



2026 - 2027

Alpine School District

Medical Enrollment Guide | Plans A—C

Your eligibility and coverage	3-5
Welcome to EMI Health	3
Life status changes	4
Benefit coverage after termination	4
Coordination of Benefits.....	5
Member ID Card	5
Your medical plan network	7-10
Understanding your health plan	7
Comparing plan types	8
Garner Benefit.....	9
How to find your medical network	10
How search for a medical provider	10
Plan Summaries and Rates	11-14
Plan A	11
Plan B	12
Plan C	13
Plan Rates	14
Your added benefits.....	15-17
Telehealth with Recuro	16
My Medical Shopper.....	16
Preventative Care.....	16
Mental Health with Lyra.....	16
BeWell (Wellness Benefits)	17
Benefit Hub.....	18
Prescription (RX) Drugs	19-21
How your costs works	20
How to fill your prescriptions	20
Accuro Pharmacy.....	21
SaveOnSP	21
The Patient Assurance Program.....	21
Digital Tools and Resources	22
Online Tools.....	22
How to register your account.....	22
Download the App	22
Contact information	23
Terms and Conditions	24



Your eligibility and coverage.

Welcome to EMI Health!

EMI Health has been serving individuals, families, and organizations for over 85 years. As a not-for-profit insurer, we're committed to making healthcare more accessible, more personal, and easier to understand.

We partner with trusted providers and employers across the region to bring you quality coverage that puts your needs first. When your health plan and your care work hand in hand, you can focus on what matters most—feeling your best.

Let's get started:

We're excited to support your health journey and want to make it easy for you to get the most out of your benefits. In this guide, you'll find a quick overview of how your plan works, what to expect next, and where to go for answers when you need them.

YOUR ELIGIBILITY AND COVERAGE

When your life changes.

Understand your health coverage options, how qualifying life events affect eligibility, and when you can make important plan changes.

Due to IRS regulations, you can only elect to make changes to your health insurance coverage during the annual open enrollment unless you experience a qualifying life status change during the year.

Qualified events outside the open enrollment period allow you to add and/or remove yourself and your dependents from your elections. Changes to the plan or network can only be made during the open enrollment period.

Submitting Documentation

Documentation of the event, such as a marriage certificate, divorce decree, letter of coverage, or loss of coverage notice is required to finalize the change. If the supporting documentation is not submitted within the allotted timeframe, the earliest opportunity to make changes to your elections would be the next annual open enrollment period.

Changes to your health insurance elections due to a qualifying life status change need to be made within 31 days of the event. For further information on submitting documentation notify your HR representative.



What Qualifies as a Life Status Change?

- Marriage
- Divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse or child
- Change in child custody
- Change in coverage elections made by your spouse (or parent) during their employer's open enrollment period
- Loss of coverage under your spouse's plan
- Loss of coverage under your parent's plan (once you turn age 26)

Benefit coverage after termination.

After your employment ends, your eligibility to continue certain benefits may vary. Depending on your specific situation, you may be offered COBRA or a state continuation option (such as mini-COBRA), or you may not be eligible for continuation coverage.

If continuation coverage is available, you will receive information about your rights and next steps following a qualifying event.

For details about your specific benefits and available options, please contact your HR representative.



YOUR ELIGIBILITY AND COVERAGE

Coordination of Benefits (COB): How to report other insurance coverage.

If you, your spouse, or any dependents have other health insurance in addition to your EMI Health plan, we'll need a quick form from you. It's called a Coordination of Benefits (COB) form, and it helps us understand how your coverage works alongside your other plan.

Why it matters:

Having accurate COB information on file ensures your claims are processed smoothly and prevents delays or overpayments. It also helps us keep your EMI Health plan running efficiently and cost-effectively.

What to do:

Just fill out the COB form and return it to EMI Health as soon as possible.

