



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.**

**2015 UTAH INDIVIDUAL PLANS**



## QUALITY CARE

The National Committee for Quality Assurance (NCQA)\* has ranked us as Utah's top health plan for the past six years. Our accreditation status illustrates our commitment to helping you stay healthy and providing the highest quality care. In rating a health plan, NCQA examines how well we help you do the following:

- > Stay healthy
- > Get better
- > Manage chronic illness
- > Access qualified providers
- > Receive care and services when needed

## 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.**

▶ **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.**

\*For more information about NCQA, visit [ncqa.org](https://www.ncqa.org).

## 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. We offer plans in each of the following metal tiers—Bronze, Silver, or Gold—that represents the plan's value. Typically, plans with higher metal tiers will have higher premiums. We also offer a Catastrophic Plan.

### SELECTHEALTH PREFERENCE<sup>SM</sup>

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 HEALTHSAVE<sup>SM</sup>

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 Health Savings Account (HSA)\*. With a HealthSave plan, you have more control over your healthcare dollars.

### 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://www.healthequity.com) for more information about an HSA.

**HealthEquity®**  
Building Health Savings™

\*Not all Cost-Share Reduction plans are eligible for an HSA.

## CHOOSE A PROVIDER NETWORK

We offer three provider networks: Select Value®, Select Med®, and Select Care®. Our smaller networks generally have lower premiums, while the larger networks give you access to more providers. To find out if your doctor is participating, visit [selecthealth.org/provider](http://selecthealth.org/provider).

## PURCHASE YOUR PLAN

Visit [selecthealth.org/applyonline](http://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, a tax credit is available to those with lower incomes.

## WHO IS ELIGIBLE FOR 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 are not 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](http://selecthealth.org/calculator) and enter your family size, household income, and age of your oldest household member.

The tax credit is based on family size, income, and age. For more information about tax credits and healthcare reform visit [selecthealth.org/reform](http://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 compare, treatment cost estimator, and symptom checker tools



## SELECTHEALTH PLAN OPTIONS



## 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 about preventive care, visit [selecthealth.org/stayhealthy](https://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, smoking cessation resources, and a prenatal care program for expectant mothers. For more information about utilization management and services that require preauthorization, visit [selecthealth.org/stayhealthy](https://selecthealth.org/stayhealthy), or 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 other over-the-phone screening, the program includes high-risk care management when needed.

## PROVIDER NETWORK OPTIONS

Choosing the right network is important. SelectHealth offers three provider and facility networks that range in size and coverage area—Select Value, Select Med, and Select Care. Smaller networks generally have lower premiums. 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.

LOWER COST

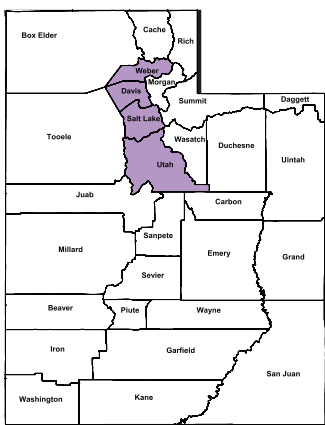
HIGHER COST

LESS PROVIDER ACCESS

MORE PROVIDER ACCESS



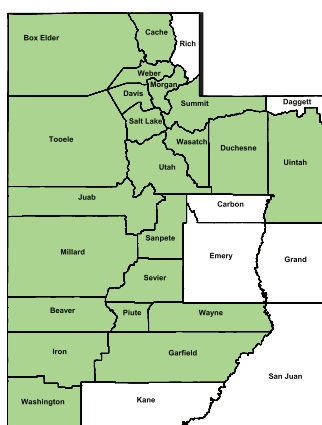
**10 PARTICIPATING HOSPITALS**  
**1,300+ PARTICIPATING PHYSICIANS**  
**& PROVIDERS**



**Select Value** is a highly integrated regional network that serves members along the Wasatch Front. Select Value includes access to great hospitals like Primary Children's Hospital, Intermountain Medical Center, Alta View Hospital, and many more.



