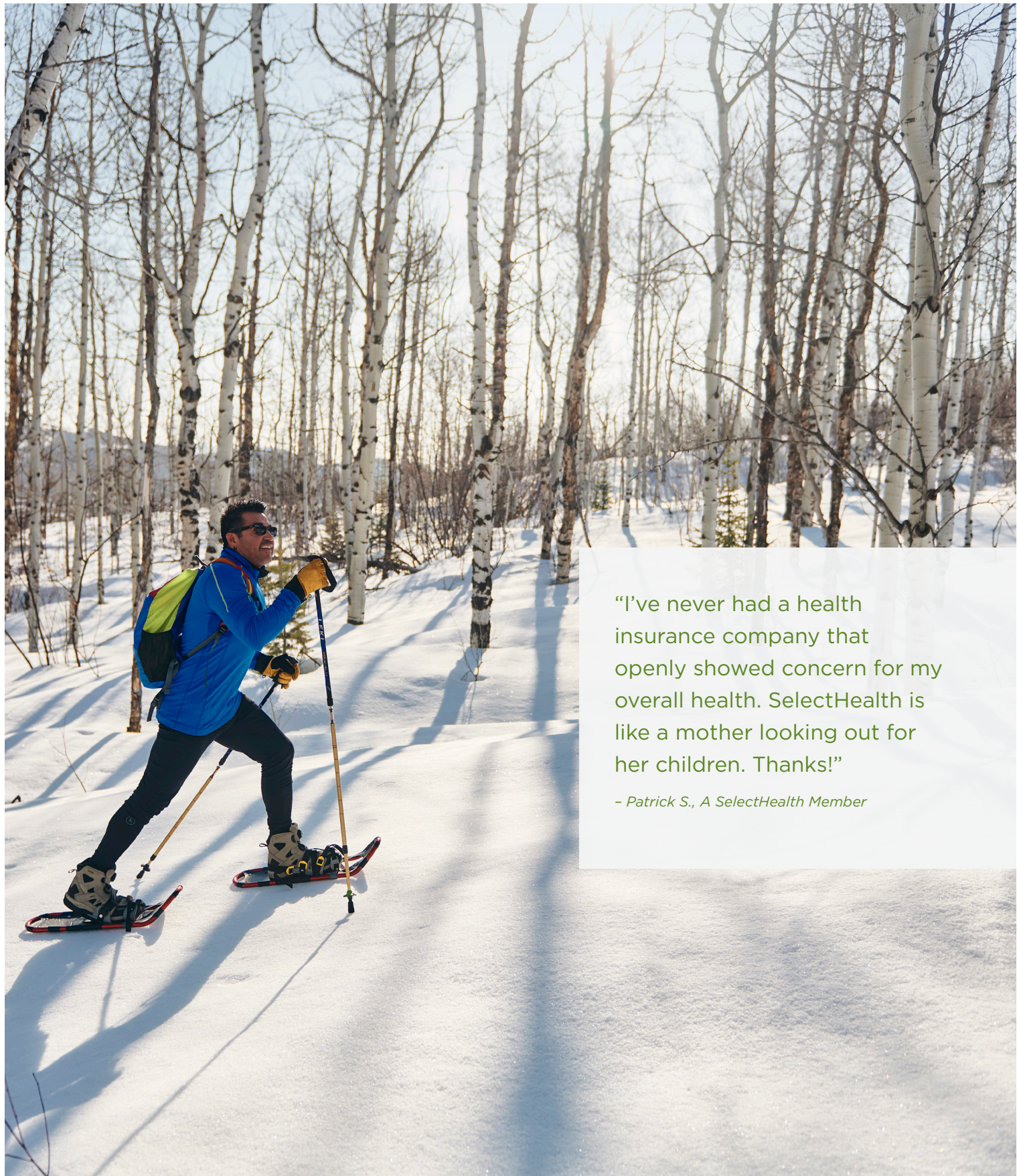


Individual Plans

UTAH 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 REIMBURSEMENT PROGRAMS

- > Get reimbursed up to \$240 per person, or \$480 per family per calendar year for things like your gym membership or taking 7,000+ steps a day.

