



Select  
Health

# Your health plan guide.

Inventive, LLC dba In The Ditch Towing Products

Large Employer  
Idaho 2025



## Select Health member account and mobile app.

A member account is the most convenient way to access benefit information and important cost saving resources.

## Register for a member account.



Scan the QR code or visit [selecthealth.org/resources/digital-tools](https://selecthealth.org/resources/digital-tools) to register for an account and download the app on the [App Store](#)<sup>SM</sup> or [Google Play](#)<sup>TM</sup>.

## Easily understand and manage healthcare costs.

Find in-network doctors and facilities with ease.

Utilize secure Member Services chat features to get questions answered quickly and conveniently.

Access prescription information and save money through discount programs.

Track claims statuses, spending totals, and estimate healthcare costs to easily budget for medical expenses.

Pay medical bills directly.

Download digital ID cards and never worry if you forget to bring a printed copy to an appointment.

## Inventive Group Rate Sheet

The Inventive-Group offers three medical plans through SelectHealth. For the Base Plan, the company pays 50% of the premium across all tiers. Employees pay the remaining 50% of the premium.

### SelectHealth 4500 - Base Plan

TIER	Premium	Employee (EE) Cost	Employer (ER) Cost	26 Biweekly Deduction
<b>Employee (EE)</b>	471.00	235.50	235.50	108.69
<b>EE + Spouse</b>	989.20	494.60	494.60	228.28
<b>EE + Child</b>	655.20	327.60	327.60	151.20
<b>EE+ Children</b>	928.40	464.20	464.20	214.25
<b>Family</b>	1460.00	730.00	730.00	336.92

For the SelectHealth 1500 Buy Up plan, the company pays the same amount as on the Base Plan: 50% of Base Plan premiums across all tiers. The employees pay the remaining portion of the premium.

### SelectHealth 1500 - Buy Up Plan

TIER	Premium	Employee (EE) Cost	Employer (ER) Cost	26 Biweekly Deduction
<b>Employee (EE)</b>	564.40	328.90	235.50	151.80
<b>EE + Spouse</b>	1185.00	690.40	494.60	318.65
<b>EE + Child</b>	785.00	457.40	327.60	211.11
<b>EE+ Children</b>	1112.20	648.00	464.20	299.08
<b>Family</b>	1749.20	1019.20	730.00	470.40

For the SelectHealth 3500 HDHP-HSA plan, the company will pay the same amount as on the Base Plan: 50% of Base Plan premiums across all tiers less \$50.00 which is transferred into a Health Saving Account for the employee. The employees pay the remaining portion of the premium.

### SelectHealth 3500 HDHP-HSA

TIER	Premium	Employee (EE) Cost	Employer (ER) Cost	26 Biweekly Deduction
<b>Employee (EE)</b>	492.20	306.70	185.50	141.55
<b>EE + Spouse</b>	1033.20	588.60	444.60	271.66
<b>EE + Child</b>	684.40	406.80	277.60	187.75
<b>EE+ Children</b>	969.80	555.60	414.20	256.43
<b>Family</b>	1525.20	845.20	680.00	390.09

Health care premiums are deducted from every paycheck which is 26 deductions per year. The employee share is deducted beginning the same month as the effective date. Contact your Human Resources Team if you have any questions. [hr@inventive-group.com](mailto:hr@inventive-group.com) 208-587-7960



**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.

<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5,6</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
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)		
<b>INPATIENT SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Medical, Surgical and Hospice <sup>4</sup>	20% after Deductible	40% after Deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per calendar Year for all therapy types combined	20% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
<b>PROFESSIONAL SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	\$30	40% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100%	40% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	\$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
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	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
<b>VISION SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	\$30	40% after Deductible
<b>OUTPATIENT SERVICES<sup>4</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
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	\$100 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$30	40% after Deductible
Intermountain Connect Care <sup>®</sup>	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Radiation	20% after Deductible	40% after Deductible
Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100%	40% after Deductible
Diagnostic Tests: Major <sup>2</sup>	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100%	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$30 after Deductible	40% after Deductible



MEMBER PAYMENT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	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 <sup>4</sup>	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <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>	50% after Deductible	*50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Substance Use Disorder <sup>4</sup>		
Office Visits	\$30	40% after Deductible
Virtual Visits	Covered 100%	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment <sup>2</sup>	20% after Deductible	40% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	\$30	*50% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs <sup>4</sup>	20% after Deductible	40% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> <sup>4</sup>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>PRESCRIPTION DRUGS</b>		
Pharmacy Deductible - Per Person per calendar Year		\$300
Prescription Drug List (formulary)		RxSelect <sup>®</sup>
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		\$10
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<sup>®</sup>)-selected drugs</i> <sup>4</sup>		\$10
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](https://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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.**

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. <sup>SM</sup> (domiciled in Utah).

ID-MPS 01/01/25

11/07/24

[selecthealth.org](https://selecthealth.org)

# SelectHealth 1500 - Buy Up Plan

INVENTIVE, LLC, DBA IN THE DITCH TOWING PRODUCTS

01/01/2025



## 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.

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET <sup>5,6</sup>	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$1,500	\$3,000
Out-of-Pocket Maximum	\$4,500	\$9,000
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$1500/\$3000	\$3000/\$6000
Out-of-Pocket Maximum - per person/family	\$4500/\$9000	\$9000/\$18000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice <sup>4</sup>	20% after Deductible	40% after Deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per calendar Year for all therapy types combined	20% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	\$30	40% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100%	40% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	\$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 <sup>2,3</sup>	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	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 SERVICES <sup>4</sup>	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	\$100 after Deductible	See In-Network Benefit
Urgent Care Facilities	\$30	40% after Deductible
Intermountain Connect Care <sup>®</sup>	Covered 100%	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Radiation	20% after Deductible	40% after Deductible
Dialysis	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100%	40% after Deductible
Diagnostic Tests: Major <sup>2</sup>	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100%	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$30 after Deductible	40% after Deductible



MEMBER PAYMENT SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	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 <sup>4</sup>	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <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>	50% after Deductible	*50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Substance Use Disorder <sup>4</sup>		
Office Visits	\$30	40% after Deductible
Virtual Visits	Covered 100%	40% after Deductible
Inpatient	20% after Deductible	40% after Deductible
Outpatient	20%	40% after Deductible
Residential Treatment <sup>2</sup>	20% after Deductible	40% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	\$30	*50% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs <sup>4</sup>	20% after Deductible	40% after Deductible
Bariatric Surgery <i>(Up to one surgery/lifetime)</i> <sup>4</sup>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>PRESCRIPTION DRUGS</b>		
Pharmacy Deductible - Per Person per calendar Year		\$300
Prescription Drug List (formulary)		RxSelect <sup>®</sup>
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		\$10
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<sup>®</sup>)-selected drugs</i> <sup>4</sup>		\$10
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](http://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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.**

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. <sup>SM</sup> (domiciled in Utah).

