

Lifetime Products

Your Coverage. Our Priority.

UTAH 2026 | Large Employer Health Plan Guide





Welcome to Select Health

We're a non-profit health plan dedicated to simplifying insurance for our members.

This guide can help you:

- ✓ Access and navigate your health benefits
- ✓ Find quality care
- ✓ Keep costs down

800-538-5038 | selecthealth.org



An Integrated Health System

We are integrated with Intermountain Health, which ensures you have the lowest cost of care at their facilities.

Our integration provides:

- **Resources** that help you live the healthiest life possible.
- **Lowest cost, highest value care** to help manage your spend.
- **Cost transparency** so you can budget appropriately for healthcare expenses.
- **Digital tools** that are personalized to help you understand and utilize your benefits.





Register for Your Member Account



Scan the QR code or visit selecthealth.org/resources/online-tools to register for an account and download the app.

Select Health Member Account and Mobile App

A member account is the most convenient way to access benefit information and important cost saving resources.

Understand and Manage Healthcare Costs

Find in-network doctors and facilities with ease.

Utilize secure Member Services chat features to get questions answered quickly and conveniently.

Access prescription information and save money through discount programs.

Track claims statuses, spending totals, and estimate healthcare costs to easily budget for medical expenses.

Pay medical bills directly.

Download digital ID cards and never worry if you forget to bring a printed copy to an appointment.

Need help?

Call Member Services at **800-538-5038**.

Intermountain Health Mobile App

Select Health is integrated with Intermountain Health, which ensures you have the lowest cost of care at their facilities. The Intermountain Health mobile app gives you convenient access to all your health information and care options.

Manage Your Health

Schedule in-person medical appointments and virtual care.

Access personal health history information, visit summaries, and test results.

Send and receive messages with your healthcare team.

Use the Symptom Checker to find the most appropriate place to access care.



Log in or Download the App



Scan the QR code or visit intermountainhealthcare.org/patient-portal.

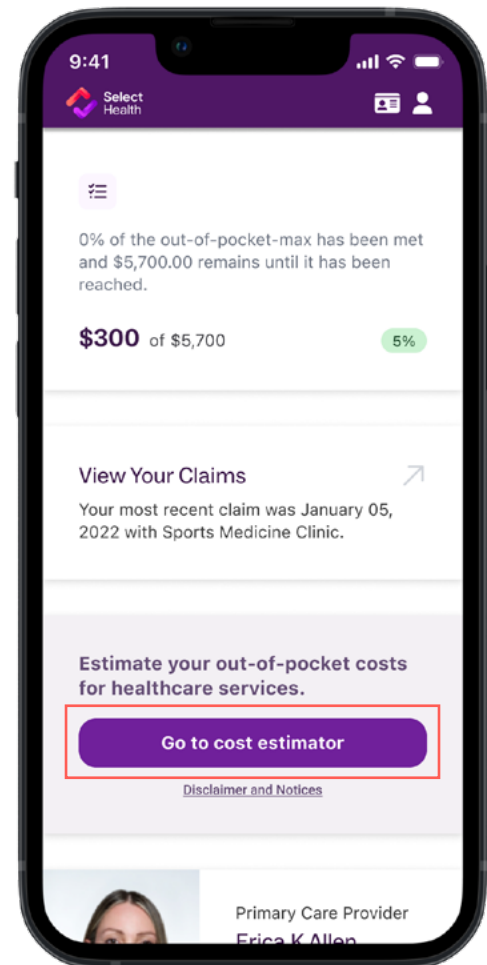
Cost Estimator Tool

Estimate the cost of specific services and procedures so you can plan for expenses prior to receiving care.

Search and Compare Costs

1. Log in to your Select Health member account.
2. Click “Go to cost estimator” from the Dashboard tab.
3. Once you reach the tool, select your network from the Network dropdown.
TIP: Your network can be found on the front of your ID card.
4. Update “City, state or zip” to where you are searching for care.
5. Search for a procedure one of the following ways:
 - a. Type the name of a procedure into the Search for Names, Specialties, and Procedures search bar.
 - b. Click “Search by Billing Code.”
 - c. Click the “Procedure Costs” button in the Browse by Category section.
 - i. Click one of the given procedure categories or click “All Procedures (A-Z)” to manually search.
6. Once you have selected the service you are searching for, you’ll be shown a list of facilities in your network that provide the service and what your estimated cost would be.*

** Your specific plan coverage and benefits may vary from the Select Health standard benefits. This includes preauthorization requirements. The actual charge for the item or service may be different than the cost estimate, depending on the actual care you receive. Please check your member materials for full details about your plan.*



Learn More



Scan the QR code and **log in** to your member account or visit selecthealth.org/resources/online-tools to view additional digital resources.



Member Support

If you can't find what you're looking for, reach out to our support teams. They have extended hours, including weekends, and offer online chat through your member account or mobile app.

Learn More



selecthealth.org/member-support

Member Services

Answer benefit questions.

Help you understand your insurance plan.

Chat online through your member account or mobile app.

800-538-5038

Weekdays: 7 a.m. to 8 p.m. (MST)

Saturdays: 9 a.m. to 2 p.m. (MST)

Member Advocates

Find the right doctors and facilities.

Schedule appointments.

Provide support to maximize benefits.

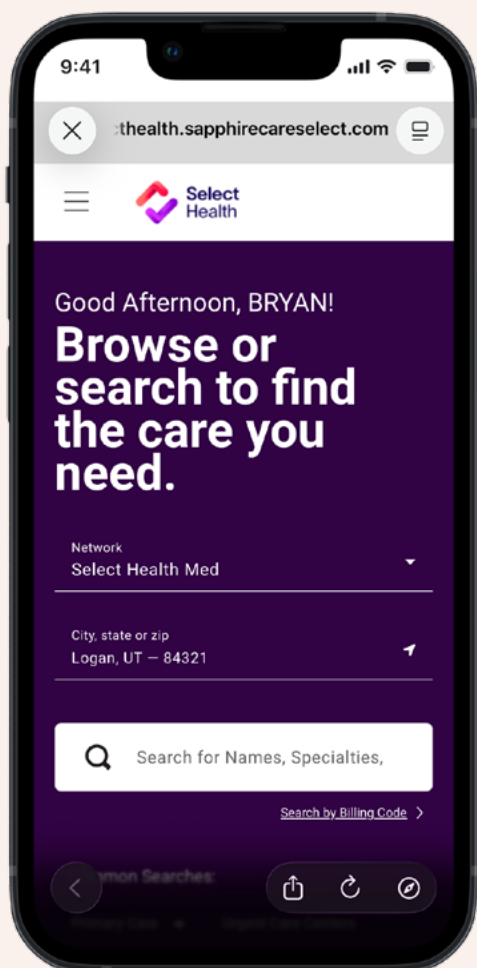
800-515-2220

Weekdays: 7 a.m. to 8 p.m. (MST)

Saturdays: 9 a.m. to 2 p.m. (MST)

Find Doctors and Facilities

Search for doctors and facilities by network, medical specialty, and/or virtual care options.