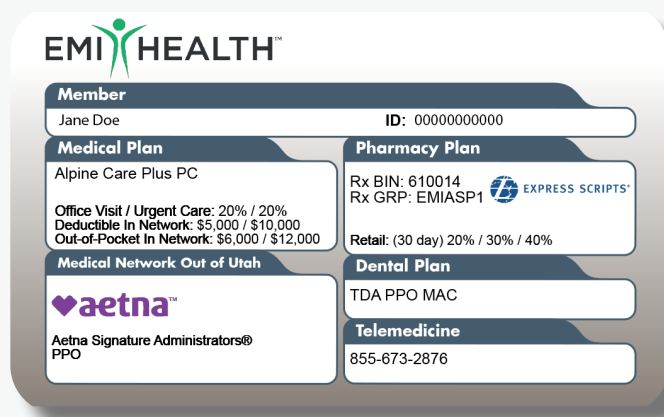
You can find the form by going to emihealth.com/Members/Forms and following the directions on the form.

We're here to help.

If you're not sure whether this applies to you or how to complete the form, we're here to help. Call our Member Services team at:

(800) 662-5851

Mon-Fri 6:00 am – 6:00 pm



Watch for your Member ID Card.

After you enroll, EMI Health will mail you a Member ID card. This card includes your member ID number, plan name, and network — all the details you'll need to access care and register your online account.

Once your card arrives, be sure to activate your EMI Health account. You'll use the information on your card to log in, view benefits, find providers, and manage your coverage.

After you receive your Member ID card, activate your account **emihealth.com/account** and click register.



**Know your plan,
know your options.**

Visit alpine.emihealth.com for helpful resources.



Your medical plan network.

EMI Care Plus Network

The EMI Care Plus network is EMI Health's primary medical network in Utah, offering comprehensive access to care. At its core, the network features Intermountain Health's extensive system of hospitals, clinics, and providers. Beyond Intermountain, EMI Health has expanded the network to include over 30,000 in-state providers, encompassing additional hospitals, specialty clinics, and provider groups.

Out-of-State Coverage

For members traveling or residing outside Utah, EMI Health partners with national networks such as Aetna National PPO to ensure continued access to quality care. Your specific out-of-state network is indicated on the back of your EMI Health member ID card.

YOUR MEDICAL PLAN NETWORK

Understanding your health plan.

Whether you’re enrolled in a copay or high-deductible plan, understanding how each type works can help you navigate your coverage with ease.



Copay Plans

These plans offer predictable costs for common healthcare services. You’ll typically pay:

- A set copay for things like office visits and prescriptions.
- A separate deductible and coinsurance for larger expenses like hospital care or imaging.
- Copays don’t typically count towards toward the deductible but count toward the out-of-pocket max.

Traditional plans are a good fit if you prefer knowing your costs up front when you go to the doctor or pick up a prescription.



High Deductible Health Plans (HDHPs)

HDHPs have a higher deductible that you pay before the plan starts covering services:

- Lower monthly premiums
- The option to pair with a Health Savings Account (HSA) if the plan is HSA-qualified marked with a “Q” in your plan summaries.
- *In some cases, you may have a copay that counts toward your deductible.*

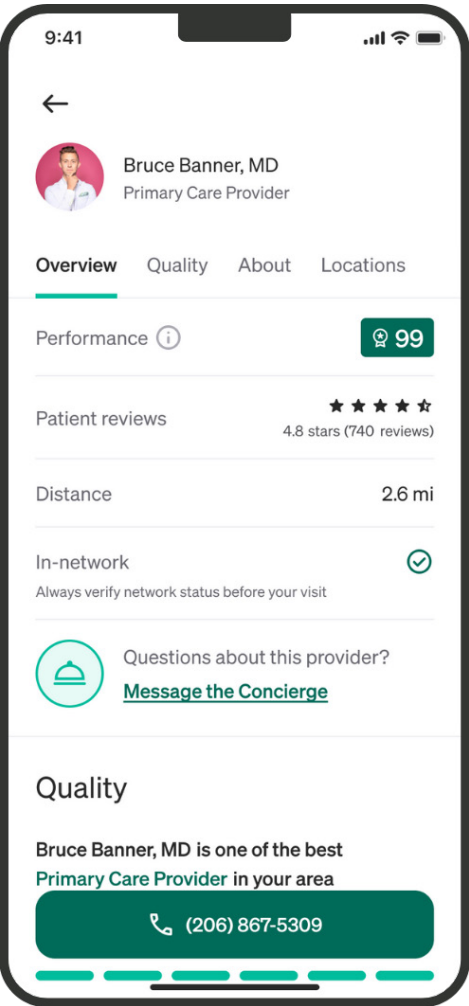
HSA-qualified HDHPs allow you to save pre-tax dollars in an HSA to pay for eligible healthcare expenses.

