



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.

A STRONG ALLIANCE

Our affiliation with St. Luke's gives our members access to Idaho's largest and only locally governed healthcare system. Their vision is to align with physicians and other providers to deliver integrated, seamless, and patient-centered quality care across all settings. We share a similar not-for-profit mission, vision, and community pledge. This relationship helps align incentives for participating healthcare providers with SelectHealth and their patients to achieve important long-term improvements—better health, better care, and stable premiums.

MEMBER SERVICES

Providing superior service is one of our highest priorities. Our Member Services representatives are available six days a week to answer questions about your benefits and claims. In addition, our SelectHealth Member Advocates® will work with you if you need help finding a doctor or to schedule an appointment.

- ▶ **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.**
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Choosing a Plan That's Right for You

We offer several plan designs to fit your needs and budget. As you shop, it's important to understand how our plans are categorized. We offer plans in each metal tier—Bronze, Silver, Gold, or Platinum—that represents the plan's value. Typically, plans with higher metal tiers will have higher premiums. We also offer a Catastrophic Plan.

SELECTHEALTH PREFERENCESM

These traditional plans offer comprehensive coverage with a variety of deductible options and flexible benefit features. There are two variations: standard cost-sharing plans that have coinsurance after the deductible on most services, and copay plans that require a copay for most services.

SELECTHEALTH HEALTHSAVESM

These plans intend to conform to the U.S. Treasury Department guidelines for a high deductible health plan and are designed to be paired with a tax-advantaged Health Savings Account (HSA)*. With a HealthSave plan, you have more control over your healthcare dollars.

*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 for more information about an HSA.

HealthEquity®
Building Health Savings™

PURCHASE YOUR PLAN

Visit selecthealth.org/applyonline to use our convenient online application. The application must be completed and signed.

Do You Qualify for an Advanced Premium Tax Credit?

The Affordable Care Act requires that most Americans have minimum essential coverage beginning January 1, 2014, or pay a tax penalty. To help pay for this coverage, an advanced premium tax credit is available to those with lower incomes.

Who is eligible for a premium subsidy?

To qualify for a premium subsidy, you must meet the following criteria:

- > Be a U.S. citizen or national (or be lawfully present)
- > Have a family income between 100 to 400 percent of the federal poverty level

- > Not have access to a qualified, employer-sponsored health plan that provides minimum value (actuarial value of at least 60 percent) and that is affordable (does not cost you more than 9.5 percent of your income)
- > Not be eligible for public coverage, including Medicaid, the Children's Health Insurance Program, Medicare, or military coverage
- > The Marketplace will send your tax credit directly to your insurance company, so you pay less for your premiums each month.

Cost-Share Reduction

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

Catastrophic Plans

People who are younger than age 30, and some people who qualify for a hardship exemption, may buy what is called 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 aren't eligible for a premium subsidy.

SelectHealth Advanced Premium Tax Credit Calculator

We have created a simple calculator to help you determine the amount of assistance that may be available to you. If you qualify for a subsidy, the federal government will pay a portion of your monthly premium.

Visit selecthealth.org/calculator and enter your family size, household income, and age of your oldest household member.

If you qualify for a tax credit, you can claim it through yourhealthidaho.org. The tax credit is based on family size, income, and age. For more information about tax credits and healthcare reform, visit selecthealth.org/reform.

ADDITIONAL FEATURES

Online Tools

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. You can access the following:

- > SelectHealth medical and pharmacy benefits
- > Health learning centers and personal health journals
- > Hospital comparison, treatment cost estimator, and symptom checker tools

WELLNESS RESOURCES

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, visit selecthealth.org/stayhealthy.

Ongoing Support

Whether you have an urgent or ongoing condition, our registered nurse care managers offer one-on-one support and help coordinate your care. We also offer health education and smoking cessation resources. For more information about utilization management and services that require preauthorization, call Member Services.

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 over-the-phone screenings, the program includes high-risk care management when needed.

PROVIDER NETWORK

SelectHealth members utilize St. Luke's nationally recognized hospitals*, facilities, and physicians through the St. Luke's Health Partner's network. In addition, SelectHealth members have access to providers on the BrightPath network. Members have access to more than 3,800 providers and healthcare professionals, and 45 hospitals, surgery centers, and skilled nursing facilities statewide.

