

# Your Benefits

2018 MURRAY SCHOOL DISTRICT



LARGE EMPLOYER - UTAH



# Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 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 SelectHealth

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth。

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éi ná hólq', koji' hódíłnih SelectHealth.

ध्यान दनुहोस्: तपार्इंले नेपाली बोलनुहुन्छ भने तपार्इंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

**FAKATOKANGA'I:** Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

**ОБАВЕШТЕЊЕ:** Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

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

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

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

تدع اسمك لتا مدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم  
تكرشب ل لصتا. ن اجم اب كل رفاوتت ةي وغلل  
SelectHealth.

සමකාලීන: පිස්සිසාසාසකයාගේ සාහායක  
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මුද්‍රාදානයක් නොමැත. SelectHealth ට  
SelectHealth ට

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

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。SelectHealth. まで、お電話にてご連絡ください。

**SelectHealth: 1-800-538-5038**  
**SelectHealth Advantage: 1-855-442-9900**



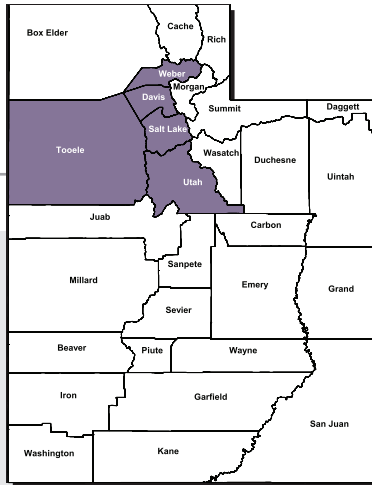


# Select Value<sup>®</sup>

Select Value includes all Intermountain Healthcare<sup>®</sup> facilities along the urban Wasatch Front. It's a great option for members living in Weber, Davis, Salt Lake, and Utah counties. It includes recognized hospitals like Primary Children's Hospital, Intermountain Medical Center, Utah Valley Regional Medical Center, and The Orthopedic Specialty Hospital (TOSH<sup>®</sup>).

Use our provider search tool at [selecthealth.org/providers](http://selecthealth.org/providers) to see which doctors and facilities are included in the Select Value network.

When choosing your network, you should consider your location, the price of the network, and whether the doctors and hospitals you want are included.



## Select Value Service Area

**10 Participating Hospitals**  
**Over 5,100 Participating Providers**

Your network includes providers and facilities throughout Utah, including these nationally recognized\* hospitals along the Wasatch Front.

- Alta View Hospital
- American Fork Hospital
- Intermountain Medical Center
- LDS Hospital
- McKay-Dee Hospital
- Orem Community Hospital
- Primary Children's Hospital
- Riverton Hospital
- TOSH - The Orthopedic Specialty Hospital
- Utah Valley Hospital

\*Alta View, American Fork, and LDS Hospitals were recognized in 2017 by Truven Health Analytics for their exceptional patient care and overall performance as part of America's 100 Top Hospitals.

### CARE OPTIONS ALSO INCLUDE:

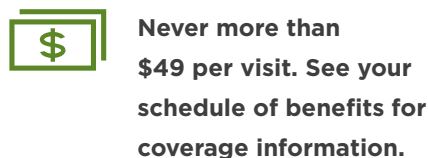
#### INTERMOUNTAIN HEALTH ANSWERS<sup>SM</sup>

A 24/7 nurse line that allows you to speak to a registered nurse who will listen to your concerns, answer medical questions, and help you decide what course of action to take. All you need is your phone. Call **844-501-6600**.



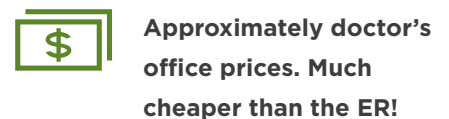
#### INTERMOUNTAIN CONNECT CARE<sup>®</sup>

Use your computer, tablet, or phone to video connect with a doctor or nurse practitioner anytime (24/7 access). Visit [intermountainconnectcare.org](http://intermountainconnectcare.org) or download the app for Android or iOS.



#### INTERMOUNTAIN INSTACARE<sup>®</sup>/KIDSCARE<sup>®</sup>

They're open late—and are a great choice for sore throats, broken bones, sprains, headaches, stomachaches, earaches, and other urgent medical conditions. With nearly 40 locations, there's a site near you. Use our app to reserve your spot in line!



# Select Med® Plus

Select Med covers all of Utah and includes prominent hospitals like Primary Children's Hospital, Intermountain Medical Center and The Orthopedic Specialty Hospital (TOSH®). For cancer treatment, Select Med also includes the Huntsman Cancer Institute's clinics and hospital.

The "plus" means you can see doctors and facilities outside your network.

Use our provider search tool at [selecthealth.org/providers](http://selecthealth.org/providers) to view doctors and facilities participating in the Select Med network.



## Select Med Plus Service Area

**34 Participating Hospitals**  
**Over 6,900 Participating Providers**

Your network includes providers and facilities throughout Utah. Don't see your hospital? Visit [selecthealth.org/providers](http://selecthealth.org/providers) to see all the hospitals included on Select Med.

- Alta View Hospital
- American Fork Hospital
- Cedar City Hospital
- Davis Hospital and Medical Center
- Dixie Regional Medical Center
- Heber Valley Hospital
- Huntsman Cancer Hospital (Cancer Treatment Only)
- Intermountain Medical Center
- LDS Hospital
- Logan Regional Hospital
- McKay-Dee Hospital
- Mountain West Medical Center
- Orem Community Hospital
- Park City Hospital
- Primary Children's Hospital
- Riverton Hospital
- TOSH - The Orthopedic Specialty Hospital
- Utah Valley Hospital

## SELECTHEALTH ALSO INCLUDES:


### INTERMOUNTAIN HEALTH ANSWERS<sup>SM</sup>

A 24/7 nurse line that allows you to speak to a registered nurse who will listen to your concerns, answer medical questions, and help you decide what course of action to take. All you need is your phone. Call **844-501-6600**.

 **Free!**


### INTERMOUNTAIN CONNECT CARE<sup>SM</sup>

Use your computer, tablet, or phone to video connect with a doctor or nurse practitioner anytime (24/7 access). Visit [intermountainconnectcare.org](http://intermountainconnectcare.org) or download the app for Android or iOS.

 **Never more than \$49 per visit. See your schedule of benefits for coverage information.**

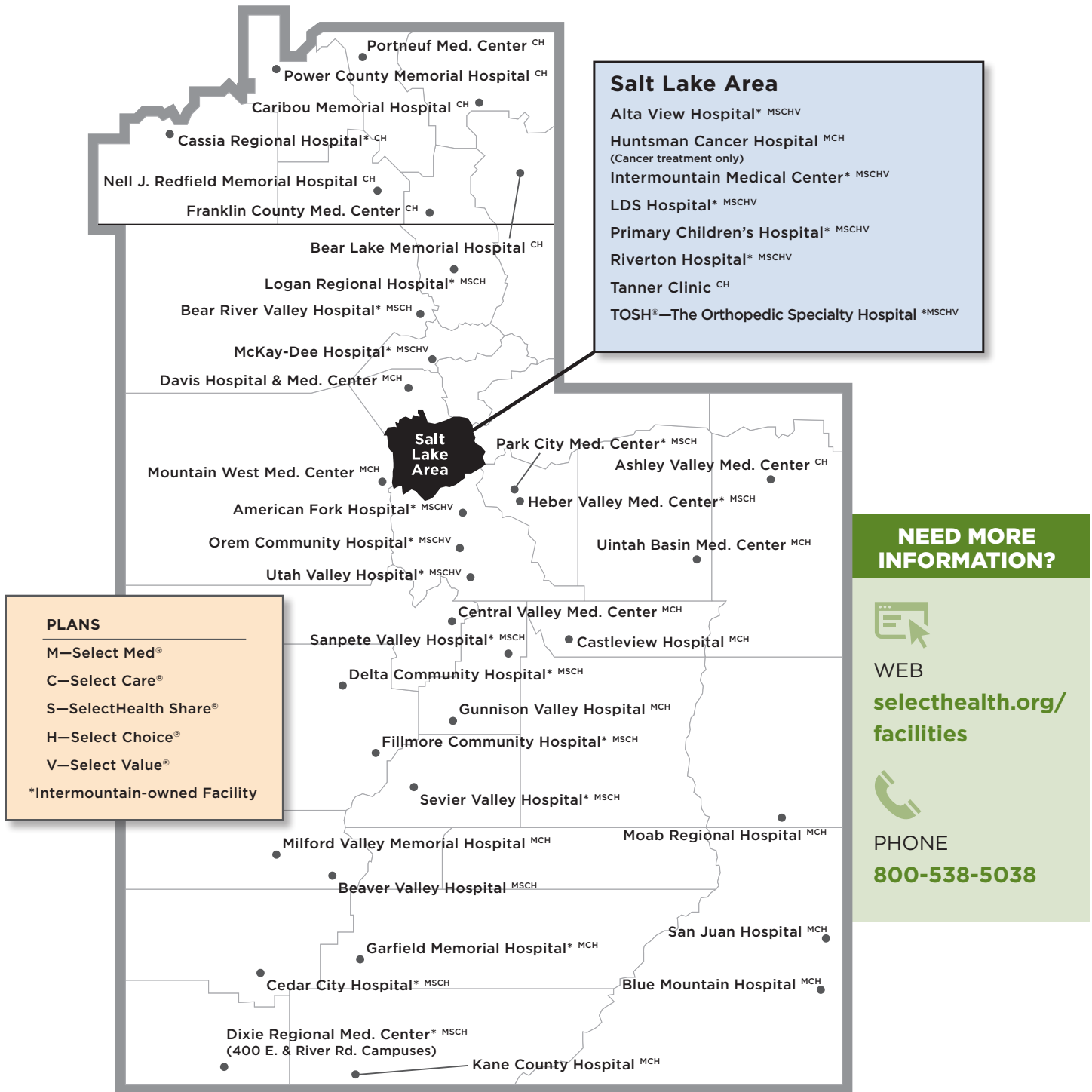
### INTERMOUNTAIN INSTACARE<sup>SM</sup>/KIDSCARE<sup>SM</sup>