Comparing Plan Types

Copay Plans vs High Deductible Health Plans		
Coverage	Copay Plans	HSA-qualified and HDHPs
Monthly Premiums	Typically Higher	Typically Lower
Initial Cost Sharing	Copays for most services & prescriptions	Full cost until deductible is met
HSA Eligibility	Not eligible	Only HSA-qualified plans qualify

***HSA-qualified HDHPs are marked with a “Q” in front of the plan name in your plan summaries.

YOUR MEDICAL PLAN NETWORK



Get reimbursed for out-of-pocket costs when you visit Top Doctors with Garner.

This free healthcare benefit simplifies finding top medical providers within your EMI Health network and reimburses you for qualifying out-of-pocket medical expenses. It is fully funded by your employer’s Health Reimbursement Arrangement (HRA).

What is a Top Provider?

Top Providers are identified through an analysis of over 60 billion medical records representing more than 310 million unique patients.

How reimbursements work:

Members must search for their providers by using the Garner app. After they've searched for Top Providers, and receive care, Garner mails a check within 2-3 weeks.

HRA funded entirely by the Alpine School District	
Employee	Families
\$2,000	\$4,000

To learn more about Garner please visit: garnerguide.com/hra-feed-pcp/

YOUR MEDICAL PLAN NETWORK

How to find the provider network in your medical plan summary:

In this guide, the network name is listed at the top and bottom of each medical plan summary.

Your network name tells you which doctors, hospitals, and healthcare providers are considered in-network. Choosing in-network providers helps you get the most from your benefits and avoid higher out-of-pocket costs.

You can look up a provider before you enroll by using EMI Health's provider lookup tool. See how to search for a provider as a member or a guest below.

Questions about your plans?

If you have any questions about your plan summaries, please contact your HR representative.

How to search for a provider with EMI Health's Provider lookup tool:

You can search for in-network doctors, clinics, and specialists at any time, even if you have not enrolled yet. Use the provider search tool as a guest to explore networks, or sign in as a member to see results based on your plan.

For Guests:

- Go to **emihealth.com**
- Click on **Provider Search**.
- Choose **Search as a Guest**.
- Enter your network, state, and zip code.
- Search for your provider.

For Members:

- Go to **emihealth.com/account**.
- Login with your credentials.
- Click **Provider Search** within your member dashboard.
- Your network, state, and zip code is automatically displayed.
- Search for a provider.

Welcome to your exclusive health clinic!



LEARN MORE AT:
alpine.emihealth.com/careclinic

Primary and preventive care at little or no cost

Depending on your medical plan.

EMI Health now offers **Alpine School District** employees and their enrolled dependents (ages 2+) **access to high-quality health care at a local health clinic.**

- If you're on Plans A or B, visits are **no cost to you.**
- If you're on Plans C or D, you'll pay a low **\$25 cost** (waived once deductible is met).

