



Welcome to Your Benefits

2021 In The Ditch Towing Products

LARGE EMPLOYER - IDAHO





SELECTHEALTH NETWORK

MEMBER PAYMENT SUMMARY

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

| CONDITIONS AND LIMITATIONS | | |
|--|-------------------------|--|
| Pre-Existing Conditions (PEC) | None | |
| Benefit Accumulator Period | calendar Year | |
| Maximum Annual Out-of-Network Payment - (per calendar Year) | None | None |
| MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6} | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Self Only Coverage, 1 person enrolled - per calendar Year | | |
| Deductible | \$4,500 | \$7,000 |
| Out-of-Pocket Maximum | \$6,000 | \$12,000 |
| Family Coverage, 2 or more enrolled - per calendar Year | | |
| Deductible - per person/family | \$4500/\$9000 | \$7000/\$14000 |
| Out-of-Pocket Maximum - per person/family | \$6000/\$12000 | \$12000/\$24000 |
| (Medical and Pharmacy Included in the Out-of-Pocket Maximum) | | |
| INPATIENT SERVICES | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Medical, Surgical and Hospice ⁴ | 20% after Deductible | 40% after Deductible |
| Skilled Nursing Facility ⁴ - Up to 60 days per calendar Year | 20% after Deductible | 40% after Deductible |
| Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar Year for all therapy types combined | 20% after Deductible | 40% after Deductible |
| PROFESSIONAL SERVICES | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Office Visits & Minor Office Surgeries | | |
| Primary Care Provider (PCP) ¹ | \$30 | 40% after Deductible |
| Secondary Care Provider (SCP) ¹ | \$30 | 40% after Deductible |
| Allergy Tests | See Office Visits Above | 50% after Deductible |
| Allergy Treatment and Serum | 20% | 50% after Deductible |
| Major Surgery | 20% | 40% after Deductible |
| Physician's Fees - (Medical, Surgical, Maternity, Anesthesia) | 20% after Deductible | 40% after Deductible |
| PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3} | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Primary Care Provider (PCP) ¹ | Covered 100% | 50% after Deductible |
| Secondary Care Provider (SCP) ¹ | Covered 100% | 50% after Deductible |
| Adult and Pediatric Immunizations | Covered 100% | 50% after Deductible |
| Elective Immunizations - herpes zoster (shingles), rotavirus | Covered 100% | 50% after Deductible |
| Diagnostic Tests: Minor | Covered 100% | 50% after Deductible |
| Other Preventive Services | Covered 100% | 50% after Deductible |
| VISION SERVICES | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Preventive Eye Exams | Covered 100% | 50% after Deductible |
| All Other Eye Exams | \$30 | 40% after Deductible |
| OUTPATIENT SERVICES⁴ | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Outpatient Facility and Ambulatory Surgical | 20% after Deductible | 40% after Deductible |
| Ambulance (Air or Ground) - <i>Emergencies Only</i> | 20% after Deductible | See In-Network Benefit |
| Emergency Room - (<i>In-Network facility</i>) | \$100 after deductible | See In-Network Benefit |
| Emergency Room - (<i>Out-of-Network facility</i>) | \$100 after deductible | See In-Network Benefit |
| Urgent Care Facilities | \$30 | 40% after Deductible |
| Intermountain Connect Care [®] | Covered 100% | See Professional, Inpatient, Outpatient, or Miscellaneous Services |
| Chemotherapy, Radiation and Dialysis | 20% after Deductible | 40% after Deductible |
| Diagnostic Tests: Minor ² | Covered 100% | 40% after Deductible |
| Diagnostic Tests: Major ² | 20% after Deductible | 40% after Deductible |
| Home Health, Hospice, Outpatient Private Nurse | 20% after Deductible | 40% after Deductible |
| Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational | \$30 after Deductible | 40% after Deductible |