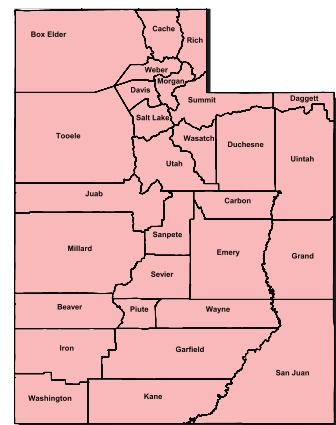
**34 PARTICIPATING HOSPITALS**  
**3,900+ PARTICIPATING**  
**PHYSICIANS & PROVIDERS**



**Select Med** is affordable and comprehensive. As our most popular provider network, Select Med is a statewide HMO that extends into northern and southern Utah. For cancer treatment, the Huntsman Cancer Hospital is participating.



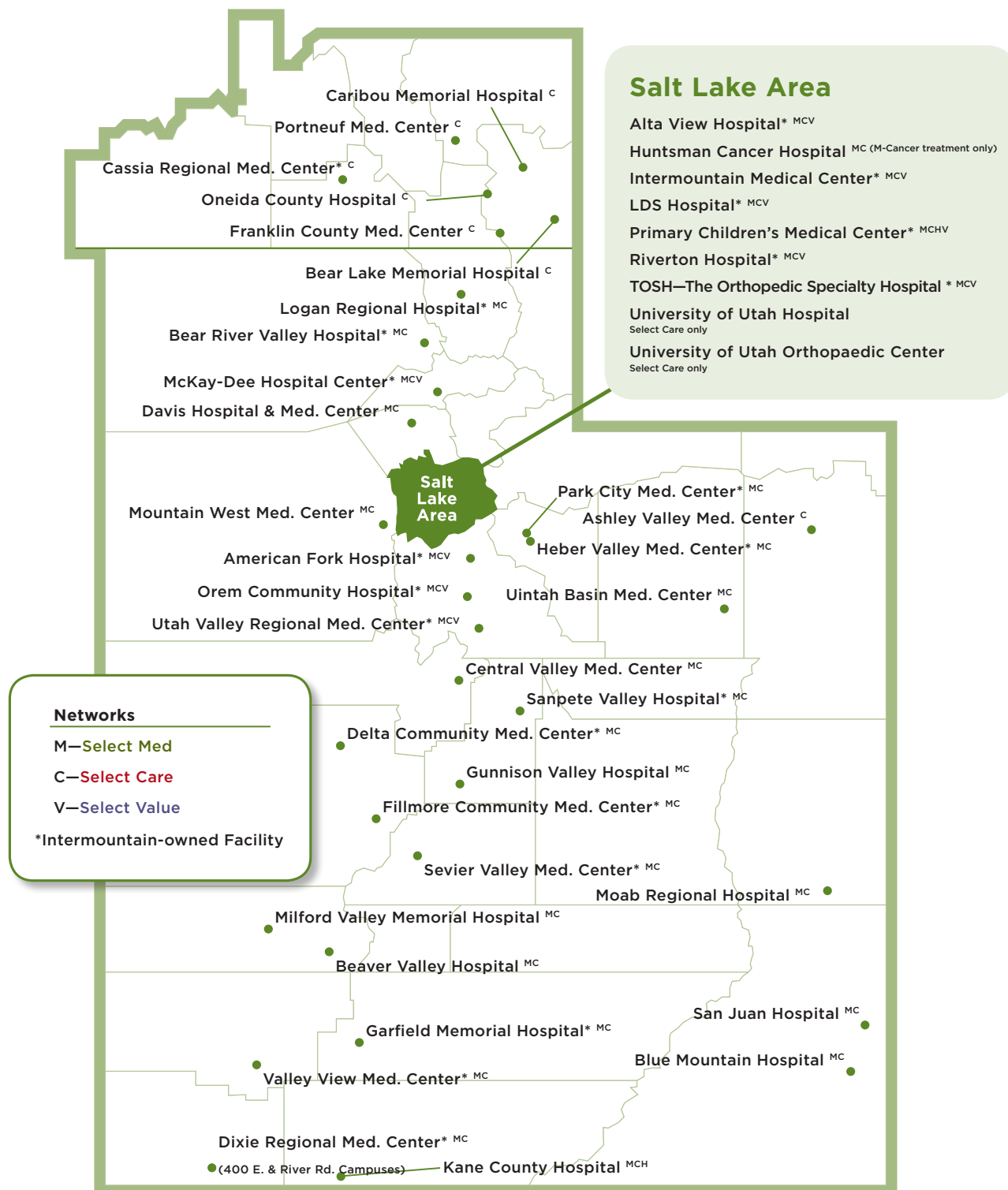
**43 PARTICIPATING HOSPITALS**  
**5,000+ PARTICIPATING**  
**PHYSICIANS & PROVIDERS**



