



Welcome to Your Benefits

2022 MURRAY SCHOOL DISTRICT

LARGE EMPLOYER - UTAH



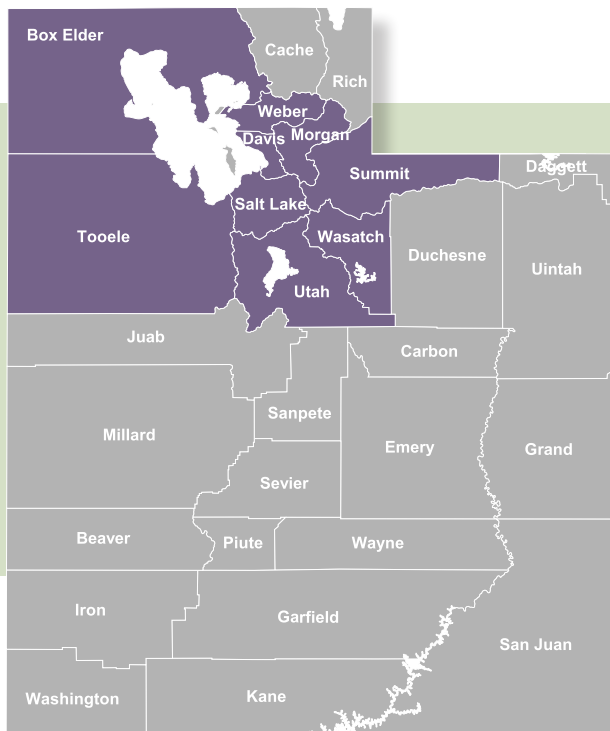
BENEFIT SUMMARIES

SelectHealth Value[®] Network

If you live or work in one of the shaded counties below, SelectHealth Value may be a good option. It is our most affordable network and includes all Intermountain Healthcare[®] doctors, facilities (including Primary Children's Hospital), clinics, and InstaCare/KidsCare locations—that's 20 hospitals, 160 clinics, and more than 11,200 providers, including specialists who you can see without a referral. This network also includes access to dozens of clinics and providers who aren't affiliated with Intermountain Healthcare.

Additionally, you'll have urgent care telehealth visits through Intermountain Connect Care, our free mental health hotline **(833-442-2211)**, and our Health Answers nurse line **(844-501-6600)**, a service staffed by registered nurses who can answer healthcare questions and can direct you to treatment options.

Wondering whether your current doctor or neighborhood clinic is part of the SelectHealth Value network? To find out, visit selecthealth.org/find-a-doctor. Remember to filter your results by choosing SelectHealth Value from the network drop-down menu.



PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history and help you find other doctors when you need them. If your PCP allows virtual (video) visits, you may pay less for these visits based on your benefits. Check out the "Primary Care Provider (PCP) Virtual Visits" benefit on your Member Payment Summary (MPS) to see how much you will pay.

SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help.

HOSPITALS AND LOCAL CLINICS

Our facilities span Utah, offering great care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

INTERMOUNTAIN INSTACARE[®]

What's open late and costs less than the ER? Our InstaCare[®] and KidsCare[®] clinics. If you need urgent care, these are great options.

INTERMOUNTAIN CONNECT CARE[®]

Visit a provider 24/7 via live online video. Most plans cover this service for a \$0 copay.* Check your ID card or member materials for coverage information.

VIRTUAL MENTAL HEALTH

Some mental health providers offer video visits, which may be less expensive to you. Check out the Mental Health Virtual Visits benefit on your MPS to see how much you will pay.

EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.

**Members on High Deductible Health Plans (HDHP) pay \$0 out-of-pocket after deductible.*



VALUE NETWORK

MEMBER PAYMENT SUMMARY

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.
Services from Out-of-Network Providers are not covered (except emergencies).

CONDITIONS AND LIMITATIONS

Lifetime Maximum Plan Payment - <i>Per Person</i>	None
Pre-Existing Conditions (PEC)	None
Benefit Accumulator Period	plan Year

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}

IN-NETWORK

Self Only Coverage, 1 person enrolled - per plan Year	
Deductible	\$1,500
Out-of-Pocket Maximum	\$3,000
Family Coverage, 2 or more enrolled - per plan Year	
Deductible - per person/family	\$1500/\$4500
Out-of-Pocket Maximum - per person/family	\$3000/\$6000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)	

INPATIENT SERVICES

IN-NETWORK

Medical, Surgical and Hospice ⁴	20% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	20% after Deductible
Up to 40 days per plan Year for all therapy types combined	
Physician's Fees - (<i>Medical, Surgical, Maternity, Anesthesia</i>)	20% after Deductible

PROFESSIONAL SERVICES

IN-NETWORK

Office Visits & Minor Office Surgeries	
Primary Care Provider (PCP) ¹	\$30
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100%
Secondary Care Provider (SCP) ¹	\$40
Allergy Tests	See Office Visits Above
Allergy Treatment and Serum	20%
Major Surgery	20%
Physician's Fees - (<i>Medical, Surgical, Maternity, Anesthesia</i>)	20% after Deductible

PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}

IN-NETWORK

Primary Care Provider (PCP) ¹	Covered 100%
Secondary Care Provider (SCP) ¹	Covered 100%
Adult and Pediatric Immunizations	Covered 100%
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%
Diagnostic Tests: Minor	Covered 100%
Other Preventive Services	Covered 100%