MEMBER PAYMENT SUMMARY

| | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| MISCELLANEOUS SERVICES | IN-NETWORK | OUT-OF-NETWORK |
| Durable Medical Equipment (DME) ⁴ | 20% after Deductible | 40% after Deductible |
| Miscellaneous Medical Supplies (MMS) ³ | 20% after Deductible | 40% after Deductible |
| Autism Spectrum Disorder | See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services | See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services |
| Maternity ⁴ | See Professional, Inpatient or Outpatient | 40% after Deductible |
| Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ⁴ <i>One device every 36 months per ear. Up to 45 language/speech therapy visits during the 12 months after the delivery of the covered device.</i> | See Professional, Inpatient or Outpatient | 50% after Deductible |
| Infertility - <i>Select Services</i> <i>(Max Plan Payment \$1,500/ calendar Year; \$5,000 lifetime)</i> | *50% after Deductible | *50% after Deductible |
| Donor Fees for Covered Organ Transplants | 20% after Deductible | 50% after Deductible |
| TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i> | See Professional, Inpatient or Outpatient | 50% after Deductible |
| OPTIONAL BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| Mental Health and Chemical Dependency ⁴ | | |
| Office Visits | \$30 | 40% after Deductible |
| Inpatient | 20% after Deductible | 40% after Deductible |
| Outpatient | 20% | 40% after Deductible |
| Residential Treatment ² | 20% after Deductible | 40% after Deductible |
| Chiropractic | \$30 | *50% after Deductible |
| Injectable Drugs and Specialty Medications ⁴ | 20% after Deductible | 40% after Deductible |
| Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴ | See Professional, Inpatient or Outpatient | 50% after Deductible |
| PRESCRIPTION DRUGS | | |
| Pharmacy Deductible - Per Person per calendar Year | | \$250 |
| Prescription Drug List (formulary) | | RxSelect [®] |
| Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴ | | |
| Tier 1 | | \$10 |
| Tier 2 | | \$25 after pharmacy Deductible |
| Tier 3 | | \$45 after pharmacy Deductible |
| Tier 4 | | \$100 after pharmacy Deductible |
| Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴ | | |
| Tier 1 | | \$10 |
| Tier 2 | | \$50 after pharmacy Deductible |
| Tier 3 | | \$135 after pharmacy Deductible |
| Generic Substitution Required | | Generic required or must pay Copay plus cost difference between name brand and generic |

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.

2 Refer to your Certificate of Coverage for more information.

3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.

4 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.

5 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. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.

6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.

* Not applied to Medical Out-of-Pocket Maximum.

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

To contact Member Services, call 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., 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).