MEDICAL CARE AND INSURANCE IN SYNC

- > Intermountain Healthcare® and SelectHealth® form one integrated system 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.

Benchmark Plans

These plans only provide coverage for the Essential Health Benefits as outlined under the Affordable Care Act. They’re generally less expensive than other Individual plans.

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 healthcare.gov to apply.

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

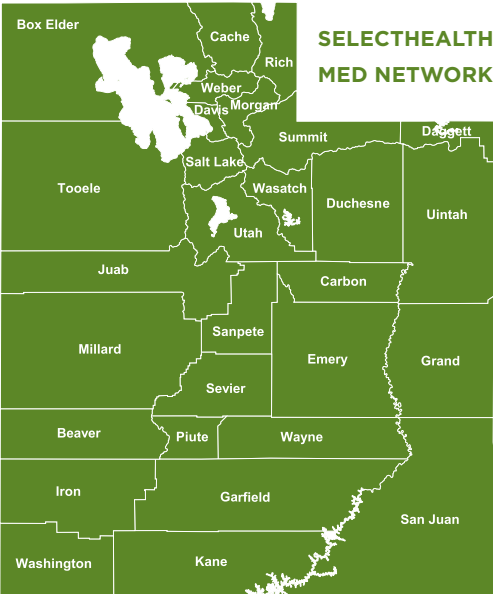
Network Options

A network is the combination of doctors and facilities contracted with us to provide you with the care you need. When you see a doctor or go to a facility out-of-network, the price for care will likely be higher and you will be responsible to pay the bill.

When thinking about networks, ask yourself three questions:

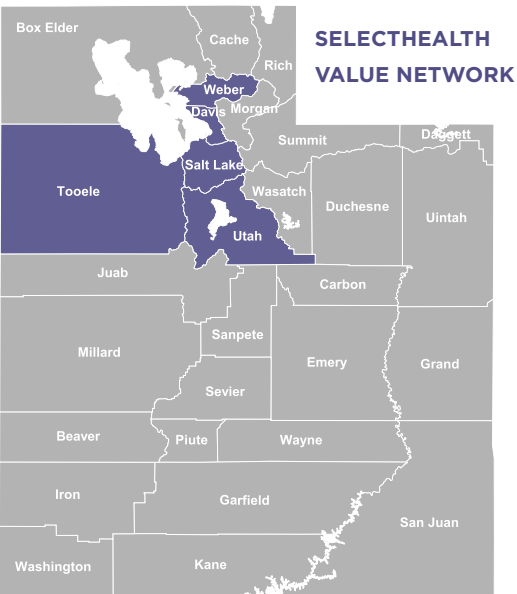
- 1. Where do I live?
- 2. Where do I want to get care?
- 3. How much am I willing to spend each month on my premium?

Based on your answers, look at which network works best for you. We offer two networks:



SelectHealth Med Network*: Offers in-network coverage with our contracted doctors for the entire state of Utah*. This network is more expensive but offers more choices in more areas to get care.

**Carbon, Emery, Grand, and San Juan counties must use MultiPlan/PHCS doctors and facilities to ensure less-costly care.*



SelectHealth Value Network*: Offers coverage with our contracted doctors across the Wasatch front and Tooele county. This network is less expensive but offers fewer options for in-network care.

Compare plans

So, you’ve got the basics down—now let’s look at what you get **for 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 1500	Silver 4000	Silver 3000	Silver 6200 (Benchmark)	Expanded Bronze 8150	Expanded Bronze 3500 (Benchmark)	Expanded Bronze 4800	Expanded Bronze 7800	Silver 2300	Bronze 6800 (Benchmark)	Bronze 8150 (Benchmark)	Silver 3250 HealthSave	Expanded Bronze 4000 HealthSave	Expanded Bronze 6850 HealthSave
Primary Care Visits ¹ Before Deductible	✓	✓	✓	✓	✓	✓	✓	✓						
Secondary Care Visits ¹ Before Deductible	✓	✓	✓	✓	✓									
Mental Health Visits ¹ Before Deductible	✓	✓	✓	✓	✓	✓	✓	✓						
Urgent Care Visits ¹ Before Deductible	✓	✓	✓	✓	✓									
Generic Prescriptions ¹ Before Deductible	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	See footnote 2	See footnote 2	See footnote 2
\$0 Connect Care ¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
Wellness Reimbursement Programs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Member Discounts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intermountain 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