ID-MPS 01/01/25

11/07/24

[selecthealth.org](http://selecthealth.org)



**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.

<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5,6</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$3,500	\$5,500
Out-of-Pocket Maximum	\$3,500	\$6,500
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$3500/\$7000	\$5500/\$11000
Out-of-Pocket Maximum - per person/family	\$3500/\$7000	\$6500/\$13000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
<b>INPATIENT SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Medical, Surgical and Hospice <sup>4</sup>	Covered 100% after Deductible	40% after Deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per calendar Year	Covered 100% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup>	Covered 100% after Deductible	40% after Deductible
Up to 40 days per calendar Year for all therapy types combined		
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	Covered 100% after Deductible	40% after Deductible
<b>PROFESSIONAL SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	Covered 100% after Deductible	40% after Deductible
Primary Care Provider (PCP) Virtual Visits <sup>1</sup>	Covered 100% after Deductible	40% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	Covered 100% after Deductible	40% after Deductible
Allergy Tests	See Office Visits Above	50% after Deductible
Allergy Treatment and Serum	Covered 100% after Deductible	50% after Deductible
Major Surgery	Covered 100% after Deductible	40% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	Covered 100% after Deductible	40% after Deductible
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	50% after Deductible
Specialist/Secondary Care Provider (SCP) <sup>1</sup>	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
<b>VISION SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Preventive Eye Exams	Covered 100%	50% after Deductible
All Other Eye Exams	Covered 100% after Deductible	40% after Deductible
<b>OUTPATIENT SERVICES<sup>4</sup></b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Outpatient Facility and Ambulatory Surgical	Covered 100% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	Covered 100% after Deductible	See In-Network Benefit
Emergency Room	Covered 100% after Deductible	See In-Network Benefit
Urgent Care Facilities	Covered 100% after Deductible	40% after Deductible
Intermountain Connect Care <sup>®</sup>	Covered 100% after Deductible	See Professional, Inpatient, Outpatient, or Miscellaneous Services
Radiation	Covered 100% after Deductible	40% after Deductible
Dialysis	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after Deductible	40% after Deductible
Diagnostic Tests: Major <sup>2</sup>	Covered 100% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	Covered 100% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100% after Deductible	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	Covered 100% after Deductible	40% after Deductible



MEMBER PAYMENT SUMMARY		
	IN-NETWORK	OUT-OF-NETWORK
<b>MISCELLANEOUS SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Durable Medical Equipment (DME) <sup>4</sup>	Covered 100% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	Covered 100% 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 <sup>4</sup>	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices <sup>2,4</sup> <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>	Covered 100% after Deductible	50% after Deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	50% after Deductible
<b>OPTIONAL BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Mental Health and Substance Use Disorder <sup>4</sup> ( <i>combined benefits</i> )		
Office Visits	Covered 100% after Deductible	40% after Deductible
Virtual Visits	Covered 100% after Deductible	40% after Deductible
Inpatient	Covered 100% after Deductible	40% after Deductible
Outpatient	Covered 100% after Deductible	40% after Deductible
Residential Treatment <sup>2</sup>	Covered 100% after Deductible	40% after Deductible
Chiropractic <i>(up to 20 visits per calendar Year)</i>	Covered 100% after Deductible	40% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs <sup>4</sup>	Covered 100% after Deductible	40% after Deductible
Bariatric Surgery ( <i>Up to one surgery/lifetime</i> ) <sup>4</sup>	See Professional, Inpatient or Outpatient	40% after Deductible
<b>PRESCRIPTION DRUGS</b>		
Prescription Drug List (formulary)	RxSelect <sup>®</sup>	
Prescription Drugs- <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		
Tier 1	Covered 100% after In-Network Deductible	
Tier 2	Covered 100% after In-Network Deductible	
Tier 3	Covered 100% after In-Network Deductible	
Tier 4	Covered 100% after In-Network Deductible	
Maintenance Drugs- <i>90 Day Supply (Mail-Order, Retail90<sup>®</sup>)-selected drugs</i> <sup>4</sup>		
Tier 1	Covered 100% after In-Network Deductible	
Tier 2	Covered 100% after In-Network Deductible	
Tier 3	Covered 100% after In-Network Deductible	
Deductible Waiver	Certain prescription drugs are not subject to the Deductible	
Generic Substitution Required	Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to [selecthealth.org/findadoctor](https://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 Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.**

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

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.<sup>SM</sup> (domiciled in Utah).



