

SelectHealth

Individual and Family ACA Plans

UTAH 2023



Your health and a plan to match it—personalized with benefits and perks that fit your needs.

The Selecthealth Difference

We really are different, and it all boils down to you. Unlike other insurance plans, we really care about you and your health journey. We care about making sure our plans and perks and everything in between truly fit your needs. We listen, we adapt, we change—for you. We put our profits back into our plans—for you. We are nonprofit—for you. We align with the best healthcare providers, like Intermountain Healthcare®—for you. Our wellness perks and rewards aren't an industry trend for us. Yep, you got it—they're for you. Do you see a theme here?

Everything we do is for you. We care about you—truly. And that's the SelectHealth Difference.

Life loves surprises. We love predictable.

You can count on us to provide everything with a human touch. We are thoughtful in plan designs, making care accessible, high-quality, and affordable, and empowering you with tools to help you manage your health.

STATEWIDE COVERAGE

No matter where you live in Utah, we offer three comprehensive and high-quality provider networks that have you covered and provide the care options you need where you need them.

BEST-IN-CLASS SERVICE

Our local team of insurance experts are committed to providing exceptional customer service and are here to help you with everything from understanding your benefits to finding the right doctor.

VIRTUAL VISITS—EASY + AFFORDABLE FOR DARN-NEAR ALL YOUR CARE NEEDS

Our plans offer options to get urgent care, primary care, mental health, and nutritional support care—virtually. The cost? It's covered at **\$0 out-of-pocket costs*** when you see in-network providers.

CHRONIC CONDITION RX INCLUDED

All Individual & Family plans include generic prescription drug coverage to help you manage your diabetes, asthma, and COPD chronic conditions for only a **\$0 copay**.

NEW DIABETES SUPPORT PLAN

The Diabetes Support Plan offers ways to save on select diabetic medications, diabetic supplies, equipment, labs, and exams. Of note are some \$0 and low-cost copays for PCP and Specialist visits, Nutritional Counseling, and Diabetes Education Classes. Members pay **\$0 out-of-pocket costs** on some preferred insulins and other diabetes-related necessities; plus, coverage for an insulin pump is pre-deductible.

**Deductible will apply on high deductible health plans*

All SelectHealth Individual & Family plans include the following at no additional cost:

- > **Wellness reimbursement programs**
- > **Preventive care**
- > **Health and Wellness discounts**
- > **Member Advocates support to help you find doctors, make appointments, and understand services.**





Your Shopping Checklist

- ✓ Review network options and check for in-network providers
- ✓ Consider your total out-of-pocket costs, including premium and your anticipated portion for the cost of care.
- ✓ Determine dental needs
- ✓ Verify your subsidy eligibility
- ✓ Shop Plans!

How to Shop



YOUR AGENT

For questions or help enrolling on a SelectHealth plan, contact your SelectHealth-appointed agent.



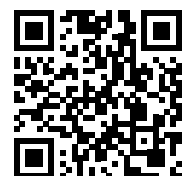
CALL US

Individual Sales
855-442-0220



ONLINE

Shop with us at
selecthealth.org/shop



Health Insurance Definitions

Before you start to even think about shopping for a plan, there are a few pretty confusing terms used in insurance. Get to know these concepts so you feel confident and empowered when it's time to shop.

DEDUCTIBLE—Amount you must pay to doctors and facilities before your plan pays for certain 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.

VIRTUAL VISITS—No need to leave home. For urgent medical, mental health, or primary care issues, talk to a provider online using your smart phone, tablet, or computer. Or figure it out with our all-new E-Visits. Our AI buddy, Scout will review your symptoms and direct you to the right care.

PRIMARY CARE PROVIDER (PCP)—A PCP is the doctor you see most regularly for general medical care and preventive care. SelectHealth considers a PCP to be any one of these types of providers: family and general practitioners, internal medicine doctors, Obstetricians and Gynecologists (OB/GYNs), pediatricians, Certified Nurse Midwives (CNMs), and geriatricians.

SECONDARY CARE PROVIDER (SCP)—These doctors are typically specialists such as cardiologists, neurologists, dermatologists, ophthalmologists, and more. SelectHealth considers any doctors who aren't PCPs to be SCPs.