Treatments for you and your family:

- ✓ Checkups and preventive care
- ✓ Support managing chronic conditions
- ✓ Quick visits for cold, flu, & more
- ✓ More time with your provider
- ✓ Minimal wait times
- ✓ Same-day lab results or medications when available

YOUR MEDICAL PLAN NETWORK

Plan: A

Type: Copay

Provider Network: EMI Health Care Plus

Alpine School District	Care Plus	
Plan A	Participating Provider Option	Non-Participating Provider Option
Medical Deductible (Per Person/Family Per Year). Please note♦ Benefit Accumulator: Contract Year	\$4,500 / \$9,000	\$6,500 / \$13,000
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note * Deductible is included in the Out-of-Pocket Maximum	\$6,500 / \$13,000	\$9,000 / \$18,000
Medical/Surgical/Maternity/Intensive Care (semi-private room)	♦15%	♦40%
Coinsurance	♦15%	♦40%
Physician Office Visits (primary care)	\$30	♦40%
Physician Office Visits (specialist care)	\$50	♦40%
Physician Office Visits (after hours)	\$40	♦40%
Eligible Preventive Services	Covered 100%	Not Covered
Urgent Care Clinic	\$50	♦40%
Emergency Room (ER)	\$300	\$300
Prescription Drugs	Retail	Mail Order
Participating and Mail Order Pharmacies	Generic - 25%	Generic - 25%
	Preferred - 35%	Preferred - 35% (\$250 Max)
	Non-Preferred - 45%	Non-Preferred - 45%
Prescription Drug Deductible	None	
Specialty Pharmacy	Generic - 25% (\$150 Max)	
	Preferred - 25% (\$250 Max)	
	Non-Preferred - 30% (\$500 Max)	
Specialty Pharmacy SaveOnSP Program	Must enroll to receive: *\$0 Copay	
Provider Network		
Utah	EMI Health Care Plus	
Outside of Utah	Aetna National PPO	

Services designated ♦ are subject to the Medical Deductible

YOUR MEDICAL PLAN NETWORK

Plan: B

Type: Copay

Network: EMI Health Care Plus

Alpine School District	Care Plus	
Plan B	Participating Provider Option	Non-Participating Provider Option
Medical Deductible (Per Person/Family Per Year). Please note♦ Benefit Accumulator: Contract Year	\$5,000 / \$10,000	\$7,500 / \$15,000
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note * Deductible is included in the Out-of-Pocket Maximum	\$7,500 / \$15,000	\$11,000 / \$22,000
Medical/Surgical/Maternity/Intensive Care (semi-private room)	♦20%	♦40%
Coinsurance	♦20%	♦40%
Physician Office Visits (primary care)	\$35	♦40%
Physician Office Visits (specialist care)	\$60	♦40%
Physician Office Visits (after hours)	\$50	♦40%
Eligible Preventive Services	Covered 100%	Not Covered
Urgent Care Clinic	\$60	♦40%
Emergency Room (ER)	\$400	\$400
Prescription Drugs	Retail	Mail Order
Participating and Mail Order Pharmacies	●Generic - 25%	●Generic - 25%
	●Preferred - 35%	●Preferred - 35% (\$250 Max)
	●Non-Preferred - 45%	●Non-Preferred - 45%
Prescription Drug Deductible	\$250 / \$750	
Specialty Pharmacy	●Generic - 25% (\$150 Max)	
	●Preferred - 25% (\$250 Max)	
	●Non-Preferred - 30% (\$500 Max)	
Specialty Pharmacy SaveOnSP Program	Must enroll to receive: *\$0 Copay	
Provider Network		
Utah	EMI Health Care Plus	
Outside of Utah	Aetna National PPO	