They're open late—and are a great choice for sore throats, broken bones, sprains, headaches, stomachaches, earaches, and other urgent medical conditions. With nearly 40 locations, there's a site near you. Use our app to reserve your spot in line!

 **Approximately doctor's office prices. Much cheaper than the ER!**

# Facility Map

Use the map and key below to determine which hospitals are participating on your SelectHealth® plan.



# **BENEFIT** SUMMARIES

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**MEMBER PAYMENT SUMMARY**

**PARTICIPATING**  
*(In-Network)*

When using participating providers, you are responsible to pay the amounts in this column.  
Services from nonparticipating providers are not covered (except emergencies).

<b>CONDITIONS AND LIMITATIONS</b>	
Lifetime Maximum Plan Payment - <i>Per Person</i>	None
Pre-Existing Conditions (PEC)	None
Benefit Accumulator Period	plan year
<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5</sup></b>	
Self Only Coverage, 1 person enrolled - per plan year	<b>PARTICIPATING</b>
Deductible	\$750
Out-of-Pocket Maximum	\$3,000
Family Coverage, 2 or more enrolled - per plan year	
Deductible - per person/family	\$750/\$2250
Out-of-Pocket Maximum - per person/family	\$3000/\$6000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>	
<b>INPATIENT SERVICES</b>	
Medical, Surgical and Hospice <sup>4</sup>	20% after deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per plan year	20% after deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup>	20% after deductible
Up to 40 days per plan year for all therapy types combined	
<b>PROFESSIONAL SERVICES</b>	
Office Visits & Minor Office Surgeries	<b>PARTICIPATING</b>
Primary Care Provider (PCP) <sup>1</sup>	\$30
Secondary Care Provider (SCP) <sup>1</sup>	\$40
Allergy Tests	See Office Visits Above
Allergy Treatment and Serum	20%
Major Surgery	20%
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after deductible
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>	
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%
Adult and Pediatric Immunizations	Covered 100%
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%
Diagnostic Tests: Minor	Covered 100%
Other Preventive Services	Covered 100%
<b>VISION SERVICES</b>	
Preventive Eye Exams	Covered 100%
All Other Eye Exams	\$40
<b>OUTPATIENT SERVICES<sup>4</sup></b>	
Outpatient Facility and Ambulatory Surgical	20% after deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after deductible
Emergency Room - <i>(Participating facility)</i>	\$250 after deductible
Emergency Room - <i>(Nonparticipating facility)</i>	\$250 after deductible
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	\$45
Intermountain KidsCare <sup>®</sup> Facilities	\$30
Intermountain Connect Care <sup>®</sup>	\$10
Chemotherapy, Radiation and Dialysis	20% after deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100%
Diagnostic Tests: Major <sup>2</sup>	20% after deductible
Home Health, Hospice, Outpatient Private Nurse	20% after deductible
Outpatient Rehab Therapy: Physical, Speech, Occupational	\$40 after deductible
<i>Up to 20 visits per plan year for each therapy type</i>	



**MEMBER PAYMENT SUMMARY**

**PARTICIPATING**  
*(In-Network)*

**MISCELLANEOUS SERVICES**

**PARTICIPATING**

Durable Medical Equipment (DME) <sup>4</sup>	20% after deductible
Miscellaneous Medical Supplies (MMS) <sup>3</sup>	20% after deductible
Autism Spectrum Disorder <i>Applied behavior analysis and behavioral health services up to \$30,000 or 600 hours/plan year, whichever is greater</i>	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption <sup>4,6</sup>	See Professional, Inpatient or Outpatient
Cochlear Implants <sup>4</sup>	See Professional, Inpatient or Outpatient
Infertility - <i>Select Services</i> <i>(Max Plan Payment \$1,500/ plan year; \$5,000 lifetime)</i>	*50% after deductible
Donor Fees for Covered Organ Transplants <sup>4</sup>	20% after deductible
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient

**OPTIONAL BENEFITS**

**PARTICIPATING**

Mental Health and Chemical Dependency <sup>4</sup>	
Office Visits	\$30
Inpatient	20% after deductible
Outpatient	20%
Residential Treatment <sup>2</sup>	20% after deductible
Injectable Drugs and Specialty Medications <sup>4</sup>	20% after deductible

**PRESCRIPTION DRUGS**

Pharmacy Deductible - Per Person per plan year	\$150
Prescription Drug List (formulary)	RxSelect <sup>®</sup>
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>	
Tier 1	\$20
Tier 2	\$40 after pharmacy deductible
Tier 3	\$60 after pharmacy deductible
Tier 4	\$100 after pharmacy deductible
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail<sup>90</sup>®)-selected drugs</i> <sup>4</sup>	
Tier 1	\$20
Tier 2	\$80 after pharmacy deductible
Tier 3	\$180 after pharmacy deductible
Generic Substitution Required	Generic required or must pay copay plus cost difference between name brand and generic

To remain compliant with state and federal regulations including the Affordable Care Act (ACA), these benefits are subject to change.

- 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 nonparticipating 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. Nonparticipating 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 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical deductible, copay, or coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.
- \* Not applied to Medical out-of-pocket maximum.

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.

Select Value is administered and underwritten by SelectHealth.

MPS-HMO 01/01/18  
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**C**  
*selecthealth.org*





**MEMBER PAYMENT SUMMARY**

**PARTICIPATING**

*(In-Network)*

When using participating providers, you are responsible to pay the amounts in this column.

**NONPARTICIPATING**

*(Out-of-Network)*

When using nonparticipating providers, you are responsible to pay the amounts in this column.