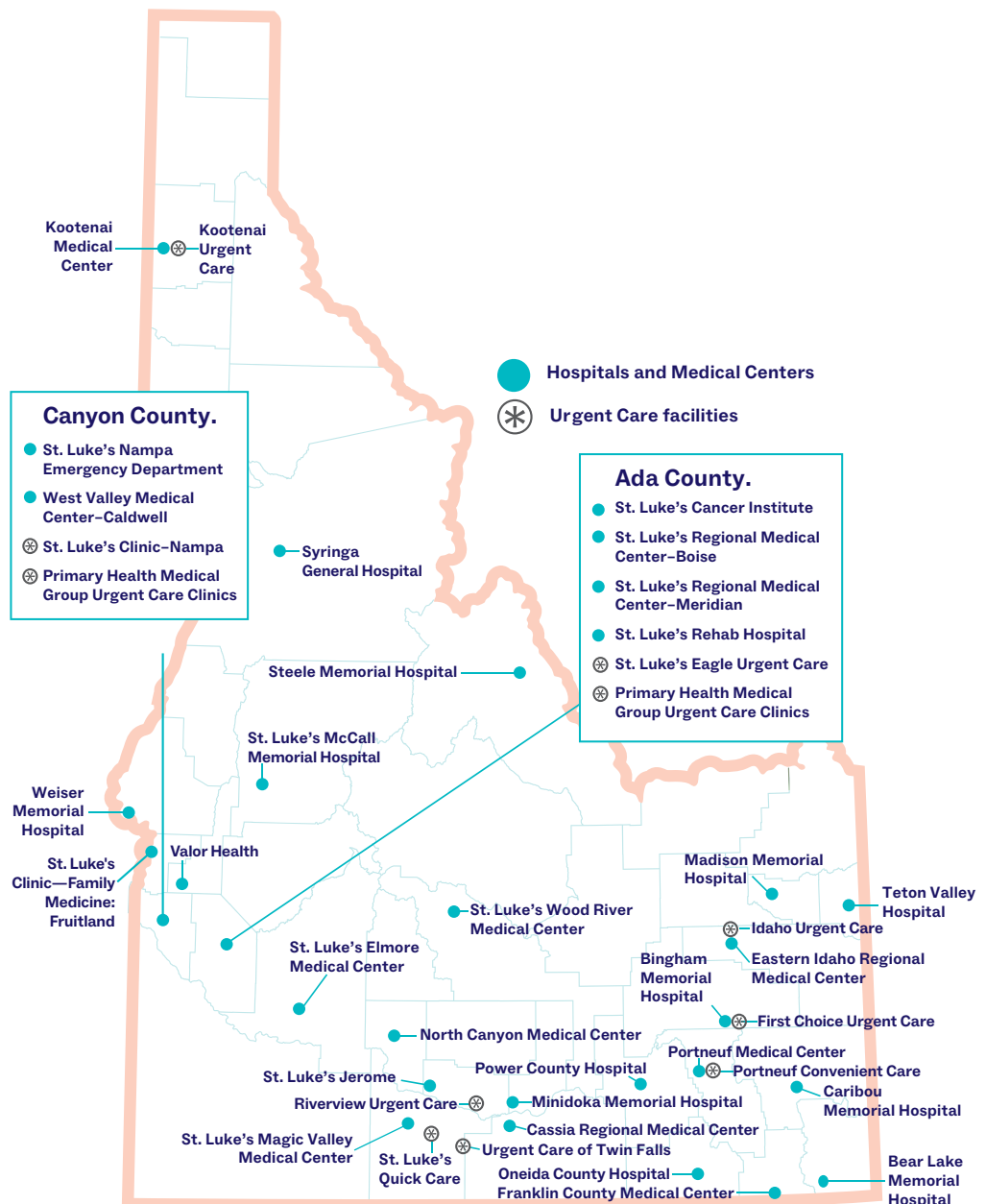
# Idaho hospitals and urgent care facilities - the Select Health network

(St. Luke's Health Partners/BrightPath).

This map is an example only and does not guarantee network coverage. Facility availability is subject to change at any time.

## Find in-network facilities.

Scan the QR code or visit [selecthealth.org/find-care](https://selecthealth.org/find-care).





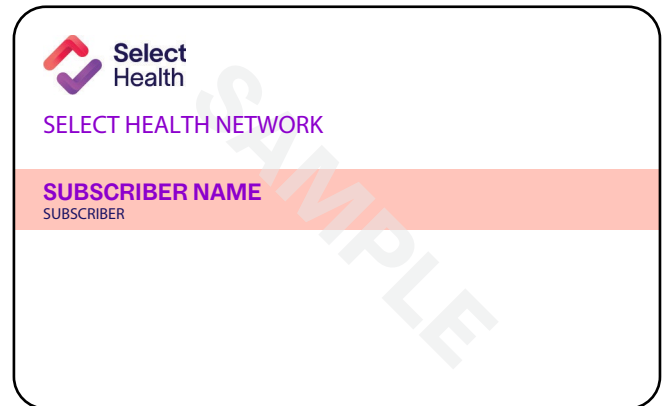
## The Select Health network

(including St. Luke's Health Partners and BrightPath).

A network is a set of doctors and facilities Select Health has contracted to provide medical care at the lowest possible cost.

## Your network.

Your primary network is listed on the front of your ID card as shown below. Check the back of your ID card for secondary network access.



## In-network doctors and facilities.



Scan the QR code or visit [selecthealth.org/find-care](https://selecthealth.org/find-care) to see which doctors and facilities participate on the Select Health network.

Utilize in-network doctors and facilities to keep costs low.

## Out-of-network doctors and facilities.

Your plan also includes out-of-network doctors and facilities for covered services.

## Out-of-area dependent coverage.

Enrolled dependents who live in the United States, but outside of the Value service area, may have in-network benefits for covered services.

Submit a Dependent Address Change Form at [selecthealth.org/forms](https://selecthealth.org/forms).



## Out-of-area care options.

Access in-network benefits if you travel outside of your service area.

---

## Travel within the United States.

### Urgent care.

Check the back of your ID card to see which network you should use in each state.

### Emergency care.

In-network benefits apply for care at any emergency room location in any state.

### Care for dependents living out-of-area.

Enrolled dependents who live in the United States, but outside of the service area, may have in-network benefits for covered services.

Submit a Dependent Address Change Form at [selecthealth.org/forms](https://selecthealth.org/forms).

## Travel outside the United States.

If you travel outside the United States, in-network benefits apply for services at any emergency room location. You may need to pay for the treatment at the time of service. If you do pay out of pocket, keep your receipt and submit with a Claim Reimbursement Form at [selecthealth.org/forms](https://selecthealth.org/forms) for reimbursement.

## Find doctors and facilities.

Scan the QR code or visit [selecthealth.org/find-care](https://selecthealth.org/find-care).