ID-MPS 01/01/21

10/01/20

selecthealth.org

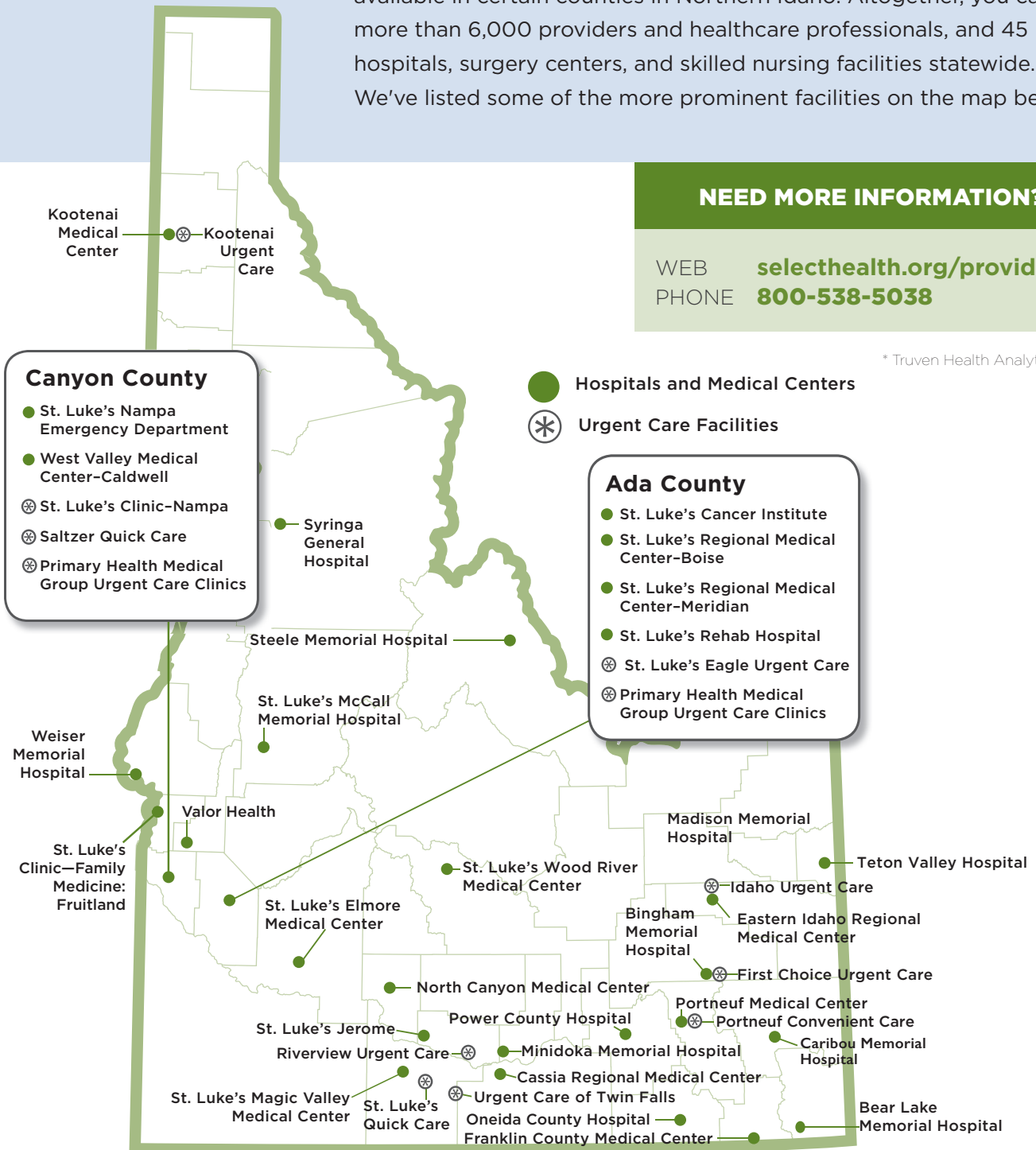
Your Network of Doctors and Hospitals

You have in-network benefits at hospitals, doctors, and healthcare professionals throughout Idaho. You can use St. Luke's nationally recognized hospitals, facilities, and physicians through the St. Luke's Health Partner's network.* In addition, you have access to providers on the BrightPath network and MultiPlan providers are available in certain counties in Northern Idaho. Altogether, you can see more than 6,000 providers and healthcare professionals, and 45 hospitals, surgery centers, and skilled nursing facilities statewide. We've listed some of the more prominent facilities on the map below.

NEED MORE INFORMATION?

WEB selecthealth.org/provider
 PHONE **800-538-5038**

* Truven Health Analytics, 2018



The SelectHealth Network

The SelectHealth Network is for members who live or work in Idaho. It includes all St. Luke's hospitals, facilities, and physicians, in addition to thousands of contracted doctors. You also have in-network benefits through the SelectHealth Med network in Utah, the SelectHealth Value network in Nevada, and the United Healthcare Options PPO network, which includes 83% of all hospital beds in the U.S. and two of every three healthcare professionals. Use the chart below to understand your in-network coverage in all 50 states.

| STATE | NETWORK |
|------------------|---|
| Idaho | St. Luke's Health Partner's, Brightpath, & the SelectHealth Network |
| Utah | SelectHealth Med |
| Nevada | SelectHealth Value |
| All Other States | UnitedHealthcare Options PPO |

Visit selecthealth.org/provider or use our mobile app to search for in-network doctors and facilities. Remember to choose the right network from the drop down.



PRIMARY CARE PROVIDERS

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.

SPECIALISTS

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from.

LOCAL CLINICS

Community clinics are in your area, so you never have to drive far to get the care you need. Plus, some clinics have extended hours!

HOSPITALS

Our hospitals span Idaho, offering great care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it.

URGENT CARE

What's open late and costs less than the ER? Our urgent care clinics. If you need urgent care, these are great options.

INTERMOUNTAIN CONNECT CARE®

Visit a provider 24/7 via live online video. Most plans cover this service for a \$0 copay. Check your ID card or member materials for coverage information.

EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital—we've got you covered anywhere you are.

Live/Work Anywhere

THE WORKPLACE HAS CHANGED, SO WE'VE CHANGED, TOO

Employees like you are increasingly working from home. Some remote workers may even be in a completely different state from their employer.

SelectHealth now offers a new product that allows you to have the benefits and customer service you expect from us while accessing in-network doctors and facilities wherever you or your dependents live.



HERE'S HOW IT WORKS:

NATIONAL NETWORK

- > **Easy access** to the UnitedHealthcare Options PPO network outside Utah, Idaho, and Nevada. This network includes 83% of all hospital beds and two of every three healthcare professionals in the U.S. There are nearly 850,000 physicians nationwide, giving 98% of the U.S. population access. Using the SelectHealth website or mobile app, you can easily search for in-network providers and facilities anywhere in the country. Choose "UnitedHealthcare Options PPO" from the network drop down at selecthealth.org/provider or in the app.
- > **Low-cost urgent care.** Low-cost (often \$0 copay) 24/7 telehealth video visits when you use Intermountain Connect Care from any state.*
- > **Extra help** when needed. If you need help finding providers or getting appointments, our Member Services team will set up appointments for you.