<b>CONDITIONS AND LIMITATIONS</b>		
Lifetime Maximum Plan Payment - <i>Per Person</i>	None	
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan year	
Maximum Annual Out-of-Network Payment - (per plan year)	None	None
<b>MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET<sup>5</sup></b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Self Only Coverage, 1 person enrolled - per plan year		
Deductible	\$750	\$1,000
Out-of-Pocket Maximum	\$3,000	\$5,000
Family Coverage, 2 or more enrolled - per plan year		
Deductible - per person/family	\$750/\$2250	\$1000/\$3000
Out-of-Pocket Maximum - per person/family	\$3000/\$6000	\$5000/\$10000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>		
<b>INPATIENT SERVICES</b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</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 plan year	20% after deductible	40% after deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per plan year for all therapy types combined	20% after deductible	40% after deductible
<b>PROFESSIONAL SERVICES</b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	\$30	40% after deductible
Secondary Care Provider (SCP) <sup>1</sup>	\$40	40% after deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20%	Not Covered
Major Surgery	20%	40% after deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after deductible	40% after deductible
<b>PREVENTIVE SERVICES AS OUTLINED BY THE ACA<sup>2,3</sup></b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
<b>VISION SERVICES</b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	\$40	40% after deductible
<b>OUTPATIENT SERVICES<sup>4</sup></b>		
	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Outpatient Facility and Ambulatory Surgical	20% after deductible	40% after deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after deductible	See Participating Benefit
Emergency Room - <i>(Participating facility)</i>	\$250 after deductible	See Participating Benefit
Emergency Room - <i>(Nonparticipating facility)</i>	\$250 after deductible	See Participating Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	\$45	40% after deductible
Intermountain KidsCare <sup>®</sup> Facilities	\$30	40% after deductible
Intermountain Connect Care <sup>®</sup>	\$10	40% after deductible
Chemotherapy, Radiation and 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 Rehab Therapy: Physical, Speech, Occupational <i>Up to 20 visits per plan year for each therapy type</i>	\$40 after deductible	40% after deductible



**MEMBER PAYMENT SUMMARY**

	<b>PARTICIPATING (In-Network)</b>	<b>NONPARTICIPATING (Out-of-Network)</b>
<b>MISCELLANEOUS SERVICES</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 <i>Applied behavior analysis and behavioral health services up to \$30,000 or 600 hours/plan year, whichever is greater</i>	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption <sup>4,6</sup>	See Professional, Inpatient or Outpatient	40% after deductible
Cochlear Implants <sup>4</sup>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i> <i>(Max Plan Payment \$1,500/ plan year; \$5,000 lifetime)</i>	*50% after deductible	Not Covered
Donor Fees for Covered Organ Transplants <sup>4</sup>	20% after deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered
<b>OPTIONAL BENEFITS</b>		
Mental Health and Chemical Dependency <sup>4</sup>		
Office Visits	\$30	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
Injectable Drugs and Specialty Medications <sup>4</sup>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS</b>		
Pharmacy Deductible - Per Person per plan year		\$150
Prescription Drug List (formulary)		RxSelect <sup>®</sup>
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> <sup>4</sup>		
Tier 1		\$20
Tier 2		\$40 after pharmacy deductible
Tier 3		\$60 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>		
Tier 1		\$20
Tier 2		\$80 after pharmacy deductible
Tier 3		\$180 after pharmacy deductible
Generic Substitution Required		Generic required or must pay copay plus cost difference between name brand and generic

To remain compliant with state and federal regulations including the Affordable Care Act (ACA), these benefits are subject to change.

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 nonparticipating 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. Nonparticipating 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 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical deductible, copay, or coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

\* 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.

Select Med Plus benefits are administered and underwritten by SelectHealth.

MPS-PLUS 01/01/18

02/14/18



MEMBER PAYMENT SUMMARY	
PARTICIPATING (In-Network)	NONPARTICIPATING (Out-of-Network)
When using participating providers, you are responsible to pay the amounts in this column.	When using nonparticipating providers, you are responsible to pay the amounts in this column.

CONDITIONS AND LIMITATIONS		
Lifetime Maximum Plan Payment - <i>Per Person</i>	None	
Pre-Existing Conditions (PEC)	None	
Benefit Accumulator Period	plan year	
Maximum Annual Out-of-Network Payment - (per plan year)	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET <sup>5</sup>	PARTICIPATING	NONPARTICIPATING
Self Only Coverage, 1 person enrolled - per plan year		
Deductible	\$2,700	\$2,950
Out-of-Pocket Maximum	\$4,000	\$5,500
Family Coverage, 2 or more enrolled - per plan year		
Deductible	\$5,400	\$5,900
Out-of-Pocket Maximum - per person/family	\$4000/\$8000	\$5500/\$11000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	PARTICIPATING	NONPARTICIPATING
Medical, Surgical and Hospice <sup>4</sup>	20% after deductible	40% after deductible
Skilled Nursing Facility <sup>4</sup> - Up to 60 days per plan year	20% after deductible	40% after deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational <sup>4</sup> Up to 40 days per plan year for all therapy types combined	20% after deductible	40% after deductible
PROFESSIONAL SERVICES	PARTICIPATING	NONPARTICIPATING
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) <sup>1</sup>	\$15 after deductible	40% after deductible
Secondary Care Provider (SCP) <sup>1</sup>	\$25 after deductible	40% after deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after deductible	Not Covered
Major Surgery	20% after deductible	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>	PARTICIPATING	NONPARTICIPATING
Primary Care Provider (PCP) <sup>1</sup>	Covered 100%	Not Covered
Secondary Care Provider (SCP) <sup>1</sup>	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Not Covered
VISION SERVICES	PARTICIPATING	NONPARTICIPATING
Preventive Eye Exams	Covered 100%	Not Covered
All Other Eye Exams	\$25 after deductible	40% after deductible
OUTPATIENT SERVICES <sup>4</sup>	PARTICIPATING	NONPARTICIPATING
Outpatient Facility and Ambulatory Surgical	20% after deductible	40% after deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after deductible	See Participating Benefit
Emergency Room - (Participating facility)	\$75 after deductible	See Participating Benefit
Emergency Room - (Nonparticipating facility)	\$75 after deductible	See Participating Benefit
Intermountain InstaCare <sup>®</sup> Facilities, Urgent Care Facilities	\$35 after deductible	40% after deductible
Intermountain KidsCare <sup>®</sup> Facilities	\$15 after deductible	40% after deductible
Intermountain Connect Care <sup>®</sup>	\$10 after deductible	40% after deductible
Chemotherapy, Radiation and Dialysis	20% after deductible	40% after deductible
Diagnostic Tests: Minor <sup>2</sup>	Covered 100% after deductible	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 Rehab Therapy: Physical, Speech, Occupational <i>Up to 20 visits per plan year for each therapy type</i>	\$25 after deductible	40% after deductible



	MEMBER PAYMENT SUMMARY	
	PARTICIPATING (In-Network)	NONPARTICIPATING (Out-of-Network)
<b>MISCELLANEOUS SERVICES</b>	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</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 <i>Applied behavior analysis and behavioral health services up to \$30,000 or 600 hours/plan year, whichever is greater</i>	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption <sup>4,6</sup>	See Professional, Inpatient or Outpatient	40% after deductible
Cochlear Implants <sup>4</sup>	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i> <i>(Max Plan Payment \$1,500/ plan year; \$5,000 lifetime)</i>	50% after deductible	Not Covered
Donor Fees for Covered Organ Transplants <sup>4</sup>	20% after deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	Not Covered
<b>OPTIONAL BENEFITS</b>	<b>PARTICIPATING</b>	<b>NONPARTICIPATING</b>
Mental Health and Chemical Dependency <sup>4</sup>		
Office Visits	\$15 after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Residential Treatment <sup>2</sup>	20% after deductible	40% after deductible
Injectable Drugs and Specialty Medications <sup>4</sup>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS</b>		
Prescription Drug List (formulary)	RxSelect <sup>®</sup>	
Prescription Drugs-Up to 30 Day Supply of Covered Medications <sup>4</sup>		
Tier 1	\$7 after participating deductible	
Tier 2	\$21 after participating deductible	
Tier 3	\$42 after participating deductible	
Tier 4	\$100 after participating deductible	
Maintenance Drugs-90 Day Supply (Mail-Order, Retail90 <sup>®</sup> )-selected drugs <sup>4</sup>		
Tier 1	\$7 after participating deductible	
Tier 2	\$42 after participating deductible	
Tier 3	\$126 after participating deductible	
Generic Substitution Required	Generic required or must pay copay plus cost difference between name brand and generic	

To remain compliant with state and federal regulations including the Affordable Care Act (ACA), these benefits are subject to change.

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 nonparticipating 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. Nonparticipating 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 SelectHealth provides a \$4000 adoption indemnity as outlined by the state of Utah. Medical deductible, copay, or coinsurance listed under the benefit applies and may exhaust the benefits prior to any plan payments.

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.

Select Med Plus benefits are administered and underwritten by SelectHealth.

MPS-PLUS HDHP 01/01/18

02/14/18

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



**YOUR**  
HEALTHCARE

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# We Can Help

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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.

## MEMBER SERVICES

Superior service is at the heart of everything we do. Our Member Services team strives to answer your questions or resolve concerns the first time you call. Reach us by phone or secure email, schedule a time for us to call you, or use online chat.