Services designated ♦ are subject to the Medical Deductible

YOUR MEDICAL PLAN NETWORK

Plan: C

Type: (Q) HDHP

Network: EMI Health Care Plus

Alpine School District		Care Plus	
Plan C	Participating Provider Option	Non-Participating Provider Option	
Medical Deductible (Per Person/Family Per Year). Please note♦ Benefit Accumulator: Contract Year	\$5,500 / \$11,000	\$9,000 / \$18,000	
Out-of-Pocket Maximum (Per Person/Family Per Year). Please note * Deductible is included in the Out-of-Pocket Maximum	\$7,000 / \$14,000	\$11,000 / \$22,000	
Medical/Surgical/Maternity/Intensive Care (semi-private room)	♦20%	♦40%	
Coinsurance	♦20%	♦40%	
Physician Office Visits (primary care)	♦20%	♦40%	
Physician Office Visits (specialist care)	♦20%	♦40%	
Physician Office Visits (after hours)	♦20%	♦40%	
Eligible Preventive Services	Covered 100%	Not Covered	
Urgent Care Clinic	♦20%	♦40%	
Emergency Room (ER)	♦20%	♦20%	
Prescription Drugs	Retail	Mail Order	
Participating and Mail Order Pharmacies	♦Generic - 20%	♦Generic - 20%	
	♦Preferred - 30%	♦Preferred - 30%	
	♦Non-Preferred - 40%	♦Non-Preferred - 40%	
Prescription Drug Deductible	Medical Deductible Applies to Rx		
Specialty Pharmacy	♦Generic - 25% (\$150 Max)		
	♦Preferred - 25% (\$250 Max)		
	♦Non-Preferred - 30% (\$500 Max)		
Specialty Pharmacy SaveOnSP Program	Must enroll to receive: *\$0 Copay		
Provider Network			
Utah	EMI Health Care Plus		
Outside of Utah	Aetna National PPO		

Services designated ♦ are subject to the Medical Deductible

YOUR MEDICAL PLAN NETWORK

Plans Rates: A - C

Plan rates and copays or allowances depend on which plan options you choose and your percentage of contract or FTE (full-time equivalency).

INSURANCE COST FOR SEPT 1, 2026 - AUGUST, 2027 (MONTHLY)