MEMBER PAYMENT SUMMARY (MPS)—This is a list of services covered by your plan. It shows how much you are responsible to pay for each type of service. For dental plans, it is called a Dental Payment Summary (DPS). Refer to your member materials for complete benefit details.

SUBSIDY—Save money on your plan with federal financial assistance, otherwise known as a subsidized health plan. Depending on your income and other criteria, you may qualify for a Advance Premium Tax Credit or Cost-Share Reduction.

To verify your eligibility, visit selecthealth.org/shop, call us at 855-442-0220, or contact your agent.

Network Options

In Utah, there are options for care depending on where you live or travel. Remember: It is best to go to an in-network doctor and facility to keep your price for care lower and save you the most money.

We've expanded our 2023 Utah network options to continue to give our members choices that best fit their needs and budget. Review the network options below to understand what may be best for you.

OUR NETWORKS



Available for residents of Weber, Davis, Salt Lake, and Utah Counties

- > Cutting-edge network
- > Highly aligned network providing access to more than 350 high-quality facilities and over 7,000 providers along the Wasatch front

BEST FOR:

Those looking for a high-performing network that includes access to some of the best providers and facilities along the Wasatch Front.



Available for residents of Box Elder, Tooele, Weber, Davis, Morgan, Salt Lake, Summit, Wasatch, and Utah counties

- > A proven popular network
- > Provides access to more than 700 facilities and over 11,000 providers
- > Includes access to SelectHealth Value providers and facilities in Utah and Nevada

BEST FOR:

Those who want a mid-sized network for less money.



Includes access to care in Idaho and the SelectHealth Med Network in Nevada

- > Our largest and most comprehensive network
- > Provides access to more than 800 facilities and over 12,000 providers

BEST FOR:

Those looking for comprehensive coverage throughout Utah, as well as access to some providers and facilities in Idaho and Nevada.



Let's start looking!
Scan here to find a doctor.

UTAH	SIGNATURE	VALUE	MED
Alta View Hospital	●	●	●
American Fork Hospital	●	●	●
Bear River Valley Hospital	●	●	●
Beaver Valley Hospital		●	●
Cedar City Hospital	●	●	●
Davis Hospital and Medical Center		●	●
St. George Regional Medical Center	●	●	●
Garfield Memorial Hospital		●	●
Heber Valley Hospital	●	●	●
Intermountain Medical Center	●	●	●
Layton Hospital	●	●	●
LDS Hospital	●	●	●
Logan Regional Hospital	●	●	●
McKay Dee Hospital	●	●	●
Mountain West Medical Center		●	●
Orem Community Hospital	●	●	●
Park City Hospital	●	●	●
Primary Children's Medical Center	●	●	●
Riverton Hospital	●	●	●
Spanish Fork Hospital	●	●	●
TOSH - The Orthopedic Specialty Hospital	●	●	●
Utah Valley Hospital	●	●	●
Ashley Valley Medical Center		●	●
Blue Mountain Hospital		●	●
Castleview Hospital		●	●
Central Valley Medical Center		●	●
Delta Community Hospital	●	●	●
Fillmore Community Hospital	●	●	●
Gunnison Valley Hospital		●	●
Kane County Hospital		●	●
Milford Valley Memorial Hospital		●	●
Moab Regional Hospital		●	●
San Juan Hospital		●	●
Sanpete Valley Hospital	●	●	●
Sevier Valley Hospital	●	●	●
Uintah Basin Medical Center		●	●
Huntsman Cancer Institute (U of U Facility)		●	●
Moran Eye Center (U of U Facility)		●	●
IDAHO	SIGNATURE	VALUE	MED
Cassia Regional Hospital	●	●	●
NEVADA	SIGNATURE	VALUE	MED
Boulder City Hospital		●	●
Mesa View Regional Hospital		●	●
University Medical Center Las Vegas		●	●
Valley Health System		●	●
Desert View Hospital		●	●
MountainView Hospital			●
Southern Hills Hospital & Medical Center			●
Sunrise Hospital & Medical Center			●

Our Facilities

Note: List is not all-inclusive, please visit selecthealth.org/findcare for a complete and up-to-date facility list.





Your Care Options

Not everyone wants to receive care the same way. That's why we've expanded our care options to give you a choice in managing your health.



