



## 2017 UTAH INDIVIDUAL PLANS

Improving health is a journey—and the hardest step is always the first. We're committed to helping our community stay healthy by providing access to high-quality healthcare at an affordable cost, giving superior service to our members, and offering the information needed to make smart decisions.

**SelectHealth®. It all starts with one good choice.**



# Choosing a Plan That's Right for You

We offer several plan designs and networks to fit your needs and budget. As you shop, it's important to understand how our plans are categorized. Carefully review these four steps to enroll on the right plan.

## 1

### FIND OUT IF YOU QUALIFY FOR A TAX CREDIT OR COST-SHARE REDUCTION

#### SELECTHEALTH ADVANCED PREMIUM TAX CREDIT ESTIMATOR

If you qualify for a subsidy, the federal government will pay a portion of your monthly premium. Visit [selecthealth.org/applyonline](https://selecthealth.org/applyonline) and enter some simple information, including family size and household income, to see if you qualify and get an estimate.

#### COST-SHARE REDUCTION

In addition to a tax credit, you may be eligible for cost-sharing reduction plans that lower the amount you pay out of pocket for deductibles, coinsurance, and copays. Members of a federally recognized American Indian tribe may also qualify for additional cost-sharing benefits.

#### MEMBER SERVICES

Our Member Services representatives are available six days a week to answer questions about your benefits and claims.

- > To contact Member Services, call **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

#### NEED HELP SHOPPING FOR A PLAN?

We're happy to answer your questions. Call your agent, or contact our Individual Sales team at **855-442-0220**.

QUESTIONS?

Call us



## 2

### CHOOSE A PLAN

We offer plans by metal tiers—Bronze, Silver, or Gold. These levels are defined on [healthcare.gov](https://healthcare.gov) and indicate how much you'll spend on benefits. We also offer a Catastrophic plan.



#### BRONZE

The health plan pays 60% on average.  
You pay about 40%.



#### SILVER

The health plan pays 70% on average.  
You pay about 30%.



#### GOLD

The health plan pays 80% on average.  
You pay about 20%.

**CATASTROPHIC:** Catastrophic coverage plans pay less than 60% of the total average cost of care.

#### SELECTHEALTH PREFERENCE®

Traditional plans offer comprehensive coverage with a variety of deductible options and flexible benefit features like fixed copays and coinsurance amounts after the deductible is met on most services. Some of these plans have a deductible waiver or a limited deductible waiver for Primary Care, Mental Health, and Specialty Care office visits. On these plans, the deductible does not apply for all or a limited number of office visits according to the plan.

#### SELECTHEALTH HEALTHSAVE®

Most Healthsave plans are designed to be paired with a Health Savings Account (HSA). With a HealthSave<sup>SM</sup> plan, you have more control over your healthcare dollars.

Some Healthsave plans are cost-share reduction plans. Not all cost-share reduction plans are eligible for an HSA.

#### WHAT IS AN HSA?

An HSA is similar to a personal savings account, with a few differences. For HSA-eligible individuals, money contributed to an HSA can be used for certain medical expenses (as defined by the IRS) such as deductibles, copays, and coinsurance. Our preferred HSA vendor is HealthEquity®. Please visit [healthequity.com](https://healthequity.com) for more information about an HSA.

**HealthEquity®**

Building Health Savings™

#### MILLENNIAL PLAN (CATASTROPHIC)

If you are younger than age 30, or if you qualify for a hardship exemption, you may consider purchasing a catastrophic health plan. These plans have higher deductibles and out-of-pocket maximums and are ideal for those who only want protection from very high medical costs. These plans are not eligible for a premium subsidy.

## 3

### CHOOSE A NETWORK

Choosing the right network is important. We offer two provider networks: Select Value® and Select Med®. See the following page to learn more about our provider networks before you decide on a plan.

## 4

### MAKE YOUR FIRST PAYMENT

Visit [selecthealth.org/applyonline](https://selecthealth.org/applyonline) to use our convenient online application. The application must be completed and signed. If you need help with your application, call Individual Sales at **855-442-0220**, or you can call your agent.

You'll need to make your first month's payment before you will receive an ID Card.