Utah, Colorado, Idaho, and Nevada

1



Scan the QR code or visit selecthealth.org/find-care.

2

Click “Find a Facility”

OR

“Find a Doctor”

3

1. Type the city, state, or ZIP code where you need to find care.

2. Select your network from the “Network” dropdown.

TIP: Your network is listed on the front of your ID card.

3. Search for Names, Specialties, and Procedures by typing them into the search bar and clicking the blue magnifying glass icon.

OR

Browse by Category and find results by clicking one of the given care categories.

Lower Costs by Staying In-Network

\$

In-Network

In-network doctors and facilities follow Select Health's payment limits, which helps keep your costs lower.

\$\$\$

Out-of-Network

Out-of-network doctors and facilities can charge more, which may significantly increase your costs.

Find Doctors and Facilities

UnitedHealthcare Options PPO Network

Search care options by condition, cost estimate, physician, facility, service, treatment type, and more.

National and Out of Area Doctor Directories

UnitedHealthcare Options PPO Providers

UnitedHealthcare Behavioral Health Providers

Beech Street

Multiplan

PHCS

Use the UnitedHealthcare Options PPO Network When Outside of Colorado, Idaho, Nevada, and Utah

1



Scan the QR code or visit selecthealth.org/find-care.

2

1. Click “Find a Facility” OR “Find a Doctor”
2. Scroll down on the page to the Helpful Links section.
3. Click “UnitedHealthcare Options PPO Providers”
OR
“UnitedHealthcare Behavioral Health Providers”

3

1. Click “Change Location” and enter a street address, city, state, ZIP code, county, or parish where you need to find care.
2. Click “Update Location”
3. Search for providers and services by typing them into the search bar and clicking the “Search” icon.
OR
Find Care by Category and click one of the given options (People, Places, Services and Treatments, Care by Condition, or Cost Estimates).

Lower Costs by Staying In-Network

\$ In-Network	\$\$\$ Out-of-Network
In-network doctors and facilities follow Select Health's payment limits, which helps keep your costs lower.	Out-of-network doctors and facilities can charge more, which may significantly increase your costs.



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).

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

IN-NETWORK

Self Only Coverage, 1 person enrolled - per calendar Year

Deductible

\$3,000

Out-of-Pocket Maximum

\$5,000

Family Coverage, 2 or more enrolled - per calendar Year

Deductible - per person/family

\$3,000/\$6,000

Out-of-Pocket Maximum - per person/family

\$5,000/\$10,000

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

INPATIENT SERVICES

IN-NETWORK

Medical, Surgical and Hospice⁴

20% after Deductible

Hospital Level Care at Home⁴

20% after Deductible

Skilled Nursing Facility⁴ - Up to 60 days per calendar Year

20% after Deductible

Inpatient Rehab Therapy: Physical, Speech, Occupational⁴

20% after Deductible

Up to 40 days per calendar Year for all therapy types combined

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 Visits¹

Covered 100%

Specialist/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^{2,3}

IN-NETWORK

Primary Care Provider (PCP)¹

Covered 100%

Specialist/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

20% after Deductible

Ambulatory Surgical Center

10% after Deductible

Imaging Center

10% after Deductible

Ambulance (Air or Ground) - Emergencies Only

20% after Deductible

Emergency Room

\$300 after Deductible

Intermountain InstaCare[®] Facilities, Urgent Care Facilities

\$50

Intermountain KidsCare[®] Facilities

\$30

Intermountain Connect Care[®]

Covered 100%

Radiation

20% after Deductible

Dialysis

20% after Deductible

Diagnostic Tests: Minor²

Covered 100%

Diagnostic Tests: Major²

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

IN-NETWORK

Durable Medical Equipment (DME)⁴

20% after Deductible

Miscellaneous Medical Supplies (MMS)³

20% after Deductible

Autism Spectrum Disorder

See Professional, Inpatient, Outpatient, or
Mental Health and Substance Use Disorder ServicesMaternity and Adoption^{4,7}

See Professional, Inpatient or Outpatient

Cochlear Implants or Auditory Osseointegrated Devices^{2,4}

See Professional, Inpatient or Outpatient

*One device every 36 months per ear*Infertility - *Select Services*

50% after Deductible

TMJ (Temporomandibular Joint) Services - *Up to \$2,000 lifetime*

See Professional, Inpatient or Outpatient

OPTIONAL BENEFITS

IN-NETWORK

Mental Health and Substance Use Disorder⁴

Office Visits

\$30

Virtual Visits

Covered 100%

Inpatient

20% after Deductible

Outpatient

20%

Residential Treatment²

20% after Deductible

Chiropractic

\$20

*(up to 20 visits per calendar Year)*Healthcare Provider Administered Injectable or Infusible Drugs⁴

20% after Deductible

Bariatric Surgery *(Up to one surgery/lifetime)*⁴

See Professional, Inpatient or Outpatient

PRESCRIPTION DRUGS

Pharmacy Deductible - Per Person per calendar Year

\$500

Prescription Drug List (formulary)

RxSelect[®]Prescription Drugs - *Up to 30 Day Supply of Covered Medications*⁴

Tier 1

\$15

Tier 2

\$30 after pharmacy Deductible

Tier 3

\$50 after pharmacy Deductible

Tier 4

\$100 after pharmacy Deductible

Maintenance Drugs - *90 Day Supply (Mail-Order, Retail⁹⁰®)-selected drugs*⁴

Tier 1

\$15

Tier 2

\$60 after pharmacy Deductible

Tier 3

\$150 after pharmacy Deductible

Generic Substitution Required

Generic required or must pay Copay plus cost
difference between name brand and generic

1 Refer to selecthealth.org/find-care 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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

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

7 Select Health 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.

Select Health will cover an insulin from each therapeutic category with a cap of \$10 per prescription of a 30-day supply.

* 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).

UT MPS-HMO 01/01/26

10/08/25

selecthealth.org



**Select
Health**

VALUE NETWORK / HSA QUALIFIED

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).

