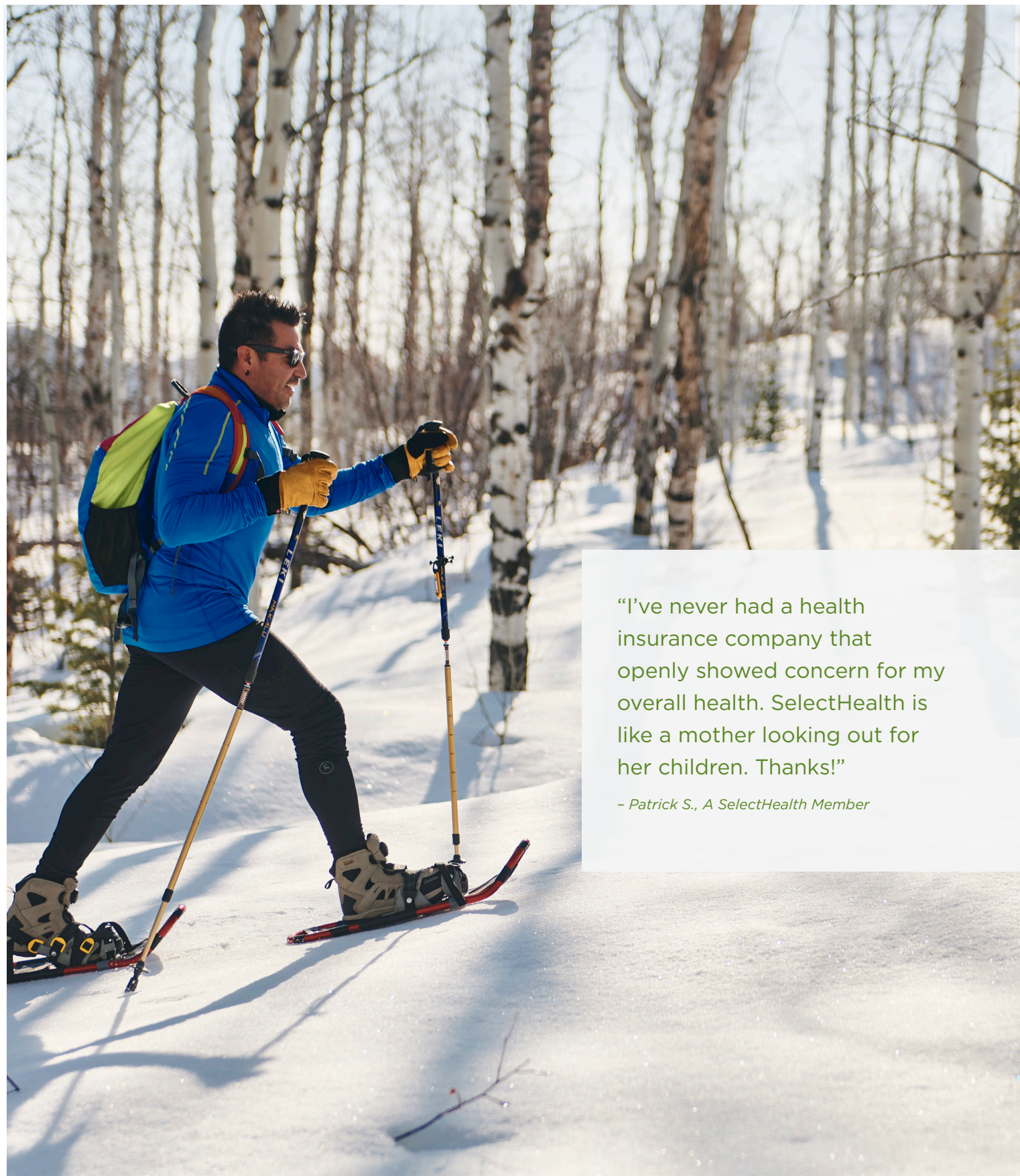


Individual Plans

IDAHO 2020





“I’ve never had a health insurance company that openly showed concern for my overall health. SelectHealth is like a mother looking out for her children. Thanks!”