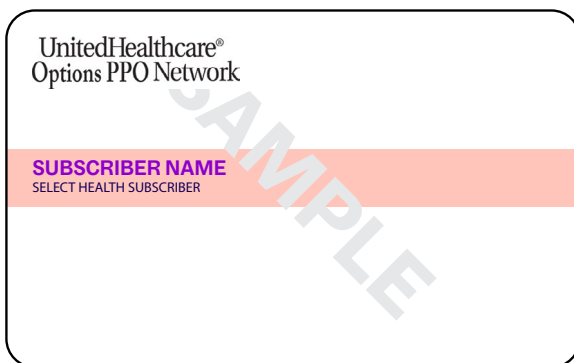


# UnitedHealthcare (UHC) Options PPO Network.

A network is a set of doctors and facilities Select Health has contracted to provide medical care at the lowest possible cost.

## Your network.

Your network is listed on the front of your ID card as shown below.



### Remember:

- Your health insurance carrier is Select Health.
- Your network of doctors and facilities is contracted through UHC.

## In-network doctors and facilities.

### Care outside Idaho, Utah, and Nevada.

1. Log in to your Select Health member account or visit [selecthealth.org/find-care](https://selecthealth.org/find-care).
2. Click "Search our National Directories" under OTHER STATES.
3. Once you are directed to the UHC search tool, click "Change Location" and enter a street address, city, state, zip code, county, or parish where you need to find care.
4. Click "Update Location."
5. Search for providers and services by typing them into the search bar and clicking the "Search" icon. OR
6. Find Care by Category and click one of the given options (People, Places, Services and Treatments, Care by Condition, or Cost Estimates).

### Care in Idaho, Utah, and Nevada.

If you are seeking medical care in one of these states, you will NOT use providers or facilities on the UHC Options PPO network.

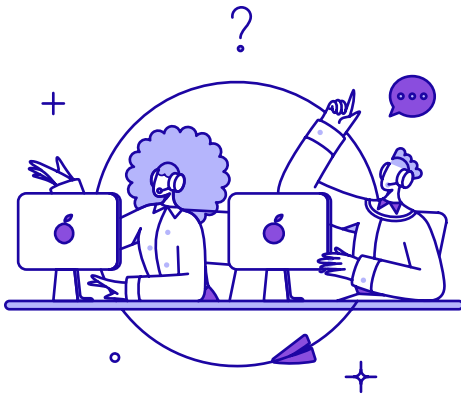
1. Check the back of your member ID card to see which networks you should use in these states.
2. Log in to your Select Health member account or visit [selecthealth.org/find-care](https://selecthealth.org/find-care) to see which doctors and facilities participate on that states' networks.

## Claims.

**Medical claims** – medical claims for care received by UnitedHealthcare doctors and facilities should be submitted to UnitedHealthcare Shared Services (UHSS).

**Pharmacy claims** – pharmacy claims should be submitted to Select Health.

If you have questions, chat with Select Health Member Services via your member account or call **800-538-5038**. If your UnitedHealthcare provider has questions regarding your claims or care, they need to contact UnitedHealthcare Provider Services at **888-830-0179**.



## Support.

If you can't find what you're looking for, reach out to Member Services. They have extended hours, including weekends, and offer online chat through your member account or mobile app.

## Member Services.

Answer benefit questions.

Help you understand your insurance plan.

Chat online through your member account or mobile app.

**800-538-5038**

Weekdays: 7 a.m. to 8 p.m. (MST).

Saturdays: 9 a.m. to 2 p.m. (MST).

## Member Advocates.

Find the right doctors and facilities.

Schedule appointments.

Provide support to maximize benefits.

**800-515-2220**

Weekdays: 7 a.m. to 8 p.m. (MST).

Saturdays: 9 a.m. to 2 p.m. (MST).

## Learn more.



Scan the QR code or visit [selecthealth.org/resources/member-support](https://selecthealth.org/resources/member-support).



## Health Savings Account (HSA).

An HSA is a healthcare savings account that allows you to use pre-tax dollars to pay for medical-related expenses.

---

### Enroll.

#### Step 1: Select an HSA-qualified health plan.

Enroll in an HSA-qualified Select Health plan. These plans typically cost less than traditional plans and provide tax-saving opportunities.

#### Step 2: Set up an HSA.

Work directly with your HSA provider or with your employer to set up an account.

#### Step 3: Add money to your HSA.

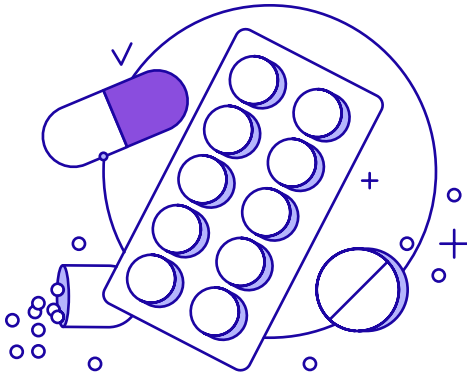
Fund your HSA through pre-tax payroll deductions or transfer money into your account. Your employer can help you make pre-tax\* payroll deductions. Unspent money rolls into the following year.

\* HSAs are not taxed at the federal income tax level when used appropriately for qualified medical expenses. Most states recognize HSA funds as tax-free with few exceptions. Please consult a tax advisor if you have questions.

### Learn more.



Scan the QR code or visit [selecthealth.org/resources/hsa](https://selecthealth.org/resources/hsa).



## Pharmacy.

### Save money through in-network pharmacies, drug discounts, and coupons.

Scan the QR code or visit [selecthealth.org/pharmacy](https://selecthealth.org/pharmacy) to view the tools needed to maximize savings on drug costs.



### In-network pharmacies.

In-network access to more than 56,000 pharmacies nationwide, including:

#### Intermountain Pharmacy Services.

Use the Intermountain Home Delivery Pharmacy to get 90-day supplies of many medications delivered to your home. Call **855-779-3960** to register.