*except Louisiana.

continued on reverse >

2

SUPERIOR SERVICE

- > **SelectHealth's superior customer service.** No matter where you live, you can talk to a live person in 20 seconds on average. And our team is open early and stays late, so time zones are not an issue.
- > **SelectHealth communication.** Materials, care reminders, ID cards, and explanations of benefits all come from SelectHealth, so wherever you are, you'll know where things stand.



3

SAME BENEFITS

- > **Uniform benefits.** The same benefit and plan designs are available, no matter where you live.
- > **SelectHealth Rx benefits.** You have prescription benefits with SelectHealth, giving you access to 55,000 pharmacies nationwide, preauthorizations that happen in hours instead of days, and free access to Rx Savings Solutions, which can save hundreds each year on drug costs.








QUESTIONS?

SelectHealth Member Services:

800-538-5038

Bundled Copays

What's covered with your copay? Compare other plans to ours. Some health insurance plans require separate copays for these benefits.

| INCLUDED |  selecthealth. |
|--|--|
| Office visit |  |
| X-ray exam |  |
| Basic metabolic panel |  |
| Urinalysis |  |
| Bone density tests |  |
| Spirometry/pulmonary function testing |  |



The above table provides an example of what could be included for one copay at an office visit, when services are received from an in-network provider. However, coverage is not limited to these examples and office visits may also be subject to the plan deductible.

Seven Tips to Keep Healthcare Costs Low

We know healthcare can be expensive, but by using the tips below, you can keep your costs lower.

**TIP
1**

GET CARE IN THE RIGHT PLACE. Make sure you choose the most appropriate place for your healthcare needs. Besides helping you save money, this helps you stay healthy and safeguard your benefits. If you're not sure where to go, you can always call us at **800-515-2220**. And remember, save that trip to the emergency room for only true emergencies.

**TIP
2**

USE GENERIC DRUGS WHENEVER POSSIBLE. Talk to your doctor and pharmacist about options for using generic drugs—they can help you get effective medication at the best price.

**TIP
3**

STAY HEALTHY. The number one influence on your health is you. Take the time to take care of yourself and your family. Fact: The healthier you are, the less you spend on healthcare.

**TIP
4**

GET PREVENTIVE CARE. Preventive care is covered 100% by most plans when you use in-network providers. Preventive care can help you stay healthy in the long run.

**TIP
5**

SEE IN-NETWORK PROVIDERS. We've said it many times, but it's worth saying again. If you go to doctors and facilities in your network, your insurance will pay more and you will usually pay less for the care you receive. And if you go out-of-network, you will likely pay more out-of-pocket.

**TIP
6**

USE AN FSA OR AN HSA. Sign up for a plan that pairs with a Flexible Spending Account (FSA) or Health Savings Account (HSA) to pay for your out-of-pocket health expenses (if offered by your employer). Remember only certain plans pair with an HSA, and other limits may apply.

**TIP
7**

MANAGE YOUR CHRONIC ILLNESS. The Care Management team can coordinate care and find the best way to meet your needs. Current programs include asthma, cancer, COPD, diabetes, depression, heart disease, high-risk pregnancy, mental health concerns, and substance abuse. To speak with a care manager, call **800-442-5305**.

We're Here to Help You



MEMBER SERVICES

We want to help you understand your insurance plan—so, when you have a question, give us a call. We also realize that life doesn't always happen between nine and five, so we're here late.

7 a.m. to 8 p.m., weekdays
9 a.m. to 2 p.m., Saturdays
800-538-5038



ONLINE CUSTOMER SERVICES

No time for a call? Log in to your SelectHealth member account and chat with us or request a call back at a time that's convenient for you.

selecthealth.org



MEMBER ADVOCATESSM

We can help you find the right doctor for your needs. We'll find the closest facility or doctor with the nearest available appointment, schedule appointments for you, and help you understand and maximize your benefits.

800-515-2220



Health insurance doesn't have to be complicated. We can help you with everything from understanding your benefits to finding the right doctor. Our customer service teams are dedicated to providing exceptional service.

Stay Home, Stay Safe, Get Healthcare

WE'VE EXPANDED OUR TELEHEALTH COVERAGE!

ON-DEMAND HEALTHCARE

Most plans (including high deductible health plans) have \$0 copays/coinsurance before deductible for Connect CareSM urgent care video visits.