<div>New Plan</div>																			
2020 UTAH PLAN	HEALTHSAVE ^{*3,4}			BENCHMARK ¹				NO-DEDUCTIBLE OFFICE VISITS					STANDARD DEDUCTIBLE	LIMITED OFFICE VISIT WAIVER ²		CATASTROPHIC			
	Expanded Bronze 6850	Expanded Bronze 4000	Silver 3250	Bronze 8150 ⁵ (Benchmark)	Bronze 6800 (Benchmark)	Expanded Bronze 3600 (Benchmark)	Silver 6200 ⁵ (Benchmark)	Expanded Bronze 8150	Silver 4000 - Copay	Silver 3000	Silver 3100 (Off Exchange Only)	Gold 1500	Silver 2300	Expanded Bronze 7800	Expanded Bronze 4800 - Copay	Catastrophic 8150			
Deductible																			
Single	\$6,850	\$4,000	\$3,250	\$8,150	\$6,800	\$3,600	\$6,200	\$8,150	\$4,000	\$3,000	\$3,100	\$1,500	\$2,300	\$7,800	\$4,800	\$8,150			
Family	\$13,700 ³	\$8,000 ³	\$6,500 ³	\$16,300	\$13,600	\$7,200	\$12,400	\$16,300	\$8,000	\$6,000	\$6,200	\$3,000	\$4,600	\$15,600	\$9,600	\$16,300			
Out-of-Pocket Max																			
Single	\$6,850	\$6,850	\$6,850	\$8,150	\$8,000	\$8,150	\$8,000	\$8,150	\$7,900	\$8,150	\$8,150	\$6,000	\$8,150	\$8,150	\$7,900	\$8,150			
Family	\$13,700 ⁴	\$13,700 ⁴	\$13,700 ⁴	\$16,300	\$16,000	\$16,300	\$16,000	\$16,300	\$15,800	\$16,300	\$16,300	\$12,000	\$16,300	\$16,300	\$15,800	\$16,300			
Primary Care Provider (PCP)	Covered 100% after deductible	\$25 after deductible	\$25 after deductible	Covered 100% after deductible	\$40 after deductible	\$35 after deductible	\$25	\$25	\$25	\$25	\$35	\$25	\$35 after deductible	\$40	\$25	\$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	Covered 100% after deductible	\$65 after deductible	\$60 after deductible	\$60	\$60	\$60	\$60	\$60	\$40	\$60 after deductible	\$65 after deductible	\$60 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%	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% after deductible	Covered 100% after deductible	Covered 100%	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	Covered 100% after deductible	40% after deductible	50% after deductible	50% after deductible	Covered 100% after deductible	\$650 per day after deductible (up to 5 days)	40% after deductible	50% after deductible	20% after deductible	50% after deductible	40% after deductible	\$650 per day after deductible (up to 5 days)	Covered 100% after deductible			
Outpatient Services	Covered 100% after deductible	40% after deductible	30% after deductible	Covered 100% after deductible	40% after deductible	50% after deductible	50% after deductible	Covered 100% after deductible	30% after deductible	40% after deductible	50% after deductible	20% after deductible	50% after deductible	40% after deductible	40% after deductible	Covered 100% after deductible			
Emergency Room	Covered 100% after deductible	\$600 after deductible	\$600 after deductible	Covered 100% after deductible	\$600 after deductible	\$600 after deductible	\$600 after deductible	Covered 100% after deductible	\$600 after deductible	\$600 after deductible	\$600 after deductible	\$350 after deductible	\$600 after deductible	\$600 after deductible	\$600 after deductible	Covered 100% after deductible			
Rx Deductible Per Person	Medical and Rx Combined				\$1,000	\$1,000	Medical and	Rx Combined	\$2,500	\$1,000	\$1,000	\$250	\$1,000	\$1,500	\$2,500	Medical and Rx Combined			
Tier 1 Drugs	Covered 100% after deductible	\$15 after deductible	\$15 after deductible	Covered 100% after deductible	\$20	\$15	\$15	\$10	\$25	\$15	\$15	\$15	\$15	\$20	\$25	Covered 100% after deductible			
Tier 2 Drugs	Covered 100% after deductible	\$25 after deductible	\$25 after deductible	Covered 100% after deductible	\$30	\$25	\$25	\$20	\$35	\$25	\$25	\$25	\$25	\$30	\$35	Covered 100% after deductible			
Tier 3 Drugs	Covered 100% after deductible	25% after deductible	25% after deductible	Covered 100% after deductible	25% after pharmacy deductible	25% after pharmacy deductible	25% after deductible	Covered 100% after deductible	\$45 after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	25% after pharmacy deductible	30% after pharmacy deductible	\$55 after pharmacy deductible	Covered 100% after deductible			
Tier 4 Drugs	Covered 100% after deductible	50% after deductible	50% after deductible	Covered 100% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after deductible	Covered 100% after deductible	\$55 after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	\$70 after pharmacy deductible	Covered 100% after deductible			
Tier 5 Drugs	Covered 100% after deductible	50% after deductible	40% after deductible	Covered 100% after deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after deductible	Covered 100% after deductible	40% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	30% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	50% after pharmacy deductible	Covered 100% after deductible			