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

IN-NETWORK

Self Only Coverage, 1 person enrolled - per calendar Year

Deductible

\$3,500

Out-of-Pocket Maximum

\$6,900

Family Coverage, 2 or more enrolled - per calendar Year

Deductible

\$7,000

Out-of-Pocket Maximum - per person/family

\$6,900/\$13,800

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

INPATIENT SERVICES

IN-NETWORK

Medical, Surgical and Hospice⁴

20% after Deductible

Hospital Level Care at Home⁴

20% after Deductible

Skilled Nursing Facility⁴ - Up to 60 days per calendar Year

20% after Deductible

Inpatient Rehab Therapy: Physical, Speech, Occupational⁴

20% after Deductible

Up to 40 days per calendar Year for all therapy types combined

Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)

20% after Deductible

PROFESSIONAL SERVICES

IN-NETWORK

Office Visits & Minor Office Surgeries

Primary Care Provider (PCP)¹

20% after Deductible

Primary Care Provider (PCP) Virtual Visits¹

Covered 100% after Deductible

Specialist/Secondary Care Provider (SCP)¹

20% after Deductible

Allergy Tests

See Office Visits Above

Allergy Treatment and Serum

20% after Deductible

Major Surgery

20% after Deductible

Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)

20% after Deductible

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

IN-NETWORK

Primary Care Provider (PCP)¹

Covered 100%

Specialist/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

20% after Deductible

OUTPATIENT SERVICES⁴

IN-NETWORK

Outpatient Facility

20% after Deductible

Ambulatory Surgical Center

10% after Deductible

Imaging Center

10% after Deductible

Ambulance (Air or Ground) - *Emergencies Only*

20% after Deductible

Emergency Room

20% after Deductible

Intermountain InstaCare[®] Facilities, Urgent Care Facilities

20% after Deductible

Intermountain KidsCare[®] Facilities

20% after Deductible

Intermountain Connect Care[®]

Covered 100% after Deductible

Radiation

20% after Deductible

Dialysis

20% after Deductible

Diagnostic Tests: Minor²

Covered 100% after Deductible

Diagnostic Tests: Major²

20% after Deductible

Home Health, Hospice, Outpatient Private Nurse

20% after Deductible

Outpatient Cardiac Rehab

Covered 100% after Deductible

Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational

20% after Deductible



**Select
Health**

VALUE NETWORK / HSA QUALIFIED

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 or Auditory Osseointegrated Devices^{2,4}
One device every 36 months per ear
 Infertility - Selected Services
 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 Substance Use Disorder Services
 See Professional, Inpatient or Outpatient
 See Professional, Inpatient or Outpatient
 50% after Deductible
 See Professional, Inpatient or Outpatient

OPTIONAL BENEFITS

Mental Health and Substance Use Disorder⁴
 Office Visits
 Virtual Visits
 Inpatient
 Outpatient
 Residential Treatment²
 Chiropractic
(up to 20 visits per calendar Year)
 Healthcare Provider Administered Injectable or Infusible Drugs⁴
 Bariatric Surgery *(Up to one surgery/lifetime)*⁴

IN-NETWORK

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

PRESCRIPTION DRUGS

Prescription Drug List (formulary)
 Prescription Drugs - Up to 30 Day Supply of Covered Medications⁴
 Tier 1
 Tier 2
 Tier 3
 Tier 4
 Maintenance Drugs - 90 Day Supply (Mail-Order, Retail⁹⁰®)-selected drugs⁴
 Tier 1
 Tier 2
 Tier 3
 Generic Substitution Required

RxSelect®

\$10 after Deductible
 \$25 after Deductible
 \$45 after Deductible
 \$100 after Deductible
 \$10 after Deductible
 \$50 after Deductible
 \$135 after Deductible
 Generic required or must pay Copay plus cost
 difference between name brand and generic

1 Refer to selecthealth.org/find-care 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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

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

7 Select Health 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.

Select Health will cover an insulin from each therapeutic category with a cap of \$10 per prescription of a 30-day supply.

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).


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.

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$3,000	\$3,250
Out-of-Pocket Maximum	\$5,000	\$6,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible	\$6,000	\$6,500
Out-of-Pocket Maximum	\$10,000	\$12,000
(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
Hospital Level Care at Home ⁴	20% after Deductible	Not Covered
Skilled Nursing Facility ⁴ - Up to 60 days per calendar 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 calendar Year for all therapy types combined		
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	20% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	20% 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 - (Medical, Surgical, Maternity, Anesthesia)	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
Specialist/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	20% after Deductible	40% after Deductible
OUTPATIENT SERVICES⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	20% after Deductible	40% after Deductible
Ambulatory Surgical Center	10% after Deductible	40% after Deductible
Imaging Center	10% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room	20% after Deductible	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	20% after Deductible	40% after Deductible
Intermountain KidsCare [®] Facilities	20% after Deductible	Not Available
Intermountain Connect Care [®]	Covered 100% after Deductible	Not Available
Radiation	20% after Deductible	40% after Deductible
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	20% 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 Substance Use Disorder Services	See Professional, Inpatient, Outpatient, or Mental Health and Substance Use Disorder Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants 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
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 Substance Use Disorder ⁴		
Office Visits	20% 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
Chiropractic <i>(up to 20 visits per calendar Year)</i>	20% after Deductible	Not Covered
Healthcare Provider Administered Injectable or Infusible Drugs 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	\$10 after In-Network Deductible	
Tier 2	\$25 after In-Network Deductible	
Tier 3	\$45 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	\$10 after In-Network Deductible	
Tier 2	\$50 after In-Network Deductible	
Tier 3	\$135 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/find-care 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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.

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

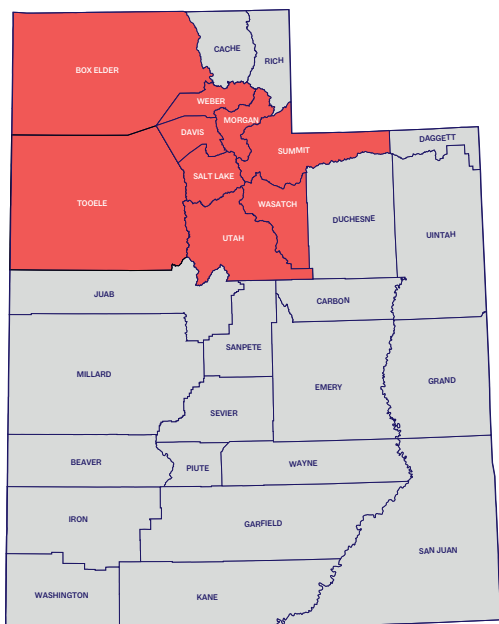
7 Select Health provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical Deductible, Copay, or Coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

Select Health will cover an insulin from each therapeutic category with a cap of \$10 per prescription of a 30-day supply.

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).