For specialty medications, the Intermountain Specialty Pharmacy can also deliver. Have your doctor prescribe to the Intermountain Specialty Pharmacy or call **877-284-1114**.

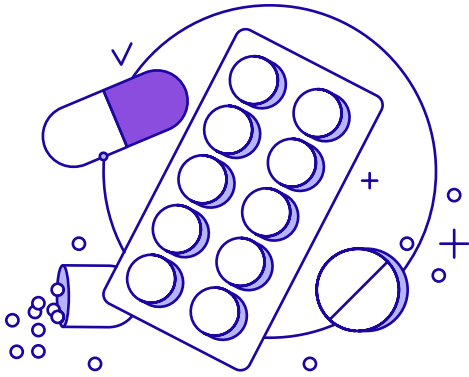
#### Mark Cuban Cost Plus Drugs.

1. To find a medication, visit [costplusdrugs.com](https://costplusdrugs.com) and search the Medications list.
2. Create an account and enter your basic health information.
3. Ask your provider to send prescriptions to Mark Cuban Cost Plus Drugs Co., and include your account email on the prescription.

#### Amazon Pharmacy.

Use prescriptions benefits at Amazon Pharmacy to save up to 80% with exclusive benefits for Prime members.

1. Visit [pharmacy.amazon.com](https://pharmacy.amazon.com).
2. Log in with your Amazon username and password.
3. Enter your insurance information to get started.



## Pharmacy (continued).

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### Learn more.



Call **800-442-3127** or scan the QR code to log in to your member account and chat with Member Services.

## Drug lookup and cost comparison.

Find detailed information on savings options for prescription medications through your Select Health member account.

- Drugs are listed by tier: lower-tiered drugs usually cost less, and your plan typically pays a higher percentage of that cost.
- When you identify savings, talk to your prescribing provider to see if these substitutions are right for you.

## Rx Savings Solutions<sup>®</sup>.

This service connects with your Select Health member account to help identify drug savings. Sign up through your member account and turn on notifications to include:

- **Therapeutic alternatives:** drugs which treat your condition the same way using a medication with different active ingredients.
- **Generic clones and substitutions:** drugs which use the same ingredients as your current medication without the cost of name brands.
- **90-day supplies:** you may pay less when your doctor prescribes a 90-day fill for eligible medications.
- **Discount cards and coupons:** which show your lowest price every time, with or without insurance.



## Deductible waived drugs, devices, and tests.

Some High Deductible Health Plans (HDHPs) provide coverage for specific maintenance medications, devices, and tests before a deductible is met, which can help save on healthcare costs.

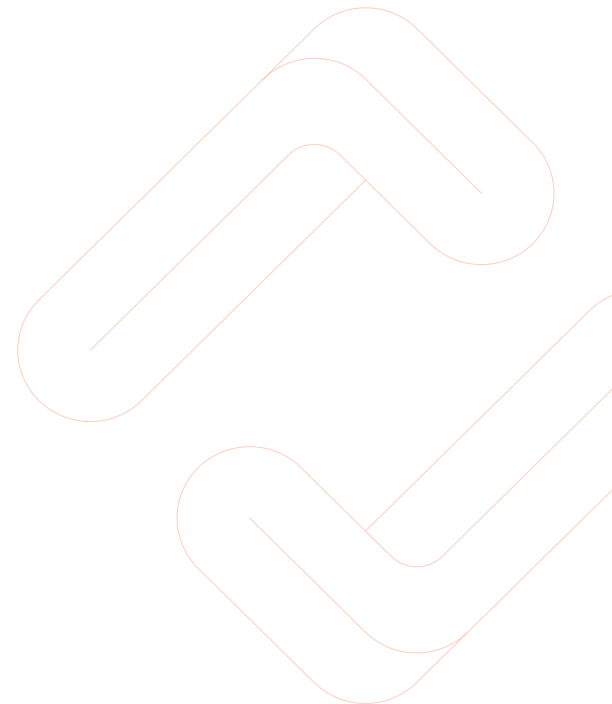
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### Most common covered medication, device, and test categories:

- Asthma and COPD
- Cardiovascular
- Cardiovascular Antiadrenergics
- Cholesterol
- Diabetes – Insulin
- Diabetes – Non-Insulin
- Diabetes – Testing Supplies
- Anti-depressants
- Osteoporosis

### Learn more.

To find out if your plan includes this benefit, call Member Services at **800-538-5038**.





# Preventive care.

**Most plans cover preventive care at 100%—no copay, coinsurance, or deductible.**

For services to be covered as preventive, your doctor must bill your claim with preventive codes. If your provider finds a condition that needs further testing or treatment, you'll need to pay regular copays, coinsurance, or deductibles.

## Learn more.

Scan the QR code or visit [selecthealth.org/wellness/preventive-care](https://selecthealth.org/wellness/preventive-care).



### 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 30 to 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 (once every 3 years for ages 21 and older)
- Lung Cancer Screening (between ages 50 and 80)
- Screening Mammogram (once every 275 days)
- Colonoscopy Colon Cancer Screening (once every five years for ages 45 to 75)\*
- 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
- Eye Exam
- Tobacco Use Counseling
- Alcohol Misuse Screening and Counseling

- Annual Hearing Screening (ages 65 and older)
- Glaucoma Screening (once every 12 months)
- Sexually Transmitted Infections Counseling
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)
- Depression Screening

#### Immunizations.

- Influenza
- Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- Pneumococcal
- Hepatitis A & B
- Meningitis
- Zoster (ages 18 and older)
- Human Papillomavirus (HPV) (ages 9 to 45)
- Varicella (MMRV)
- Measles, Mumps, Rubella (MMR)

#### Contraception.

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

- Cervical Cap with Spermicide
- Diaphragm with Spermicide
- Emergency Contraception (Ella, Plan B)
- Condoms
- 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.