#### ALL YOUR INFO IN ONE PLACE

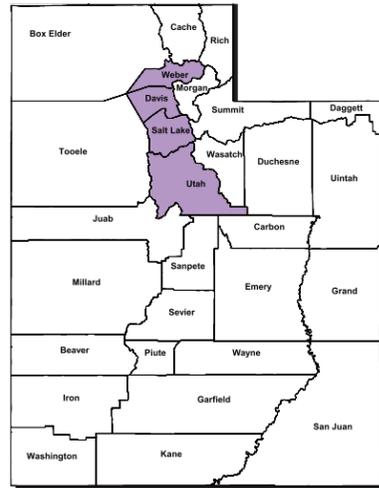
Once enrolled, you'll have access to *My Health*, our secure member website. Here you'll have important health and benefit information at your fingertips whenever and wherever you need it. We also provide a number of health resources, including LiVe Well tools, to help you achieve your wellness goals.

# Choosing a Network That's Right for You

Our integration with Intermountain Healthcare® gives you access to the best hospitals, clinics, and doctors in the state. We offer two provider networks: Select Value® and Select Med®. With Select Value, you generally enjoy lower premiums, while with Select Med you will have a larger network, giving you access to more providers. You can search for participating providers at [selecthealth.org/provider](https://selecthealth.org/provider), where you can also find patient satisfaction and quality ratings for many providers and clinics.



**10 PARTICIPATING HOSPITALS**  
**3,800+ PARTICIPATING**  
**PHYSICIANS & PROVIDERS**



**Value** - Serving the Wasatch Front, this network is highly integrated with Intermountain Healthcare and includes 10 participating hospitals and more than 3,800 providers.



**35 PARTICIPATING HOSPITALS**  
**5,700+ PARTICIPATING**  
**PHYSICIANS & PROVIDERS**



**Med** - Our most popular network covers all of Utah and includes 35 participating hospitals and more than 5,700 providers.

## Participating Hospitals and Clinics

	VALUE	MED
Alta View Hospital*	•	•
American Fork Hospital*	•	•
Intermountain Medical Center*	•	•
LDS Hospital*	•	•
McKay-Dee Hospital*	•	•
Orem Community Hospital*	•	•
Primary Children's Hospital*	•	•
Riverton Hospital*	•	•
TOSH - The Orthopedic Specialty Hospital*	•	•
Utah Valley Hospital*	•	•
Bear River Valley Hospital*		•
Delta Community Hospital*		•
Dixie Regional Medical Center* River Road Campus		•
Dixie Regional Medical Center*		•
Fillmore Community Hospital*		•
Garfield Memorial Hospital*		•
Heber Valley Medical Center*		•
Logan Regional Hospital*		•
Park City Hospital*		•
Sanpete Valley Hospital*		•
Sevier Valley Hospital*		•
Cedar City Hospital*		•
Ashley Valley Medical Center		•
Beaver Valley Hospital		•
Central Valley Medical Center		•
Davis Hospital & Medical Center		•
Franklin County Medical Center*		•
Gunnison Valley Hospital		•
Huntsman Cancer Hospital (For Med: Cancer Treatment Only)		•
Kane County Hospital		•
Milford Valley Memorial Hospital		•
Moab Regional Hospital		•
Mountain West Medical Center		•
San Juan Hospital		•
Uintah Basin Medical Center		•
Cassia Regional Hospital**		•
Portneuf Medical Center*		•
St. Luke's Rehab Hospital - IP Acute Care Unit		•

## QUICK TIP



SelectHealth Member Advocates® can help you find a doctor or schedule an appointment.

> To contact Member Advocates, call **800-515-2220** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

**Coverage** - We provide coverage through participating 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 deductibles, copay provisions, or other limitations set forth in the Contract.

**Emergency Care** - In emergencies, you should call 911 or go to the nearest hospital. Though copays are the same at all emergency rooms, you will save money by visiting participating hospitals.

**Urgent Care** - For illnesses or injuries that are not life threatening but need medical attention within 24 hours, you should call a participating provider or visit an Urgent Care facility.

**Outside the State of Utah** - If you have an emergency or need urgent care outside of Utah, participating benefits apply to services received in a doctor's office, urgent care facility, or emergency room. You may save money on out-of-area services by using Multiplan or PHCS providers and facilities. To find one, you can call **800-678-7427** or visit [multiplan.com](https://multiplan.com).