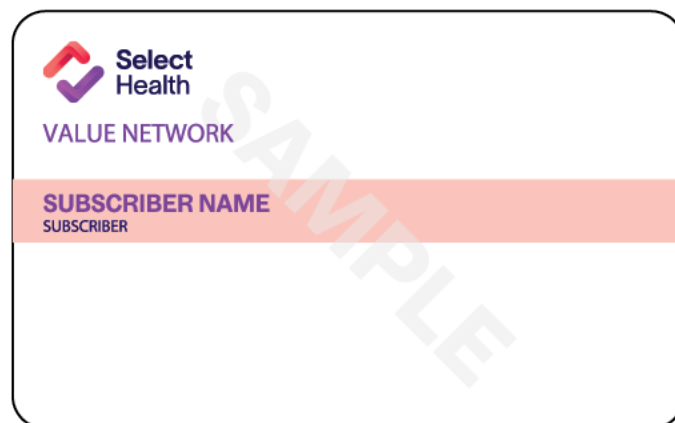


Select Health Value[®] Network

A network is a set of doctors and facilities Select Health has contracted to provide medical care at the lowest possible cost.

Your Network

Your primary network is listed on the front of your ID card as shown below. Check the back of your ID card for secondary network access.



In-Network Doctors and Facilities



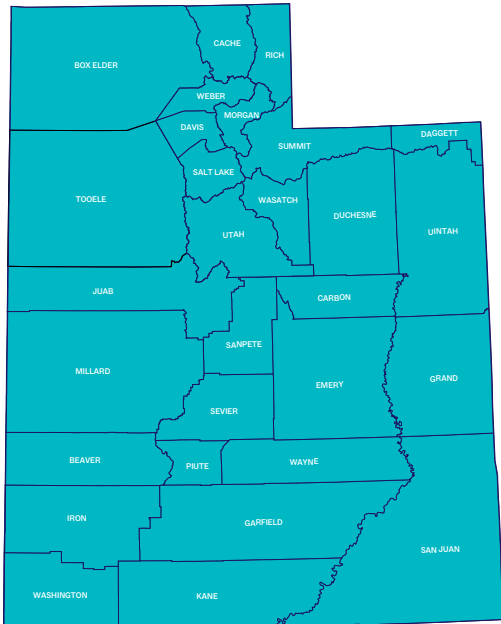
Scan the QR code or visit selecthealth.org/find-care to see which doctors and facilities participate on the Value network.

Remember, it is important to utilize in-network doctors and facilities to keep costs low.

Out-of-Area Dependent Coverage

Enrolled dependents who live in the United States, but outside of the Value service area, may have in-network benefits for covered services.

Submit a Dependent Address Change Form at selecthealth.org/forms.



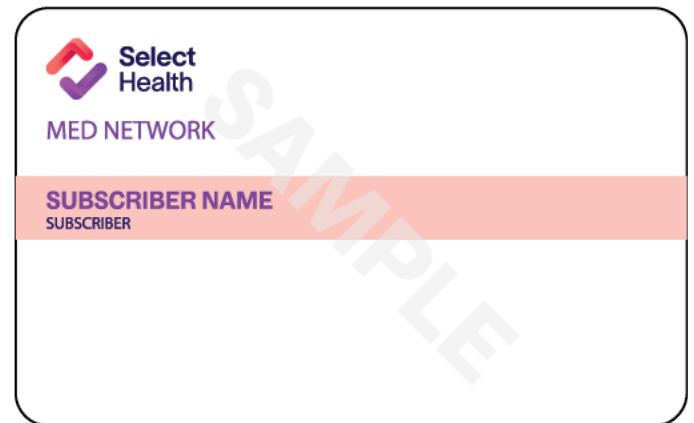
Select Health Med[®] Network

Plus Out-of-Network Access

A network is a set of doctors and facilities Select Health has contracted to provide medical care at the lowest possible cost.

Your Network

Your primary network is listed on the front of your ID card as shown below. Check the back of your ID card for secondary network access.



In-Network Doctors and Facilities



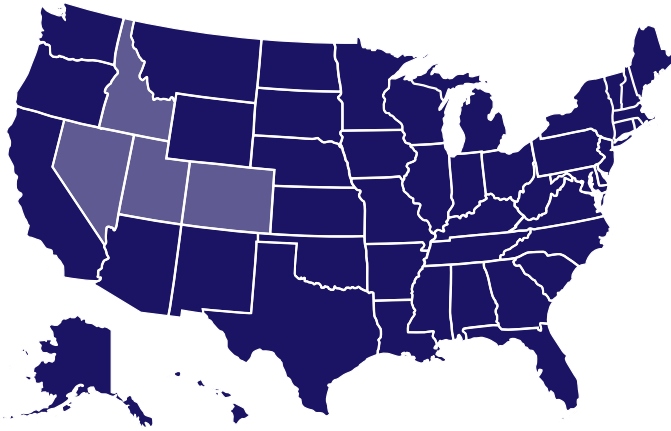
Scan the QR code or visit selecthealth.org/find-care to see which doctors and facilities participate on the Med network.

Out-of-Network Doctors and Facilities

Your plan also includes out-of-network doctors and facilities for covered services.

Out-of-Area Dependent Coverage

Enrolled dependents who live in the United States, but outside of the Med service area, may have in-network benefits for covered services. Submit a Dependent Address Change Form at selecthealth.org/forms.

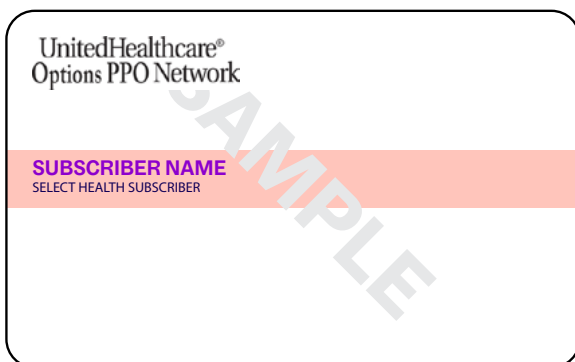


UnitedHealthcare (UHC) Options PPO Network

A network is a set of doctors and facilities Select Health has contracted to provide medical care at the lowest possible cost.

Your Network

Your network is listed on the front of your ID card as shown below.



Remember:

- Your health insurance carrier is Select Health.
- Your network of doctors and facilities is contracted through UHC.

In-Network Doctors and Facilities

Care Outside Utah, Colorado, Idaho, and Nevada

1. Log in to your Select Health member account or visit selecthealth.org/find-care.
2. Click "Find a Facility"
OR
"Find a Doctor"
3. Scroll down on the page to the Helpful Links section.
4. Click "UnitedHealthcare Options PPO Providers"
OR
"UnitedHealthcare Behavioral Health Providers"

Care in Utah, Colorado, Idaho, and Nevada

If you are seeking medical care in one of these states, you will NOT use providers or facilities on the UHC Options PPO network.

1. Check the back of your member ID card to see which networks you should use in these states.
2. Log in to your Select Health member account or visit selecthealth.org/find-care to see which doctors and facilities participate on that states' networks.

Claims

Medical claims – medical claims for care received by UnitedHealthcare doctors and facilities should be submitted to UnitedHealthcare Shared Services (UHSS).