Out-of-Area Care



OUTSIDE UTAH, IDAHO, OR NEVADA

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.

Save Money While Traveling

Reduce your medical out-of-pocket expenses while traveling. Using the UnitedHealthcare Options PPO network may save you money for urgent and emergency care.

Remember: Always present your ID card when you visit a UnitedHealthcare Options PPO network provider or facility. The logos on the back of the card give you access to the networks.

To find UnitedHealthcare Options PPO network providers or facilities, call Member Services at **800-538-5038** or visit selecthealth.org/findadoctor and select "UnitedHealthcare Options PPO" from the network drop down.

OUTSIDE OF THE COUNTRY

If you are traveling outside of the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit it along with a Claim Reimbursement Form, which can be found on selecthealth.org/forms.

STATE	NETWORK
Utah	SelectHealth Med
Idaho	SelectHealth Network, which includes BrightPath and St. Luke's Health Partners
Nevada	SelectHealth Med, Beech Street Network (outside Clark and Nye Counties)
All Other States	UnitedHealthcare Options PPO Network

In-Person Care

SCHEDULED CARE:



Primary Care Provider

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/findadoctor.

Specialty Care Provider

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!

IMMEDIATE CARE:



Intermountain InstaCare®

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

Urgent Care

If you need urgent or emergency care, we've got you covered. If you need urgent care within your service area, you will need to go to an in-network facility. For an emergency, call 911 or go to the nearest hospital.

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.

Telehealth and Virtual Visits



SelectHealth Individual & Family plans offer convenient options to receive the care you need virtually. And best of all, it's covered at **\$0 out-of-pocket costs*** when you see in-network providers.

A COUPLE GREAT OPTIONS:

My Health+

Use the My Health+ app to self-schedule visits for urgent care, primary care, mental health, and nutritional support. The app even has an E-Visit option where you can get care via online chat. Services available through My Health+ may vary by state. Visit intermountain.com/myhealthplus for more information.

Your Provider

You can also schedule a virtual visit directly with your in-network provider. Contact your provider to learn about virtual visit options and to schedule a visit using their preferred platform.

**Deductible may apply on high-deductible health plans*



Benefits Built for You

Types of Plans

HSA-QUALIFIED—You may be able to reduce your healthcare expenses by choosing an HSA-eligible plan—a High Deductible Health Plan (HDHP) designed to be used with an HSA. HDHPs can have a lower premium than traditional plans and using an HSA can have tax advantages. Using an HSA with your HDHP gives you more control over your healthcare dollars. Plus, we've contracted with HealthEquity, an experienced HSA vendor, to create a seamless experience for you.

BENCHMARK—Benchmark plans only cover essential health benefits, as defined under the Affordable Care Act.

OFF-EXCHANGE—Plans that are only available to purchase directly with SelectHealth at selecthealth.org/shop.

TRADITIONAL—Your deductible is waived for preventive care.

STANDARDIZED PLANS—Plans that are designed by the Centers for Medicare & Medicaid Services (CMS). These plans feature benefits that are similar to, or the same as, Standardized plans from other carriers.

Highlighted Plans

COPAY PLANS—A plan option with predictable costs and easy-to-understand benefit designs. If you like simple, this is the plan for you.

\$0 PCP PLAN—This plan offers unlimited PCP and Mental Health visits, both virtual and in-person, as well as all your preventive services with no copay. A great, low-cost alternative that protects you after your deductible for major events, but still offers care options our members love.

LOWEST-COST SILVER PLAN—If you're eligible for a Cost-Share Reduction (CSR) through the Marketplace, this may be a good option for you. It offers all the benefits of a CSR (based on eligibility) at the lowest possible cost.

DIABETES SUPPORT PLAN—A new plan offering low-cost PCP and Specialist visits, plus additional savings on diabetic medications, exams, supplies, and equipment.

Tips for Choosing a Plan

THINK THROUGH YOUR POTENTIAL USAGE AND ASK YOURSELF A FEW QUESTIONS:

- > How often do you usually visit a provider?
- > Do you have any existing prescription drugs?
- > Do you expect any healthcare needs in the near future?