\*Idaho Facility

\*\*Intermountain-owned Facility

Preauthorization is required for certain services. This chart is not a complete list of benefits.  
If you have questions, visit [selecthealth.org](http://selecthealth.org) or call Member Services at 800-538-5038.

# 2017 UTAH PLAN

	Millennial Plan	SelectHealth HealthSave®		SelectHealth Preference®					
	CATASTROPHIC 7150	BRONZE 5750	SILVER 2500	BRONZE 5700	BRONZE 6350	SILVER 1500 <sup>3</sup>	SILVER 3800	GOLD 1000	
				Benchmark <sup>1</sup>	w/limited office visit waiver		Benchmark <sup>1</sup>	Copay Plan	w/no deductible for office visits
<b>Deductible</b>									
<b>Single</b>	\$7,150	\$5,750	\$2,500	\$5,700	\$6,350	\$1,500	\$3,800	\$1,000	
<b>Family</b>	\$14,300	\$11,500 <sup>4</sup>	\$5,000 <sup>4</sup>	\$11,400	\$12,700	\$3,000	\$7,600	\$2,500	
<b>Out-of-Pocket Max</b>									
<b>Single</b>	\$7,150	\$6,550	\$6,550	\$7,150	\$7,150	\$7,150	\$7,150	\$5,000	
<b>Family</b>	\$14,300	\$13,100 <sup>5</sup>	\$13,100 <sup>5</sup>	\$14,300	\$14,300	\$14,300	\$14,300	\$10,000	
<b>Primary Care Provider (PCP)</b>	\$35 for first 3 visits, then \$0 after deductible <sup>2</sup>	\$35 after deductible	\$25 after deductible	\$50 after deductible	\$50 copay for first 3 visits, then \$50 copay after deductible <sup>2</sup>	\$35 after deductible	\$25	\$25	
<b>Secondary Care Provider (SCP)</b>	\$0 after deductible	\$50 after deductible	\$40 after deductible	\$65 after deductible	\$65 after deductible	\$60 after deductible	\$50	\$40	
<b>Preventive Care and Immunizations</b>	No charge	No charge	No charge	No charge		No charge		No charge	
<b>Inpatient Hospital Services</b>	\$0 after deductible	30% after deductible	20% after deductible	30% after deductible	30% after deductible	50% after deductible	\$550 per day after deductible (up to five days)	20% after deductible	
<b>Outpatient Services</b>	\$0 after deductible	30% after deductible	20% after deductible	30% after deductible	30% after deductible	50% after deductible	20% after deductible	20% after deductible	
<b>Emergency Room</b>	\$0 after deductible	\$600 after deductible	\$400 after deductible	\$600 after deductible	\$600 after deductible	\$600 after deductible	\$600 after deductible	\$350 after deductible	
<b>Rx Deductible Per Person</b>		Medical and Rx Combined		\$1,000		\$1,000	\$2,500	\$500	
<b>Tier 1 Drugs</b>	\$0 after deductible	\$15 after deductible	\$15 after deductible	\$20		\$15	\$25	\$15	
<b>Tier 2 Drugs</b>	\$0 after deductible	30% after deductible	25% after deductible	25% after deductible	30% after deductible	25% after deductible	\$45 after deductible	25% after deductible	
<b>Tier 3 Drugs</b>	\$0 after deductible	50% after deductible	50% after deductible	50% after deductible		50% after deductible	\$55 after deductible	50% after deductible	
<b>Tier 4 Drugs</b>	\$0 after deductible	40% after deductible	30% after deductible	40% after deductible	40% after deductible	50% after deductible	30% after deductible	30% 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](http://healthcare.gov).

2 The deductible is waived for the first three **Primary Care Provider** and **Mental Health office visits** combined per year. Each of these three visits is subject to a copayment only. Starting with the fourth visit, the deductible and copay will apply.

3 This plan has two coverage options: The benchmark plan covers only EHBs while the other non-benchmark option includes coverage for additional services. For more information, call Individual Sales at 855-442-0220 or visit [healthcare.gov](http://healthcare.gov).

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

5 If two or more are enrolled on a HealthSave plan, no enrolled individual in the family will pay more than the single out-of-pocket maximum.

### DEDUCTIBLE

An amount a member must pay to providers or facilities before the plan begins to pay for eligible charges.