	Care Plus Plan A			Care Plus Plan B			HSA Plan C			Disability	Life Family	Life Single	
	Single	Two-party	Family	Single	Two-party	Family	Single	Two-party	Family				
Premium Cost	\$921.68	\$2,043.71	\$2,924.94	\$826.23	\$1,833.19	\$2,622.94	\$732.65	\$1,618.30	\$2,317.37				
HSA Deposit Difference (Certified)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$40.00	\$60.00				
Deposit in HSA (Classified & Admin)	-	-	-	-	-	-	\$93.58	\$214.89	\$305.57				
Deposit in HSA (Certified)	-	-	-	-	-	-	\$73.58	\$174.89	\$245.57				
Total Premium Cost	\$921.68	\$2,043.71	\$2,924.94	\$826.23	\$1,833.19	\$2,622.94	\$826.23	\$1,833.19	\$2,622.94	\$20.03	\$2.99	\$1.65	%
Contracted Education Support Professional (ESP)													
1260+ hours per year	\$161.26	\$334.38	\$481.22	\$45.81	\$83.86	\$119.22	\$45.81	\$83.86	\$119.22	\$0.00	\$0.00	\$0.00	
1070 - 1259 hours per year	\$267.72	\$573.69	\$823.34	\$155.07	\$328.77	\$469.74	\$155.07	\$328.77	\$469.74	\$2.80	\$0.42	\$0.23	14.0%
890 - 1069 hours per year	\$381.78	\$830.09	\$1,189.90	\$272.13	\$591.17	\$845.30	\$272.13	\$591.17	\$845.30	\$5.81	\$0.87	\$0.48	29.0%
637 - 889 hours per year	\$488.24	\$1,069.39	\$1,532.02	\$381.39	\$836.07	\$1,195.82	\$381.39	\$836.07	\$1,195.82	\$8.61	\$1.29	\$0.71	43.0%
Bus Drivers	\$358.97	\$778.81	\$1,116.59	\$248.72	\$538.69	\$770.19	\$248.72	\$538.69	\$770.19	\$5.21	\$0.78	\$0.43	26.0%
Administrators	\$175.45	\$350.52	\$502.00	\$60.00	\$100.00	\$140.00	\$60.00	\$100.00	\$140.00	\$0.00	\$0.00	\$0.00	
Certified													
1.00 FTE	\$115.45	\$250.52	\$362.00	\$20.00	\$40.00	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
.90 FTE	\$196.07	\$429.84	\$618.29	\$100.62	\$219.32	\$316.29	\$82.62	\$183.32	\$262.29	\$2.00	\$0.30	\$0.17	10.0%
.88 FTE	\$212.20	\$465.70	\$669.55	\$116.75	\$255.18	\$367.55	\$99.15	\$219.98	\$314.75	\$2.40	\$0.36	\$0.20	12.0%
.86 FTE	\$228.32	\$501.57	\$720.81	\$132.87	\$291.05	\$418.81	\$115.67	\$256.65	\$367.21	\$2.80	\$0.42	\$0.23	14.0%
.85 FTE	\$236.38	\$519.50	\$746.44	\$140.93	\$308.98	\$444.44	\$123.93	\$274.98	\$393.44	\$3.00	\$0.45	\$0.25	15.0%
.84 FTE	\$244.45	\$537.43	\$772.07	\$149.00	\$326.91	\$470.07	\$132.20	\$293.31	\$419.67	\$3.20	\$0.48	\$0.26	16.0%
.83 FTE	\$252.51	\$555.36	\$797.70	\$157.06	\$344.84	\$495.70	\$140.46	\$311.64	\$445.90	\$3.41	\$0.51	\$0.28	17.0%
.80 FTE	\$276.70	\$609.16	\$874.59	\$181.25	\$398.64	\$572.59	\$165.25	\$366.64	\$524.59	\$4.01	\$0.60	\$0.33	20.0%
.75 FTE	\$317.01	\$698.82	\$1,002.74	\$221.56	\$488.30	\$700.74	\$206.56	\$458.30	\$655.74	\$5.01	\$0.75	\$0.41	25.0%
.71 FTE	\$349.26	\$770.55	\$1,105.25	\$253.81	\$560.03	\$803.25	\$239.61	\$531.63	\$760.65	\$5.81	\$0.87	\$0.48	29.0%
.70 FTE	\$357.32	\$788.48	\$1,130.88	\$261.87	\$577.96	\$828.88	\$247.87	\$549.96	\$786.88	\$6.01	\$0.90	\$0.50	30.0%
.67 FTE	\$381.51	\$842.27	\$1,207.77	\$286.06	\$631.75	\$905.77	\$272.66	\$604.95	\$865.57	\$6.61	\$0.99	\$0.54	33.0%
.65 FTE	\$397.63	\$878.14	\$1,259.03	\$302.18	\$667.62	\$957.03	\$289.18	\$641.62	\$918.03	\$7.01	\$1.05	\$0.58	35.0%
.64 FTE	\$405.69	\$896.07	\$1,284.66	\$310.24	\$685.55	\$982.66	\$297.44	\$659.95	\$944.26	\$7.21	\$1.08	\$0.59	36.0%
.63 FTE	\$413.76	\$914.00	\$1,310.29	\$318.31	\$703.48	\$1,008.29	\$305.71	\$678.28	\$970.49	\$7.41	\$1.11	\$0.61	37.0%
.60 FTE	\$437.94	\$967.80	\$1,387.18	\$342.49	\$757.28	\$1,085.18	\$330.49	\$733.28	\$1,049.18	\$8.01	\$1.20	\$0.66	40.0%
.57 FTE	\$462.13	\$1,021.59	\$1,464.06	\$366.68	\$811.07	\$1,162.06	\$355.28	\$788.27	\$1,127.86	\$8.61	\$1.29	\$0.71	43.0%
.50 FTE	\$518.57	\$1,147.12	\$1,643.47	\$423.12	\$936.60	\$1,341.47	\$413.12	\$916.60	\$1,311.47	\$10.02	\$1.50	\$0.83	50.0%



Your added benefits.

Your added benefits with EMI Health

Your EMI Health plan includes more than just medical coverage. It comes with valuable tools and services to support your overall well-being. You have access to 24/7 telemedicine with \$0 copays, personalized mental health support, transparent healthcare pricing tools, and 100 percent covered preventive care. You also get wellness coaching through BeWell, exclusive discounts through BenefitHub, and broad provider access through national and regional networks.