VISION SERVICES

IN-NETWORK

Preventive Eye Exams	Covered 100%
All Other Eye Exams	\$40

OUTPATIENT SERVICES⁴

IN-NETWORK

Outpatient Facility and Ambulatory Surgical	20% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible
Emergency Room - (<i>In-Network facility</i>)	\$250 after Deductible
Emergency Room - (<i>Out-of-Network facility</i>)	\$250 after Deductible
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$45
Intermountain KidsCare [®] Facilities	\$30
Intermountain Connect Care [®]	Covered 100%
Radiation and Dialysis	20% after Deductible
Diagnostic Tests: Minor ²	Covered 100%
Diagnostic Tests: Major ²	20% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible
Outpatient Cardiac Rehab	Covered 100%
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$40 after Deductible



MEMBER PAYMENT SUMMARY

IN-NETWORK

MISCELLANEOUS SERVICES

Durable Medical Equipment (DME)⁴
 Miscellaneous Medical Supplies (MMS)³
 Autism Spectrum Disorder
 Maternity and Adoption^{4,7}
 Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices^{2,4}
One device every 36 months per ear
 Infertility - *Select Services*
 Donor Fees for Covered Organ Transplants⁴
 TMJ (Temporomandibular Joint) Services - *Up to \$2,000 lifetime*

IN-NETWORK

20% after Deductible
 20% after Deductible
 See Professional, Inpatient, Outpatient, or
 Mental Health and Chemical Dependency Services
 See Professional, Inpatient or Outpatient
 See Professional, Inpatient or Outpatient
 50% after Deductible
 20% after Deductible
 See Professional, Inpatient or Outpatient

OPTIONAL BENEFITS

Mental Health and Chemical Dependency⁴
 Office Visits
 Virtual Visits
 Inpatient
 Outpatient
 Residential Treatment²
 Injectable Drugs, Chemotherapy, and Specialty Medications⁴
 Bariatric Surgery (*Up to one surgery/lifetime*)⁴

IN-NETWORK

\$30
 Covered 100%
 20% after Deductible
 20%
 20% after Deductible
 20% after Deductible
 See Professional, Inpatient or Outpatient

PRESCRIPTION DRUGS

Pharmacy Deductible - Per Person per plan Year
 Prescription Drug List (formulary)
 Prescription Drugs - *Up to 30 Day Supply of Covered Medications*⁴
 Tier 1
 Tier 2
 Tier 3
 Tier 4
 Maintenance Drugs - *90 Day Supply (Mail-Order, Retail90[®])-selected drugs*⁴
 Tier 1
 Tier 2
 Tier 3
 Generic Substitution Required

\$250
 RxSelect[®]
 \$20
 \$40 after pharmacy Deductible
 \$60 after pharmacy Deductible
 \$100 after pharmacy Deductible
 \$20
 \$80 after pharmacy Deductible
 \$180 after pharmacy Deductible
 Generic required or must pay Copay plus cost
 difference between name brand and generic

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

* Not applied to Medical Out-of-Pocket Maximum.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc. SM (domiciled in Utah).

MPS-HMO 01/01/22

05/18/22

selecthealth.org

SelectHealth Med[®] Network **PLUS OUT-OF-NETWORK BENEFITS**

SelectHealth Med plus out-of-network benefits includes all Intermountain Healthcare[®] facilities, clinics, and doctors and key speciality facilities such as the Huntsman Cancer Hospital and Moran Eye Center. SelectHealth Med includes nearly 40 participating hospitals and over 200 clinics with more than 12,200 providers, including specialists who you can see without a referral. Plus, with this plan, you can use out-of-network doctors and facilities for covered services.

Finally, you'll have in-network benefits throughout the U.S. Use the table below to find in-network providers wherever you are in the country.

STATE	NETWORK
Utah	SelectHealth Med
Idaho	St. Luke's Health Partner's, Brightpath, & the SelectHealth Network
Nevada	SelectHealth Med, Beech Street
All Other States	UnitedHealthcare Options PPO

Visit selecthealth.org/find-a-doctor or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop down.



PRIMARY CARE PROVIDERS

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VIRTUAL MENTAL HEALTH

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EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.

**Members on High Deductible Health Plans (HDHP) pay \$0 out-of-pocket after deductible.*



MED NETWORK / HSA QUALIFIED

MEMBER PAYMENT SUMMARY

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS

Lifetime Maximum Plan Payment - <i>Per Person</i>	None	
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan Year	
Maximum Annual Out-of-Network Payment - (per plan Year)	None	None

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}

	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per plan Year		
Deductible	\$3,000	\$4,000
Out-of-Pocket Maximum	\$4,000	\$5,500
Family Coverage, 2 or more enrolled - per plan Year		
Deductible	\$6,000	\$8,000
Out-of-Pocket Maximum - per person/family	\$4000/\$8000	\$5500/\$11000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		

INPATIENT SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per plan Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	20% after Deductible	40% after Deductible
Up to 40 days per plan Year for all therapy types combined		
Physician's Fees - (<i>Medical, Surgical, Maternity, Anesthesia</i>)	20% after Deductible	40% after Deductible