*U.S. News and World Report 2011-12 edition; Truven Health Analytics, published in *Modern Healthcare* magazine April 21, 2014.

Premium									
Subsidy									
Total									

Benefit	Millennial Plan	SelectHealth HealthSave							
	Catastrophic 6600	Bronze 3500	Bronze 5500	Silver 1500	Silver 2000	Silver 3500	Bronze 5000 ³	Bronze 5350	Silver 1000 ³
Deductible									
Single	\$6,600	\$3,500	\$5,500	\$1,500	\$2,000	\$3,500	\$5,000	\$5,350	\$1,000
Family	\$13,200	\$7,000	\$11,000	\$3,000	\$4,000	\$7,000	\$10,000	\$10,700	\$2,500
Out-of-Pocket Max									
Single	\$6,600	\$6,450	\$5,500	\$5,000	\$5,000	\$3,500	\$6,600	\$6,600	\$6,000
Family	\$13,200	\$12,900	\$11,000	\$10,000	\$10,000	\$7,000	\$13,200	\$13,200	\$12,000
Primary Care Provider (PCP)	\$0 after deductible w/3 deductible-free office visits ⁴	\$25 after deductible	\$0 after deductible	\$25 after deductible	\$25 after deductible	\$0 after deductible	\$50 after deductible	\$50 after deductible w/4 deductible-free office visits ²	\$25 after deductible
Secondary Care Provider (SCP)	\$0 after deductible	\$40 copay after deductible	\$0 after deductible	\$40 after deductible	\$40 after deductible	\$0 after deductible	\$65 after deductible	\$65 after deductible w/4 deductible-free office visits ²	\$50 after deductible
Preventive Care and Immunizations	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Services ¹	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible
Outpatient Services	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible
Emergency Room	\$0 after deductible	\$300 after deductible	\$0 after deductible	\$250 after deductible	\$250 after deductible	\$0 after deductible	\$500 after deductible	\$300 after deductible	\$300 after deductible
Rx Deductible Single (per person)	Included in the Medical Deductible						\$1,000	\$1,250	\$1,000

1. Preauthorization is required for certain services. Benefits may be reduced or denied if you do not preauthorize certain services. See member materials.

2. The deductible is waived for the first four office visits for PCP, SCP, urgent care, and mental health visits combined.

3. SelectHealth offers nonparticipating benefits on all plans. This table only shows participating benefits.

SelectHealth Preference										
Silver 2500	Silver 2500	Silver 3800	Gold 250	Gold 250 ⁵	Gold 500	Gold 500 ⁵	Gold 1000	Gold 1000 ⁵	Platinum No Deductible	
\$2,500	\$2,500	\$3,800	\$250	\$250	\$500	\$500	\$1,000	\$1,000	\$0	
\$5,000	\$5,000	\$7,600	\$750	\$750	\$1,500	\$1,500	\$2,500	\$2,500	\$0	
\$5,000	\$6,000	\$6,600	\$5,000	\$5,000	\$4,000	\$5,000	\$2,900	\$2,500	\$1,500	
\$10,000	\$12,000	\$13,200	\$10,000	\$10,000	\$8,000	\$10,000	\$5,800	\$5,000	\$3,000	
\$25 after deductible	\$25 after deductible w/4 deductible-free office visits ²	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$35	
\$40 after deductible	\$40 after deductible w/4 deductible-free office visits ²	\$50	\$40 after deductible	\$40	\$40 after deductible	\$40	\$40 after deductible	\$40	\$50	
No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	
20% after deductible	20% after deductible	\$550 per day after deductible (up to five days)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$500 per (up to five days)	
20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20%	
\$250 after deductible	\$250 after deductible	\$300 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$200	
\$1,000	\$1,000	\$2,500	\$100	\$100	\$250	\$250	\$100	\$500	\$100	

4. The first three office visits are waived for PCP and mental health office visits combined.

5. The deductible is waived for PCP, SCP, urgent care, and mental health office visits.

SELECTHEALTH PRESCRIPTIONS®

Pharmacy Benefits

Our pharmacy benefits are included with all of our Individual medical plans and provide access to more than 39,000 pharmacies nationwide, including 400 locations in Idaho.

