Welcome to Your Benefits

2022  MURRAY SCHOOL DISTRICT

LARGE EMPLOYER - UTAH
BENEFIT SUMMARIES
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.
# Member Payment Summary

## Conditions and Limitations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum Plan Payment - Per Person</td>
<td>None</td>
</tr>
<tr>
<td>Pre-Existing Conditions (PEC)</td>
<td>None</td>
</tr>
<tr>
<td>Benefit Accumulator Period</td>
<td>plan Year</td>
</tr>
</tbody>
</table>

## Medical Deductible and Medical Out-of-Pocket

### 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: $1,500/$4,500
  - Out-of-Pocket Maximum - per person/family: $3,000/$6,000

  (Medical and Pharmacy Included in the Out-of-Pocket Maximum)

## Inpatient Services

### IN-NETWORK

- **Medical, Surgical and Hospice**
  - 20% after Deductible

- **Skilled Nursing Facility** - Up to 60 days per plan Year
  - 20% after Deductible

- **Inpatient Rehab Therapy**: Physical, Speech, Occupational
  - Up to 40 days per plan Year for all therapy types combined
  - 20% after Deductible

- **Physician's Fees** - *(Medical, Surgical, Maternity, Anesthesia)*
  - 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** - *(Medical, Surgical, Maternity, Anesthesia)*
  - 20% after Deductible

## Preventive Services as Outlined by the ACA

### IN-NETWORK

- **Primary Care Provider (PCP)**
  - Covered 100%

- **Secondary Care Provider (SCP)**
  - 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 Services

### IN-NETWORK

- **Outpatient Facility and Ambulatory Surgical**
  - 20% after Deductible

- **Ambulance (Air or Ground) - Emergencies Only**
  - 20% after Deductible

- **Emergency Room** - *(In-Network facility)*
  - $250 after Deductible

- **Emergency Room** - *(Out-of-Network facility)*
  - $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
  - Covered 100%

- **Diagnostic Tests**: Major
  - 20% after Deductible

- **Home Health, Hospice, Outpatient Private Nurse**
  - 20% after Deductible

- **Outpatient Cardiac Rehab**
  - Covered 100%

- **Outpatient Rehab/Habilitation Therapy**: Physical, Speech, Occupational
  - $40 after Deductible

See other side for additional benefits
## MEMBER PAYMENT SUMMARY

### IN-NETWORK

### MISCELLANEOUS SERVICES

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Miscellaneous Medical Supplies (MMS)</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services</td>
</tr>
<tr>
<td>Maternity and Adoption</td>
<td>50% after Deductible</td>
</tr>
<tr>
<td>Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices</td>
<td>See Professional, Inpatient or Outpatient</td>
</tr>
<tr>
<td>Infertility - Select Services</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Donor Fees for Covered Organ Transplants</td>
<td>See Professional, Inpatient or Outpatient</td>
</tr>
<tr>
<td>TMJ (Temporomandibular Joint) Services - Up to $2,000 lifetime</td>
<td></td>
</tr>
</tbody>
</table>

### OPTIONAL BENEFITS

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Chemical Dependency</td>
<td>$30</td>
</tr>
<tr>
<td>Office Visits</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Injectable Drugs, Chemotherapy, and Specialty Medications</td>
<td>See Professional, Inpatient or Outpatient</td>
</tr>
<tr>
<td>Bariatric Surgery (Up to one surgery/lifetime)</td>
<td></td>
</tr>
</tbody>
</table>

### PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Deductible - Per Person per plan Year</td>
<td>$250</td>
</tr>
<tr>
<td>Prescription Drug List (formulary)</td>
<td>RxSelect®</td>
</tr>
<tr>
<td>Prescription Drugs - Up to 30 Day Supply of Covered Medications</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$40 after pharmacy Deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$60 after pharmacy Deductible</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$100 after pharmacy Deductible</td>
</tr>
<tr>
<td>Maintenance Drugs - 90 Day Supply (Mail-Order, Retail90®)-selected drugs</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$80 after pharmacy Deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$180 after pharmacy Deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Generic required or must pay Copay plus cost difference between name brand and generic</td>
</tr>
</tbody>
</table>

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.