PROFESSIONAL SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$15 after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100% after Deductible	Not Covered
Secondary Care Provider (SCP) ¹	\$25 after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after Deductible	Not Covered
Major Surgery	20% after Deductible	40% after Deductible
Physician's Fees - (<i>Medical, Surgical, Maternity, Anesthesia</i>)	20% after Deductible	40% after Deductible

PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}

	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	Not Covered
Secondary Care Provider (SCP) ¹	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered

VISION SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	\$25 after Deductible	40% after Deductible

OUTPATIENT SERVICES⁴

	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room - (<i>In-Network facility</i>)	\$75 after Deductible	See In-Network Benefit
Emergency Room - (<i>Out-of-Network facility</i>)	\$75 after Deductible	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$35 after Deductible	40% after Deductible
Intermountain KidsCare [®] Facilities	\$15 after Deductible	Not Available
Intermountain Connect Care [®]	Covered 100% after Deductible	Not Available
Radiation and Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$25 after Deductible	40% after Deductible



MED NETWORK / HSA QUALIFIED

	MEMBER PAYMENT SUMMARY	
	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	Not Covered
Donor Fees for Covered Organ Transplants ⁴	20% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered
OPTIONAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴		
Office Visits	\$15 after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20% after Deductible	40% after Deductible
Residential Treatment ²	20% after Deductible	40% after Deductible
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	20% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS	RxSelect®	
Prescription Drug List (formulary)		
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> ⁴		
Tier 1	\$7 after In-Network Deductible	
Tier 2	\$21 after In-Network Deductible	
Tier 3	\$42 after In-Network Deductible	
Tier 4	\$100 after In-Network Deductible	
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail 90®)-selected drugs</i> ⁴		
Tier 1	\$7 after In-Network Deductible	
Tier 2	\$42 after In-Network Deductible	
Tier 3	\$126 after In-Network Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--"Healthcare Management", in your Certificate of Coverage, for details.

5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

7 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc.SM (domiciled in Utah).

YOUR
HEALTHCARE

UnitedHealthcare Options PPO Network

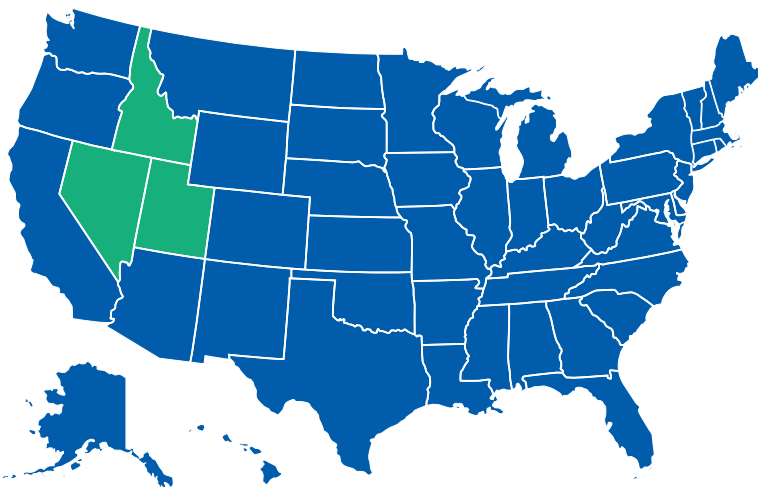
The UnitedHealthcare Options PPO network includes 83% of all hospitals and two of every three healthcare providers in the U.S. Using the SelectHealth website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. Choose "UnitedHealthcare Options PPO" from the network drop down at selecthealth.org/find-a-doctor or in the app. If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

Finally, you'll have in-network benefits throughout the U.S. Use the table below to find in-network providers wherever you are in the country.

STATE	NETWORK
All states outside Utah, Idaho, and Nevada	UnitedHealthcare Options PPO - use this network when getting care in any of the blue states on the map below.
Utah, Idaho and Nevada	Use the appropriate local network on the back of your ID card when seeking care in Utah, Idaho, or Nevada.

Visit selecthealth.org/find-a-doctor or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop down.

While your network of doctors and facilities is contracted through UnitedHealthcare, your in-network insurance coverage is through SelectHealth. Contact SelectHealth with any questions about your coverage or benefits.



PRIMARY CARE PROVIDERS

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history and help you find other doctors when you need them. If your PCP allows virtual (video) visits, you may pay less for these visits based on your benefits. Check out the "Primary Care Provider (PCP) Virtual Visits" benefit on your Member Payment Summary (MPS) to see how much you will pay.

SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help.

HOSPITALS AND LOCAL CLINICS

Your network includes 83% of all hospital beds in the U.S. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

URGENT CARE

What's open late and costs less than the ER? Our Urgent Care clinics. If you need urgent care, these are great options.

CONNECT CARE®

Visit a provider 24/7 via live online video. Most plans cover this service for a \$0 copay.* Check your ID card or member materials for coverage information.

VIRTUAL MENTAL HEALTH

Some mental health providers offer video visits, which may be less expensive to you. Check out the Mental Health Virtual Visits benefit on your MPS to see how much you will pay.

EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.

**Members on High Deductible Health Plans (HDHP) pay \$0 out-of-pocket after deductible.*

Seven Tips to Keep Healthcare Costs Low

We know healthcare can be expensive, but by using the tips below, you can keep your costs lower.