Member Services is available weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

## CHAT WITH US

Don't have time for a phone call? Log in to *My Health* and reach out to us securely online with our chat function, which is a great way to answer quick questions about your benefits.

## SELECTHEALTH MEMBER ADVOCATES®

Whether you need help with mental or physical health, Member Advocates<sup>SM</sup> can help you find the right doctor for your needs. They can also assist with the following:

- > Scheduling an appointment, including care for urgent conditions
- > Finding the closest facility or doctor with the nearest available appointment
- > Providing information about a doctor, such as age, training certifications, and languages spoken
- > Helping you understand and maximize your benefits

They are available weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

## FIND A DOCTOR

Visit [selecthealth.org/providers](https://selecthealth.org/providers) to search for providers by network, location, specialty, gender, and languages spoken.

## CARE MANAGEMENT

Do you or one of your dependents have a chronic condition or need help recovering from a short-term illness or surgery? If so, give our care management team a call at **800-442-5305**. Our care managers are specially trained nurses who can help you find the right care and assist with your insurance benefits and claims. They specialize in helping with asthma, cancer, COPD, joint replacement, diabetes, heart disease, hemophilia, hepatitis c, high-risk pregnancies, HIV, and other surgery recoveries.

### NEED MORE INFORMATION?



WEB

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



PHONE

**Member Services 800-538-5038**

**Member Advocates 800-515-2220**

# Quick Reference

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Here are the numbers you can use to get answers to your healthcare questions, all in one place. Remember to always check your benefits before seeking coverage.

## Member Services **800-538-5038**

This is our main member line that you can use for any health insurance question. If they can't answer your question, they will get you in touch with the right person.

## Online Services **800-442-5502**

Use this number if you need help setting up your *My Health* account or logging in.

## Member Advocates **800-515-2220**

Call our advocates if you need help finding a doctor or facility, scheduling an appointment, or understanding more about your benefits.

## Intermountain Health Answers® **844-501-6600**

Our 24/7 nurse line is free and always open. Call them to ask health questions, including advice on whether to seek urgent or emergency care.

## Care Management **800-442-5305**

Care managers are specially trained registered nurses who assist members with long-term chronic diseases. If you have a chronic condition, our care managers can help with your care, claims, and benefits.

## Quit For Life **866-QUIT-4-LIFE**

They have free, valuable resources to help you quit tobacco.

## Intermountain Home Delivery Pharmacy **855-779-3960**

To have your medications conveniently delivered to your door, call our exclusive, free home delivery service.

## Intermountain Specialty Pharmacy **844-442-4600**

We recommend using this pharmacy for specialty medications.

## SelectHealth Healthy Beginnings® **866-442-5052**

If your insurance plan includes our maternity program, call our registered nurses to get free books and help managing your pregnancy.



# On the Move?

## OUTSIDE OF YOUR SERVICE AREA

If you have an emergency or need urgent care outside of your service area, participating benefits apply to services you receive in a doctor's office, urgent care facility, or emergency room.

In an effort to reduce your medical out-of-pocket expenses while traveling, SelectHealth® has an arrangement with the MultiPlan and PHCS networks. They accept an allowed amount for covered services, which means that you will not be responsible for excess charges when using these providers.

Always present your ID card when visiting these providers or facilities. The logos on the card give you access to the networks.

To find MultiPlan and PHCS providers or facilities, call MultiPlan at **800-678-7427** or visit [multiplan.com/selecthealth](http://multiplan.com/selecthealth). For the greatest savings, search for PHCS providers first. You can also search for providers and facilities at [selecthealth.org/providers](http://selecthealth.org/providers).



## OUTSIDE OF THE COUNTRY

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

## DEPENDENT CHILDREN OUT OF AREA

Enrolled dependent children who live outside of your service area (maybe they're going to college or living with another parent) can receive participating benefits for covered services. To qualify for this coverage, you will need to submit a Dependent Address Change Form, which can be found at [selecthealth.org](http://selecthealth.org). The form contains important instructions about which networks your enrolled dependent child can use when living outside your service area—please read it carefully.

### NEED MORE INFORMATION?



WEB  
[multiplan.com](http://multiplan.com);  
[selecthealth.org/providers](http://selecthealth.org/providers)



PHONE  
**800-678-7427; 800-538-5038**



# Online Tools

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Whether you need to see how much a doctor billed, look up prescription costs, or learn more about your benefits, *My Health* is your source for personal plan information. *My Health* is available 24 hours a day, seven days a week through our mobile app or at **selecthealth.org**. Log in and click the SelectHealth icon to get started.

## COVERAGE AND CLAIMS

View your plan information, claim details, Explanations of Benefits (EOBs), and sign up for paperless EOBs.

## PHARMACY TOOLS

Access your pharmacy benefit information, claims, prescription history, and lower-cost drug alternative information.

## ID CARDS

Lost your ID card? No worries—you can view and print copies of your card on *My Health*.

## SEND SECURE MESSAGES

Send secure messages to SelectHealth® Member Services or your doctor. This is a confidential and convenient way to get your questions answered.

## ACCESS MEDICAL RECORDS

Our integration with Intermountain Healthcare® gives you access to your medical records\* through *My Health*. You can view lab results, medications, and imaging reports. You can also track doctors appointments and email questions to providers who participate in this program.

*\*May not be available for all providers and facilities.*



### NEED MORE INFORMATION?



WEB

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



PHONE

**800-538-5038**

## REQUEST A CALL

Use our call request feature to get in touch with Member Services. You can schedule an immediate call or set a time for us to call you back.

## CHAT WITH US

No time for a phone call? Log in to *My Health* and reach out to us securely online with our chat function. Chat is a great way to answer quick questions about your benefits, such as:

- > How much of my deductible has been met?
- > Has SelectHealth received a claim from my doctor?
- > Is my medication covered?

## HEALTH ON THE GO

# Access to Mobile Apps

### THE SELECTHEALTH® MOBILE APP

With our mobile app, we'll be there wherever you need us—at home, work, or even the doctor's office.

#### ID Cards

- > View, email, and fax images of your ID card

#### Provider Search

- > Search for providers

#### Claims

- > Access explanations of benefits and determine amounts owed

#### Benefits and Coverage

- > Find out who's covered on your plan and view benefits

#### Year-to-Date Totals

- > Look at medical and dental expenses, including your deductible and out-of-pocket max

### THE INTERMOUNTAIN HEALTH HUB

As part of our integration with Intermountain Healthcare®, you can use your smart phone to view lab results, message doctors, and more.

#### Intermountain InstaCare®

- > Find wait times and save a place in line at InstaCare<sup>SM</sup>

#### Prescriptions

- > Refill and check the status of prescriptions

#### Locations

- > Find nearby Intermountain hospitals, clinics, and pharmacies

#### Pay Bill

- > Pay Intermountain Healthcare bills by credit card or eCheck

#### Healthy Hikes

- > Locate easy, moderate, and challenging hikes in your area

### NEED MORE INFORMATION?

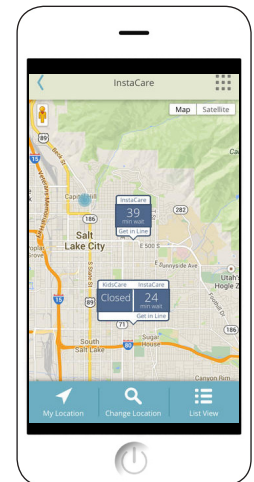
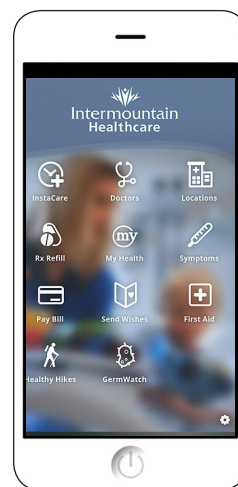
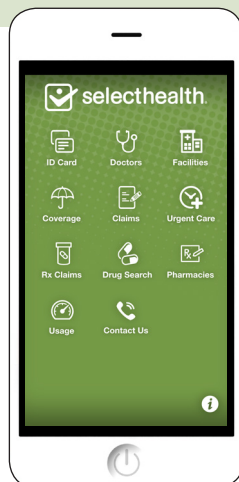


WEB



PHONE

800-538-5038



# Choosing the Right Care

If you have a medical emergency, the Emergency Room (ER) is the place to go. But in many cases, you'll save time and money by choosing the right place to get care. When you can't get in to see your primary care doctor, consider these other options for help when—and where—you need it.