VERIFY YOUR SUBSIDY ELIGIBILITY

If you qualify for a subsidy, you will save some serious cash on plans. To verify your eligibility, visit selecthealth.org/shop, call us at **855-442-0220**, or contact your agent.

CHECK IF YOUR CURRENT PROVIDERS ARE IN-NETWORK

Knowing what providers you want to see will help you choose the right network. Visit selecthealth.org/findadoctor to browse in-network providers or call Member Services at **800-538-5038** to request a provider directory.

CONSIDER YOUR PRESCRIPTION NEEDS

Prescription benefits are included with your medical plan, but not all plans offer the same coverage. Review plans on page 12 and learn more about prescription benefits on page 18.

DETERMINE YOUR DENTAL NEEDS

If you're purchasing a medical plan, you can add a SelectHealth Individual Dental plan to your coverage. Learn more about our dental plan options on page 16.

CALL US OR YOUR AGENT TO TALK THROUGH THE DETAILS

It's not always easy to make the best choice. Call us at **855-442-0220** or contact your agent and we'll help you talk through your situation and understand your options.

Individual Plans and Benefits | 2023 Utah Plans



Ready to Shop?

Contact your agent, visit selecthealth.org/shop, or call **855-442-0220**.

Plan Type	NEW FOR 2023!						LOWEST COST SILVER PLAN						NEW FOR 2023!					
	Traditional	HSA-Qualified ²	Standardized Plan ⁵	Traditional	Traditional	Copay Plan	Diabetes Support Plan	Traditional	Standardized Plan ⁵	Off-Exchange Plan	Off-Exchange Plan	Traditional	Copay Plan	Standardized Plan ⁵	Traditional	Traditional	Traditional	Standardized Plan ⁵
Benefit Category	Benchmark ¹	HSA-Qualified	Benchmark ¹	No-Deductible Office Visits	No-Deductible Office Visits	Benchmark ¹	Diabetes Support Plan	Benchmark ¹ / No-Deductible Office Visits	Benchmark ¹	No-Deductible Office Visits	HSA-Qualified	No-Deductible Office Visits	Benchmark ¹	Benchmark ¹	No-Deductible Office Visits	Benchmark ¹	Benchmark ¹	Benchmark ¹
Plan Name	Bronze 9100	Expanded Bronze 7500	Expanded Bronze Standardized	Expanded Bronze 6900	Expanded Bronze 5900	Expanded Bronze 0	Silver 6500	Silver 6300	Silver Standardized	Silver 5500	Silver 3750	Silver 3000	Silver 0	Gold Standardized Plan	Gold 1500	Gold 0	Platinum 0	Platinum Standardized Plan
Participating Networks	M V S	M V	M	M V S	M V	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S	M V S
Deductible																		
Single	\$9,100	\$7,500	\$7,500	\$6,900	\$5,900	\$0	\$6,500	\$6,300	\$5,800	\$5,500	\$3,750	\$3,000	\$0	\$2,000	\$1,500	\$0	\$0	\$0
Family	\$18,200	\$15,000	\$15,000	\$13,800	\$11,800	\$0	\$13,000	\$12,600	\$11,600	\$11,000	\$7,500	\$6,000	\$0	\$4,000	\$3,000	\$0	\$0	\$0
Out-of-Pocket Max																		
Single	\$9,100	\$7,500	\$9,000	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$8,900	\$9,100	\$7,500	\$9,100	\$9,100	\$8,700	\$8,000	\$8,950	\$8,950	\$3,000
Family	\$18,200	\$15,000	\$18,000	\$18,200	\$18,200	\$18,200	\$18,200	\$18,200	\$17,800	\$18,200	\$15,000	\$18,200	\$18,200	\$17,400	\$16,000	\$17,900	\$17,900	\$6,000
Primary Care Provider (PCP)	Covered 100% after deductible	Covered 100% after deductible	\$50	\$45	\$50	\$40	\$5	\$0	\$40	\$0	Covered 100% after deductible	\$35	\$15	\$30	\$15	\$15	\$0	\$10
Secondary Care Provider (SCP)	Covered 100% after deductible	Covered 100% after deductible	\$100	\$95	\$90	\$90	\$15	\$40	\$80	\$25	Covered 100% after deductible	\$60	\$60	\$60	\$40	\$45	\$0	\$20
Urgent Care Services	Covered 100% after deductible	Covered 100% after deductible	\$75	\$95	\$70	\$60	\$60	\$60	\$60	\$60	Covered 100% after deductible	\$60	\$40	\$45	\$40	\$40	\$25	\$15
Virtual Visits ³	Covered 100%	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100% after deductible	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
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%	Covered 100%	Covered 100%
Minor Diagnostic Tests ⁴	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	Covered 100% after deductible	Covered 100% after deductible	\$75	\$20	\$30	40% after Deductible	\$15	Covered 100% after deductible	\$20	\$10	25% after Deductible	Covered 100%	Covered 100%	Covered 100%	\$30