– Patrick S., A SelectHealth Member

Let Us Introduce Ourselves

You are at the heart of everything we do. We listen to you and adapt so we can provide plans that work for you and your needs. But it’s not just about providing health plans, we want to help you live a healthy life—the healthiest life possible. It’s our mission and it drives everything from our customer service to our business decisions. This is about YOU.



The SelectHealth® Difference

We’re more than just an insurance company. We’re **your** insurance company.

Feel the difference with perks and benefits like these:

\$0 INTERMOUNTAIN CONNECT CARE® VISITS

- > Get quality care whenever and wherever you need it—all for \$0 out-of-pocket costs per visit.*

**\$49 for HealthSave Plans*

WELLNESS REWARDS

- > Get reimbursed up to \$200 per person for things like your gym membership or taking 7,000+ steps a day. Family limits may apply.

MEDICAL CARE AND INSURANCE IN SYNC

- > St. Luke’s® and SelectHealth® work together to ensure you get quality care at the best price.

A PRESCRIPTION FOR SAVINGS

- > Preventive prescriptions are covered before deductible on high-deductible health plans.

Definitions

Deductible

Amount you must pay to doctors and facilities before your plan pays for covered services.

Out-of-pocket maximum (OOP)

The total amount you may pay for services covered by your plan each year. Things like deductibles, coinsurance, and copays may apply to your out-of-pocket maximum.

Coinsurance

A percentage of the cost of a covered service that you pay after you’ve hit your deductible. For example, you pay 20%, the plan pays 80%.

Copay

A fixed amount you pay the doctor, pharmacy, or facility for covered services. For example, you might pay \$20 for an office visit with your primary care doctor.

Subsidy

Depending on your income and other criteria, you may qualify for an Advanced Premium Tax Credit or a Cost-Share Reduction to lower the amount you pay for your plan and benefits.

Use this table to see if you fall into one of the income ranges.

Family Size	Yearly Income Range
1	\$12,490 – \$49,960
2	\$16,910 – \$67,640
3	\$21,330 – \$85,320
4	\$25,750 – \$103,000
5	\$30,170 – \$120,680
6	\$34,590 – \$138,360
7	\$43,430 – \$173,720