- Preventive Well-Child Visit (no limit from birth to age 12; every 275 days from ages 12 to 18)
- Eye Exam
- Depression Screening
- Developmental Testing
- Newborn Hearing Screening (once per lifetime)
- Annual Hearing Screening (ages 21 and younger)
- Application of Fluoride Varnish (younger than age 5)
- Dietary Counseling (5 visits every 12 months; only for certain diet-related chronic diseases)

#### 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)
- Lead Screenings
- Tuberculosis (TB) Testing
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)

#### 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 MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 45)
- Respiratory Syncytial Virus (RSV)

### 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 pregnancy)
- Lactation Class (one per pregnancy at a Select Health approved facility)

\* If a colonoscopy is received post Cologuard, the test will no longer be covered as preventive.

This information is subject to change and additional limitations may apply. This list is not all-encompassing. To verify the eligibility of a service or supply, call Member Services.



## Benefits of chiropractic care.

## Chiropractic care.

Chiropractic care focuses on treating the spine and other joints to support the body's natural ability to heal itself.

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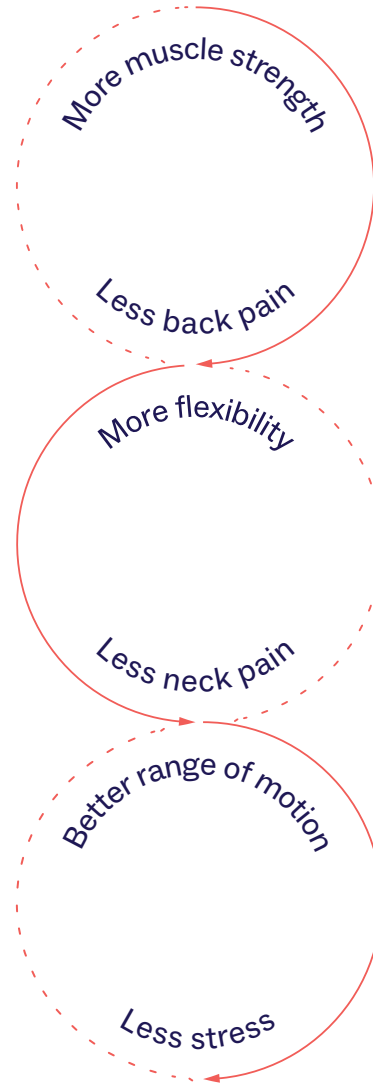
### Visit allowances.

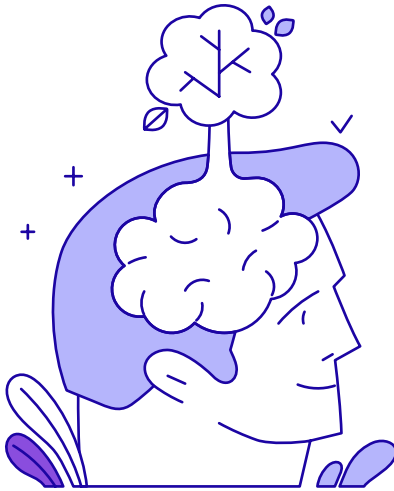
Annual visit allowances may apply and can be viewed in the My Plan tab of your Select Health member account.

### Find doctors and facilities.



Scan the QR code or visit [selecthealth.org/find-care](https://selecthealth.org/find-care). Use your Select Health ID card to see which network to use for coverage in each state.





# Mental and Behavioral Health care.

If you are experiencing an emergency or immediate crisis, call **9-1-1** or call/text the Suicide and Crisis Lifeline at **9-8-8**. For more communication options, visit [988lifeline.org](https://www.988lifeline.org).

## Doctors and facilities.

Find a Behavioral Health provider near you by visiting [selecthealth.org/find-care](https://selecthealth.org/find-care) or by calling Member Advocates at **800-515-2220**.

To talk to a Behavioral Health Care Manager, call **800-442-5035**.

## Services include:

- **Personalized strategy** for you and your dependents through the Behavioral Health Navigation team.
- **Convenient virtual visit options** for care by phone, tablet, or computer.
- **Supportive mindfulness classes** focused on stress, anxiety, pain management, and better sleep.

Virtual care	Care management
Mindfulness classes	Outpatient and inpatient treatment
PCP integration	Addiction treatment and recovery
In-office visits	Online tools and resources
Access centers for crisis treatment	
Emotional health relief hotline	

## Learn more.



Scan the QR code or visit [intermountainhealthcare.org/behavioralhealth](https://intermountainhealthcare.org/behavioralhealth).



## Care Management services.

Select Health Care Managers are nurses and social workers who take a proactive, holistic approach to help you meet your health goals at **no additional cost**.

### If you qualify, a Care Manager can help you:

Create a care plan that supports your physical and mental well-being.

Coordinate care for chronic illness with your doctor or specialist.

Understand your health insurance benefits.

Coordinate care with your Primary Care Provider to ensure you can access the treatment and medications you need.

Get preventive care, such as immunizations and recommended screenings.

### Learn more.



Scan the QR code or visit [selecthealth.org/wellness/care-management](https://selecthealth.org/wellness/care-management) to submit a referral form or call **800-442-5305**.



## Wellness Rewards Program.

Earn \$240 per year (up to \$580 per family, per year) for focusing on your wellness.

### Choose an option.

Choose from one of our Wellness Rewards options<sup>1</sup> listed below and receive rewards for each month you participate in either of the program options.

#### Gym membership, acupuncture, Tai Chi, or yoga rewards.

Earn points for getting acupuncture, taking Tai Chi, or yoga. Or, use your gym membership however you choose, whether it's weightlifting, spin class, or anything in between.

#### Physical Activity Rewards.

Sign up for a Virgin Pulse<sup>2</sup> account through your Select Health member account and complete 20 days or more of 7,000 steps, or the equivalent in non-stepping exercise during each calendar month, to earn points towards the 7,000 Steps for 20 Days challenge. You can use a smartphone or fitness tracker to record your steps with Virgin Pulse.

Note: If you've just registered your Select Health member account, you may need to wait 24 hours for Virgin Pulse to receive your information.

### Redeem your rewards.

To redeem your reward points, track your activity, or view our list of gym recommendations and other discounts, log in to your Select Health member account.