**Select Care** is our largest provider network and includes access to the University of Utah hospital. It extends into rural areas of Utah where Select Med and Select Value are not available. Select Care also gives members access to the BrightPath network in Idaho.

## PARTICIPATING HOSPITALS AND CLINICS

SelectHealth members have access to Intermountain Healthcare's nationally recognized facilities and contracted hospitals and clinics.



Premium										
Subsidy										
Total										

Benefits	Millenial Plan	SelectHealth HealthSave							
	Catastrophic 6600	Bronze 3500	Bronze 5500	Silver 1500	Silver 2000	Silver 3500	Bronze 5000 <sup>3</sup>	Bronze 5350	Silver 1000 <sup>3</sup>
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	\$5,800
Family	\$13,200	\$12,900	\$11,000	\$10,000	\$10,000	\$7,000	\$13,200	\$13,200	\$11,600
Primary Care Provider (PCP)	\$25 for first 3 visits, then \$0 after deductible	\$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 <sup>2</sup>	\$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 <sup>2</sup>	\$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 <sup>1</sup>	\$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	\$550 after deductible	\$0 after deductible	\$250 after deductible	\$250 after deductible	\$0 after deductible	\$500 after deductible	\$600 after deductible	\$500 after deductible
Rx Deductible Single	Included in the Medical Deductible						\$1,000	\$1,000	\$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 visits for the PCP, SCP, mental health office visits, and urgent care visits combined.

3

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


SelectHealth Preference									Benchmark Plans	
Silver 2500	Silver 2500	Silver 3800	Gold 250	Gold 250 <sup>3</sup>	Gold 500	Gold 500 <sup>3</sup>	Gold 1000	Gold 1000 <sup>3</sup>	Bronze 5000 <sup>4</sup>	Silver 1000 <sup>4</sup>
\$2,500 \$5,000	\$2,500 \$5,000	\$3,800 \$7,600	\$250 \$750	\$250 \$750	\$500 \$1,500	\$500 \$1,500	\$1,000 \$2,500	\$1,000 \$2,500	\$5,000 \$10,000	\$1,000 \$2,500
\$5,000 \$10,000	\$5,000 \$10,000	\$6,600 \$13,200	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 \$8,000	\$5,000 \$10,000	\$2,900 \$5,800	\$2,500 \$5,000	\$6,600 \$13,200	\$5,800 \$11,600
\$25 after deductible	\$25 after deductible w/4 deductible-free office visits <sup>2</sup>	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$50 after deductible	\$25 after deductible
\$40 after deductible	\$40 after deductible w/4 deductible-free office visits <sup>2</sup>	\$50	\$40 after deductible	\$40	\$40 after deductible	\$40	\$40 after deductible	\$40	\$65 after deductible	\$50 after deductible
No charge	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	\$500 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	10% after deductible	50% 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% after deductible	10% after deductible	50% after deductible
\$250 after deductible	\$250 after deductible	\$600 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$500 after deductible	\$500 after deductible
\$1,000	\$1,000	\$2,500	\$100	\$100	\$250	\$250	\$100	\$500	\$1,000	\$1,000

4. Our benchmark plans only provide benefits that match Utah’s designated benchmark plan. For more information on Utah’s designated benchmark plan, call Individual Sales or visit **healthcare.gov**.