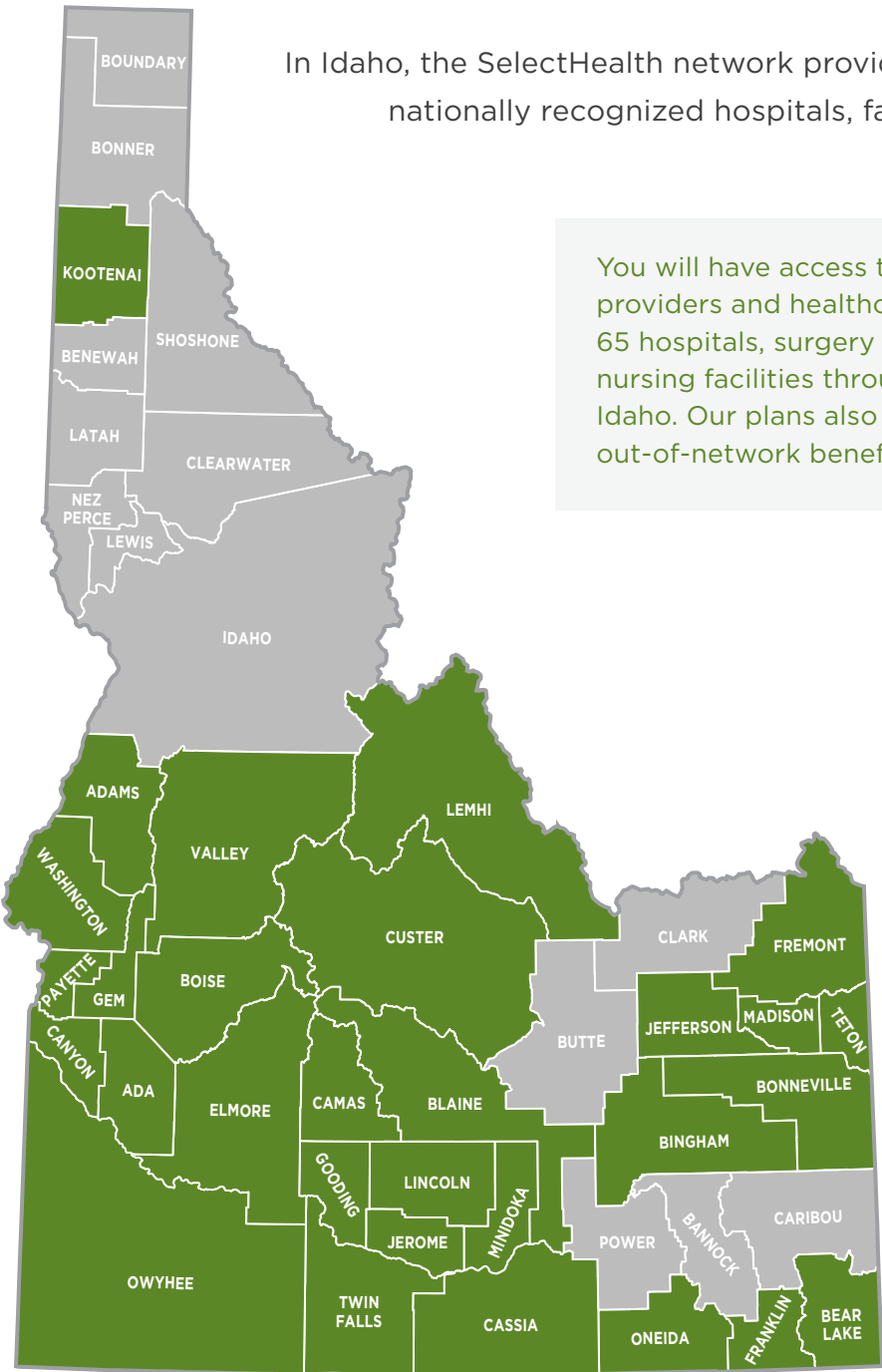
To verify your eligibility, visit yourhealthidaho.org to apply.

Not eligible for a subsidy? Try shopping directly on selecthealth.org or call us at **855-442-0220**.

Our Network

In Idaho, the SelectHealth network provides access to St. Luke’s nationally recognized hospitals, facilities, and physicians.

You will have access to more than 5,000 providers and healthcare professionals, and 65 hospitals, surgery centers, and skilled nursing facilities throughout the state of Idaho. Our plans also provide members with out-of-network benefits in Idaho.



Compare plans

So, you’ve got the basics down—now let’s look at what you get **for paying your monthly premium**. Use this table to compare the most popular plan benefits to see what fits your needs and your budget.

Primary, Secondary, Mental Health, and Urgent Care Visits

Before meeting your deductible, you'll only pay a copay for visits to your Primary, Secondary, Mental Health, and Urgent Care Providers.

	Gold 2000	Silver 4000	Expanded Bronze 8150	Silver 3500	Silver 3000	Expanded Bronze 3500	Bronze 6200	Silver 3500 HealthSave	Expanded Bronze 6850 HealthSave	Expanded Bronze 4500 HealthSave	Expanded Bronze 5500
Primary Care Visits Before Deductible ¹	✓	✓	✓	✓							
Secondary Care Visits Before Deductible ¹	✓	✓	✓								
Mental Health Visits Before Deductible ¹	✓	✓	✓	✓	✓	✓	✓				
Urgent Care Visits Before Deductible ¹	✓	✓	✓		✓						
Generic Prescriptions Before Deductible ¹	✓	✓	✓	✓	✓	✓	✓	See footnote 2	See footnote 2	See footnote 2	See footnote 2
\$0 Connect Care ¹	✓	✓	✓	✓	✓	✓	✓				
Wellness Reimbursement Programs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Member Discounts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intermountain Facility Access	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Luke’s Facility Access	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Member Advocates Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1 A blank cell does not mean that the benefit is not covered, it just means that the deductible is not waived.