## INTERMOUNTAIN HEALTH ANSWERS®

A 24/7 nurse line that allows you to speak to a registered nurse who will listen to your concerns, answer medical questions, and help you decide what course of action to take.

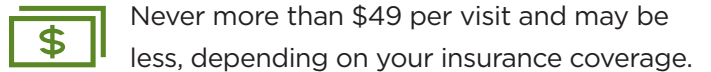
All you need is your phone. Call **844-501-6600**.



## INTERMOUNTAIN CONNECT CARE®

Use your computer, tablet, or phone to video connect with a doctor or nurse practitioner anytime (24/7 access). Providers help with hypertension, constipation, sore throat, eye infections, urinary tract infection, painful urination, earache, lower back pain, joint pain, certain prescriptions, and bronchitis.

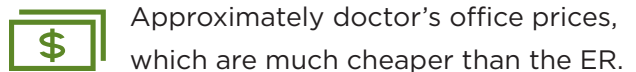
All you need is internet access. Visit [intermountainconnectcare.org](http://intermountainconnectcare.org) or download the app for Android or iOS.



## INTERMOUNTAIN INSTACARE®/KIDSCARE®

They're open late—some locations are open until midnight. The InstaCare is a great choice for sore throats, broken bones, sprains, headaches, stomachaches, earaches, and other urgent medical conditions.

With nearly 40 locations, there's a site near you. Visit [intermountainhealthcare.org/locations](http://intermountainhealthcare.org/locations) or use our mobile app to find the nearest facility. Use our app to reserve your spot in line!



### NEED MORE INFORMATION?



WEB

[intermountainconnectcare.org](http://intermountainconnectcare.org); [intermountainhealthcare.org/locations](http://intermountainhealthcare.org/locations)



PHONE

**Nurse Line: 844-501-6600**

## CONNECT CARE

# Whenever and Wherever You Need It

### CONVENIENT, HIGH-QUALITY CARE

A skilled clinician is just a swipe or click away. With Intermountain Connect Care®, you can use your smartphone, tablet, or computer to get basic healthcare. Log in and speak face-to-face with an Intermountain caregiver through on-demand video.

### MOBILE APP OR WEB

With a smartphone or tablet, you can get access through the Connect Care mobile app. Use the app and start your visit in minutes. If you'd rather use a larger screen, you can access Connect Care using a video-capable computer at your home or office.

### YOUR VISIT

Most visits take less than ten minutes. Your clinician will review your history, answer questions, diagnose, treat, and even prescribe medication.

### COVERAGE

Connect Care visits are just \$49 and the amount you pay may be less, depending on your SelectHealth® plan. For details, call Member Services at **800-538-5038**.



#### NEED MORE INFORMATION?



#### WEB

Download the app on Android or iOS, or visit [intermountainconnectcare.org](https://intermountainconnectcare.org) to register for free.



#### PHONE

**800-538-5038**



# MEDICAL COST ESTIMATOR

## Know Before You Go

We can give you an estimate of how much you'll need to budget using your benefits, where you live, and your plan's provider network. 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 your costs, including how much your plan will cover and what you will pay.

### NUMBERS YOU CAN COUNT ON

Our Cost Estimator pulls data from our networks—using claims data—to provide estimates that represent the cost of care.

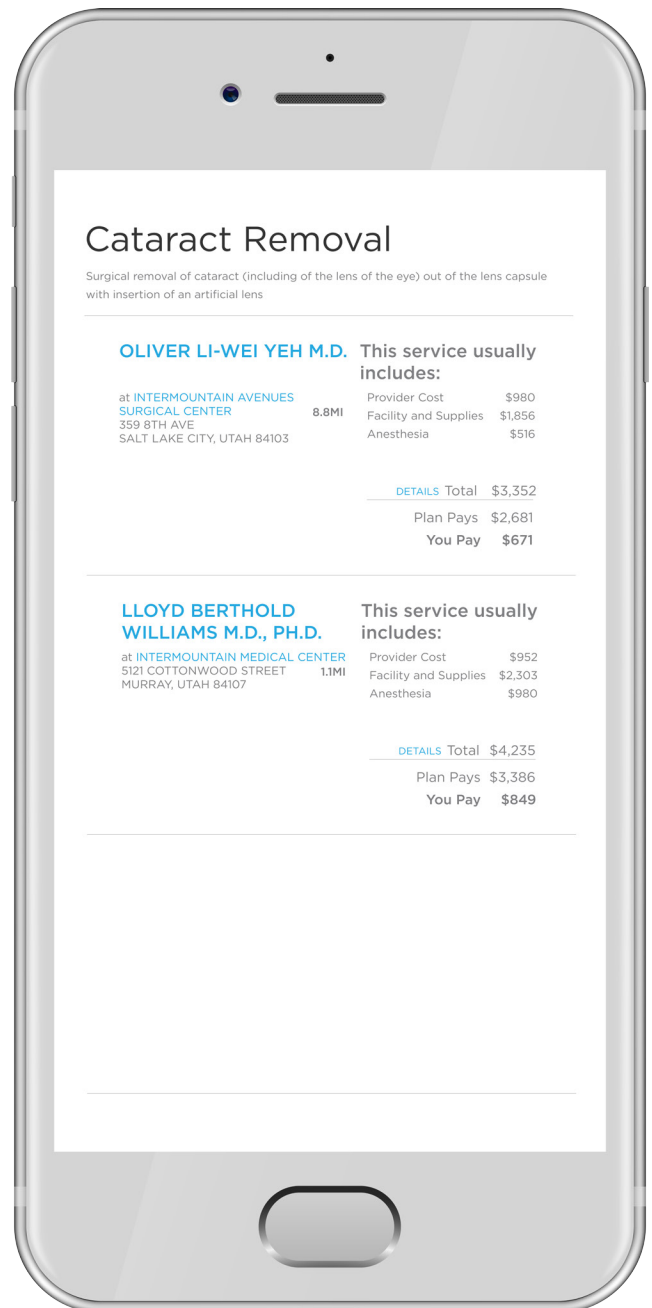
### AVOID SURPRISE MEDICAL BILLS

With useful, up-front cost information at your fingertips, you can take control of your healthcare decisions.

### DOLLAR AMOUNTS, NOT EQUATIONS

Don't guess how much your upcoming surgery or maternity stay will cost. Our Cost Estimator will pull data from your plan, taking into account your deductible and out-of-pocket maximum.

Access the Medical Cost Estimator by logging in to *My Health* at [selecthealth.org](http://selecthealth.org).



# Preventive Care

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Many of our plans cover preventive care 100 percent—that means no copay, coinsurance, or deductible.

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. Additional limitations may apply.

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**.

## NEED MORE INFORMATION?



WEB

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



PHONE

**800-538-5038**

## Preventive Care Services

### 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 in women ages 30 and older)
- > 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 (ages 48 and older or high-risk individuals who meet criteria)

#### 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)
- > Permanent Sterilization Procedures (such as tubal ligations/vasectomies)

#### Examinations/Counseling

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

- > Hearing Screening (ages 65 and older)
- > Glaucoma Screening
- > Sexually Transmitted Infections Counseling
- > Dietary Counseling (only for certain diet-related chronic diseases)
- > Counseling for Intimate Partner Violence

#### Immunizations

- > Influenza
- > Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- > Pneumococcal
- > Hepatitis A
- > Meningitis
- > Zoster (ages 60 and over)
- > Human Papillomavirus (HPV) (ages 9 to 26)

#### 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 Men (Vasectomy)
- > 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<sup>1/2</sup>; once a year from ages 3 to 18)
- > Primary Care Tobacco Use Intervention
- > Eye Exam
- > Developmental Testing
- > Newborn Hearing Screening (younger than age 1)
- > 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)
- > Hepatitis B (HepB)
- > Polio (OPV, IPV, DtaP-Hep-LPV)
- > Influenza

- > Pneumococcal
- > Hepatitis A
- > Hepatitis B
- > Meningitis
- > Varicella (including MMVR)
- > Rotavirus
- > Human Papillomavirus (HPV) (ages 9 to 26)

### 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**.

# Prescription Drug Coverage

## YOUR PHARMACY BENEFITS

Before you fill a prescription, it can be helpful to review the basics about how your coverage works.

## PRESCRIPTION DRUGS

Coverage is divided into tiers. Your plan has three or four tiers. Each drug is covered under a specific tier that corresponds to a copay or coinsurance amount—this is the amount you pay.