<sup>1</sup> Program Eligibility: Eligible members must be age 18 or older. Eligible members must accept the Program Terms and Conditions. To receive your reward points for these program options, you must complete all requirements by the November 30th deadline. For Detailed Program Terms and Conditions and more information on how these options work, visit [selecthealth.org/getfit](https://selecthealth.org/getfit) or call us at **800-538-5038**. Please note that rewards received may be considered income and subject to tax.

<sup>2</sup> Please note: Virgin Pulse will be known as Personify Health, effective January 1, 2025.

### Learn more.



Scan the QR code or visit [selecthealth.org/getfit](https://selecthealth.org/getfit).



## Healthy Beginnings<sup>SM</sup> program.

Healthy Beginnings is designed to encourage the healthiest pregnancies possible and is available at **no additional cost**.

### Program benefits.

Online and in-person classes through Intermountain Health® on birth, breastfeeding, and other topics.\*

Guidance to local programs such as Women, Infants, and Children (WIC), food and transportation assistance, and more.

Support during and after pregnancy—help getting care and a breast pump.

Cash rewards\* for prenatal and postnatal care.

\*Based on Select Health plan type.

### Learn more.



Scan the QR code, visit [selecthealth.org/wellness/wellness-resources](https://selecthealth.org/wellness/wellness-resources), or call **866-442-5052** to enroll.

# Cessation programs: tobacco and nicotine.

Research-based solutions and coaching to create an individualized Quit Plan to work toward quitting smoking for good.

## Learn more.



Scan the QR code, visit [myquitforlife.com/selecthealth](https://myquitforlife.com/selecthealth), or call 1-866-QUIT-4-LIFE (TTY 711).

### Quit for Life<sup>®</sup>.

Build a personalized quit plan and coach support at no extra cost.

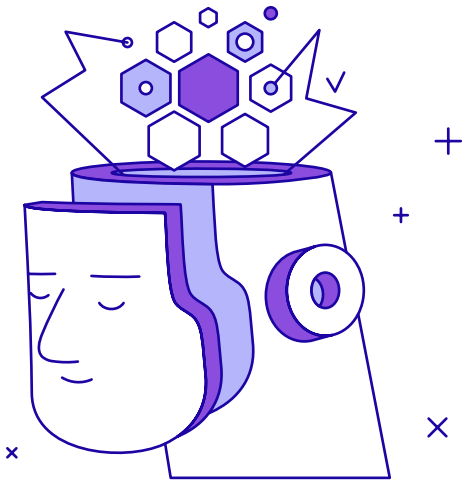
Beat cravings and connect with the community.

Eliminate cigarette breaks, manage triggers and develop skills to quit for good.

Save on costs with 100% coverage on most plans.

Curb nicotine cravings with gum or patches (two 90-day courses of medication each year).

Focus on mental and emotional triggers without the debilitating physical withdrawal symptoms.



## Tellica Imaging and Ambulatory Surgical Centers (ASCs).

Care at Tellica Imaging centers and ASCs is covered by your plan. It's another way to access high-quality care without the high costs.

## Tellica Imaging, an Intermountain company.

Tellica Imaging centers use the same technology you would find at a hospital for MRIs and CT scans. They offer:

- Transparent, flat-rate prices (up to 2.5 times lower than the national average).
- Same-day appointments and results within 24 hours.
- Accurate, painless, and non-invasive services.



Scan the QR code or visit [tellicaimaging.com](https://tellicaimaging.com) to find a facility and schedule an appointment.

## Ambulatory Surgical Centers (ASCs).

ASCs are a convenient, cost-effective way to receive same-day outpatient surgery because they provide:

- Up to 58% savings compared to traditional hospital settings.
- Procedures performed by the same highly qualified physicians, nurses, and clinical staff who perform surgery at hospitals.



Scan the QR code or visit [selecthealth.org/find-care](https://selecthealth.org/find-care) to find a facility and schedule an appointment.



# Choosing the right care.

Save money and time by choosing the right place to receive care.



## Find more care options.

Scan the QR code or visit

[selecthealth.org/find-care/where-to-get-care](https://selecthealth.org/find-care/where-to-get-care).

### 24/7 NURSE LINE.

Talk to a registered nurse for FREE about any condition to get advice on how and where to get care.

IDAHO **800-222-3344** | UTAH **844-501-6600**  
COLORADO **800-624-3394** | NEVADA **800-308-1907**

### MENTAL AND BEHAVIORAL HEALTH NAVIGATION LINE 833-442-2211.

FREE resources and guidance for mental and behavioral health. Visit

[intermountainhealthcare.org/behavioralhealth](https://intermountainhealthcare.org/behavioralhealth).

### PREVENTIVE CARE.

Preventive care can help detect and prevent medical problems before they become serious. Most plans cover these services at no out-of-pocket cost to you. Some limitations may apply.

**Common services include:** Immunizations, diabetes screening, pap test, prostate cancer screening, and contraceptives.

### PRIMARY CARE.

A Primary Care Provider (PCP) is your go-to for routine care and coordination of specialty care when needed.

**Common conditions treated include:** Annual wellness exams, routine screenings, vaccines, sprains and strains, chronic conditions, medicine refills, colds and flu, anxiety and depression.

### URGENT CARE.

Urgent care facilities are walk-in clinics that can be used for illnesses and injuries that aren't life-threatening, but need attention sooner than you are able to schedule an appointment with your PCP.

**Conditions treated:** Mild allergic reactions, broken bones or sprains, nausea and vomiting, diarrhea, sore throat and strep throat tests, conjunctivitis (pink eye), earaches, minor skin problems, high fevers, animal bites, lacerations needing stitches, urinary tract infections (UTIs), and abdominal pain.

### SPECIALTY CARE.

When care is outside your PCP scope, you can access a network of specialists, therapists, and surgeons with advanced training and expertise in certain areas of medicine.

**Common specialty care specialties include:** Oncology (cancer), cardiology (heart), orthopedics (muscle, bone, and joint), neurosurgery (brain, spine, and nerve), gastroenterology (digestive), and psychiatry (mental and behavioral health).