1

Benchmark plans cover only Essential Health Benefits (EHBs) as defined by the state of Utah. Some non-EHBs like prosthetics and crutches are not covered under these plans. For more information, call Individual Sales at **855-442-0220** or visit **healthcare.gov**.

2

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.

3

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

4

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

5

This plan does not include coverage for pediatric dental care which is considered a essential health benefit under the Affordable Care Act. Pediatric dental care is available in the market and can be purchased as a stand-alone dental plan. Please contact your insurance agent or the Federally Facilitated Marketplace if you wish to purchase a stand-alone pediatric dental plan.

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 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, including Intermountain pharmacies.

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

SelectHealth Dental®



SelectHealth Dental provides comprehensive coverage to keep your teeth healthy. With hundreds of providers to choose from, top-ranked customer service, and online support, there’s plenty to smile about.

95% OF DENTISTS

Over 95% of dentists in Utah participate in our Classic network. Chances are your dentist is in-network.

ONE-STOP CUSTOMER SERVICE

Get the same exceptional customer service team for all medical and dental benefit questions. Call **800-538-5038**—no need to remember two phone numbers or company names.

MIX AND MATCH

You can mix and match benefit options with our Classic network, or if you are located along the Wasatch Front, you can even match a benefit plan with our Fundamental or Prime networks. It’s your choice.

2020 UTAH PLAN

Benefits	Plan A		Plan B	
	Participating	Nonparticipating*	Participating	Nonparticipating*
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max (Individual)	\$750	\$750	\$1,000	\$1,000
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, X-rays	No charge	20%	No charge	20%
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Major (12-month waiting period without prior coverage) Crowns, bridges, dentures, endodontics, and periodontics	50% after deductible	60% after deductible	50% after deductible	60% after deductible

Benefits	Plan C		Plan D	
	Participating	Nonparticipating*	Participating	Nonparticipating*
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max (Individual)	\$1,500	\$1,500	\$1,500	\$1,500
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, X-rays	No charge	30%	10%	30%
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Major (12-month waiting period without prior coverage) Crowns, bridges, dentures, endodontics, and periodontics	50% after deductible	60% after deductible	50% after deductible	60% after deductible

*Nonparticipating benefits are optional and must be elected at time of enrollment

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 Intermountain community clinics and contracted, partner 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.

INTERMOUNTAIN HEALTH ANSWERS®

The free nurse line is available 24/7 for any medical questions or concerns you have. Call **844-501-6600** 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*

INTERMOUNTAIN INSTACARE®

What's open late and costs less than the ER? InstaCare clinics. If you need urgent care, this is a great option.

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. If you need urgent care while in Utah, you will need to go to an in-network facility. 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

Intermountain hospitals span the state of Utah, 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 integrated with Intermountain, you get high-quality care at a low cost.

Outside of Intermountain hospitals, we partner with top-quality facilities and providers to get you the care you need most.

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 Utah 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, Medicaid, CHIP, 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 healthcare.gov 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 _____