TIP 1

GET CARE IN THE RIGHT PLACE. Make sure you choose the most appropriate place for your healthcare needs. Besides helping you save money, this helps you stay healthy and safeguard your benefits. If you're not sure where to go, you can always call us at **800-515-2220**. And remember, save that trip to the emergency room for only true emergencies.

TIP 2

USE GENERIC DRUGS WHENEVER POSSIBLE. Talk to your doctor and pharmacist about options for using generic drugs—they can help you get effective medication at the best price.

TIP 3

STAY HEALTHY. The number one influence on your health is you. Take the time to take care of yourself and your family. Fact: The healthier you are, the less you spend on healthcare.

TIP 4

GET PREVENTIVE CARE. Preventive care is covered 100% by most plans when you use in-network providers. Preventive care can help you stay healthy in the long run.

TIP 5

SEE IN-NETWORK PROVIDERS. We've said it many times, but it's worth saying again. If you go to doctors and facilities in your network, you will usually pay less for the care you receive. And if you go out-of-network, you will likely pay more out-of-pocket.

TIP 6

USE AN FSA OR AN HSA. Sign up for a plan that pairs with a Flexible Spending Account (FSA) or Health Savings Account (HSA) to pay for your out-of-pocket health expenses (if offered by your employer). Remember only certain plans pair with an HSA, and other limits may apply.

TIP 7

MANAGE YOUR CHRONIC ILLNESS. The Care Management team can coordinate care and find the best way to meet your needs. Current programs include asthma, cancer, COPD, diabetes, depression, heart disease, high-risk pregnancy, mental health concerns, and substance abuse. To speak with a care manager, call **800-442-5305**.

On the Move?

OUTSIDE OF YOUR SERVICE AREA

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.



UNITED HEALTHCARE OPTIONS PPO NETWORK

You have in-network access when you are outside of Utah, Idaho, and Nevada through the United Healthcare Options PPO network, which includes two of every three healthcare providers in the U.S. and 83% of all hospitals.

Remember: Always present your ID card when you visit a UnitedHealthcare Options PPO network provider or facility. The logos on the back of the card give you access to the networks.

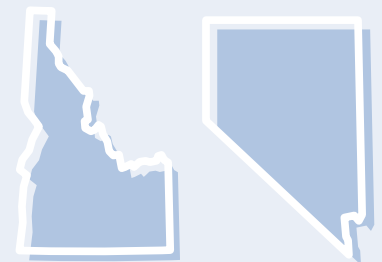
To find UnitedHealthcare Options PPO network providers or facilities, call Member Services at **800-538-5038** or visit selecthealth.org/find-a-doctor and select "UnitedHealthcare Options PPO" from the network drop down.

OUTSIDE OF THE COUNTRY

If you are traveling outside of the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit it along with a *Claim Reimbursement Form*, which can be found on selecthealth.org/forms.

OUT-OF-AREA DEPENDENTS

Enrolled dependents who live outside of your service area (maybe they're going to college or living with another family member) can receive in-network benefits for covered services. To qualify for this coverage, you need to submit a Dependent Address Change form, which can be found at selecthealth.org/forms. Questions? Call Member Services at **800-538-5038**.



IDAHO AND NEVADA

SelectHealth Med® and SelectHealth Care® plans also include in-network benefits in Idaho through the Brightpath and St. Luke's Health Partners networks, and in Nevada through the SelectHealth Med and Beech Street networks.

We're Here to Help You

MEMBER SERVICES

We want to help you understand your insurance plan—so, when you have a question, give us a call. We also realize that life doesn't always happen between nine and five, so we're here late.

7 a.m. to 8 p.m. MST, weekdays
9 a.m. to 2 p.m. MST, Saturdays

800-538-5038



ONLINE CUSTOMER SERVICES

No time for a call? Log in to your SelectHealth member account and chat with us or request a call back at a time that's convenient for you.

selecthealth.org



MEMBER ADVOCATESSM

We can help you find the right doctor for your needs. We'll find the closest facility or doctor with the nearest available appointment, schedule appointments for you, and help you understand and maximize your benefits.

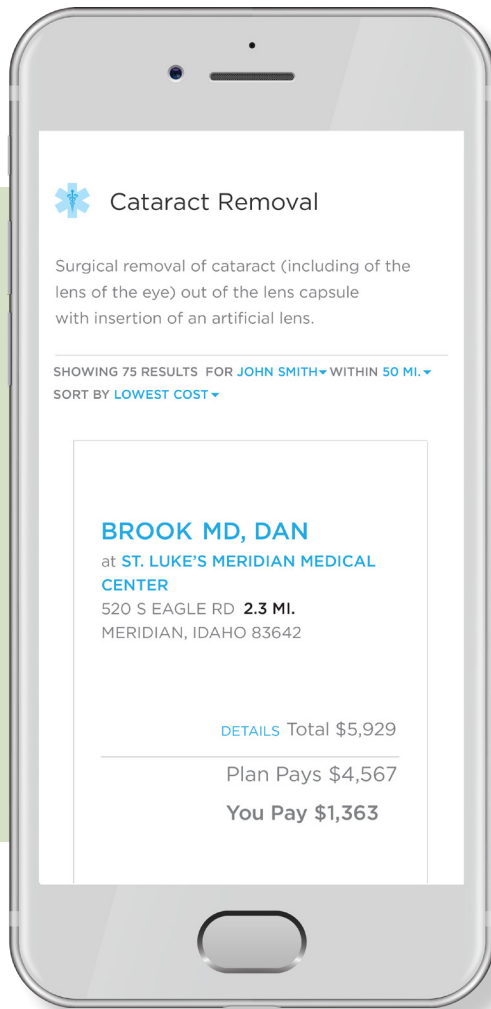
800-515-2220



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 service teams are dedicated to providing exceptional service.