## 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.

### 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.

#### Prescription Drug Benefits<sup>1</sup> for Traditional Plans

	Gold	Gold	Silver	Gold	Gold	Silver	Bronze	Bronze
Benefits	\$250	\$500	\$1,000	\$1,000	\$1,000 <sup>2</sup>	\$2,500	\$5,000	\$5,350
Rx Deductible Single	\$100	\$250	\$1,000	\$100	\$500	\$1,000	\$1,000	\$1,000
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

#### Prescription Drug Benefits<sup>1</sup> for HealthSave Plans

#### No Coinsurance HealthSave Plans<sup>1</sup>

#### Catastrophic Plans

	Silver	Silver	Bronze	Silver	Bronze	
Benefits	\$1,500	\$2,000	\$3,500	\$3,500	\$5,500	\$6,600
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

#### Prescription Drug Benefits<sup>1</sup> for Copay Plans

Benefits	\$3,800
Rx Deductible Single	\$2,500
Tier 1	\$20
Tier 2	\$40 after deductible
Tier 3	\$50 after deductible
Tier 4 (90-day supply not available)	25% after deductible

<sup>1</sup>Preauthorization 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.

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



## SelectHealth Dental®

SelectHealth Dental provides comprehensive coverage to help keep your teeth healthy. With hundreds of providers to choose from, top-ranked customer service<sup>1</sup>, and online support, there's plenty to smile about.



### PEDIATRIC DENTAL NOW INCLUDED WITH MEDICAL PLANS

At SelectHealth, we are committed to improving our members' health and their access to care. As a part of these efforts, beginning January 1, 2015, all of our qualified health plans will include pediatric dental<sup>2</sup>. Additionally, all of our traditional SelectHealth plans include pediatric dental coverage.

**Note:** Does not apply to grandmothered (transitional relief) plans.

## CHOOSE A DENTAL PLAN

### TRADITIONAL PLAN

If you choose a traditional plan, you must see participating providers on your SelectHealth Dental network. A buy-up option gives you access to nonparticipating providers.

### CHOOSE A PROVIDER NETWORK

#### Classic

With more than 1,600 providers to choose from, this is our largest network.

#### Prime

Our midsize network is both affordable and comprehensive.

#### Fundamental

Although this is our smallest network, it provides the greatest value to members seeking dental care.

### 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).

<sup>2</sup> Preventive services only.



# DENTAL PLANS

## TRADITIONAL PLAN

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

Benefits	Participating	Nonparticipating (Optional)	Participating	Nonparticipating (Optional)
Deductible (Individual/Family)	\$50	\$50	\$50	\$50
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 Fillings, oral surgery, anesthesia for basic services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Major Crowns, bridges, dentures, anesthesia for major services, 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 providers. 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	\$50	\$100
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 (Three month waiting period without prior coverage) Fillings, oral surgery, anesthesia for basic services	20% after deductible	20% after deductible	40% after deductible
Major (12 month waiting period without prior coverage) Crowns, bridges, dentures, endodontics and periodontics, anesthesia for major services	50% after deductible	50% after deductible	50% after deductible





## 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 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 Utah

If you have an emergency or need urgent care outside of Utah, 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**.

## General Limitations and Exclusions

### ELIGIBILITY

You and your dependents may apply for coverage if you are a full-time 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.

Coverage for members and any dependents listed on the application will be effective on the 1st of the month as determined by underwriting.

### 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 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 charges relating to the covered service will be considered. Allowed amounts may be calculated and fairly apportioned to exclude any charges related to the noncovered service.

### 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](https://selecthealth.org/exclusions)**.