- **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

Drugs on lower tiers may provide the treatment you need at the best value.

## PRESCRIPTION DRUG LIST (PDL)

Your member materials will indicate if you have RxSelect® or RxCore®. This is the list of prescription drugs covered by your plan. Search for your drug on our website to find the tier and any special requirements. You may have received a copy of the PDL with your member materials, but the online drug lookup is the most complete, current PDL.

## ONLINE TOOLS

It's easy to view your family's prescription history or find out how much a drug will cost. Log in to *My Health* at [selecthealth.org](https://selecthealth.org) to access these useful pharmacy tools:

- **Use the search tool** to see what drugs are covered under your prescription drug list. You can use this feature even without a *My Health* account by going to the prescription drug list page under the pharmacy tab at [selecthealth.org](https://selecthealth.org). Your prescription drug coverage is listed by tier for both 30-day (retail) and 90-day (maintenance) supplies.
- **View claims.** When you fill a prescription, the drug name, date filled, and total cost will be listed here.
- **Compare drug prices.** Use our drug lookup to find out how much your prescription will cost and to view lower-cost alternatives. This feature will also indicate if the drug has special requirements.
- **Find a pharmacy.** Search for a participating pharmacy by location. We are contracted with most major chains and many privately owned pharmacies.
- **Check for drug interactions.** Avoid the unwanted side effects or reduced effectiveness that can occur if two drugs you are taking interact with one another.



## SPECIAL REQUIREMENTS

Some drugs require step therapy or preauthorization before they will be covered.

- **Step Therapy** – If your drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost-effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.
- **Preauthorization** – This means that your doctor must call us for approval before prescribing.
- **Nonformulary medications** – If you need to take a medication that is not on your formulary, your doctor can fax a request form stating why the drug is medically necessary for you.

## INTERMOUNTAIN HOME DELIVERY

You can have many prescriptions delivered to your door by using the Intermountain Home Delivery Pharmacy. Register for this service online by visiting [intermountainrx.org](http://intermountainrx.org) or call **855-779-3960** for more information.

## INTERMOUNTAIN SPECIALTY PHARMACY

Home delivery is also available for specialty drugs and self-injectables. If you use the Intermountain Specialty Pharmacy a technician will call you when it is time to refill your prescription and will answer questions to ensure you have the tools you need to use your medication. Call **844-442-4600** for more information or to sign up.

## RETAIL90®

Retail90 allows you to pick up a 90-day supply of maintenance medications at a participating Retail90 pharmacy for a more affordable copay/coinsurance amount. Retail90 may not be available with all plans.



### NEED MORE INFORMATION?



WEB  
[selecthealth.org/pharmacyresources](http://selecthealth.org/pharmacyresources);  
[intermountainrx.org](http://intermountainrx.org)



PHONE  
**800-538-5038; 855-779-3960**



# Helping You Manage Your Health

Care managers are specially trained registered nurses who assist patients 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 personally 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**  
**Hemophilia**  
**Hepatitis C**  
**High-risk pregnancy**  
**HIV**  
**Some surgeries**



## NEED MORE INFORMATION?



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



PHONE  
**800-442-5305**

# SelectHealth Healthy Beginnings<sup>®</sup>

Expecting? We want to help you get ready for the birth of your new baby. We encourage you to sign up for Healthy Beginnings<sup>SM</sup>, a free program for moms-to-be. We work with your doctors to help you have a safe and healthy pregnancy.

By signing up for Healthy Beginnings, you become eligible for a cash gift or gift card when you see your doctor for each of these exams:

1. The first prenatal exam prior to the 14th week of your pregnancy.
2. A postpartum exam within 50 days of your delivery date.

Once enrolled in the program, you will also have the support of a registered nurse or a high-risk prenatal nurse care manager who will be available to answer your questions, give referrals, and support you through your pregnancy. You will also get a welcome kit that includes:

- > **Great Expectations** — A book about pregnancy.
- > **Book Order Form** — Choose a free book from our pregnancy and childcare library.
- > **Community Resources** — Information about childbirth and breast feeding classes and other helpful services.
- > **Educational Materials** — Helpful tips, pregnancy facts, the month-to-month growth of your baby, and more.

To sign up for Healthy Beginnings, call **866-442-5052** weekdays, from 8:00 a.m. to 5:00 p.m.

When calling after hours, please leave a message with a phone number and the best time for us to reach you. A Healthy Beginnings representative will return your call.

## NEED MORE INFORMATION?



WEB

[selecthealth.org](https://selecthealth.org) > **Wellness Resources > Preventive Care**



PHONE

**866-442-5052**



# Helping You Quit

## TOBACCO CESSATION

Quit for Life® is a private program that members can follow at their pace from home. Participants 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.

SelectHealth® members have 100 percent coverage for the Quit for Life program. No copay or coinsurance is 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 1 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 percent 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 you to get 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.

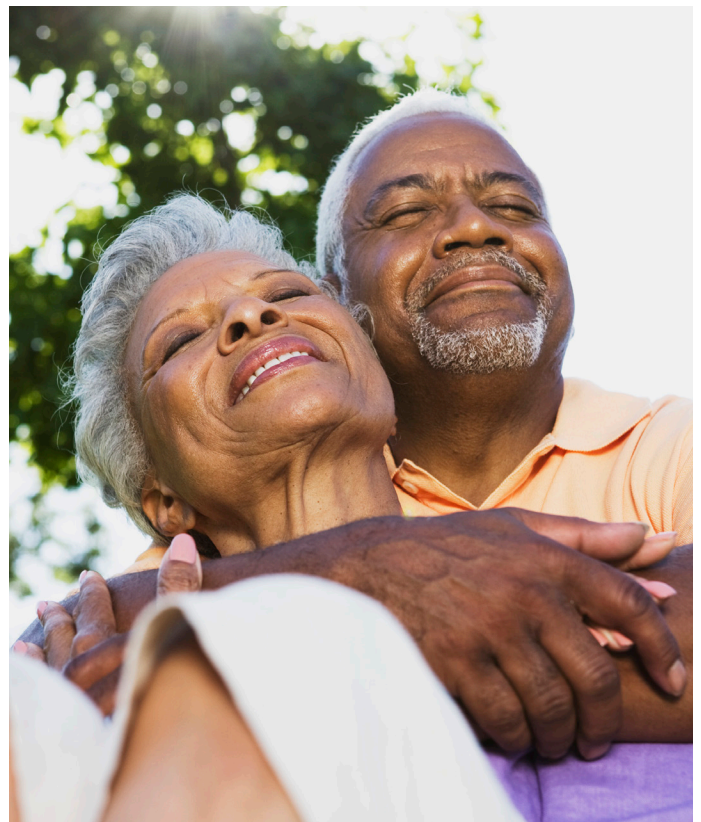
### NEED MORE INFORMATION?



WEB  
**quitnow.net**



PHONE  
**866-QUIT-4-LIFE**





# Member Discounts

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We know that embracing a healthy lifestyle is easier when it costs less. As a SelectHealth member, you have access to discounts on everyday products and services. Check out [discounts.selecthealth.org](https://discounts.selecthealth.org) for more information and to find participating businesses. Remember, some offers have exclusions or limitations.

## ACUPUNCTURE

If you'd like to try acupuncture treatments, contact a SelectHealth Member Discounts provider.

## CHILD SAFETY

You can save money on items like safety gates by using your discount at Safe Beginnings. Shop the Safe Beginnings website directly or order over the phone. Make sure to mention the code BAS.

## COSMETIC DERMATOLOGY

SelectHealth Member Discounts offers deals on various procedures, including removing wrinkles and age spots, diminishing acne scars, collagen implants, and laser hair removal.

## EYEWEAR

SelectHealth Member Discounts has savings on optical exams, frames, lenses, and contacts from providers you know and trust.

## HEALTH CLUBS

Choose the participating SelectHealth Member Discounts facility that meets your lifestyle, personality, and fitness goals.

### NEED MORE INFORMATION?



WEB

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



PHONE

800-538-5038

## HEARING AIDS

You can enjoy cost savings and convenience by using one of the SelectHealth Member Discounts preferred hearing aid providers.

## LASIK VISION SURGERY

Experience a world that is sharply in focus with LASIK vision surgery from a one of the quality SelectHealth Member Discounts providers in various locations.