Top-notch Tech for You

Your secure online member account is your one-stop shop for information about your healthcare. Your member account can be accessed from your mobile device or computer by visiting selecthealth.org.



MEDICAL COST ESTIMATOR

We can estimate the cost of many healthcare services, so that you know what a procedure will cost *before* you schedule it. Log in to your SelectHealth account and click on "Medical Cost Estimator" where you can see bundled cost estimates that include charges for the facility, provider, and anesthesiologist.

ID CARDS

Lost your ID card? No worries—you can view and print copies of your card from your SelectHealth member account.

REQUEST A CALL

Use our call request feature to schedule a call back from our Member Services team at a set time that's convenient for you.

CHAT WITH US

No time for a phone call? Use our secure chat feature to talk with Member Services online. If you need to know whether your medication will be covered or how much a doctor's bill was, chat can help.

HEALTHCARE INFORMATION

View your benefits, claims, and deductible levels.



Many contracted providers and facilities receive secure messages and will even upload lab results, imaging reports, and other health information on your Intermountain Healthcare *My Health+* account. To access information from your providers, click the blue *My Health+* button in the right corner of your SelectHealth dashboard.



SelectHealth Healthy Beginnings®

HOW WE CAN HELP

Our Healthy BeginningsSM program is designed to help you have the healthiest pregnancy possible. This prenatal program is available to you at **no extra cost**. Our nurse care managers can offer:

- > Support and education during your pregnancy
- > Help with claims and benefit questions
- > Community resources, such as Women, Infants, and Children (WIC) and food and transportation programs, etc.
- > Education about childbirth, breastfeeding, and more
- > Access to needed care

EXTRA PERKS

- > Cash incentives for prenatal and postnatal care*
- > Free online education through Intermountain Healthcare®
- > Prenatal booklet and a free book of your choice
- > Help getting a breast pump after delivery



HOW TO ENROLL

Call us at **866-442-5052**, Monday through Friday, from 8:00 a.m. to 5:00 p.m. MST. If calling after hours, please leave a message with a phone number and best time to reach you.

*based on plan type

Preventive Care



DID YOU KNOW?

Your plan covers many procedures, services, and preventive screenings at no out-of-pocket cost to you. With 100% coverage, you can get the preventive care you need.

For services to be covered as preventive, your doctor must submit claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered once every 12 months.

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

Zero Out-of-Pocket Cost

Adult Preventive Services (ages 18 and older)

Laboratory Tests

- > Complete Blood Count (CBC)
- > Prostate Cancer Screening (PSA)
- > Diabetes Screening
- > Cholesterol Screening
- > Gonorrhea Screening
- > Human Papillomavirus (HPV) Testing (once every 3 years for women ages 30 to 65)
- > Chlamydia Screening
- > Human Immunodeficiency Virus (HIV) Screening
- > Syphilis Screening
- > Tuberculosis (TB) Testing
- > Lead Screening
- > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- > Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- > Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

Procedures

- > Pap Test (ages 21 to 65)
- > Lung Cancer Screening (between ages 50 and 80)
- > Screening Mammogram
- > Colon Cancer Screening (ages 45 to 75)
- > Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- > Bone Density/DEXA (once every two years in women ages 60 and older)
- > Certain Sterilization Procedures (such as tubal ligation)

Examinations/Counseling

- > Physical Exam
- > Eye Exam
- > Tobacco Use Counseling
- > Alcohol Misuse Screening and Counseling

- > Annual Hearing Screening (ages 65 and older)
- > Glaucoma Screening (Every 12 months)
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)
- > Depression Screening

Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 50 and older)
- > Human Papillomavirus (HPV) (ages 9 to 45)

Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefits.

- > Cervical Cap with Spermicide
- > Diaphragm with Spermicide
- > Emergency Contraception (Ella, Plan B)
- > Female Condom
- > Implantable Rod
- > IUDs
- > Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- > Patch
- > Shot/Injection (Depo-Provera)
- > Spermicide
- > Sponge with Spermicide
- > Surgical Sterilization for Women (Tubal Ligation)
- > Surgical Sterilization Implant for Women
- > Vaginal Contraceptive Ring

Pediatric Preventive Services (younger than age 18)

Procedures/Counseling

- > Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18)
- > Eye Exam
- > Depression Screening
- > Developmental Testing
- > Newborn Hearing Screening (once per lifetime)
- > Annual Hearing Screening (ages 10 and younger)
- > Hearing Screening Once every 3 years (ages 11-21)
- > Application of Fluoride Varnish (younger than age 5)
- > Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)

Laboratory Tests

- > Newborn Metabolic Screening (younger than age 1)
- > Human Immunodeficiency Virus (HIV) Screening
- > PKU Screening (younger than age 1)
- > Thyroid (younger than age 1)
- > Sickle Cell Disease Screening (younger than age 1)
- > Lead Screenings
- > Tuberculosis (TB) Testing