2 You'll receive preventive and some maintenance drugs before hitting your deductible.





SelectHealth Plans and Benefits

2020 IDAHO PLAN	HEALTHSAVE ^{*2,3}			STANDARD DEDUCTIBLE			NO-DEDUCTIBLE OFFICE VISITS			LIMITED OFFICE VISIT WAIVER ¹		CATASTROPHIC
	Expanded Bronze 6850	Expanded Bronze 4500	Silver 3500	Expanded Bronze 3500	Bronze 6200	Silver 3000	Gold 2000	Silver 4000 - Copay	Expanded Bronze 8150	Expanded Bronze 5500	Silver 3500	Catastrophic 8150
Deductible												
Single	\$6,850	\$4,500	\$3,500	\$3,500	\$6,200	\$3,000	\$2,000	\$4,000	\$8,150	\$5,500	\$3,500	\$8,150
Family	\$13,700 ²	\$9,000 ²	\$7,000 ²	\$7,000	\$12,400	\$6,000	\$4,000	\$8,000	\$16,300	\$11,000	\$7,000	\$16,300
Out-of-Pocket Max												
Single	\$6,850	\$6,850	\$6,850	\$7,900	\$7,900	\$8,150	\$6,000	\$7,900	\$8,150	\$8,150	\$7,900	\$8,150
Family	\$13,700 ³	\$13,700 ³	\$13,700 ³	\$15,800	\$15,800	\$16,300	\$12,000	\$15,800	\$16,300	\$16,300	\$15,800	\$16,300
Primary Care Provider (PCP)	Covered 100% after deductible	\$25 after deductible	\$25 after deductible	\$25 after deductible	\$30 after deductible	\$25 after deductible	\$25	\$25	\$30	\$25	\$20	\$35 for first 3 PCP and/or mental health office visits, then covered 100% after deductible
Secondary Care Provider (SCP)	Covered 100% after deductible	\$40 after deductible	\$40 after deductible	\$60 after deductible	\$65 after deductible	\$60 after deductible	\$40	\$50	\$60	\$60 after deductible	\$50 after deductible	Covered 100% after deductible
Preventive Care and Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible	Covered 100% after deductible
Inpatient Hospital Services	Covered 100% after deductible	40% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	20% after deductible	\$650 per day after deductible (up to 5 days)	Covered 100% after deductible	50% after deductible	40% after deductible	Covered 100% after deductible
Outpatient Services	Covered 100% after deductible	40% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	20% after deductible	30% after deductible	Covered 100% after deductible	50% after deductible	40% after deductible	Covered 100% after deductible
Emergency Room	Covered 100% after deductible	\$400 after deductible	\$400 after deductible	\$500 after deductible	\$600 after deductible	\$500 after deductible	\$350 after deductible	\$600 after deductible	Covered 100% after deductible	\$600 after deductible	\$350 after deductible	Covered 100% after deductible

Rx Deductible Per Person	Medical and Rx Combined			\$1,500	\$1,500	\$1,250	\$250	\$2,500	Medical and Rx Combined	\$2,000	\$1,250	Medical and Rx Combined
Tier 1 Drugs	Covered 100% after deductible	\$15 after deductible	\$15 after deductible	\$15	\$20	\$15	\$15	\$15	\$10	\$15	\$15	Covered 100% after deductible
Tier 2 Drugs	Covered 100% after deductible	\$25 after deductible	\$25 after deductible	\$25	\$30	\$25	\$25	\$25	\$20	\$25	\$25	Covered 100% after deductible
Tier 3 Drugs	Covered 100% after deductible	25% after deductible	25% after deductible	25% after pharmacy deductible	30% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	\$45 after pharmacy deductible	Covered 100% after deductible	25% after pharmacy deductible	25% after pharmacy deductible	Covered 100% after deductible
Tier 4 Drugs	Covered 100% after deductible	50% after deductible	50% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	\$55 after pharmacy deductible	Covered 100% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	Covered 100% after deductible
Tier 5 Drugs	Covered 100% after deductible	50% after deductible	40% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	30% after pharmacy deductible	40% after pharmacy deductible	Covered 100% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	Covered 100% after deductible

1

The deductible is waived for all Primary Care Provider and Mental Health office visits. In addition, the first visit to an in-network urgent care clinic is not subject to the deductible. This visit is subject to a copay only. Starting with the second visit to an in-network urgent care clinic, the deductible and copay will apply.