### EMERGENCY CARE.

For emergencies, call 911 or go to the nearest emergency room and you will be covered whether you're in the U.S. or abroad.

**Conditions treated include:** Chest pain or pressure, serious broken bones or trauma, deep cuts or wounds, bleeding that will not stop, coughing blood or vomiting blood, difficulty breathing, and head injury with loss of consciousness or vomiting.





## Cost estimator tool.

Estimate the cost of specific services and procedures so you can plan for expenses prior to receiving care.

### Search for and compare costs.

1. Log in to your Select Health member account.
2. Click “Go to cost estimator” from the Dashboard tab.
3. Once you reach the tool, select your network from the Network dropdown.  
TIP: Your network can be found on the front of your ID card.
4. Update “City, state or zip” to where you are searching for care.
5. Search for a procedure by one of the following ways:
  - a. Type the name of a procedure into the Search for Names, Specialties, and Procedures search bar.
  - b. Click “Search by Billing Code.”
  - c. Click the “Procedure Costs” button in the Browse by Category section.
    - i. Click one of the given procedure categories or click “All Procedures (A-Z)” to manually search.
6. Once you have selected the service you are searching for, you’ll be shown a list of facilities in your network that provide the service and what your estimated cost would be.\*

\* Your specific plan coverage and benefits may vary from the Select Health standard benefits. This includes preauthorization requirements. The actual charge for the item or service may be different than the cost estimate, depending on the actual care you receive. Please check your member materials for full details about your plan.

### Learn more.



Scan the QR code and log in to your member account or visit [selecthealth.org/resources/digital-tools](https://selecthealth.org/resources/digital-tools) to view additional digital resources.



## Tips to keep healthcare costs low.

Follow these tips to reduce costs and maximize savings.

### 1 Stay in-network and get care at the right place.

Save visits to the emergency room for true emergencies and choose the most appropriate in-network option for your healthcare needs.

For example, MRIs, CT scans, and out-patient surgeries at Tellica Imaging centers and Ambulatory Surgical Centers (ASCs) where the prices are lower than at a hospital and provide the same quality care.

**Tellica Imaging** - [tellicaimaging.com](https://tellicaimaging.com)

**ASCs** - [selecthealth.org/find-care](https://selecthealth.org/find-care)

**Imaging and ASC providers (UnitedHealthcare Options PPO network)**  
- [selecthealth.org/find-care](https://selecthealth.org/find-care)

### 2 Make preventive care a priority.

Preventive care can help identify potential health problems and reduce your risk for serious illness. Preventive services are covered 100% by most plans when utilizing in-network providers.

[selecthealth.org/wellness/preventive-care](https://selecthealth.org/wellness/preventive-care)

### 3 Utilize in-network pharmacy resources.

Enroll in cost-saving optional programs including Rx Savings Solutions® to find the lowest price for medications. Talk to your doctor and pharmacist about options for using generic drugs who can help you get effective medication at the best price.

[selecthealth.org/pharmacy/pharmacy-resources](https://selecthealth.org/pharmacy/pharmacy-resources)

### 4 Manage chronic illness.

The Care Management team can help coordinate your care and find the most cost-effective ways to meet your needs.

Call **800-442-5305** to find out if you or a family member qualifies.



# Health insurance definitions.

These are some common health insurance terms that will help you understand and navigate your health plan benefits.\*



Scan the QR code to watch a [short video](#) or reference the list below.

\*To view your plan-specific benefits and coverage, [log in](#) to your member account and download your Member Payment Summary (MPS) from the My Plan tab.

## Allowed amount.

The maximum amount Select Health will pay for a covered service.

## Balance billing.

The amount you must pay a provider that isn't covered by your health plan (the difference between the billed amount and the allowed amount).

## Coinsurance.

A percentage of the charges you must pay from a provider or facility for covered services.

## Copay (copayment).

This is a fixed amount you must pay the doctor for services. Most plans have lower copays for primary care providers, higher copays for secondary care providers, and cover preventive care at 100%.

## Deductible.

An amount you must pay to doctors and facilities before your plan begins to pay for eligible charges.

## Explanation of benefits (EOB).

Each time we receive and process a claim, we create an EOB that explains how much we paid, how much you are responsible to pay, and more. You can receive this by mail or view it online.

## Formulary.

A list of prescription drugs that are covered by your health plan.

## Network.

Contracted health care providers and facilities that ensure Select Health members have a lower cost for care. If you receive out-of-network care, you may be responsible for excess charges. Your network is listed on your member account and on the front of your ID card.

## Out-of-pocket (OOP) maximum.

This is the total amount you may pay for services covered by your plan each year. Amounts you pay toward your deductible, coinsurance, and copays apply to your OOP maximum. This is also known as "cost-sharing". Remember—the premium you pay for your plan does not apply to your out-of-pocket maximum or other amounts you must pay for covered services (see Premium).

## Premium.

This is the monthly bill you pay for insurance coverage (to be a member of Select Health). It does not apply toward the cost-sharing amounts on your plan such as deductibles or out-of-pocket maximums.

## Service area.

The geographic region where you have health insurance coverage and access to benefits.

# Fair treatment notice.

Select Health 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.

We provide free:

- Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call Select Health Member Services at **800-538-5038**.

If you feel you've been treated unfairly, call Select Health 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

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

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 Select Health

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Select Health.

통지: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번호로 전화해 주십시오.

ध्यान दनिहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ। Select Health मा फोन गर्नुहोस्।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Select Health.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Select Health.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Select Health.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Select Health.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Select Health. まで、お電話にてご連絡ください。

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። Select Health ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте Select Health.

تامدخ لكل رفوت ستس ف، یبرع ثدحتت تنك اذا! هی بننت  
Select Health. یب لصتا. اناجم ةیوغلل ةدعاسملا

تامدخ، دی نکی م تب حص ی نک دراو ار نابز هب رگا: هجوت  
اب. تسامش رای تخ ارد ناگی ار تروصب، ی نابز کمک  
دی ری گب سامت Select Health

หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดยไม่มี  
ค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ Select Health

**Select Health: 1-800-538-5038**



**Select  
Health**