Immunizations

- (As recommended by the CDC/ACIP)
- > Measles, Mumps Rubella (MMR)
- > Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- > Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- > Polio (OPV, IPV, DtaP-Hep-LPV)
- > Influenza
- > Pneumococcal
- > Hepatitis A
- > Hepatitis B

- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 45)

Obstetrical Preventive Services

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory Tests

- > Iron Deficiency Anemia Screening
- > Diabetes Screening
- > Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- > Rubella Screening
- > Rh(D) Incompatibility Screening
- > Hepatitis B Infection Screening (at first prenatal visit)
- > Gonorrhea Screening
- > Chlamydia Screening
- > Syphilis Screening

Breast-feeding Supplies and Support

- > Breast Pump, Electronic AC or DC (one per pregnancy)
- > Lactation Class (one per pregnancy at a SelectHealth approved facility)

This information is subject to change at any time and additional limitations may apply. This list may not include all the preventive care available to you for no money out-of-pocket. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

Helping You Manage Your Health

Care managers are specially trained registered nurses who can help with managing long-term chronic diseases and provide support for recovery from surgeries and short-term illnesses. They have years of healthcare experience, with extensive knowledge about facilities, providers, and services. If you qualify for care management, a care manager will work with you and your doctor to make sure you get the most appropriate care and receive help with your benefits and claims.

In addition to one-on-one support, we provide educational materials and follow-up phone calls to help you manage your condition. Care management is available for members with the conditions, surgeries, or illnesses listed here. Please call us to learn more.

Asthma
Cancer
Chronic Obstructive Pulmonary Disease (COPD)
Complex joint replacements
Diabetes
Heart disease
Depression/Anxiety
High-risk pregnancy
HIV and other blood conditions
Some surgeries



NEED MORE INFORMATION?



WEB

selecthealth.org/caremanagement



PHONE

800-442-5305

Helping You Quit

TOBACCO CESSATION

If you smoke, Quit for Life® can help. It's a private program that you follow at your own pace from home. You receive a Quit Kit and access to a toll-free Quit Line. If you participate, a trained smoking cessation counselor will call you and provide one-on-one coaching and support over the phone for one year.

The Quit for Life program is covered 100%—no copay or coinsurance required. Call **866-QUIT-4-LIFE** or visit quitnow.net for more information or to enroll.

The Quit For Life program is brought to you by the American Cancer Society® and Optum. The two organizations have 35 years of combined experience in tobacco cessation coaching and have helped more than one million tobacco users. Together, they will help millions more make a plan to quit, realizing the American Cancer Society's mission to save lives and create a world with more birthdays.



NICOTINE REPLACEMENT THERAPY

Most SelectHealth plans include 100% coverage for Nicotine Replacement Therapy (NRT), which includes prescription drugs or patches that can help curb nicotine cravings. Check your benefits to make sure you have coverage, but most of our plans allow two 90-day courses of nicotine replacement medication each year. For more information about prescribed medication that may increase your chances to quit smoking, talk to your doctor.

Know Before You Fill

COMPARE DRUG PRICES

Log in to your SelectHealth member account to search for covered medications, compare drug prices, and see other information about your prescriptions and benefits. Your member account also has information about any special requirements, like step therapy or preauthorization, which you and/or your doctor may need to complete before you can fill a prescription. If you ever have questions about drugs with special requirements, call Member Services at **800-538-5038**.

SAVE MONEY WITH LOWER-TIER DRUGS

The list of drugs covered by your plan will be either RxSelect® or RxCore®. Your member materials and ID card indicate which drug list you have, and searchable versions of these two drug lists are available on our website.

Your drug list will have three or four tiers of coverage and each tier corresponds to a copay or coinsurance amount (the amount you pay when you get drugs at the pharmacy). Look for generics and lower-tier alternatives to pay less for equally effective medications.

\$	Tier 1	Lowest Cost (mostly generic drugs)
\$\$	Tier 2	Higher Cost (generic and brand-name drugs)
\$\$\$	Tier 3	Highest Cost (mostly brand-name drugs)
\$\$\$\$	Tier 4	Injectable Drugs and Specialty Medications

SPEND LESS WITH RX SAVINGS SOLUTIONS

We've collaborated with Rx Savings Solutions®, a pharmacy transparency service that shows you the lowest-price option(s) for any prescriptions you and your family take now and any you're prescribed in the future.

Activate your account today: selecthealth.org/rxsavings

CONVENIENT PHARMACY ACCESS

INTERMOUNTAIN HOME DELIVERY PHARMACY

Get your prescriptions delivered for FREE.
Register online at intermountainrx.org
or call **855-779-3960**.

INTERMOUNTAIN SPECIALTY PHARMACY

Get your specialty drugs or
self-injectables delivered for FREE.

Ask your doctor to send
prescriptions or call **877-284-1114**.

RETAIL 90®

Get a 90-day supply of your maintenance
medications at a participating Retail 90
pharmacy—and pay less in most cases.

YOUR LOCAL PHARMACY

From major national chains to the corner
drug store, you can get your prescriptions
filled pretty much anywhere. Search for
participating pharmacies at selecthealth.org.

Your Health. Connected.

You've got options when it comes to remote care. Get care wherever, whenever.