Pharmacy claims – pharmacy claims should be submitted to Select Health.

If you have questions, chat with Select Health Member Services via your member account or call **800-538-5038**. If your UnitedHealthcare provider has questions regarding your claims or care, they need to contact UnitedHealthcare Provider Services at **888-830-0179**.

Health Insurance Definitions

These are some common health insurance terms that will help you understand and navigate your health plan benefits.*



Scan the QR code to watch a [short video](#) or reference the list below.

** To view your plan-specific benefits and coverage, [log in](#) to your member account.*

Allowed Amount

The maximum amount Select Health will pay for a covered service.

Balance Billing

The amount you must pay a provider that isn't covered by your health plan (the difference between the billed amount and the allowed amount).

Coinsurance

A percentage of the charges you must pay from a provider or facility for covered services.

Copay (Copayment)

This is a fixed amount you must pay the doctor for services. Most plans have lower copays for primary care providers, higher copays for secondary care providers, and cover preventive care at 100%.

Deductible

An amount you must pay to doctors and facilities before your plan begins to pay for eligible charges.

Explanation of Benefits (EOB)

Each time we receive and process a claim, we create an EOB that explains how much we paid, how much you are responsible to pay, and more. You can receive this by mail or view it online.

Formulary

A list of prescription drugs that are covered by your health plan.

Network

Contracted health care providers and facilities that ensure Select Health members have a lower cost for care. If you receive out-of-network care, you may be responsible for excess charges. Your network is listed on your member account and on the front of your ID card.

Out-of-Pocket (OOP) Maximum

This is the total amount you may pay for services covered by your plan each year. Amounts you pay toward your deductible, coinsurance, and copays apply to your OOP maximum. This is also known as “cost-sharing”. Remember—the premium you pay for your plan does not apply to your out-of-pocket maximum or other amounts you must pay for covered services (see Premium).

Premium

This is the monthly bill you pay for insurance coverage (to be a member of Select Health). It does not apply toward the cost-sharing amounts on your plan such as deductibles or out-of-pocket maximums.

Service Area

The geographic region where you have health insurance coverage and access to benefits.



Pharmacy and Prescription Services

Save money through our comprehensive drug coverage, in-network pharmacies, discounts, and coupons.

Nationwide Pharmacy Coverage

You have in-network access to more than **56,000 pharmacies** including most major retail chains as well as local drugstores. In addition to wide retail access, your network contains low-cost home delivery options including:

Intermountain Pharmacy Services

Use the Intermountain Home Delivery Pharmacy to get 90-day supplies of many medications delivered to your home. Call **855-779-3960** to register.

For specialty medications, the Intermountain Specialty Pharmacy can also deliver. Have your doctor prescribe to the Intermountain Specialty Pharmacy or call **877-284-1114**.

Visit intermountainhealthcare.org/services/pharmacy to learn more about these services.

Mark Cuban Cost Plus Drug Company

1. To find a medication, visit costplusdrugs.com and search the Medications list.
2. Create an account and enter your basic health information.
3. Ask your provider to send prescriptions to Mark Cuban Cost Plus Drug Company and include your account email on the prescription.

Amazon Pharmacy

Use prescriptions benefits at Amazon Pharmacy with exclusive benefits for Prime members.

1. Visit pharmacy.amazon.com.
2. Log in with your Amazon username and password.
3. Enter your insurance information to get started.

Learn More



Scan the QR code or visit selecthealth.org/pharmacy to view the tools needed to maximize savings on drug costs.

Pharmacy and Prescription Services (continued)

Learn More



Scan the QR code or visit selecthealth.org to log in to your member account and utilize these services.

Drug Lookup and Cost Comparison

Find detailed information on savings options for prescription medications through your Select Health member account.

- Drugs are listed by tier: lower-tiered drugs usually cost less, and your plan typically pays a higher percentage of that cost.
- When you identify savings, talk to your prescribing provider to see if a lower-cost option is right for you.

Pharmacy Compass

This tool allows you to compare medication prices, explore lower-cost alternatives, and make more informed decisions before heading to the pharmacy. To get started:

1. Log in to your Select Health member account.
2. Click “Find Care”
3. Select “Drug Lookup”
4. Click the link to Pharmacy Compass.



Rx Savings Solutions

This service connects with your Select Health member account to help identify drug savings. Sign up through your member account and turn on notifications to include:

- **Therapeutic alternatives:** drugs which treat your condition the same way using a medication with different active ingredients.
- **Generics and biosimilars:** drugs which use the same or similar ingredients as your current medication without the cost of name brands.
- **90-day supplies:** you may pay less when your doctor prescribes a 90-day fill for eligible medications.
- **Discount cards and coupons:** show your lowest price, with or without insurance.

Virtual Care

Virtual visits may cost less than appointments at an in-person clinic. These services are available in the United States via your smartphone, computer, or tablet.*

Learn More



selecthealth.org/find-care/virtual-care

Virtual Care with a Provider

No Appointment Needed:

- [Urgent Care](#)
- [Physical Therapy](#)
- [Message with a Provider \(E-visit\)](#)
- Free 24-Hour Nurse Line (844-501-6600)
- Free Behavioral Health Navigation Line
Adults (833-442-2211) | Teens (801-313-7711)

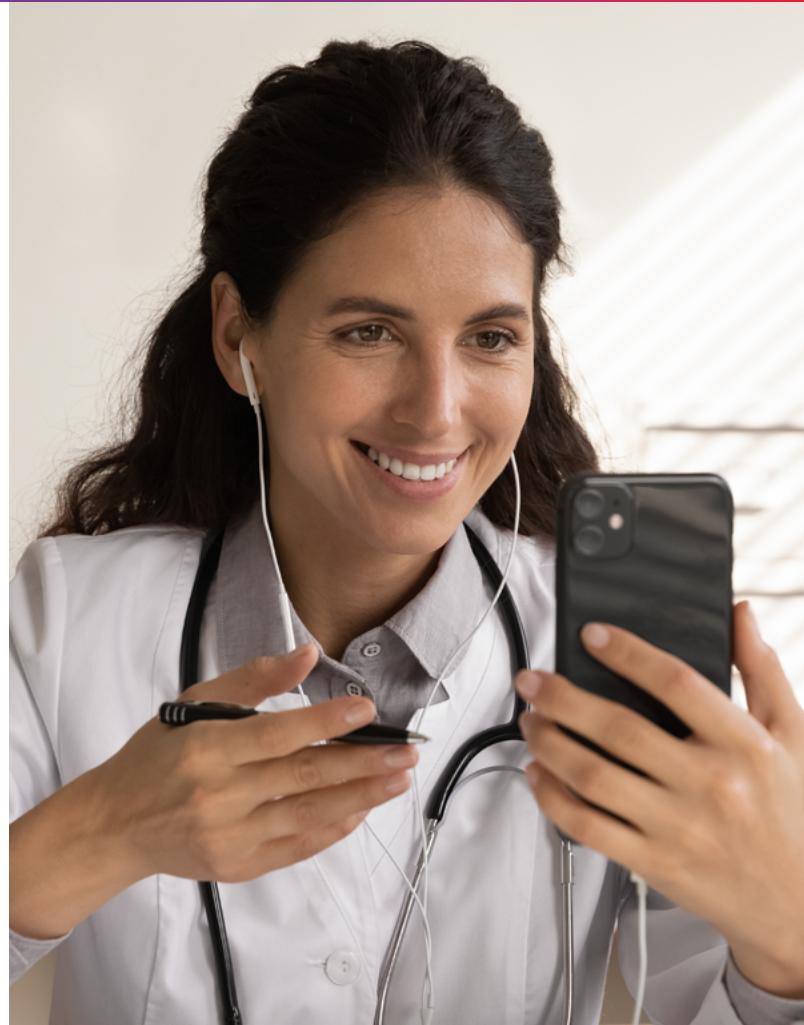
Scheduled Services:

- [Behavioral Health](#)
- [Lactation Consults](#)
- [Pain Management](#)
- [Primary Care](#)
- [Nutrition Counseling](#)

Your Doctor's Office

Your doctor's office may use various apps or websites for virtual visits. No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.

** Virtual care service options vary by state.*

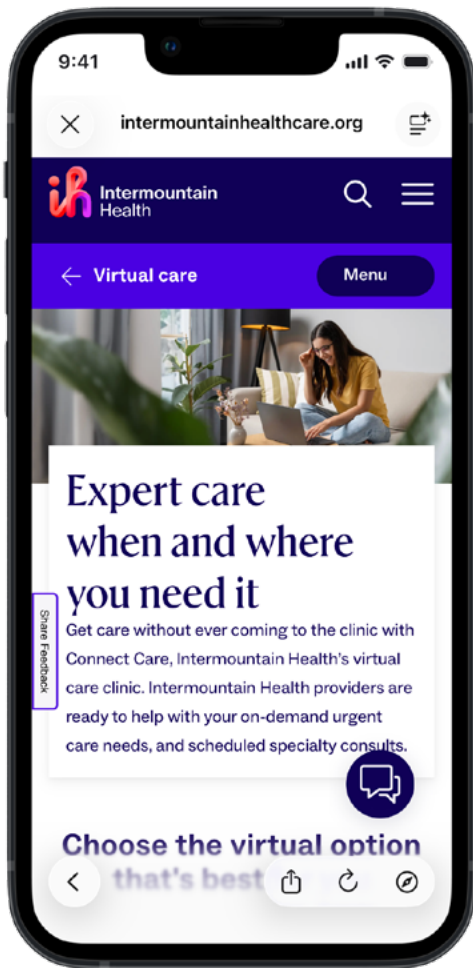


Symptom Checker

This AI [symptom assessment](#) is available 24/7 and guides you to the appropriate next steps for care.

On-Demand Pharmacy and Laboratory Services

You don't need an in-person appointment with a provider to have certain prescriptions and self-administered lab tests delivered to your door through [on-demand services](#).



Symptom Checker

This AI [symptom assessment](#) is available 24/7 and guides you to the appropriate next steps for care.

On-Demand Pharmacy and Laboratory Services

You don't need an in-person appointment with a provider to have certain prescriptions and self-administered lab tests delivered to your door through [on-demand services](#).

Intermountain Health Virtual Care Services

These services are available in the United States via your smartphone, computer, or tablet, and may cost less money than appointments at an in-person clinic, even when virtual care is not covered by your health insurance plan.*

Learn More



intermountainhealthcare.org/services/virtual-care

Virtual Care with a Provider

No Appointment Needed:

- [Urgent Care](#)
- [Physical Therapy](#)
- [Message with a Provider \(E-visit\)](#)
- Free 24-Hour Nurse Line (844-501-6600)
- Free Behavioral Health Navigation Line
Adults (833-442-2211) | Teens (801-313-7711)

Scheduled Services:

- [Behavioral Health](#)
- [Lactation Consults](#)
- [Pain Management](#)
- [Primary Care](#)
- [Nutrition Counseling](#)

* Virtual care service options vary by state.



Nationwide Virtual Care

Virtual visits may cost less than appointments at an in-person clinic. These services are available in the United States via your smartphone, computer, or tablet.*

Learn More



[selecthealth.org/find-care/
virtual-care](https://selecthealth.org/find-care/virtual-care)

Symptom Checker

This AI **symptom assessment** is available 24/7 and guides you to the appropriate next steps for care.

Virtual Urgent Care

Intermountain Health offers video visits for **urgent care**. No appointment is needed, and you can receive care within minutes. You can even use this service for your children – they must be present during the visit.

Your Doctor's Office

Your doctor's office may use various apps or websites for virtual visits (primary care, behavioral health, etc.). No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.

** Not available in U.S. Territories.*

Travel Coverage

Access in-network benefits if you travel outside of your service area.

Travel Within the United States

Urgent Care

Check the back of your ID card to see which network you should use in each state.

Emergency Care

In-network benefits apply for care at any emergency room location in any state.

Care For Dependents Living Out-of-Area

Enrolled dependents who live in the United States, but outside of the service area, may have in-network benefits for covered services. Verify with your employer if they qualify for this coverage. If they qualify, submit a Dependent Address Change Form at selecthealth.org/forms.



Travel Outside the United States

If you travel outside the United States, in-network benefits apply for services at any emergency room location. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit with a Claim Reimbursement Form at selecthealth.org/forms for reimbursement.

Find Doctors and Facilities



selecthealth.org/find-care



Choosing the Right Care

Save money and time by choosing the right place to receive care.



Scan the QR code or visit selecthealth.org/find-care to learn more. For help finding a provider or scheduling an appointment, call Member Advocates at **800-515-2220**.

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24/7 NURSE LINE

Talk to a registered nurse for FREE about any condition to get advice on how and where to get care.

UTAH **844-501-6600** | IDAHO **800-222-3344**
COLORADO **800-624-3394** | NEVADA **800-308-1907**

BEHAVIORAL HEALTH NAVIGATION LINE

FREE resources and guidance for mental and behavioral health.

ADULTS **833-442-2211** | TEENS **801-313-7711**

PREVENTIVE CARE

Preventive care can help detect and prevent medical problems before they become serious. Most plans cover these services at no out-of-pocket cost to you. Some limitations may apply.

PRIMARY CARE

A Primary Care Provider (PCP) is your go-to for routine care and coordination of specialty care when needed.

URGENT CARE

Urgent care facilities are walk-in clinics that can be used for illnesses and injuries that aren't life-threatening, but need attention sooner than you are able to schedule an appointment with your PCP.