### COINSURANCE

An amount that is calculated as a percentage of the allowed amount for a service. For example, a member pays 30% and the plan pays 70%.

### COPAY

A fixed amount that members must pay for covered services to providers or facilities.

### OUT-OF-POCKET MAXIMUM

An amount a member will pay for services covered by the plan. Amounts paid toward the deductible, coinsurance, and copays apply to the out-of-pocket maximum.

### PRESCRIPTION (RX) DEDUCTIBLE

A separate deductible that only applies to prescription drug coverage. Members must pay this amount before their plan begins to pay for prescriptions.

### PRESCRIPTION (RX) COPAY

The fixed dollar amount members pay for certain tiers of drugs.



**PHARMACY BENEFITS**

All of our Individual medical plans include pharmacy benefits with access to more than 45,000 pharmacies nationwide.

**PRESCRIPTION DRUGS**

Coverage is divided into four 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 at the best value.

- Tier 1** - Lowest cost (mostly generic drugs)
- Tier 2** - Higher cost (generic and brand-name drugs)
- Tier 3** - Highest cost (mostly brand-name drugs)
- Tier 4** - Injectable drugs and specialty medications



**PRESCRIPTION DRUG LIST (PDL)**

Individual plans use our RxCore® PDL. Search for your drug on our website (see Online Tools) to find the tier and any special requirements. You will receive a copy of the PDL with your member materials, but the online drug lookup is the most complete, current PDL.

**SPECIAL REQUIREMENTS**

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

**Step Therapy** - If your 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 call us for approval.

**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.

There are two ways to fill a 90-day prescription: Through a local pharmacy using Retail90® or by the mail. Mail order services are provided by Intermountain Home Delivery Pharmacy.



*With My Health, our secure website, you will have important health and benefit information at your fingertips 24 hours a day, seven days a week. We also provide a number of health resources, including online LiVe Well tools that can help you achieve your wellness goals. Log in to take your Health Assessment and start taking steps to improve your health.*



**PREVENTIVE CARE**

Regular wellness exams can help you maintain optimal health by detecting and treating concerns early. We provide educational information, reminder calls, and mailings to help you seek the appropriate exams, immunizations, and tests to detect and treat concerns early. Most preventive care is covered 100 percent. For more information about preventive care, visit [selecthealth.org/stayhealthy](http://selecthealth.org/stayhealthy).



**SELECTHEALTH HEALTHY BEGINNINGS®**

Our prenatal care program provides emotional support and coaching for expectant mothers from a team of nurse care managers. In addition to pregnancy planning education materials and other over-the-phone screenings, the program includes high-risk care management when needed.



**INTERMOUNTAIN HEALTH ANSWERS®**

Sick child at 3:00 a.m.? We're still awake. Call Intermountain Health Answers to speak to a registered nurse who will listen to your concerns, answer any medical questions you may have, and help you decide what course of action to take. Call **844-501-6600**.



**SELECTHEALTH MOBILE APP**

Log in to our mobile app to view benefits and claims or search for doctors and hospitals. Check year-to-date totals for deductibles and out-of-pocket maximums; look up pharmacies and medications; and view, email, or fax images of your ID card to your doctor. Available on Google Play™ and in the Apple® App Store<sup>SM</sup>.



**INTERMOUNTAIN CONNECT CARE®**

Convenient, high-quality care—whenever and wherever you need it. A skilled clinician is just a swipe or click away. With Connect Care<sup>SM</sup>, SelectHealth members can use their smartphone, tablet, or computer to get basic healthcare. Speak face-to-face with an Intermountain caregiver through on-demand video.



**MEMBER DISCOUNTS**

We know that embracing a healthy lifestyle is easier when it costs less. As a SelectHealth member, you will have access to discounts on everyday products and services.

The process is simple—no enrollment forms, fees, or payroll deductions—just great savings when you mention that you are a SelectHealth member and show your ID card. For more information, visit [selecthealth.org/discounts](http://selecthealth.org/discounts).