Download the MyHealth+ App to get started or use the web version:

intermountainhealthcare.org/MyHealth.

THE DOCTOR IS ALWAYS IN WITH INTERMOUNTAIN CONNECT CARE®.

Get urgent care 24/7 from home with virtual doctor visits at no or low out-of-pocket cost to you. When you can't get in to see your regular doctor, use Connect Care for:

- > Stuffy and runny nose
- > Allergies
- > Sore throat
- > Eye infections
- > Cough
- > Painful urination
- > Lower back pain
- > Joint pain or strains
- > Minor skin problems

The typical wait time is under 10 minutes, and you can save an average of \$400 per visit compared with the ER. Note: For true emergencies, call 911 or go to the ER.

- > In the My Health+ app select "Get Care," then "Get Care Now," then "Connect Care," and choose "Connect Care Urgent Care."

YOUR PAL IN FIGURING IT OUT—THE ALL-NEW SYMPTOM CHECKER.

You've certainly felt better, but what is it? We've got you covered. Our chat bot, Scout, asks questions through the symptom checker to guide you to the most appropriate level of care, which may include an E-Visit. During an E-Visit, a doctor will review your symptoms, chat with you through secure messaging, and then prescribe the appropriate course of care. When in doubt, use Scout!

- > In the My Health+ app, select "Get Care," then "Check Symptoms," then "Get started."

CONNECT TO A BETTER YOU WITH VIDEO VISITS FOR MENTAL HEALTH.

If there is one thing that is really great about telehealth, it's doing mental health visits from the comfort of your own home. Call **833-442-2670** to schedule an appointment or schedule through MyHealth+.

- > In the My Health+ app, select "Get Care," then "Get Care Now," then "Connect Care," and choose "Connect Care Behavioral Health." You can choose between a talk therapy (counseling) provider or a psychiatrist, who can prescribe medication.

Commonly treated MILD-TO-MODERATE issues:

- > Anger or Mood Swings
- > Anxiety
- > Attention Deficit
- > Bipolar
- > Depression
- > Insomnia
- > Panic Attacks
- > PTSD
- > Stress
- > Substance Abuse/Misuse

Not sure where to start? Try our free, 24/7 Nurse Line. Talk to a nurse about any condition to get advice on how and where to get care. Call **844-501-6600**.

SAVING FOR TODAY AND TOMORROW WITH A

Health Savings Account (HSA) from HealthEquity®

An HSA is an untaxed medical savings account you can use to pay for medical-related expenses. There are a few requirements, but it is a great way to build savings for today and for your future. Why? Because unlike a Flexible Savings Account (FSA), whatever you do not spend year-to-year rolls over. To get started:

STEP 1

SELECT AN HSA-QUALIFIED HEALTH PLAN

Enroll in an HSA-qualified SelectHealth plan. These plans typically cost less than traditional plans and provide tax-saving opportunities. Our preferred HSA provider, HealthEquity, will work with your employer and SelectHealth to automatically set up your account and send you a HealthEquity Visa® Health Account Card¹ to conveniently pay for eligible medical expenses.



STEP 2

ADD MONEY TO YOUR HSA

Fund your HSA through pre-tax payroll deductions or transfer money into your account through the HealthEquity member portal. Your employer can help you make pre-tax payroll deductions.

To make tax-free² contributions to an HSA, the IRS requires that:

- > You are covered by an HSA-qualified health plan.
- > You have no other health coverage (such as another health plan, Medicare, military health benefits, or medical FSA).
- > You are not Medicare-eligible.
- > You cannot be claimed as a dependent on another person's tax return.