Inpatient Hospital Services	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	50% after Deductible	\$650 per day after deductible (up to 5 day copay maximum)	\$2,700 per day copay maximum	50% after Deductible	50% after Deductible	40% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$2,000 per day (up to 3 day copay maximum)	25% after Deductible	20% after Deductible	30% after Deductible	10%	\$350 per stay
Outpatient Services	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	50% after Deductible	50% after Deductible	\$1,200	50% after Deductible	50% after Deductible	40% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$1,000	25% after Deductible	20% after Deductible	30% after Deductible	10%	\$150
Emergency Room	Covered 100% after deductible	Covered 100% after deductible	50% after Deductible	\$600 after Deductible	\$600 after Deductible	\$1,500	\$600 after Deductible	\$600 after Deductible	40% after Deductible	\$600 after Deductible	20% after Deductible	\$600 after Deductible	\$1,200	25% after Deductible	\$350 after Deductible	30% after Deductible	\$250	\$100
Rx Deductible Per Person	Medical and Rx Combined	Medical and Rx Combined	Medical and Rx Combined	\$1,500	\$2,500	\$3,500	\$2,000	\$1,300	Medical and Rx Combined	\$1,500	Medical and Rx Combined	\$1,000	\$3,500	Medical and Rx Combined	\$250	\$250	Medical and Rx Combined	Medical and Rx Combined
Tier 1 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$25	\$20	\$20	\$20	\$5	\$15	\$20	\$5	Covered 100% after deductible	\$15	\$15	\$15	\$15	\$10	\$0	\$5
Tier 2 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$25	\$30	\$30	\$30	\$15	\$25	\$20	\$15	Covered 100% after deductible	\$25	\$25	\$15	\$25	\$20	\$10	\$5
Tier 3 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$50 after Deductible	30% after pharmacy Deductible	\$55 after pharmacy Deductible	\$125 after pharmacy Deductible	50% after pharmacy Deductible	25% after pharmacy Deductible	\$40	50% after pharmacy Deductible	20% after Deductible	25% after pharmacy Deductible	\$100 after pharmacy Deductible	\$30	25% after pharmacy Deductible	25% after pharmacy Deductible	\$45	\$10
Tier 4 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$100 after Deductible	50% after pharmacy Deductible	\$70 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$80 after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$60	50% after pharmacy Deductible	50% after pharmacy Deductible	50%	\$50
Tier 5 Drugs	Covered 100% after deductible	Covered 100% after deductible	\$500 after Deductible	50% after pharmacy Deductible	30% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$350 after Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$250	30% after pharmacy Deductible	50% after pharmacy Deductible	50%	\$150

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 When two or more are enrolled on a HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.

³ Except for HSA Qualified plans, Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care providers are covered at no additional cost to you.

⁴ Some minor diagnostic services will be covered as part of the office visit cost share.

⁵ These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

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**.

- M Med Network
- V Value Network
- S Signature Network



SelectHealth Dental Plans and Benefits

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.

PAIR WITH YOUR MEDICAL PLAN

SelectHealth Dental plans must be paired with a SelectHealth Medical Plan. If you'd like to enroll in a dental plan, you *must* also be enrolled in a medical plan. If you need to find a medical plan that fits your needs, please contact your agent, call SelectHealth at **855-442-0220**, or visit selecthealth.org/shop.



OUR NETWORKS

We offer expansive network options in Utah. No matter where your dentist is located, they'll likely be covered in one of our three dental networks.