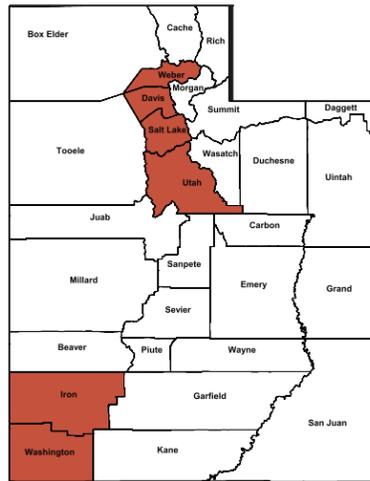
## Choose a Dental Plan

### TRADITIONAL PLAN

If you choose a traditional plan, you must see participating providers on your SelectHealth Dental network.

### FUNDAMENTAL

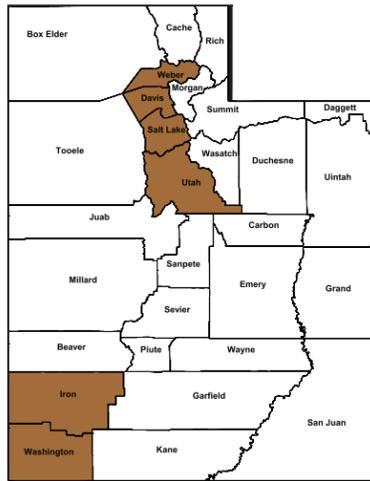
400+ PARTICIPATING PROVIDERS



The **Fundamental** network is our smallest but most affordable network. It provides the greatest value to members seeking dental care along the Wasatch Front.

### PRIME

600+ PARTICIPATING PROVIDERS



The **Prime** network is our midsized option, providing affordability with more access to dental providers. It extends throughout the Wasatch Front to service members in the most populated counties.

### CLASSIC

1,600+ PARTICIPATING PROVIDERS



The **Classic** network is our largest and most popular plan. It is a statewide network that extends into northern and southern Utah, and provides coverage in rural areas where Prime and Fundamental are not available.

### TIERED PLAN

This plan has access to both the Fundamental and the Prime networks. Additionally, members can see nonparticipating providers. This plan is designed to encourage use of the Fundamental network for the lowest out-of-pocket cost.

<sup>1</sup> For more information about NCQA, visit [ncqa.org](http://ncqa.org).

### TRADITIONAL PLAN

If you choose this plan, you must see dentists who participate on a SelectHealth Dental network. A buy-up option gives you access to nonparticipating dentists.

Benefits	Participating	Nonparticipating (Optional)	Participating	Nonparticipating (Optional)
Deductible (Individual/Family)	\$50/150	\$50/150	\$50/150	\$50/150
Annual Maximum Plan Payment Options (Individual)	\$750 or \$1,000	\$750 or \$1,000	\$1,500	\$1,500
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, X-rays	No charge	20% after deductible	10% after deductible	30% after deductible
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	20% after deductible	40% 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

### TIERED PLAN

If you choose this plan, you will have access to both the Fundamental and Prime networks. Additionally, you can see nonparticipating dentists. This plan is designed to encourage use of the Fundamental network for the lowest out-of-pocket cost.

Benefits	Fundamental Network	Prime Network	Nonparticipating
Deductible (Individual/Family)	\$0/0	\$50/150	\$100/300
Annual Maximum Plan Payment (Individual)	\$2,000	\$1,000	
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, X-rays	No charge	No charge	No charge after deductible
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	20%	20% after deductible	40% after deductible
Major (12-month waiting period without prior coverage) Crowns, bridges, dentures, endodontics and periodontics	50%	50% after deductible	50% after deductible



## General Medical Information

*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 participating 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 are not eligible for Medicare. Eligible dependents include the insured'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.

### 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](http://selecthealth.org/exclusions).

### EXCESS CHARGES

These are charges from providers and facilities that exceed the SelectHealth allowed amount for covered services. You are responsible to pay for excess charges from nonparticipating providers and facilities. These charges do not apply to your out-of-pocket maximum.

### NONCOVERED SERVICE IN CONJUNCTION WITH A COVERED SERVICE

When a noncovered service is performed as part of the same operation or process as a covered service, only the covered service charges will be considered. Allowed amounts may be calculated and fairly divided to exclude any charges related to the noncovered service.

### APPEALS/ UTILIZATION MANAGEMENT (UM)

For information about what requires preauthorization, our care management programs or how to file an appeal, visit [selecthealth.org/policy](http://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.

#### Spanish

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

Llame a SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

#### Chinese

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 Advantage:

**1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.