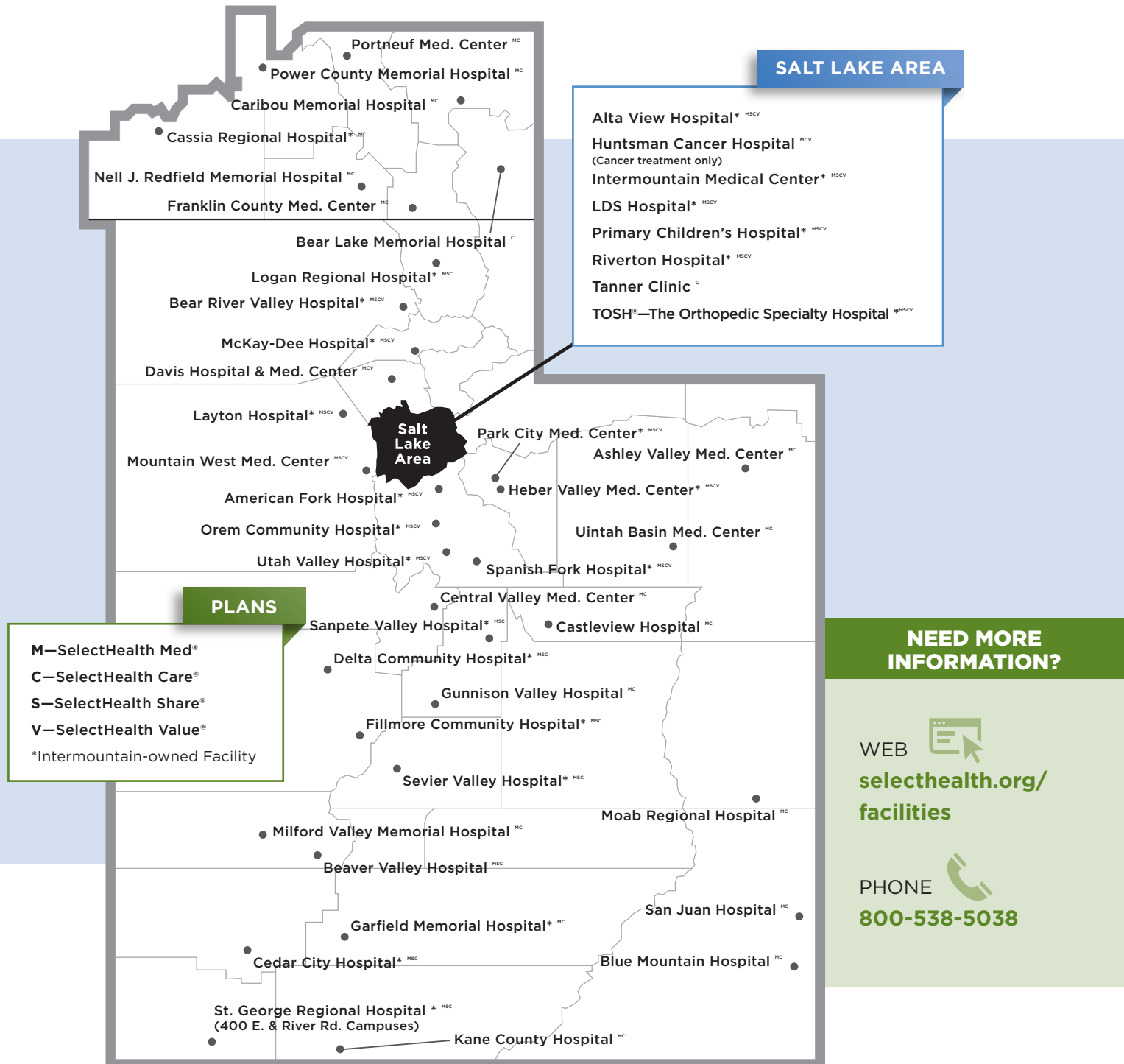
To see how you can personally benefit from an HSA, visit healthequity.com/me.

¹ This card is issued by The Bancorp Bank, pursuant to a license from U.S.A., Inc. and can be used for qualified expenses. See Cardholder Agreement for complete usage instructions.

² HSAs are not taxed at the federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor if you have questions.

Facility Map

Use the map and key below to determine which hospitals are participating on your SelectHealth® plan.



Member Discounts

CHOOSEHEALTHY™. CHOOSE YOU.

ALL MEMBERS, ANYWHERE IN THE U.S.

Visit your member account on selecthealth.org and click on ChooseHealthy Discounts to start saving. You'll find specialty provider discounts, deep product discounts, and free health resources. Need a hearing aid, upscale piece of home gym or fitness equipment, wearable tech, sunglasses, fitness fashion, healthy food service delivery, or wireless buds to fuel your workout? We've got a discount for that.



DEALS TO LIVE FOR.

WHEN IN UTAH, IDAHO, OR NEVADA, OUR MEMBERS MAY FIND ADDITIONAL DISCOUNTS.

Get a little motivation to get and stay healthy with local MEMBER DISCOUNTS. Find prices slashed for things like, Lasik surgery, gym memberships, hearing aids, cosmetic dermatology, eyewear, and more. Start browsing and saving at selecthealth.org/discounts.



NEED MORE INFORMATION?



WEB
selecthealth.org/discounts



PHONE
800-538-5038

Plan Information

CARE AND COST MANAGEMENT

SelectHealth works to manage costs while protecting the quality of care. We review things such as the appropriateness of the care setting, medical necessity, and appropriateness of hospital lengths of stay. This helps reduce unnecessary medical expenses and keeps premiums as low as possible. For more information about how we help manage healthcare, including information about services that require preauthorization or to know how to file an appeal, please visit selecthealth.org/policy.

PROTECTING YOUR PRIVACY

We understand the importance and sensitivity of your personal health information, and we have security measures in place to protect it. For more information about how we protect your privacy, including our complete Notice of Privacy Practices, please visit selecthealth.org/policy.

EXCLUSIONS AND LIMITATIONS

Unless otherwise noted on your Member Payment Summary, there are some healthcare services that SelectHealth does not cover. Please visit selecthealth.org/policy to learn more about some of the services that are not covered or have coverage limitations. You can also read more about exclusions and limitations in your Member Materials.



MEMBER RIGHTS AND RESPONSIBILITIES

We want you to be an active part of your healthcare. Visit selecthealth.org/policy to view your member rights and responsibilities.

FAIR TREATMENT NOTICE

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats upon request.


PRINTED VERSIONS AVAILABLE

If you would like to request a printed copy of your in-network provider directory, or any or all of these notices, call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m. MST, and Saturdays, from 9:00 a.m. to 2:00 p.m. MST



Notes

A series of horizontal lines for taking notes, starting with a dotted line and followed by solid lines.



Retiring? Have a child
dependent who is turning 26?
If you're shopping for a health
plan, call our experts at

855-442-0220.



5381 Green Street • Murray, UT 84123
800-538-5038 • selecthealth.org