



2025 - 2026

Open Enrollment Member Guide

Arizona - Blue Cross Blue Shield - Medical



Your eligibility and coverage.

Welcome to EMI Health!

EMI Health has been serving individuals, families, and organizations for over 90 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.



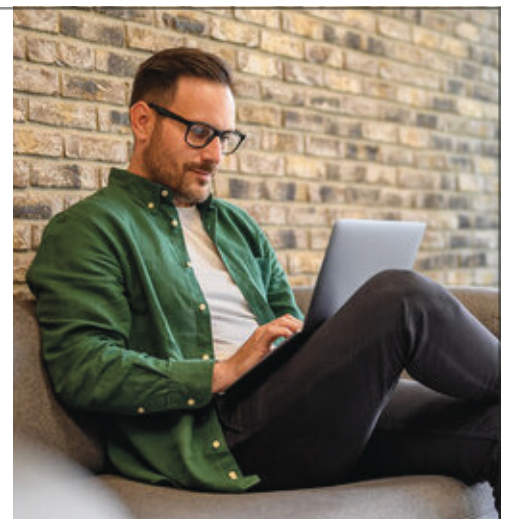
What Qualifies as a Life Status Change?

- 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 (after turning 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 choosing *For Members*.**

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

EMI HEALTH™	
Member	
Jane Doe	ID: 0000000000
Medical Plan	
Plan Name	
Office Visit / Urgent Care: 20% / 20%	
Deductible In Network: \$5,000 / \$10,000	
Out-of-Pocket In Network: \$6,000 / \$12,000	
Claims Outside (STATE)	
Network Name	
Network Logo	
Pharmacy Plan	
Rx BIN: 610014	Plan Logo
Rx GRP: EMIARXD	
Retail: (30 day) 20% / 20% / 20%	
Dental Plan	
Plan Name	
Vision Plan	
Plan Name / Network	
Telemedicine	
855-673-2876	

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.

Your card also works for each family member enrolled. To request extra cards, just call EMI Health Customer Service.

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 at emihealth.com/account and click register.



Your medical plan network.

Coverage wherever life takes you!

At EMI Health, we believe great healthcare should be simple to use, whether you're close to home or traveling across the country.

In Arizona, you're covered through the Blue Cross Blue Shield (BCBS) network. When you travel out of state, you're covered through **First Health** except Utah. In Utah, you'll be covered by **EMI Health's Care Plus network.** This gives you access to trusted local doctors and hospitals wherever you go.

Show your EMI Health Member ID Card at your appointment. It includes everything your provider needs to confirm your network and submit claims correctly.

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

Coverage: 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

Tiered savings with a Copay Plan.

With a Copay Plan, you'll have access to our tiered provider network and can receive additional savings when you visit top-performing doctors and facilities:

Tier 1 Elite Providers

Primary Care: \$10 Copay

Providers in this tier have been recognized for delivering outstanding health outcomes. When you choose a Tier 1 Elite provider, you'll enjoy lower copays, helping you save money while receiving exceptional care.

Tier 2 Providers

Primary Care: \$30 Copay

You're still fully covered when you visit a Tier 2 provider. Your standard copays will apply, and you'll continue to receive high-quality care.



How to access Elite Providers

After you enroll in a copay plan, log in to your My EMI Health account to find Tier 1 Elite providers, view your copay amounts, and maximize your savings:

emihealth.com/account



YOUR MEDICAL PLAN NETWORK

How to find the Provider Network in your plan summary:

The Provider Network is listed at the end of your medical plan summary. If you have questions about your coverage or need help reviewing your plan, please contact your HR representative.

PROVIDER NETWORK	
Utah	EMI Health Care Plus
State of Residence	Network Name
Outside of Utah and State of Residence	Network Name

Provider Network

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.

How to search for a provider:

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 are automatically displayed.
- Search for a provider.



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

Visit info.emihealth.com for helpful resources.



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 Preventive 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

Enjoy Exclusive Savings Just for Being with EMI Health

From concerts and theaters to dining and local attractions—you get access to thousands of exciting deals and discounts simply because you're part of the EMI Health family.

Unlock your member perks today!

1. Go to emi.benefithub.com
2. Use referral code: **NV6ADR**



Prescription (RX) drugs.

Your pharmacy benefits with SmithRX.

EMI Health partners with **SmithRx** to provide affordable, easy-to-use prescription drug coverage. You have access to more than **83,000 retail pharmacies**, plus convenient mail order options and cost-saving programs for specialty medications.

They focus on making medications affordable—with less 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** - Choose from more than 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

Save with Connect 360

Connect 360 applies savings seamlessly so you never miss an opportunity to pay less.

SmithRx reviews every eligible prescription in real time and applies available discounts at the pharmacy. If your medication qualifies, you will get the lowest cost available without enrolling, printing coupons, or searching online.

Savings may come from:

- Manufacturer coupons
- Grant or foundation support
- Discounted pricing through Mark Cuban Cost Plus Drugs
- And international sourcing (if allowed by your plan)

SmithRx manages the savings behind the scenes and applies them when available, so you can focus on your health instead of tracking down discounts.



Tips to maximize your benefits!

Use generics or preferred brands when available.

Refill maintenance medications through home delivery.

Contact SmithRx member support at 844-454-5201 for support anytime.



Support for Specialty Medications

Specialty pharmacies: Kroger and Senderra

If your medication requires special handling, higher cost, or ongoing clinical support, SmithRx works with Kroger Specialty Pharmacy and Senderra Rx to make sure your care is seamless.

You'll receive:

- Help from pharmacists who specialize in your condition
- Coordination of refills and delivery
- Support with prior authorizations and cost-saving options
- Personalized guidance for managing long-term or chronic conditions

Your doctor will send your prescription to Kroger or Senderra when a specialty pharmacy is required.

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 receive 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.



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EMI Health | emihealth.com | 1-800-662-5851