Learn more or register your account at emihealth.com/account.

YOUR ADDED BENEFITS



Telehealth with Recuro

24/7 Virtual Care with \$0 Copays

Care should be available when you need it. With Recuro Health, you can access 24/7 virtual urgent care from your phone, tablet, or computer. Licensed providers are ready to help with common issues like fevers, sinus infections, and other minor concerns.

There's no out-of-pocket cost, making it an easy and affordable way to get care from home.



My Medical Shopper

Your cost transparency tool.

Healthcare costs can vary, but My Medical Shopper helps you see prices upfront. Use it to compare costs for procedures, search local providers, and track your healthcare spending.

It's an easy way to make informed choices, avoid surprise bills, and find care that fits your budget.



Covered Preventative Care

No copay, coinsurance, or deductible.

EMI Health covers preventive care at 100 percent with no copay, deductible, or coinsurance. This includes annual exams, screenings, immunizations, and counseling.

Staying on top of preventive care helps you stay healthy and catch problems early, all at no extra cost.



Mental Health Care with Lyra

Customized mental health support.

Lyra connects you with a mental health professional who fits your needs. Whether you prefer in-person sessions, or virtual visits, you can get support for stress, anxiety, depression, and more.

Care is confidential, easy to access, and tailored to your schedule and preferences.



You can access all these benefits and more through your My EMI Health dashboard. To register your account, simply go to **emihealth.com/account** and click register.

YOUR ADDED BENEFITS

Your BeWell Wellness Benefits

As part of your EMI Health medical plan, you have access to BeWell—a full suite of wellness tools and personalized support designed to help you take charge of your health, at no extra cost!

You'll have access to nurses, certified health coaches, and wellness experts who can guide you through meaningful changes with personalized support. These services are designed to promote better health, reduce risk, and keep you engaged in your well-being through every stage of life.

Learn more about BeWell:

After you enroll, you'll receive an Enrollment Member Guide with more details about each program and how to get started.



BeWell Benefits include:

- Condition & Lifestyle Coaching
- Maternity Management
- Case & Utilization Management
- Tobacco & Weight Management
- Engagement & Rewards





BenefitHub

As a member of EMI Health, you can get deals on things you purchase every day.

Tickets, concerts, theaters, restaurants, and thousands of other local offers are yours simply because you are awesome (and covered by EMI Health). Learn more by visiting to emihealth.com.



Prescription (RX) drugs.

Your pharmacy benefits with Express Scripts.

EMI Health partners with **Express Scripts** to bring you flexible, cost-conscious prescription drug coverage. With access to over **68,000 retail pharmacies**, a convenient home delivery service, and **specialized support for complex conditions**, managing your medications is easier than ever.

Their focus is helping you stay on track with your medications—at the best cost, with the least hassle.



PRESCRIPTION (RX) DRUGS

How your costs work:

Prescription costs depend on both the type of medication and your medical plan.

- **(Q)HDHP Members**
You'll pay the full cost of prescriptions until your combined medical and pharmacy deductible is met. After that, your plan starts sharing the cost.
- **Traditional (Copay) Plan Members**
You may have a separate prescription deductible, or you may pay copays by drug tier from day one.

For exact pricing and benefit details, check your **plan summary** (found in your enrollment booklet or member portal).

Ways to fill your prescriptions:

You can fill your prescriptions in the way that works best for you:

- **Retail Pharmacies**
Over 68,000 in-network locations for short-term needs
- **Home Delivery**
Great for ongoing medications; usually saves time and money.