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**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.℠ (domiciled in Utah).**

MPS-HMO 01/01/22
05/18/22
selecthealth.org
SelectHealth Med plus out-of-network benefits includes all Intermountain Healthcare® facilities, clinics, and doctors and key specialty 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.

<table>
<thead>
<tr>
<th>STATE</th>
<th>NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah</td>
<td>SelectHealth Med</td>
</tr>
<tr>
<td>Idaho</td>
<td>St. Luke’s Health Partner’s, Brightpath, &amp; the SelectHealth Network</td>
</tr>
<tr>
<td>Nevada</td>
<td>SelectHealth Med, Beech Street</td>
</tr>
<tr>
<td>All Other States</td>
<td>UnitedHealthcare Options PPO</td>
</tr>
</tbody>
</table>

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.

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## MED NETWORK / HSA QUALIFIED

### CONDITIONS AND LIMITATIONS

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

### MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET*#1

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

### INPATIENT SERVICES

- **Medical, Surgical and Hospice**
  
<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK October</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility#1 - Up to 60 days per plan Year</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Inpatient Rehab Therapy: Physical, Speech, Occupational#1</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Physician's Fees - <em>(Medical, Surgical, Maternity, Anesthesia)</em></td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
</tbody>
</table>

### PROFESSIONAL SERVICES

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

### PREVENTIVE SERVICES AS OUTLINED BY THE ACA#2,3

- **Primary Care Provider (PCP)**

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK October</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered 100%</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Secondary Care Provider (SCP)</td>
<td>Covered 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Adult and Pediatric Immunizations</td>
<td>Covered 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Elective Immunizations - herpes zoster (shingles), rotavirus</td>
<td>Covered 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Diagnostic Tests: Minor</td>
<td>Covered 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Other Preventive Services</td>
<td>Covered 100%</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### VISION SERVICES

- **Preventive Eye Exams**: Covered 100%
- **All Other Eye Exams**: $25 after Deductible

### OUTPATIENT SERVICES#1

- **Outpatient Facility and Ambulatory Surgical**

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK October</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
<td></td>
</tr>
<tr>
<td>Ambulance (Air or Ground) - Emergencies Only</td>
<td>20% after Deductible</td>
<td>See In-Network Benefit</td>
</tr>
<tr>
<td>Emergency Room - (In-Network facility)</td>
<td>$75 after Deductible</td>
<td>See In-Network Benefit</td>
</tr>
<tr>
<td>Emergency Room - (Out-of-Network facility)</td>
<td>$75 after Deductible</td>
<td>See In-Network Benefit</td>
</tr>
<tr>
<td>Intermountain InstaCare#5 - Facilities, Urgent Care Facilities</td>
<td>$35 after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Intermountain KidsCare#6 - Facilities</td>
<td>$15 after Deductible</td>
<td>Not Available</td>
</tr>
<tr>
<td>Intermountain Connect Care#8</td>
<td>Covered 100% after Deductible</td>
<td>Not Available</td>
</tr>
<tr>
<td>Radiation and Dialysis</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Diagnostic Tests: Minor#7</td>
<td>Covered 100% after Deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Diagnostic Tests: Major#7</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Home Health, Hospice, Outpatient Private Nurse</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Outpatient Cardiac Rehab</td>
<td>Covered 100% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational</td>
<td>$25 after Deductible</td>
<td>40% after Deductible</td>
</tr>
</tbody>
</table>

