agency | Date |





| Employee Information                                    |  |         |  |                                                       |                          |                          |                        |     |                          |                          |  |
|---------------------------------------------------------|--|---------|--|-------------------------------------------------------|--------------------------|--------------------------|------------------------|-----|--------------------------|--------------------------|--|
| Group Name:                                             |  |         |  | YES                                                   |                          | NO                       |                        | YES |                          | NO                       |  |
| Employee's Name:                                        |  | Age:    |  | Enroll:                                               | <input type="checkbox"/> | <input type="checkbox"/> | If no, other coverage? |     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Spouse's Name:                                          |  | Age:    |  | Enroll:                                               | <input type="checkbox"/> | <input type="checkbox"/> | If no, other coverage? |     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Number of Dependent Children:                           |  | Age(s): |  | Enroll:                                               | <input type="checkbox"/> | <input type="checkbox"/> | If no, other coverage? |     | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Employee's Height:        _____ ft.        _____ in.    |  |         |  | Spouse's Height:        _____ ft.        _____ in.    |                          |                          |                        |     |                          |                          |  |
| Employee's Weight:        _____ now; _____ one year ago |  |         |  | Spouse's Weight:        _____ now; _____ one year ago |                          |                          |                        |     |                          |                          |  |

|                                                                                                                     |                              |                             |
|---------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Are you or your dependents afflicted or diagnosed with a major disease or illness? (If yes, explain below)          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you or your dependents anticipating any medical or surgical treatment in the next year? (If yes, explain below) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you or your dependents currently take any prescription medication? (If yes, explain below)                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you or your dependents used any type of tobacco product within the past 5 years? (If yes, explain below)       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please include: Blood Disorders, Cancer (include type), Congenital Disorders, Cystic Fibrosis, Diabetes, Pregnancy (anticipated complications), Liver Disease, Heart Disease, Transplants (include type), Multiple Sclerosis, or other major illnesses.

[illegible][illegible]

|                                                                                                                                                          |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I certify that the information stated above is true and correct and acknowledge that any coverage issued by the Plan will be issued in reliance thereon. |      |
| Employee Signature                                                                                                                                       | Date |

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CORPORATE OFFICE  
5101 SOUTH COMMERCE DRIVE, MURRAY, UTAH 84107

|                              |              |
|------------------------------|--------------|
| ADMINISTRATIVE LOCAL         | 801 262 7476 |
| ADMINISTRATIVE OUT OF AREA   | 800 662 5850 |
| CUSTOMER SERVICE LOCAL       | 801 262 7475 |
| CUSTOMER SERVICE OUT OF AREA | 800 662 5851 |

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