2

When two or more are enrolled on a HealthSave plan, only the family deductible applies.

3

When two or more are enrolled, no single person in a family will pay more than the single out-of-pocket maximum.

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. Please refer to **selecthealth.org** for out-of-network cost-share information.

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit **selecthealth.org** or call Member Services at **800-538-5038**.



Prescription drug benefits
for everyone, plus access
to more than 45,000
pharmacies nationwide.

Prescription Benefits



PRESCRIPTION DRUGS

Coverage is divided into five tiers (levels). Each drug is covered under a specific tier that corresponds to a copay or coinsurance amount—this is the amount you pay. Drugs on lower tiers may provide the treatment you need for less money.

Tier 1 – Lowest cost (preferred generic drugs and some brand-name drugs)

Tier 2 – Low cost (non-preferred generics and some brand-name drugs)

Tier 3 – Medium cost (preferred brand drugs)

Tier 4 – High cost (non-preferred brand drugs)

Tier 5 – Highest cost (specialty drugs)

PRESCRIPTION DRUG LIST (PDL)

We use drug lists to organize medications into tiers and categories. That's what we call our RxCore® PDL. To find your medication, its tier, cost, and any special requirements, search for it on our website under Pharmacy.

SPECIAL REQUIREMENTS

Some drugs require step therapy or preauthorization before they will be covered by your plan.

Step therapy – If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.

Preauthorization – This means that your doctor must contact us for approval before your drug will be covered.

90-DAY MAINTENANCE DRUG BENEFIT

The 90-day maintenance drug benefit allows you to obtain a 90-day supply of certain generic medications. It applies to drugs that you have been using for at least one month and expect to continue using for the next year. Your member responsibility (e.g., copay or coinsurance amounts) may be lower when you fill prescriptions using the 90-day benefit.

Hassle-free mail order

Get your medication delivered right to your door for no extra charge with Intermountain Home Delivery.

ONLINE TOOLS

It's easy to view your family's prescription history or find out how much a drug will cost. Log in to selecthealth.org to access these useful pharmacy tools:

- > Review drug coverage
- > View Rx claims
- > Compare drug prices
- > Find in-network pharmacies
- > Check for drug interactions

KNOW BEFORE YOU FILL

Did you know there is such a thing as an in-network pharmacy? Just like going to a doctor who is in your network, you will save money on your prescriptions by going to a pharmacy in your network. Fortunately, you have a lot of options.

Your neighborhood pharmacy

Fill your prescriptions using our large network of local and national pharmacies. Specialty medications, which can be more expensive, will need to be filled at specific specialty pharmacies.

TIP: Save money by using generics when possible, getting 100-day or 90-day supplies when applicable, and using mail-order deliveries.

Choosing The Right Care



YOUR REGULAR SCHEDULED CARE

Scheduled care keeps you in tip-top shape and can help detect and correct any issues that come up. Here are a few resources for regular care.

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, be your partner in preventive care, and help you find other doctors when you need them. To find an in-network doctor, visit selecthealth.org/find-a-doctor.

SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from. Our affiliations with specialty facilities mean you can count on access to top-notch care.

LOCAL CLINICS

There are local clinics in your area, so you never have to drive far to get the care you need. Plus some clinics have extended hours!



WHEN YOU NEED HELP NOW

If you have a health question, feel under the weather, or have a real emergency, there are many resources. Choosing the right type of care can save you time and money.