## MASSAGE THERAPY

SelectHealth Member Discounts vary by provider, but most offer \$10 off each one-hour massage or \$5 off each half-hour massage.

## SUNGLASSES

SelectHealth Member Discounts offers healthy savings for top-quality sunglasses, both prescription and non-prescription.

# Plan Information

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## CARE 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](http://selecthealth.org/policy).

## PROTECTING YOUR PRIVACY

We understand the importance and sensitivity of your personal health information, and we have security 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](http://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](http://selecthealth.org/policy) to learn more about some of the services that are not covered or have coverage limitations.

## MEMBER RIGHTS AND RESPONSIBILITIES

We want you to be an active part of your healthcare. Visit [selecthealth.org/policy](http://selecthealth.org/policy) to view your member rights and responsibilities.

## 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.

### NEED MORE INFORMATION?



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



PHONE  
**800-538-5038**



# **FORMS AND** OTHER DOCUMENTS

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## Enrollment Form and Instructions Large Employer

**You must read all instructions before completing and signing the Enrollment Form because it contains terms for agreement.** If you need help, contact a Human Resources/Personnel representative at your place of employment or call Member Services at **801-442-5038** (Salt Lake area) or **800-538-5038**.

### SECTION A. EMPLOYEE INFORMATION

Complete this section with all of the requested information about yourself (the employee applying for coverage).

### SECTION B. EMPLOYER USE ONLY

An authorized representative of the employer group must complete this section.

- Group Name, Subgroup Name, and Class Name – This information can be provided by your agent or sales representative.
- Employee's Payroll Status – Indicates the current employment classification of the subscriber. For example, please indicate if he or she is an active employee, on an approved leave of absence, or retired.
- Comments – This section may be used to communicate any other pertinent information to SelectHealth/SelectHealth Benefit Assurance Company.
- Employer's Signature – An authorized representative of the employer must sign and date this section to validate the form.

### SECTION C. WAIVER OF COVERAGE

Complete and sign this section if you wish to waive healthcare coverage at this time.

You and your dependents may not be eligible to enroll again until the next open enrollment period established by your employer and SelectHealth/SelectHealth BAC, unless you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance coverage. You may, in the future, be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption (special enrollment event), you may be able to enroll yourself, your spouse, and the new dependent(s) if you request enrollment within 31 days of the special enrollment event.

### SECTION D. DEPENDENT INFORMATION

Complete this section with all of the requested information about you and your dependent(s).

- If your dependent child is older than the age limit specified in the agreement with SelectHealth/SelectHealth BAC and your employer, but still eligible for coverage because of a physical or mental disability, you must attach proof of the dependent's disability to this form.
- If you or your eligible dependents have other health or dental (if applicable) insurance, you must complete the Secondary Medical Coverage Form (COB) to facilitate accurate coordination of benefits with other carriers.

**If your spouse is added, he or she may only be deleted from your coverage in the following circumstances:**

- During your employer's next open enrollment period;
- When proof of a legal divorce or annulment is given to SelectHealth/SelectHealth BAC; or
- When your spouse agrees by signing the Employee Change Form (if allowed by your employer's eligibility rules).

### SECTION E. EMPLOYEE AGREEMENT AND SIGNATURE

**You must read and understand the following information. After you have read and agreed to the following terms of this form, sign under "Section E. Employee Agreement and Signature." Otherwise, this application and enrollment may not be valid.**

- I hereby apply for membership in SelectHealth/SelectHealth BAC for the persons listed on this application (herein referred to as applicants) and agree to submit premiums as required by SelectHealth/SelectHealth BAC or authorize my employer to deduct from my earnings the necessary contributions, if any, required of me. I accept the terms of the group agreement between my employer and SelectHealth/SelectHealth BAC and appoint my employer to act as an agent on my behalf. I understand that said agreement is on file with the employer and SelectHealth/SelectHealth BAC and is available for my inspection. I understand that any intentional material misrepresentation in answering the questions on this application or nonpayment of premiums may result in rescission or cancellation of my coverage and that of my dependents.

# Enrollment Form (See reverse side for instructions)

I am (Please check one):

- A new enrollee     Switching from another SelectHealth plan (list plan)     Switching from another carrier (list carrier)

Please make selection(s) below (Form is not complete unless a box is checked)

- Select Value®  
 Select Med Plus®  
 Select Med Plus® HealthSave

## A. EMPLOYEE INFORMATION (Please print legibly)

LEGAL NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**SEX**  
 Male     Female    **Please select your preferred language / Seleccione el idioma de su preferencia / Aah shoodi, heedigi sha'a saad ninii ziin?**     English     Spanish  
 Navajo     Other

**MARITAL STATUS**  
 Single     Legally Married    **If you are enrolling due to a special event, check all that apply:**  
 Birth/adoption     Marriage     Loss of other coverage

**EMPLOYEE'S PRIOR COVERAGE** You must give proof of prior coverage to SelectHealth/SelectHealth BAC as soon as reasonably possible.

CARRIER \_\_\_\_\_ DATE COVERAGE ENDED \_\_\_\_/\_\_\_\_/\_\_\_\_

## B. EMPLOYER USE ONLY (Employer, please provide the following information where applicable to this employee.)

If using HealthEquity® (SelectHealth's preferred vendor) for account administration, employees and dependents age 18 or older must complete the HSA Enrollment and Authorization to Disclose Health Information to HealthEquity Form.

GROUP NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

SUBGROUP NAME \_\_\_\_\_ SUBGROUP # \_\_\_\_\_

CLASS NAME \_\_\_\_\_ CLASS ID # \_\_\_\_\_

HIRE DATE (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ EMPLOYEE'S MEDICAL PLAN  
EFFECTIVE DATE (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE'S PAYROLL STATUS \_\_\_\_\_

Comments \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. WAIVER OF COVERAGE**

I have been given the opportunity to enroll and choose to waive such coverage. I have read the information in "Section C" on the first page of this Enrollment Form and understand the consequences of my choice to waive coverage. Reason for waiving (check one box):

- I already have health insurance through \_\_\_\_\_ **INSURANCE COMPANY NAME**  I do not want to buy health insurance at this time.
 I already have dental insurance through \_\_\_\_\_ **INSURANCE COMPANY NAME**  I do not want to buy dental insurance at this time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. DEPENDENT INFORMATION**

Complete this section in full. List all eligible dependents (spouse and children) whom you wish to be covered and elect the coverage desired. List children in order of age. List the relationship of all children and dependents to the employee in the "Relationship" column. If you need more space, use another Enrollment Form (available from SelectHealth).

NUMBER OF DEPENDENTS YOU ARE ENROLLING \_\_\_\_\_

**COVERAGE**

MEDICAL LEGAL NAME OF MEMBER TO BE COVERED (Last) (First) (Middle Initial)

DENTAL DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

EYEWEAR SEX:  M  F RELATIONSHIP:  Spouse  Dependent

MEDICAL LEGAL NAME OF MEMBER TO BE COVERED (Last) (First) (Middle Initial)

DENTAL DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

EYEWEAR SEX:  M  F RELATIONSHIP:  Dependent

MEDICAL LEGAL NAME OF MEMBER TO BE COVERED (Last) (First) (Middle Initial)

DENTAL DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

EYEWEAR SEX:  M  F RELATIONSHIP:  Dependent

MEDICAL LEGAL NAME OF MEMBER TO BE COVERED (Last) (First) (Middle Initial)

DENTAL DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

EYEWEAR SEX:  M  F RELATIONSHIP:  Dependent

MEDICAL LEGAL NAME OF MEMBER TO BE COVERED (Last) (First) (Middle Initial)

DENTAL DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

EYEWEAR SEX:  M  F RELATIONSHIP:  Dependent

Are you and/or your ex-spouse required by a divorce decree to pay the medical expenses of your dependent(s)?  Yes  No

If yes, you must attach a copy of the divorce decree to this Enrollment Form. Include the first page of the decree, the signature page, and any other portion(s) of the decree that specifies responsibility for dependent coverage.

Are you adding a dependent because of a court or administrative order?  Yes  No

If yes, please attach a copy of the notice with this form.

Will you or any of your dependent(s) have other health or dental insurance in addition to this plan?  Yes  No If yes, complete COB Form.

**E. EMPLOYEE AGREEMENT AND SIGNATURE**

This section requires that you turn to the first page of this form and read the information in "Section E. Employee Agreement and Signature."