SPECIALTY CARE

When care is outside your PCP scope, you can access a network of specialists, therapists, and surgeons with advanced training and expertise in certain areas of medicine.

EMERGENCY CARE

For emergencies, call 911 or go to the nearest emergency room and you will be covered whether you're in the U.S. or abroad.

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Preventive Care

Most plans cover preventive care at 100%— no copay, coinsurance, or deductible.

For services to be covered as preventive, your doctor must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

Adult Preventive Services (ages 18 and older)	Pediatric Preventive Services (younger than age 18)	Obstetrical Preventive Services
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 (once every 3 years for ages 21 and older) • Lung Cancer Screening (between ages 50 and 80) • Screening Mammogram (once every 275 days) • Colonoscopy Colon Cancer Screening (once every five years for 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	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 21 and younger) • 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 • Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria) 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 MMRV) • Rotavirus • Human Papillomavirus (HPV) (ages 9 to 45) • Respiratory Syncytial Virus (RSV)	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 Select Health approved facility)
* If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.		This information is subject to change and additional limitations may apply. This list is not all-encompassing. To verify the eligibility of a service or supply, call Member Services. Learn More  selectthehealth.org/wellness/preventive-care

Mental and Behavioral Health Care

Individualized treatment plans that support mind and body with innovative approaches to symptoms related to depression, anxiety, problems with substance use, or any other mental health concerns.

Services include:

- **Personalized strategy** for you and your dependents through the Behavioral Health Navigation team.
- **Convenient virtual visit options** for care by phone, tablet, or computer.
- **Supportive mindfulness classes** focused on stress, anxiety, pain management, and better sleep.

Virtual care	Care management
Mindfulness classes	Outpatient and inpatient treatment
PCP integration	Addiction treatment and recovery
In-office visits	Online tools and resources
Access centers for crisis treatment	
Emotional health relief hotline	



Learn More



Scan the QR code, visit intermountainhealthcare.org/behavioralhealth, or call **800-442-5035** to speak with a Behavioral Health Care Manager.

Mental and Behavioral Health Care Resources

If you are experiencing an emergency or immediate crisis, call **911**, call/text the Suicide and Crisis Lifeline at **988**, or visit 988lifeline.org.

Find Doctors and Facilities

Find a Behavioral Health provider near you by visiting selecthealth.org/find-care or by calling Member Advocates at **800-515-2220**.

NovumHealth

NovumHealth can help you connect to local resources and doctors to support your mental health needs. This service is exclusive to eligible Select Health members and is included in most plans.

To confirm your eligibility, call Select Health Member Services at **800-538-5038**. Once eligibility is confirmed, call NovumHealth at **801-669-8176** to get started.

CredibleMind

You also have access to CredibleMind, a free platform with online tools such as podcasts, books, videos, apps, and articles to support your mental health. Topics include better sleep, stress relief, how to eat healthier, how to grow stronger relationships, and more. Visit intermountainhealth.org/takecharge to get started.

Behavioral Health Access Centers

Intermountain Health Behavioral Health Access Centers are for adults and children who are experiencing a behavioral health crisis without a medical emergency. Patients receive immediate crisis treatment, observation, and quick access to mental health treatment from licensed behavioral health professionals.

Visit intermountainhealthcare.org/behavioralhealth to find a location near you.

Intermountain Employee Assistance Program (EAP)

The EAP offers short-term counseling to support you with personal or work-related stressors.*

Visit intermountainhealthcare.org/eap or call **800-832-7733** to get support.

** This program is not available to all members. See your member materials or call Member Services to confirm eligibility.*

Learn More



Scan the QR code, visit intermountainhealthcare.org/behavioralhealth, or call **800-442-5035** to speak with a Behavioral Health Care Manager.



Tellica Imaging and Ambulatory Surgical Centers (ASCs)

Care at Tellica Imaging centers and ASCs is covered by your plan. It's another way to access high-quality care without the high costs.

Tellica Imaging

Tellica Imaging centers use the same technology you would find at a hospital for MRIs and CT scans. They offer:

- Transparent, flat-rate prices.
- Same-day appointments and results within 24 hours.
- Accurate, painless, and non-invasive services.



tellicaimaging.com

Ambulatory Surgical Centers (ASCs)

ASCs are a convenient, cost-effective way to receive same-day outpatient surgery because they provide:

- Procedures performed by the same highly qualified physicians, nurses, and clinical staff who perform surgery at Intermountain hospitals.
- Convenient locations from Logan to St. George, with plans to open more.



selecthealth.org/find-care



Healthy BeginningsSM Program

Healthy Beginnings is designed to encourage the healthiest pregnancies possible and is available at **no additional cost**.

Program Benefits

Online and in-person classes on birth, breastfeeding, and other topics.*

Guidance to local programs such as Women, Infants, and Children (WIC), food and transportation assistance, and more.

Support during and after pregnancy—help getting care and a breast pump.

Cash rewards* for prenatal and postnatal care.

** Based on Select Health plan type.*

Learn More



Scan the QR code, visit selecthealth.org/healthy-beginnings, or call **866-442-5052** to enroll.



Care Management Services

Select Health Care Managers are nurses and social workers who take a proactive, holistic approach to help you meet your health goals at **no additional cost**.

If you qualify, a Care Manager can help you:

Create a wellness plan that supports your physical and mental well-being.

Coordinate care for chronic illness with your doctor or specialist.

Find health resources and answer questions about medications and health issues.

Coordinate care with your Primary Care Provider to ensure you can access the treatment and medications you need.

Get preventive care, such as immunizations and recommended screenings.

Learn More



Scan the QR code, visit selecthealth.org/wellness/care-management to submit a referral form, or call **800-442-5305**.



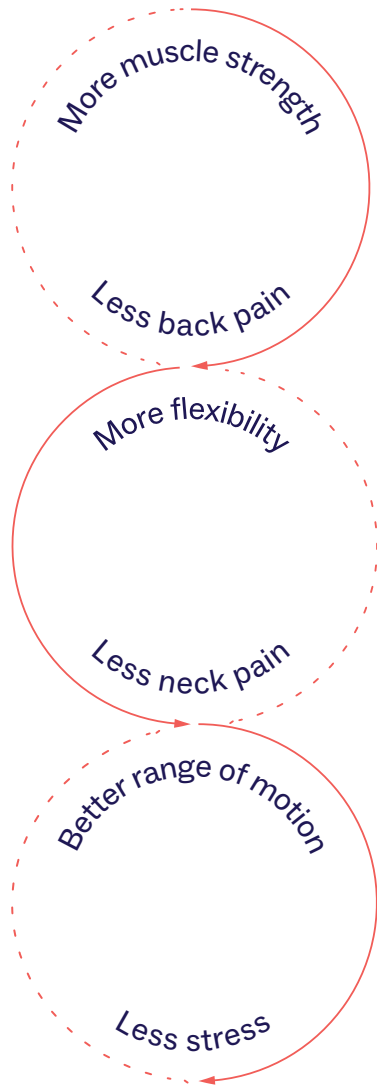
Chiropractic Care

Chiropractic care focuses on treating the spine and other joints to support the body's natural ability to heal itself.