SelectHealth Fundamental

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

600+
PARTICIPATING PROVIDERS
THROUGHOUT UTAH

SelectHealth Prime

The **SelectHealth 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.

700+
PARTICIPATING PROVIDERS
THROUGHOUT UTAH

SelectHealth Classic

The **SelectHealth 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.

1,600+
PARTICIPATING PROVIDERS
THROUGHOUT UTAH

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.

2023 UTAH PLAN

Benefits	Dental 750 (100/80/50)		Dental 1000 (100/80/50)	
	In-network	Out-of-network*	In-network	Out-of-network*
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	Dental 1500 (100/80/50)		Dental 1500 (90/70/50)	
	In-network	Out-of-network*	In-network	Out-of-network*
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*

Ready to Shop?



You must have a medical plan with us to purchase your dental plan. To buy a medical and dental plan bundle, or to add a dental plan to your existing medical plan, contact your agent or call us at **855-442-0220**.



SelectHealth 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)

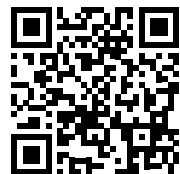
Tier 4 - High cost (non-preferred brand drugs)

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 at selecthealth.org/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

With the 90-day maintenance drug benefit, you can get a 90-day supply of select generic and brand medications. This benefit is just for medications you have been using for at least one month and expect to continue using for the next year. Besides not having to fill your medication as often, you will likely pay less. Save time and money!

HASSLE-FREE MAIL ORDER

Get your medication delivered right to your door for no extra charge with Intermountain Home Delivery. Learn more by calling **855-779-3960** or visit selecthealth.org.



INTERMOUNTAIN SPECIALTY PHARMACY

We have an integrated relationship with the Intermountain Specialty Pharmacy, which offers exceptional service and support with medication adherence counseling, drug interaction advice, and free home delivery. If you take specialty medications, you can use the Intermountain Specialty Pharmacy for optimal quality, service, and convenience. Sign up or transfer your prescriptions to the Intermountain Specialty Pharmacy today. Learn more by calling **877-284-1114**.

IN-NETWORK PHARMACIES

Just like going to a doctor who is in your network, you may save money on your prescriptions by going to a pharmacy in your network. Fortunately, you have a lot of options.

YOUR NEIGHBORHOOD PHARMACY

We have a 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.

A PRESCRIPTION FOR SAVINGS

Rx Savings Solutions is an easy to use, comprehensive online prescription tool that shows you ways to spend

less money on your prescriptions. It will also automatically alert you if you are paying too much for your medication and identifies other ways to get the same treatment for less money. Now you can easily find less expensive alternatives for your personal prescription needs according to your health plan. Log into your SelectHealth Member Account at selecthealth.org/rxsavings to enroll and start saving.

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

\$0 MAINTENANCE RX CLASSES

In 2023, all SelectHealth Individual & Family plans will include coverage for generic maintenance medications for Asthma, COPD, and Diabetes for a **\$0 copay**.



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 outpatient 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.

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/resources/member-resources.

EXCESS CHARGES

There are charges from providers and facilities that exceed the SelectHealth allowed amount for covered services. Unless protections against balance billing apply under state or federal law, when you use an out-of-network provider or facility for urgent or emergency services, 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 at selecthealth.org/resources.

PROTECTING YOUR PRIVACY

We understand the importance and sensitivity of your personal health information, and we have secure measures in place to protect it. For more information about how we protect your privacy, including our complete Notice of Privacy Practices, please visit selecthealth.org/policy.

SelectHealth obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats.

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

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: **855-442-9900** (TTY: 711) /

SelectHealth: **800-538-5038**

How to Enroll

You've done your homework and you're ready! If you've decided to enroll in a SelectHealth plan, here's how:



YOUR AGENT

For questions or help enrolling on a SelectHealth plan, contact your SelectHealth appointed agent.

YOUR SELECTHEALTH AGENT



ONLINE

Shop with us at selecthealth.org/shop



CALL US

**Individual Sales
855-442-0220**



Who to Contact

GENERAL QUESTIONS

Member Services – 800-538-5038

HELP FINDING A DOCTOR

Member Advocates – 800-515-2220

MORE PLAN INFORMATION

Individual Sales – 855-442-0220

selecthealth.org/individual



