

2023-2024 USEA Dental, Vision & TeleMed

Partnering with EMI Health



Utah School Employees Association

Take advantage of being a member of USEA

Still in effect, USEA will no longer be pulling premiums from the member's payroll. All premiums will be withdrawn via ACH monthly at a consistent monthly rate.

What this means for you is that EMI Health will pull the premium monthly from your checking account or a credit card. You will be able to budget for this, because the premium is the same each month.

The bundled approach will give you access to Dental, Vision, and TeleMed products with only one deduction monthly.

Dental

Choice PPO Plan

This plan replaces and enhances our Premier Plan by adding the Advantage Network as an option.

Enhanced benefits are accessed by using an Advantage Plus Network provider.

There is no deductible and a significantly higher annual maximum limit.

Employee	\$42.60
Two-Party	\$83.20
Family	\$129.50

Choice PPO

	In-Network (Advantage Plus Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	60% up to TOA
Type 2 - Basic Fillings, Oral Surgery	80%	80%	60% upto TOA
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	30% up to TOA
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
Waiting Periods			
Type 2 - Basic	3 Month Waiting Period		
Type 3 - Major	12 Month Waiting Period		
Type 4 Orthodontics	12 Month Waiting Period		
Deductible In and Out of Network Deductibles are Combined			
Per Person	\$0.00	\$50	\$100
Family Max	\$0.00	\$150	\$300
Deductible Applies To	N/A	Type 1, Type 2 & Type 3	Type 1, Type 2 & Type 3

Advantage Co-Pay Plan

Know your out-of-pocket expenses before going to an in-network dentist with this plan.

You only pay the co-payments as outlined on the Co-Pay Schedule.

Receive quality care, excellent benefits, and low co-payments.

Employee	\$22.10
Two-Party	\$45.60
Family	\$76.20

Advantage Co-Pay

	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
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

Value Discount Plan

Receive quality care at huge discounts, some up to 70 percent savings on dental services. This is a discount program, not an insurance policy.

This is a voluntary discount plan that is **FREE** to all USEA members. This plan can be used to cover additional family members for a small monthly amount.

Employee	\$0.00
Two-Party	\$3.00
Family	\$5.00

Value

	In-Network Only
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	Up to 70% Savings - See Member Schedule (Discount Only)
Type 2 - Basic Fillings, Oral Surgery	Up to 60% Savings - See Member Schedule (Discount Only)
Type 3 - Major Crowns, Bridges, Prosthodontics	Up to 50% Savings - See Member Schedule (Discount Only)
Type 4 - Orthodontics Dependent children ages 7 through 18	Up to 25% Discount
Adults	Up to 25% Discount
Orthodontic Discount (All Members)	Up to 25% Discount
Waiting Periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 Orthodontics	None
Deductible	
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	N/A

*For full versions of Benefit Summaries, visit useautah.org

Questions? Please call USEA | 801-269-9320 | 800-662-6544 | useautah.org

Vision (VSP Network)

No claim forms or paperwork for members. Simply choose a VSP provider and provide your EMI ID number, and VSP does the rest. Plans include exams and hardware.

Choice Plus Network

- * VSP Choice Network
- * Costco
- * Walmart
- * Sam's Club
- * Shopko
- * Visionworks
- * Eye Masters

Employee	\$9.20
Two-Party	\$17.90
Family	\$28.50

VSP Plus 10-130	In-Network	Out-of-Network
Network	VSP Choice Plus	
WellVision Exam	\$10 Co-Pay	Up to \$65
Lenses (Glass or Plastic)		
Single Vision	\$10 Co-Pay	Up to \$30
Lined Bifocal	\$10 Co-Pay	Up to \$50
Lined Trifocal	\$10 Co-Pay	Up to \$65
Lens Options		
Progressive (Standard no-line)	\$55 Co-Pay	Up to \$50 (in lieu of Lined Bifocal reimbursement)
Premium Progressive Options	\$95 - \$105 Co-Pay	
Custom Progressive Options	\$150 - \$175 Co-Pay	
Plastic Gradient Dye	\$17 Co-Pay	N/A
Solid Plastic Dye	\$15 Co-Pay	
Photochromic Lenses	\$70 Co-Pay SV/\$82 Co-Pay Multifocal	
Polycarbonate for Adults	\$31 Co-Pay SV/\$35 Co-Pay Multifocal	
Polycarbonate for Children (under 18)	\$0 Co-Pay	

TeleMed (WellVia)

A \$6.00 monthly premium gives you a \$0 consult fee.

Talk to a doctor 24/7/365. EMI TeleMed, in partnership with WellVia, gives you access to a U.S. board-certified doctor over the phone anytime, anywhere.

WellVia physician network:

- * U.S. based and licensed
- * Primary care, pediatricians, and board-certified specialists
- * Supported by internal, bilingual Patient Care Center
- * Specialists in communicating and diagnosing via TeleMed

Some 70% of all doctor visits can be handled over the phone and 40% of urgent care visits can be managed using TeleMed.

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

Common Conditions

- * Acid Reflux
- * Asthma
- * Cold & Flu
- * Diabetes
- * Headache
- * Sore Throat
- * Many other conditions

Medications Prescribed

- * Albuteral
- * Allegra
- * Flonase
- * Ibuprofen 800mg
- * Levaquin
- * Lipitor
- * Nasonex
- * Many other medications

How Do I Enroll?

You enroll by using the attached enrollment application:

1. Fill out the enrollment application completely including checking account or Credit Card information, being sure to select the plans you want and to sign and date the application.
2. Mail, fax or email the enrollment application to USEA at the address on the application.
3. You must be a USEA member. New USEA members have 60 days from membership application date to enroll in a USEA dental, vision and TeleMed plan.
4. Cost is per month based on twelve monthly payments.

What if I am already enrolled in USEA Dental?

1. Your enrollment information will automatically carry-over "as is," unless you are making plan changes or your ACH bank or credit card information has changed. If this information has changed, you will be required to complete a new application.
2. All new and/or changes to enrollment are required to go through USEA as your gatekeeper for membership.

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