Prescription Drugs

Coverage is divided into tiers (levels), and our plans have four tiers. 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 the RxCore® PDL. This is the list of prescription drugs covered by your plan. Search for your drug on our website (see the “Online Tools” section) 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.



GENERICSAMPLE®

GenericSample eliminates your copay/coinsurance for the first 30-day fill of select generic prescriptions. This program is offered at participating retail pharmacies. It is not available under the 90-day maintenance drug benefit or on HealthSaveSM plans.

90-DAY MAINTENANCE DRUG BENEFIT

The 90-day maintenance drug benefit allows you to obtain a 90-day supply of certain 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 through the mail. Mail order services are provided by Intermountain Home Delivery Pharmacy.



Use the tables below to identify the Rx deductible for the corresponding medical deductible listed on the first row.

Drug Benefits for Traditional Plans ¹								
Medical Deductible	Gold \$250	Gold \$500	Silver \$1,000	Gold \$1,000	Gold \$1,000 ²	Silver \$2,500	Bronze \$5,000	Bronze \$5,350
Rx Deductible Single	\$100	\$250	\$1,000	\$100	\$500	\$1,000	\$1,000	\$1,250
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$15	\$15
Tier 2	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Tier 3	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Tier 4 (90-day supply not available)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible

Drug Benefits for HealthSave Plans ¹				Drug Benefits for No Coinsurance Plans ¹		
Medical Deductible	\$1,500	\$2,000	\$3,500	\$3,500	\$5,500	CATASTROPHIC MILLENNIAL
Rx Deductible Single/Family	See Medical Deductible	See Medical Deductible	See Medical Deductible	See Medical Deductible	See Medical Deductible	See Medical Deductible
Tier 1	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Tier 2	25% after deductible	25% after deductible	30% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Tier 3	50% after deductible	50% after deductible	50% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Tier 4 (90-day supply not available)	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible

Drug Benefits for Copay Plans ¹		
Medical Deductible	\$3,800	No Deductible
Rx Deductible Single	\$2,500	\$100
Tier 1	\$20	\$10
Tier 2	\$45 after deductible	\$40 after deductible
Tier 3	\$55 after deductible	\$55 after deductible
Tier 4 (90-day supply not available)	25% after deductible	25% after deductible

¹Preauthorization is required for certain drugs. Benefits may be reduced or denied if you do not preauthorize certain services. See member materials or call Member Services for more information.

²The deductible is waived for all PCP, SCP, mental health office visits and urgent care visits.



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GENERAL MEDICAL INFORMATION

Our plans are designed to provide coverage for hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided through participating and nonparticipating 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.

Emergency Care

If you have an emergency, call 911 or go to the nearest hospital. Though your copay is the same at all emergency rooms, you will save money by visiting participating hospitals.

Urgent Care

If you have an illness or injury that is not life threatening but needs medical attention within 24 hours, call a participating provider.

Outside the State of Idaho

If you have an emergency or need urgent care outside of Idaho, participating benefits apply to services you receive in a doctor's office, urgent care facility, or emergency room. You can save money on out-of-area services by using Multiplan or PHCS providers and facilities. To find one, call **800-678-7427** or visit **multiplan.com**.

Nonparticipating Providers

Our plans include a point-of-service option that provides members with nonparticipating benefits in Idaho. However, the cost to see a nonparticipating provider is usually higher than what you pay for services from participating providers and hospitals.

GENERAL LIMITATIONS AND EXCLUSIONS

Eligibility

You and your dependents may apply for coverage if you are a full-time resident of Idaho and are not eligible for Medicare. Eligible dependents include the insured's legal spouse, natural or adopted children younger than age 26, and children who are under court-ordered legal guardianship until legal guardianship ends. Individual plans are not sold on a temporary or short-term basis. For short-term coverage, please contact us or your SelectHealth-appointed agent to apply for a SelectHealth TransitionSM plan. Coverage for you and any dependents listed on the application will be effective on the 1st of the month after your application is approved.

Termination

Your coverage will not terminate for health reasons; however, your coverage will terminate for any of the following:

- > Nonpayment of premiums
- > Fraud or intentional misrepresentation of material fact
- > You no longer reside, live, or work in the service area
- > You are on a plan we terminate

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

Excess Charges

These are charges from providers and facilities that exceed our 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.

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**.