I hereby certify that I have read, understand, and agree to the terms outlined in "Section E. Employee Agreement and Signature" on the first page of this Enrollment Form. After your employer has approved this form, please keep a copy for your records.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Health Savings Account Enrollment and Authorization to Disclose Health Information to HealthEquity®

**Complete this form if you have chosen a HealthSave<sup>SM</sup> plan with HealthEquity® as your HSA administrator. (See your application/enrollment form.)**

**If you have chosen a HealthSave plan and you fail to complete this form, an HSA will not be set up for you. However, failure to complete this form will not affect your health insurance coverage under your HealthSave plan.**

Policyholder's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security# \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Employer \_\_\_\_\_

### A. HSA ENROLLMENT

This Enrollment Form will open an HSA that is used to accumulate assets for the payment of qualified healthcare expenses. Your HSA is your financial asset even if you change employers or health plans. To open an HSA, you must meet three criteria:

1. You must be covered by a qualified High Deductible Health Plan (HDHP) (your HealthSave plan is a qualified HDHP);
2. You generally cannot be covered by another health plan, including Medicare; and
3. You cannot be claimed as a dependent on another individual's tax return.

These criteria are explained in more detail in the HSA Custodial Agreement available at [www.healthequity.com](http://www.healthequity.com).

I understand the following about HSA enrollment:

1. By signing this form, I have requested an HSA to be set up in my name with HealthEquity;
2. I have read, understand, and accept my obligations under the HSA Custodial Agreement; and
3. I certify that I am eligible to open and contribute to an HSA.

### B. AUTHORIZATION

I authorize SelectHealth to disclose medical and dental claims information about me to HealthEquity, as the administrator of my HSA, for purposes of administering and coordinating reimbursements under my account.

### C. IMPORTANT PRIVACY INFORMATION

I understand the following information:

1. SelectHealth will not condition payment, enrollment, or eligibility for health plan benefits on my signing this Authorization;
2. This Authorization will apply to all claims incurred while this Authorization is in effect;
3. I may refuse to sign this Authorization, or I may revoke it at any time for any reason, except to the extent that: a) SelectHealth has already made disclosures in reliance on this Authorization; or b) claims have already been incurred before the revocation. However, if I do so, it will limit HealthEquity's ability to provide me account administration services;
4. I may revoke this Authorization by sending a written request to SelectHealth;
5. Once SelectHealth discloses information according to this Authorization, SelectHealth cannot guarantee that this information will not be redisclosed to a third party or that this information will be protected by federal and state law governing the use and disclosure of identifiable health information; and
6. Unless revoked, this Authorization will remain in effect until the earlier of: a) the end of my eligibility as a SelectHealth member; or b) the date that HealthEquity no longer administers my account.

### D. IDENTIFYING INFORMATION/SIGNATURES FOR THE EMPLOYEE/APPLICANT AND DEPENDENTS

**NOTICE:** By signing this form, you give SelectHealth the right to disclose health information to HealthEquity about you and your dependents for whom you have legal authority to sign (e.g., a minor child). You do not need to list dependents for whom you have legal authority to sign. Generally, a spouse and children older than age 18 must sign for themselves.

Applicant	Date of Birth (MM/DD/YY)	Applicant Signature	Date Signed (MM/DD/YY)
Spouse	Date of Birth (MM/DD/YY)	Spouse Signature or Representative with Legal Authority	Date Signed (MM/DD/YY)
Child with Legal Authority to Sign	Date of Birth (MM/DD/YY)	Child Signature	Date Signed (MM/DD/YY)
Child with Legal Authority to Sign	Date of Birth (MM/DD/YY)	Child Signature	Date Signed (MM/DD/YY)
Child with Legal Authority to Sign	Date of Birth (MM/DD/YY)	Child Signature	Date Signed (MM/DD/YY)



## Change Form Large Employer

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Subscriber# \_\_\_\_\_ Social Security# \_\_\_\_\_

### A. EMPLOYEE INFORMATION CHANGE

**New Mailing Address and Phone#** \_\_\_\_\_ **Name Change** \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ From \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_ Ph#(\_\_\_\_\_) \_\_\_\_\_ To \_\_\_\_\_

### B. ADDITION OR DELETION OF FAMILY MEMBERS

	CHANGE	PLAN	NAME (LAST, FIRST, MIDDLE INITIAL)	SEX M/F	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER*	REASON
Spouse	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Eyewear					Effective Date of Change _____ Signature required (see section C) <input type="checkbox"/> Loss of Other Coverage <sup>3</sup> <input type="checkbox"/> Obtained Other Coverage <span style="float: right;"> <input type="checkbox"/> Marriage  <input type="checkbox"/> Divorce<sup>1</sup>  <input type="checkbox"/> Death                     </span>
Child	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Eyewear					Effective Date of Change _____ <input type="checkbox"/> Divorce <sup>1</sup> <input type="checkbox"/> Court Order <sup>2</sup> <input type="checkbox"/> Loss of Other Coverage <sup>3</sup> <input type="checkbox"/> Obtained Other Coverage <span style="float: right;"> <input type="checkbox"/> Marriage  <input type="checkbox"/> Newborn  <input type="checkbox"/> Adoption  <input type="checkbox"/> Death                     </span>
Child	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Eyewear					Effective Date of Change _____ <input type="checkbox"/> Divorce <sup>1</sup> <input type="checkbox"/> Court Order <sup>2</sup> <input type="checkbox"/> Loss of Other Coverage <sup>3</sup> <input type="checkbox"/> Obtained Other Coverage <span style="float: right;"> <input type="checkbox"/> Marriage  <input type="checkbox"/> Newborn  <input type="checkbox"/> Adoption  <input type="checkbox"/> Death                     </span>
Child	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Eyewear					Effective Date of Change _____ <input type="checkbox"/> Divorce <sup>1</sup> <input type="checkbox"/> Court Order <sup>2</sup> <input type="checkbox"/> Loss of Other Coverage <sup>3</sup> <input type="checkbox"/> Obtained Other Coverage <span style="float: right;"> <input type="checkbox"/> Marriage  <input type="checkbox"/> Newborn  <input type="checkbox"/> Adoption  <input type="checkbox"/> Death                     </span>

NOTES: You must give proof of prior coverage to SelectHealth within 60 days.

- If you are making a change because of a divorce, you must attach a copy of the divorce decree with this Change Form. You should include the first page of the decree, the signature page, and any other portion(s) that specifies responsibility for dependent coverage.
- If you are adding a dependent because of a court or administrative order, please attach a copy with this form.
- If you are making a change because of a loss of other coverage, complete the information below:  
 Carrier \_\_\_\_\_ Date Coverage Began \_\_\_\_\_ Date Coverage Ended \_\_\_\_\_

\*Federal law section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 requires SelectHealth to gather this information.

### C. DISCONTINUANCE OF BENEFITS

I wish to discontinue **my** benefits. Check all that apply:  **Medical**  **Dental**  **Eyewear**  
 Reason for Discontinuance \_\_\_\_\_ Date of Discontinuance \_\_\_\_\_  
 I wish to discontinue my **spouse** or **ex-spouse's** benefits. Check all that apply:  **Medical**  **Dental**  **Eyewear**  
 The spouse's or Ex-Spouse's signature is required below, unless the divorce decree is attached (see Note 1 above) for divorce situations.  
 Subscriber's Spouse or Ex-Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

### D. EMPLOYEE SIGNATURE

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### E. EMPLOYER USE

Employer Authorization \_\_\_\_\_ Date \_\_\_\_\_  
 Company Name \_\_\_\_\_ Group# \_\_\_\_\_  
 Comments \_\_\_\_\_

**Discontinuance of Medical Benefits**

Date of Termination \_\_\_\_\_  
 Term Reason:  Voluntary  Part Time  Employment Termination  
 Date of Loss of Eligibility Status \_\_\_\_\_  
 Transfer Date From \_\_\_\_\_ To \_\_\_\_\_  
 Date of Retirement \_\_\_\_\_  
 Date of Death \_\_\_\_\_

**Leave of Absence**

Leaving for Active Military Service \_\_\_\_\_  
 Coverage to Remain Active  Yes  No  
 Taking a Leave of Absence Date \_\_\_\_\_ Expected Return Date \_\_\_\_\_  
 Coverage to Remain Active  Yes  No  
 Return from a Leave of Absence/Military Service  
 Date \_\_\_\_\_



5381 Green Street  
Murray, UT 84123  
800-538-5038

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