The average wait time is under 10 minutes, and you can save more than \$400 a visit when compared with the ER.*

Download the Connect Care app or go to intermountainconnectcare.org to get started. The service is available 24/7, and you can see a doctor virtually at no out-of-pocket cost to you.

WHAT IS URGENT CARE?

When you can't see your regular doctor, use Connect Care for:

- > Stuffy and runny nose
- > Allergies
- > Sore throat
- > Eye infections
- > Cough
- > Painful urination
- > Lower back pain
- > Joint pain or strains
- > Minor skin problems

For emergencies, call 911 or go to the ER.

*Data based on internal SelectHealth and Intermountain Healthcare claims and wait time data

\$0 OUT-OF-POCKET PSYCHIATRIC CARE FROM ANYWHERE IN UTAH OR IDAHO.

Receive the same quality care for mild-to-moderate conditions through the convenience of a video visit.

Schedule an appointment by calling: **833-442-2670**
OR Schedule through MyHealth+

1. Download the MyHealth+ App or use the web version: intermountainhealthcare.org/MyHealth.
2. In the app select "Get Care," then "Appointments," the "Behavioral Health-Connect Care" specialty
3. Book an appointment.

TREATING MILD-TO-MODERATE:

- > Anger or Mood Swings
- > Anxiety
- > Attention Deficit
- > Bipolar
- > Depression
- > Insomnia
- > Panic Attacks
- > PTSD
- > Stress
- > Substance Abuse/Misuse

VISIT [INTERMOUNTAINHEALTHCARE.ORG/CCBH](https://intermountainhealthcare.org/CCBH) FOR MORE INFORMATION.

THROUGH THE COVID-19 (NOVEL CORONAVIRUS) PANDEMIC,* YOU WILL HAVE COVERAGE FOR:

SCHEDULED VIDEO VISITS

A scheduled video visit is a non-urgent care visit with your doctor or specialist (including mental health providers) using Intermountain Video Visits or other approved platform. This is covered under the same benefit as a normal doctor's office or specialist visit.

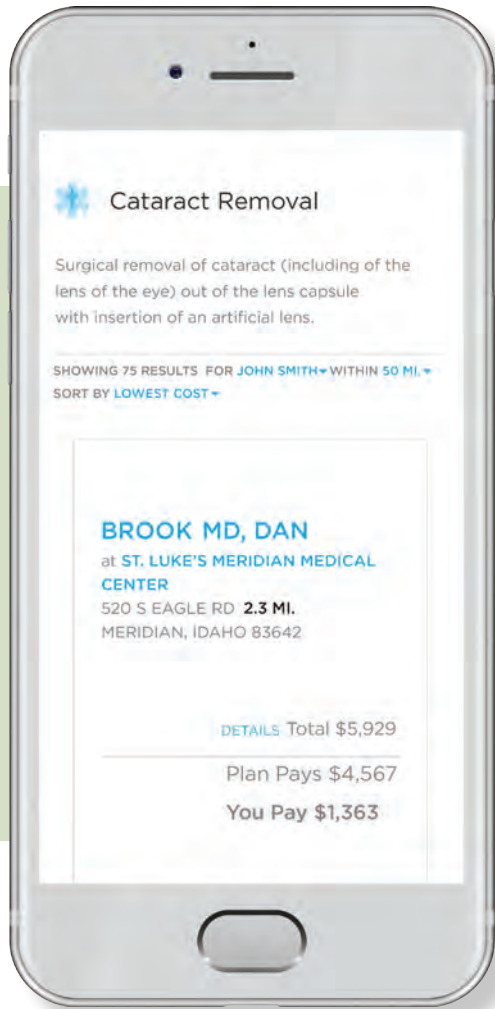
ASYNCHRONOUS (DELAYED RESPONSE) VISITS

These visits include emails or other secure communications with your doctor (through My Health+ or other platform) that are used to diagnose or treat health conditions. These communications, if billed, are also covered under the same benefit as a doctor's office or specialist visit.

* Expanded telehealth coverage will continue during the "public health emergency period" as defined by federal law. These benefits follow the member's office visit benefit and cost-sharing may apply.

Superior Tech for You

Your secure online member account is your one-stop shop for information about your healthcare. Your member account can be accessed from your mobile device or computer by visiting selecthealth.org.



MEDICAL COST ESTIMATOR

We can use your benefits to estimate the cost of many healthcare services. For example, we can estimate the cost of cataract removal, including charges for the facility, provider, and anesthesiologist. Bundling these numbers together, we'll estimate how much your plan will cover and what you will pay.