Visit Allowances

Annual visit allowances may apply and can be viewed in the My Plan tab of your Select Health [member account](#).

Benefits of Chiropractic Care



Find Doctors and Facilities



Scan the QR code or visit selecthealth.org/find-care
Use your Select Health ID card to see which network to use for coverage in each state.

Cessation Programs: Tobacco and Nicotine

Research-based solutions and coaching to create an individualized Quit Plan to work toward quitting smoking for good.

Learn More



Scan the QR code, visit myquitforlife.com/selecthealth, or call 1-866-QUIT-4-LIFE (TTY 711).

Quit for Life®

Build a personalized quit plan and coach support at no extra cost.

Beat cravings and connect with the community.

Eliminate cigarette breaks, manage triggers and develop skills to quit for good.

Nicotine Replacement Therapy (NRT)

Save on costs with 100% coverage on most plans.

Curb nicotine cravings with gum or patches (two 90-day courses of medication each year).

Focus on mental and emotional triggers without the debilitating physical withdrawal symptoms.



Health Savings Account (HSA)

An HSA is a healthcare savings account that allows you to use pre-tax dollars to pay for medical-related expenses.

Enroll

Step 1: Select an HSA-qualified health plan.

Enroll in an HSA-qualified Select Health plan. These plans typically cost less than traditional plans and provide tax-saving opportunities.

Step 2: Set up an HSA.

Work directly with your HSA provider or with your employer to set up an account.

Step 3: Add money to your HSA.

Fund your HSA through pre-tax payroll deductions or transfer money into your account. Your employer can help you make pre-tax payroll deductions.* Unspent money rolls into the following year.

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

Learn More



selecthealth.org/resources/hsa

Tips to Keep Healthcare Costs Low

Follow these tips to reduce costs and maximize savings.

1 Stay in-network and get care at the right place.

Save visits to the emergency room for true emergencies and choose the most appropriate in-network option for your healthcare needs. For example, **virtual care** may cost less money than appointments at an in-person clinic, even when virtual care is not covered by your health insurance plan.

2 Make preventive care a priority.

Preventive care can help identify potential health problems and reduce your risk for serious illness. Preventive services are covered 100% by most plans when utilizing in-network providers.

selecthealth.org/wellness/preventive-care

3 Utilize in-network pharmacy resources.

Enroll in cost-saving optional programs including Rx Savings Solutions® to find the lowest price for medications. Talk to your doctor and pharmacist about options for using generic drugs who can help you get effective medication at the best price.

selecthealth.org/pharmacy/pharmacy-resources

4 Manage chronic illness.

The **Care Management** team can help coordinate your care and find the most cost-effective ways to meet your needs. Call **800-442-5305** to find out if you or a family member qualifies.

Member Discounts

Programs to help you save money on health-related expenses.

Select Health Member Discounts

Select Health Member Discounts are included with your coverage. Save money on services like:

LASIK

Hearing aids

Eyewear

Massage therapy

Tattoo removal

Gym memberships

Baby safety products



selecthealth.org/discounts

ChooseHealthy™

We partner with ChooseHealthy so you can save more on wellness products and services.

- Receive up to 50% off on popular health and fitness brands.
- Save up to 25% on services from specialty healthcare practitioners.
- Learn from free online health classes and articles.

Log in to your Select Health member account and click on ChooseHealthy Discounts through your main Dashboard to view savings opportunities.

Active&Fit Direct™

We also partner with Active&Fit Direct, a low-cost fitness program. With this program you can:

- Enroll in one of their preferred gym memberships or exercise studios at a discounted rate.
- Access free on-demand workout videos.
- Participate in discounted one-on-one well-being coaching sessions.

Log in to your Select Health member account and click on Active&Fit Direct through your main Dashboard to enroll.

Plan Information

Care and Cost Management

Select Health works to manage costs while protecting your 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/resources.

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/disclaimers.

Exclusions and Limitations

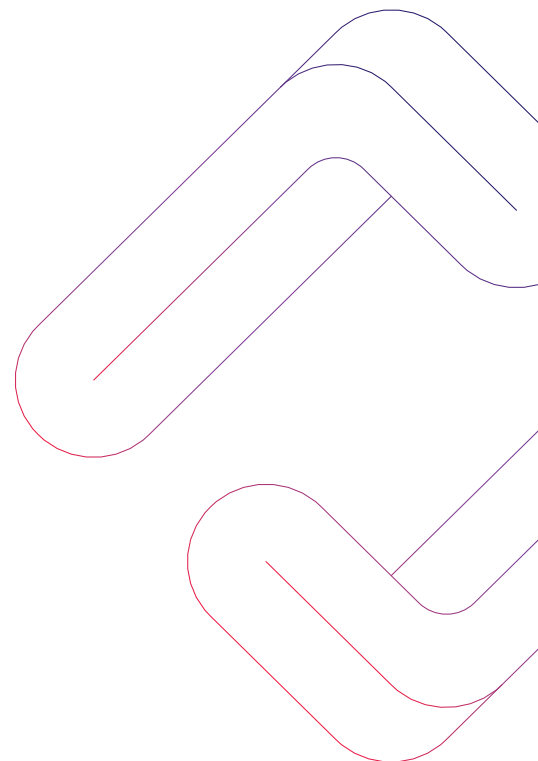
Unless otherwise noted on your Member Payment Summary (MPS) or Summary Plan Description (SPD), there are some healthcare services that your plan does not cover. Please visit selecthealth.org/resources to learn more about some of the services that are not covered or have coverage limitations. You can 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/disclaimers to view your member rights and responsibilities.

Printed Provider Directories 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.



Fair Treatment Notice

Select Health 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.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATTENTION: If you speak Spanish, free language assistance services are available to you. Call Select Health.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Select Health.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Select Health

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Select Health.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번호로 전화해 주십시오.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Select Health.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Select Health.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Select Health.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Select Health.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Select Health. まで、お電話にてご連絡ください。

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። Select Health ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Select Health.

تامدخ كل رفوت ستف، ىبرع ثدحت تنك اذا: هوبنت Select Health. ب لصتا. اناجم قيوغلل ادعاسمل

تامدخ، دى نكىم تب حص ى نك دراو ار نابز هب رگا: هوجوت Select اب. ت سامش راى تخا رد ناگى ار تروصب، ى نابز كم ك دى رى گب سامت Health

หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดยไม่มี ค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select Health

Select Health: 1-800-538-5038



Select
Health