Preventive Medications – Covered at 100%

Some medications are fully covered when prescribed for preventive care, including:

- Aspirin (for heart health)
- Folic acid (for women under 50)
- Iron supplements (for infants)
- Smoking cessation products
- Women's contraceptives

Your plan sorts medications into three main tiers:

MEDICATION TIERS & COMMON COST PATTERNS		
Medication Tier	Retail (30-day supply)	Home Delivery (90-day supply)
Generic Drugs	Lowest cost	Usually 2x retail
Preferred	Mid-range cost	Savings with 90-day fill
Non-Preferred	Highest cost	Better value by mail order

***Sample copays for some traditional plans: Generic \$10, Preferred \$40, Non-Preferred \$150. Check your plan summary for your actual benefits.

PRESCRIPTION (RX) DRUGS

Support for specialty medications:

Accredo

If you take a specialty drug, EMI Health works with Accredo, a pharmacy dedicated to high-cost, complex medications.

With Accredo Pharmacy you'll get:

- Personalized care from pharmacists who specialize in your condition.
- 24/7 access to support and medication counseling.
- Convenient home delivery and refill reminders.

The SaveOnSP program

Through the SaveOnSP program, some eligible specialty medications may cost as little as \$0 per month with no extra cost to participate. No accumulations will be applied to the deductible or out-of-pocket maximum. View the list of \$0-cost medications by visiting alpine.info.emihealth.com or call **1-800-683-1074** and speak with SaveOnSP.



Tips to maximize your benefits!

- Use generics or preferred brands when available.
- Refill maintenance medications through home delivery.
- Contact Express Scripts Member Services at 866-815-0003 for support anytime.



The Patient Assurance Program (PAP)

Pay \$25 for insulin & diabetes medication through PAP.

A cost-saving benefit that helps manage out-of-pocket costs for certain insulin and Type 2 diabetes medications. Under this program, eligible prescriptions are capped at \$25 per 30-day supply, regardless of deductible status or plan type (traditional or high-deductible health plans).

Covered medications include:

- Insulin: Humalog®, Semglee® (yf)
- Type 2 Diabetes Medications: Mounjaro®, Rybelsus®, Trulicity®, Jardiance® (list subject to change)

Eligible members automatically receive the reduced copay at participating pharmacies.

Everything at your fingertips!



Online Tools

Our secure member website is your one-stop shop for information about your healthcare benefits. Access all our online tools by going to emihealth.com/account.

- Member Dashboard
- View/Print ID Cards
- Plan Information and Provider Search
- Accumulators for each plan member and family
- Recent Claims
- Programs and Tools



On the go? Download our app!

Download the free EMI Health app to access your account for your healthcare information and online tools.



How to Register your account:

After you enroll and recieve your Member Card ID:

- Go to **emihealth.com/account**.
- Click **Register Account**.
- Choose **Member** and follow the step-by-step instructions.

When you register your account, you'll have access to your member dashboard, plan information, added benefits and more!



EMI Health Contact Information

MAIN WEBSITE
emihealth.com

PHONE NUMBER
(800) 662 - 5851

HOURS
MON-FRI
6:00am - 6:00pm MST

We're here to help.

Health insurance doesn't have to be complicated. We can help you with everything from understanding your benefits to finding the right doctor. Our customer services teams are dedicated to providing exceptional service.

TERMS AND CONDITIONS

Informational Use Only

This guide is intended to summarize key features of your EMI Health benefits. It is not a contract and does not create any legal rights or entitlements.

Plan Documents Govern

In case of any discrepancies between this booklet and official plan documents—including the Summary Plan Description (SPD), Certificate of Coverage, or member handbook—the plan documents will govern. Copies of those documents are available through your employer or EMI Health.

Subject to Change

Plan details, networks, costs, and availability are subject to change based on employer selections, legislative updates, or administrative decisions. EMI Health reserves the right to amend or terminate coverage in accordance with applicable law.

Eligibility and Enrollment

You must meet eligibility requirements to enroll in a plan. Outside of open enrollment, coverage changes require a qualifying life event and must be submitted within your employer's required timeframe—typically within 30 or 31 days.

Privacy and Security

EMI Health complies with federal privacy regulations to safeguard your personal health information. For our full privacy practices, visit emihealth.com/privacy to learn more.