ID CARDS

Lost your ID card? No worries—you can view and print copies of your card on your SelectHealth member account.

REQUEST A CALL

Use our call request feature to schedule a call back from our Member Services team at a set time that's convenient for you.

CHAT WITH US

No time for a phone call? Use our secure chat feature to talk with Member Services online. If you need to know whether your medication will be covered or how much a doctor's bill was, chat can help.

HEALTHCARE INFORMATION

View your benefits, claims, and deductible levels.



Preventive Care



DID YOU KNOW?

Your plan covers many procedures, services, and preventive screenings at no out-of-pocket cost to you. With 100% coverage, you can get the preventive care you need.

For services to be covered as preventive, your doctor must submit claims with preventive codes. If a preventive service identifies a condition that needs further testing or treatment, regular copays, coinsurance, or deductibles may apply. Unless otherwise indicated, these services are generally covered once every 12 months.

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

Zero Out-of-Pocket Cost

Adult Preventive Services (ages 18 and older)

Laboratory Tests

- > Complete Blood Count (CBC)
- > Prostate Cancer Screening (PSA)
- > Diabetes Screening
- > Cholesterol Screening
- > Gonorrhea Screening
- > Human Papillomavirus (HPV) Testing (once every 3 years for women ages 21-65)
- > Chlamydia Screening
- > Human Immunodeficiency Virus (HIV) Screening
- > Syphilis Screening
- > Tuberculosis (TB) Testing
- > Lead Screening
- > BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- > Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- > Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

Procedures

- > Pap Test
- > Lung Cancer Screening (between ages 55 and 80)
- > Screening Mammogram
- > Colon Cancer Screening
- > Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- > Bone Density/DEXA (once every two years in women ages 60 and older)
- > Certain Sterilization Procedures (such as tubal ligation)

Examinations/Counseling

- > Physical Exam
- > Tobacco Use Counseling
- > Alcohol Misuse Screening and Counseling

- > Hearing Screening (ages 65 and older)
- > Glaucoma Screening (Every 12 months)
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (only for certain diet-related chronic diseases)

Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 50 and older OR ages 59 and older)
- > Human Papillomavirus (HPV) (ages 9 to 25)

Contraception

Most contraceptives are covered as a preventive service under your pharmacy benefits.

- > Cervical Cap with Spermicide
- > Diaphragm with Spermicide
- > Emergency Contraception (Ella, Plan B)
- > Female Condom
- > Implantable Rod
- > IUDs
- > Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- > Patch
- > Shot/Injection (Depo-Provera)
- > Spermicide
- > Sponge with Spermicide
- > Surgical Sterilization for Women (Tubal Ligation)
- > Surgical Sterilization Implant for Women
- > Vaginal Contraceptive Ring

Pediatric Preventive Services (younger than age 18)

Procedures/Counseling

- > Well-Child Visit (preventive when billed on the following schedule: birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; ages 2, 2 1/2; once a year from ages 3 to 18)
- > Eye Exam
- > Developmental Testing
- > Newborn Hearing Screening (once per lifetime)
- > Hearing Screening (ages 10 and younger)
- > Application of Fluoride Varnish (younger than age 5)

Laboratory Tests

- > Newborn Metabolic Screening (younger than age 1)
- > Human Immunodeficiency Virus (HIV) Screening
- > PKU Screening (younger than age 1)
- > Thyroid (younger than age 1)
- > Sickle Cell Disease Screening (younger than age 1)

Immunizations

(As recommended by the CDC/ACIP)

- > Measles, Mumps, Rubella (MMR)
- > Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- > Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- > Polio (OPV, IPV, DtaP-Hep-LPV)
- > Influenza
- > Pneumococcal
- > Hepatitis A

- > Hepatitis B
- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 25)

Obstetrical Preventive Services

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory Tests

- > Iron Deficiency Anemia Screening
- > Diabetes Screening
- > Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- > Rubella Screening
- > Rh(D) Incompatibility Screening
- > Hepatitis B Infection Screening (at first prenatal visit)
- > Gonorrhea Screening
- > Chlamydia Screening
- > Syphilis Screening

Breast-feeding Supplies and Support

- > Breast Pump, Electronic AC or DC (one per birth)
- > Lactation Class (one per birth at a SelectHealth-approved facility)

This information is subject to change at any time and additional limitations may apply. To verify if your service or supply is considered preventive, call Member Services at **800-538-5038**.

