This is a Gold plan as defined by the Affordable Care Act

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Up to 20 visits/calendar Year for all therapy types combined	Up to 20 visits/calendar Year for all therapy types combined	\$50	50% after Deductible
	17 7 1	\$50	

MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Maternity and Adoption ^{3,6}	See Professional, Inpatient, or	See Professional, Inpatient, or
Includes all related maternity and adoption services. Enroll in	Outpatient Services	Outpatient Services
SelectHealth Healthy Beginnings Program [®] : 866-442-5052		
Chiropractic Care Up to 10 visits/calendar Year	\$20	50% after Deductible
Miscellaneous Medical Supplies (MMS) ²	20% after Deductible	50% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical	or Mental Health and Chemical
	Dependency Services	Dependency Services
Durable Medical Equipment (DME) ³	20% after Deductible	50% after Deductible
Prosthetic Devices ³	20% after Deductible	50% after Deductible
Injectable Drugs, Chemotherapy, and Specialty Medications ³	30% after Deductible	50% after Deductible
Infertility (select services only)	50% after Deductible	Not Covered
Pediatric Dental, SelectHealth Classic Network (through 18 Years) Oral examinations and cleanings - two per calendar Year	\$50	Not Covered
Mental Health and Chemical Dependency ³		
Office Visits	\$30	50% after Deductible
Virtual Visits	Covered 100%	50% after Deductible
Inpatient	20% after Deductible	50% after Deductible
Outpatient	20% after Deductible	50% after Deductible
Residential Treatment Center	20% after Deductible	50% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ³	See Professional, Inpatient, or	Not Covered
One device every 36 months per ear	Outpatient Services	
Donor Fees for Organ Transplants ³	See Professional, Inpatient, or Outpatient Services	Not Covered
TMJ (Temporomandibular Joint) Services	See Professional, Inpatient, or	Not Covered
Up to \$2,000/lifetime	Outpatient Services	

Prescription Drug List (formulary)	RxSelect [®]
	Individual/Family
Prescription Drug Deductible	\$600/\$1,500
Out-of-Pocket Maximum	Combined with medical
Prescription Drugs – Up to 30-day supply for covered medications	
Tier 1	\$20
Tier 2	\$30
Tier 3	25% after pharmacy Deductible
Tier 4	50% after pharmacy Deductible
Tier 5	30% after pharmacy Deductible
Maintenance Drugs − 90-day supply (Mail-Order, Retail90 ®)	
Tier 1	\$20
Tier 2	\$30
Tier 3	25% after pharmacy Deductible
Tier 4	50% after pharmacy Deductible
Generic Substitution Required	Generic required or must pay Copay plus cost
	difference between name brand and generic

FOOTNOTES

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- 1. Visit selecthealth.org/findadoctor to find out whether a Provider is a Primary Care or Secondary Care Provider.
- 2. Frequency and/or quantity limitations apply to some preventive and MMS services.
- 3. Preauthorization is required for certain services. Benefits may be reduced or denied if you do not preauthorize certain services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Certificate of Coverage, for details.
- 4. All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the allowed amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services, sometimes referred to as balance billing. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.
- 5. Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.
- 6. SelectHealth provides a \$4,000 adoption indemnity benefit as outlined by the state of Utah. Deductible, Copay, or Coinsurance listed under the maternity benefit applies and may exhaust the benefits prior to any plan payment.

All Covered Services obtained outside the United States, except for routine, Urgent, or Emergency conditions require preauthorization.

For more information, refer to your Certificate of Coverage or Contract or call Member Services at 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. TTY users should call 711.

Benefits are administered and underwritten by SelectHealth, Inc. SM (domiciled in Utah)

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