See other side for additional benefits
### MISCELLANEOUS SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
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<tbody>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
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<tr>
<td>Miscellaneous Medical Supplies (MMS)</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
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<tr>
<td>Autism Spectrum Disorder</td>
<td>See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services</td>
<td></td>
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<td>Maternity and Adoption</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
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<td>Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices</td>
<td>See Professional, Inpatient or Outpatient</td>
<td></td>
</tr>
<tr>
<td>One device every 36 months per ear</td>
<td>See Professional, Inpatient or Outpatient</td>
<td></td>
</tr>
<tr>
<td>Infertility - Select Services</td>
<td>50% after Deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Donor Fees for Covered Organ Transplants</td>
<td>20% after Deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>TMJ (Temporomandibular Joint) Services - Up to $2,000 lifetime</td>
<td>See Professional, Inpatient or Outpatient</td>
<td></td>
</tr>
</tbody>
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### OPTIONAL BENEFITS

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Chemical Dependency</td>
<td>$15 after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Office Visits</td>
<td>Covered 100% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Injectable Drugs, Chemotherapy, and Specialty Medications</td>
<td>20% after Deductible</td>
<td>40% after Deductible</td>
</tr>
<tr>
<td>Bariatric Surgery (Up to one surgery/lifetime)</td>
<td>See Professional, Inpatient or Outpatient</td>
<td></td>
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</tbody>
</table>

### PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Prescription Drug List (formulary)</th>
<th>RxSelect®</th>
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<tbody>
<tr>
<td>Prescription Drugs-Up to 30 Day Supply of Covered Medications</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$7 after In-Network Deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$21 after In-Network Deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$42 after In-Network Deductible</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$100 after In-Network Deductible</td>
</tr>
<tr>
<td>Maintenance Drugs-90 Day Supply (Mail-OrderRetail90®)-selected drugs</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$7 after In-Network Deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$42 after In-Network Deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$126 after In-Network Deductible</td>
</tr>
<tr>
<td>Generic Substitution Required</td>
<td>Generic required or must pay Copay plus cost difference between name brand and generic</td>
</tr>
</tbody>
</table>

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1. Refer to [selecthealth.org/findadoctor](http://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 11-17 Healthcare Management, in your Certificate of Coverage, for details.
5. All Deductible/Copay/Coincidence 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).*
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.

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

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.

**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.

**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.

**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.

**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.

**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.

**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.

**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 ADVOCATES™

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 Beginnings℠ 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

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.

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.
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/DXA (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)
- Glaucowma 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)

**Immunizations**
- 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

**Obstetrical Preventive Services**
- Newborn Immunizations (at first prenatal visit)
- Gonorrhea Screening
- Chlamydia Screening
- Syphilis Screening
- Breastfeeding Supplies and Support
- Breast Pump, Electronic AC or DC (one per pregnancy)
- Lactation Class (one per pregnancy at a SelectHealth approved facility)

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

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.

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Lowest Cost (mostly generic drugs)</td>
<td>Higher Cost (generic and brand-name drugs)</td>
<td>Highest Cost (mostly brand-name drugs)</td>
<td>Injectable Drugs and Specialty Medications</td>
</tr>
</tbody>
</table>

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.
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](http://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 Card 1 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-free 2 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.

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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.

M—SelectHealth Med®
C—SelectHealth Care®
S—SelectHealth Share®
V—SelectHealth Value®
*Intermountain-owned Facility

SALT LAKE AREA

Alta View Hospital* 
Huntsman Cancer Hospital (Cancer treatment only)
Intermountain Medical Center* 
LDS Hospital* 
Primary Children’s Hospital* 
Riverton Hospital* 
Tanner Clinic 
TOSH®—The Orthopedic Specialty Hospital

NEED MORE INFORMATION?

WEB
selecthealth.org/facilities

PHONE
800-538-5038
Member Discounts

**CHOOSHEALTHY™. 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.
Retiring? Have a child dependent who is turning 26? If you're shopping for a health plan, call our experts at 855-442-0220.

selecthealth.

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