



Administered by EMI Health  
EMI Health Customer Service 801-262-7475 or 1-800-662-5851  
Self Funded Employee Medical Benefit Plan

All services are subject to the EMI Health Table of Allowances. There will be no benefit when using a Non-participating Provider. THIS IS A MINIMUM ESSENTIAL COVERAGE PLAN. BENEFITS ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. Read your plan document carefully!

MEC Enhanced 2026 Contract Year	MEC Participating Provider Option
<b>GENERAL INFORMATION</b>	<b>YOU PAY</b>
Benefit Accumulator	Calendar Year
Dependent Age Limit	26
<b>PRESCRIPTION DRUG BENEFITS (If brand is purchased when generic is available, member pays the copay plus the difference between the generic and the brand price)</b>	<b>YOU PAY</b>
Participating Pharmacy (up to 30 day supply)	ACA Preventive Care Mandates - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
Non-Participating Pharmacy	Not Covered
Mail Order (up to 90 day supply)	ACA Preventive Care Mandates - Covered 100% Generic - 10% Preferred - 50% Non-Preferred - Not Covered
Specialty Pharmacy	Not Covered
<b>PREVENTIVE SERVICES</b>	<b>YOU PAY</b>
Routine Physical Exam (1 visit per Year)	Covered 100%
Routine Gynecological Exam (1 visit per Year)	Covered 100%
Routine Pap Smear & Mammogram (1 per Year)	Covered 100%
Routine Well-Baby Exams	Covered 100%
Covered Immunizations	Covered 100%
Routine Vision Exam (1 visit per Year)	Covered 100%
Routine Hearing Exam (1 visit per Year)	Covered 100%
Eligible Preventive Facility Services	Covered 100%
<b>PHYSICIAN &amp; PROFESSIONAL SERVICES</b>	<b>YOU PAY</b>
Convenience Clinic (Max 3 visits per year)	\$20
Physician Office Visits (primary care) (Max 3 visits per year)	\$20
Physician Office Visits (secondary care) (Max 3 visits per year)	\$50
Major Diagnostic Test, CT Scan, MRI, NMR (office) (Max 1 per year)	\$250
Minor Diagnostic Test, Radiology, Lab (office or outpatient) (Max 3 per year)	\$50
Injections (office) (Max 3 per year)	Covered 100%
Surgery (office) (Max 1 per year)	Covered 100%
Anesthesiology (office) (Max 3 per year)	Covered 100%
<b>URGENT CARE CLINIC</b>	<b>YOU PAY</b>
Urgent Care Clinic (Max 3 visits per year)	\$50
<b>MEDICAL SUPPLIES &amp; EQUIPMENT</b>	<b>YOU PAY</b>
Diabetic Testing Supplies (90 day supply)	30%
Medical Supplies (office) (Max 3 per year)	Covered 100%
<b>PROVIDER NETWORK</b>	
Nationwide, except Utah	First Health Limited Benefit Network
Utah	EMI Health MEC Network

PLEASE NOTE: This is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Plan document and in the Summary Plan Description (SPD)/handbook of the Plan. Any discrepancies between this summary, the SPD/handbook, and the Plan document are resolved in favor of the Plan document. For more information, refer to the SPD/ handbook or the Plan document, or contact EMI Health Customer Service Department.

As an added benefit, in addition to this medical plan, members have access to EMI TeleMed.

<b>TeleMed</b>	<b>YOU PAY</b>
TeleMed	\$0