ST. LUKE'S NURSE LINE

The free nurse line is available 24/7 for any medical questions or concerns you have. Call **844-265-7648** to get help and talk to a registered nurse for free.

INTERMOUNTAIN CONNECT CARE®

Visit a provider 24/7 via live online video using your smartphone, tablet, or computer. There's no copay* for Connect Care, which means you get high-quality care whenever, wherever for no out-of-pocket cost*. Download the app or visit intermountainconnectcare.org to get started.

*\$49 for HealthSave Plans

EMERGENCY AND URGENT CARE

If you need urgent or emergency care, we've got you covered. When you are outside your network service area, you can get urgent or emergency care without the worry of excess charges. For any emergency, call 911 or go to the nearest hospital.



WHEN YOU NEED EXTRA SPECIAL CARE

For times when you need more than just your regular doctor, we have a broad network of facilities for any kind of treatment you seek.

HOSPITALS

Our hospital network spans the state of Idaho, offering a variety of care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it. And because we are partnered with St. Luke's, you get high-quality care at a low cost.

General Information

OUR PLANS

Our plans are designed to provide coverage for hospital, medical, preventive care, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided through in-network providers for daily hospital room and board, miscellaneous hospital services, anesthesia services, in-hospital medical services, and out-of-hospital care. Coverage is subject to any deductible, copay provisions, or other limitations that may be set forth in your Contract.

ELIGIBILITY

You and your dependents may apply for coverage if you are a resident of Idaho and not eligible for Medicare. Eligible dependents include the subscriber's legal spouse, children younger than age 26, eligible disabled children older than age 26, and children who are under court-ordered legal guardianship until legal guardianship ends. See your Contract for more details on guardianship.

TERMINATION

Your coverage will not terminate (end) for health reasons. However, your coverage may end according to the terms of your Contract, including any of these reasons:

- > Nonpayment of premiums
- > Fraud or intentional misrepresentation of material fact
- > You no longer reside, live, or work in the service area

If we do not receive a premium or we are unable to collect a premium, you will be notified.

EXCLUDED SERVICES

Certain services are not covered by your plan. For a list of excluded services, see your member materials or visit selecthealth.org/exclusions.

EXCESS CHARGES

These are charges from providers and facilities that exceed the SelectHealth allowed amount for covered services. When you use an out-of-network provider or facility, you will be responsible for any incurred excess charges. These charges do not apply to your out-of-pocket maximum.

APPEALS/ UTILIZATION MANAGEMENT (UM)

For information about what requires preauthorization, our care management programs, or how to file an appeal, see your member materials or visit our Member Resources page selecthealth.org/policy.

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth: **1-800-538-5038** (TTY: 711).

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 SelectHealth: **1-800-538-5038** (TTY: 711)。

When it Comes to Plans, We've Got Options

No matter your situation, we believe that everyone should have access to quality healthcare. That's why we offer health plans to fit every need, budget, age, and lifestyle—choose from employer plans, Medicare, and Individual and Family plans (including short-term plans). To explore the options, visit selecthealth.org/plans or call us at **800-538-5038**.



How to Enroll READY. SET. GO. What's Next?

You've done your homework and you're ready! If you've decided to enroll in a SelectHealth plan, let's get to know each other! We would like to chat with you to make sure you understand everything about your soon-to-be plan, network, benefits, and contacts. Contact us at **855-442-0220** to get started.

GO ONLINE.

Visit YourHealthIdaho.org to enroll through the marketplace. Or visit selecthealth.org to choose a plan with us.

CONTACT YOUR AGENT.

A SelectHealth-appointed agent can help you enroll. If you do not have an agent, contact us at **855-442-0220** (TTY:711).

Who to Contact

SELECTHEALTH

Questions? Concerns? Give us a call.

- > Member Services – **800-538-5038**
- > Individual Sales – **855-442-0220**
- > Member Advocates – **800-515-2220**

AGENT CONTACT INFO

- > Agency Name _____
- > Agent Name _____
- > Agency Address _____
- > Agency Phone Number _____