SelectHealth Healthy Beginnings[®]

HOW WE CAN HELP

Our Healthy BeginningsSM program is designed to help you have the healthiest pregnancy possible. This prenatal program is available to you at no extra cost, and nurse care managers can offer:

- > Support and education during your pregnancy
- > Help with claims and benefit questions
- > Community resources, such as Women, Infants, and Children (WIC) and food and transportation programs, etc.
- > Education about childbirth, breastfeeding, and more
- > Access to needed care

EXTRA PERKS

- > Cash incentives for prenatal and postnatal care*
- > Free online education through Intermountain Healthcare[®]
- > Prenatal booklet and a free book of your choice
- > Help getting a breast pump after delivery



HOW TO ENROLL

Call us at **866-442-5052**, Monday through Friday, from 8:00 a.m. to 5:00 p.m. If calling after hours, please leave a message with a phone number and best time to reach you.

*based on plan type

Helping You Manage Your Health

Care managers are specially trained registered nurses who assist members with long-term chronic diseases and help them recover from surgeries and short-term illnesses. They have years of healthcare experience, with extensive knowledge about facilities, providers, and services. If you qualify for care management, a care manager will work with you and your doctor to make sure you get the most appropriate care and receive help with your benefits and claims.

In addition to one-on-one support, we provide educational materials and follow-up phone calls to help you manage your condition. Care management is available for members with the conditions, surgeries, or illnesses listed here. Please call us to learn more.

Asthma
Cancer
**Chronic Obstructive
Pulmonary Disease (COPD)**
Complex joint replacements
Diabetes
Heart disease
Depression/Anxiety
High-risk pregnancy
**HIV and other blood
conditions**
Some surgeries



NEED MORE INFORMATION?



WEB

selecthealth.org/caremanagement



PHONE

800-442-5305

Helping You Quit

TOBACCO CESSATION

If you smoke, Quit for Life® can help. It's a private program that you follow at your own pace from home. You receive a Quit Kit and access to a toll-free Quit Line. If you participate, a trained smoking cessation counselor will call you and provide one-on-one coaching and support over the phone for one year.

The Quit for Life program is covered 100%—no copay or coinsurance required. Call **866-QUIT-4-LIFE** or visit quitnow.net for more information or to enroll.

The Quit For Life program is brought to you by the American Cancer Society® and Optum. The two organizations have 35 years of combined experience in tobacco cessation coaching and have helped more than one million tobacco users. Together, they will help millions more make a plan to quit, realizing the American Cancer Society's mission to save lives and create a world with more birthdays.



NICOTINE REPLACEMENT THERAPY

Most SelectHealth plans include 100% coverage for Nicotine Replacement Therapy (NRT), which includes prescription drugs or patches that can help curb nicotine cravings. Check your benefits to make sure you have coverage, but most of our plans allow two 90-day courses of nicotine replacement medication each year. For more information about prescribed medication that may increase your chances to quit smoking, talk to your doctor.

Get Fit. Get Paid.

We want to give you up to \$200 per year for being active! Choose from one of our two Wellness Rewards program options and receive a \$20 gift card monthly—up to \$400 per family, per year. Or pick the easy-to-use PIVOT program. It's your choice.

1. Visit selecthealth.org to log in to your account or select "Register."
2. Select "Membership Rewards" from the Member Checklist on the Dashboard and accept the Program Terms and Conditions.

OPTION 1 - GYM MEMBERSHIP REWARD

3. Join any gym you like, or from the Membership Rewards page, select "Find Discounts on Gyms and Fitness Clubs" in the Virgin Pulse Network.
4. To claim your reward(s)*, login to selecthealth.org. From the Member Checklist choose "Progress Tracking & Rewards" and link to the Rewards homepage. Select "Gym Membership" and complete the Gym Attestation form, then "Select Reward" and choose your reward from the listed options.

OPTION 2 - PHYSICAL ACTIVITY PROGRAM WELLNESS REWARDS

3. On the Membership Rewards page, select "Sign Up & Track Steps" to create a Virgin Pulse Account and sign in. Creating a Virgin Pulse account may take 24 to 48 hours after you've registered for your SelectHealth account.
4. Once on the Virgin Pulse website, choose 7,000 Steps for 20 Days in the same calendar month. Or convert the activity of your choice to steps using the "Add a Workout" feature.
5. Start tracking your activity using the website tracking tool or mobile app, or sync a wearable device or smartphone to your account. You must open your Virgin Pulse app at least once a week to track and/or sync your activity.
6. Complete 20 days or more of 7,000 steps or the equivalent in non-stepping exercise in a calendar month to get the 7K Steps for 20 Days Badge. It will appear in your Virgin Pulse Trophy Case.
7. To claim your reward(s), login to selecthealth.org. From the Member Checklist, choose Progress Tracking & Rewards and click on to the Rewards homepage. Choose Select Reward and pick your reward from the listed options.

Program Eligibility: Eligible members must be age 18 or older. Eligible members must agree to follow the Terms and Conditions. To receive your reward(s) for these program options, you must complete all requirements by December 31. For detailed Program Terms and Conditions and more information on how these options work, visit selecthealth.org/getfit or call us at 800-538-5038.

* Please note that rewards received may be considered income and subject to tax.



OPTION 3 - SAY HELLO TO FREE FITNESS WITH PIVOT

SelectHealth® and PIVOT Lifestyle + Fitness by Kristin Armstrong are offering you a gym membership opportunity at no extra cost! JOINING PIVOT IS EASY! Take your SelectHealth ID card to the PIVOT Boise or Meridian location and PIVOT will do the rest. That's it! No added cost, no out-of-pocket payments, no uploading of gym receipts. Questions? Email partner@pivotbyka.com.

Idaho members are not eligible for the Gym Membership or Physical Activity Program Wellness Rewards options if they take advantage of the PIVOT membership program.

Know Before You Fill

COMPARE DRUG PRICES

Log in to your SelectHealth member account to search for covered medications, compare drug prices, and see other information about your prescriptions and benefits. Your member account also has information about any special requirements, like step therapy or preauthorization, which you and/or your doctor may need to complete before you can fill a prescription. If you ever have questions about drugs with special requirements, call Member Services at **800-538-5038**.

SAVE MONEY WITH LOWER-TIER DRUGS

The list of drugs covered by your plan will be either RxSelect® or RxCore®. Your member materials and ID card indicate which drug list you have, and searchable versions of these two drug lists are available on our website.

Your drug list will have three or four tiers of coverage and each tier corresponds to a copay or coinsurance amount (the amount you pay when you get drugs at the pharmacy). Look for generics and lower-tier alternatives to pay less for equally effective medications.

| | | |
|----------|---------------|---|
| \$ | 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 |

SPEND LESS WITH RX SAVINGS SOLUTIONS

We've collaborated with Rx Savings Solutions, a pharmacy transparency service that shows you the lowest-price option(s) for any prescriptions you and your family take now and any you're prescribed in the future.

Activate your account today: myrxss.com

CONVENIENT PHARMACY ACCESS

INTERMOUNTAIN HOME DELIVERY PHARMACY

Get your prescriptions delivered for FREE. Register online at intermountainrx.org or call **855-779-3960**.

INTERMOUNTAIN SPECIALTY PHARMACY

Get your specialty drugs or self-injectables delivered for FREE.

Ask your doctor to send prescriptions or call **877-284-1114**.

RETAIL 90®

Get a 90-day supply of your maintenance medications at a participating Retail 90 pharmacy—and pay less in most cases.

YOUR LOCAL PHARMACY

From major national chains to the corner drug store, you can get your prescriptions filled pretty much anywhere. Search for participating pharmacies at selecthealth.org.

Plan Information

CARE AND COST MANAGEMENT

SelectHealth works to manage costs while protecting the quality of care. We review things such as the appropriateness of the care setting, medical necessity, and appropriateness of hospital lengths of stay. This helps reduce unnecessary medical expenses and keeps premiums as low as possible. For more information about how we help manage healthcare, including information about services that require preauthorization or to know how to file an appeal, please visit selecthealth.org/policy.

PROTECTING YOUR PRIVACY

We understand the importance and sensitivity of your personal health information, and we have security 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.

EXCLUSIONS AND LIMITATIONS

Unless otherwise noted on your Member Payment Summary, there are some healthcare services that SelectHealth does not cover. Please visit selecthealth.org/policy to learn more about some of the services that are not covered or have coverage limitations. You can also read more about exclusions and limitations in your Member Materials.



MEMBER RIGHTS AND RESPONSIBILITIES

We want you to be an active part of your healthcare. Visit selecthealth.org/policy to view your member rights and responsibilities.


FAIR TREATMENT NOTICE

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 upon request.

PRINTED VERSIONS AVAILABLE

If you would like to request a printed copy of any or all of these notices, 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.





Retiring? Have a child
dependent who is turning 26?
If you're shopping for a health
plan, call our experts at

855-442-0220.



5381 Green Street • Murray, UT 84123
800-538-5038 • selecthealth.org