

Individual and Family ACA plans.
Utah 2025



Select
Health



Insurance is complicated. We make it simple.

At Select Health, we're all about simple. With easy-to-understand plan designs and benefits tailored to meet your unique needs, we do health insurance differently. For you.

Network coverage.

We offer three high-quality, comprehensive provider networks with the care options you need where you need them.

Best-in-class service.

Our local team of insurance experts is available to help you with everything from understanding your benefits to finding the right doctor.

Virtual visits.

Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Connect Care (urgent care only) providers are covered at no additional cost to you. Urgent care must be at Connect Care to be covered at \$0 (certain restrictions apply).

Copay plan option.

Enjoy a plan with no deductible, predictable fixed costs for most services, and low-cost prescription drug coverage.

Health insurance definitions.

Before shopping for a plan, get familiar with these terms.

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

OUT-OF-POCKET MAXIMUM (OOP)—The total amount you may pay for services covered by your plan each year. Deductibles, coinsurance, and copays may apply to your out-of-pocket maximum.

COINSURANCE—A percentage of the cost of a covered service that you pay after you've met your deductible. For example, you pay 20%, the plan pays 80%.

COPAY—A fixed amount you pay the doctor, pharmacy, or facility for covered services. For example, you might pay \$20 for an office visit with your primary care doctor.

VIRTUAL VISITS—For, primary care, mental health, or urgent medical issues, talk to a provider online using your smart phone, tablet, or computer.

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

SECONDARY CARE PROVIDER (SCP)—These doctors are typically specialists such as cardiologists, neurologists, dermatologists, ophthalmologists, and more.

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

SUBSIDY—Depending on your income and other criteria, you may qualify for an Advance Premium Tax Credit or Cost-Share Reduction. To verify your eligibility, visit selecthealth.org/shop, contact your agent, or call us at **855-442-0220**.





Plans and benefits built for you.

Types of plans.

HEALTH SAVINGS ACCOUNT QUALIFIED (HSA-QUALIFIED)—These plans are designed to be used with a Health Savings Account (HSA). Using an HSA means you have more control over your healthcare dollars, with tax advantages.

BENCHMARK—Benchmark plans only cover essential health benefits, as defined under the Affordable Care Act. Visit selecthealth.org/resources/member-support/ehb-utah to learn more.



OFF-EXCHANGE—These plans are only available for purchase directly from Select Health by visiting selecthealth.org/shop.

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

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

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

SILVER PLANS—These may be good options if you're eligible for a Cost-Share Reduction (CSR) through healthcare.gov. These offer all the benefits of a CSR (based on eligibility) at the lowest possible cost.

Member benefits and resources.

All Select Health Individual & Family plans include the following at no additional cost.



TELEHEALTH AND VIRTUAL VISITS—

Expert care when and where you need it. Choose the option that is best for you and get the benefits of care from an Intermountain Health provider without leaving your home. Visit intermountainhealth.org/services/virtual-care. See page 15 for more information.

INTERMOUNTAIN HEALTH PATIENT PORTAL

APP—The Intermountain Health Patient Portal is a convenient way to book an appointment or pay a bill. Visit selecthealth.org/resources/digital-tools.

SELECT HEALTH APP—The Select Health Mobile App is a great resource for on-demand information about your health plan. Available in the App Store or Google Play, the app includes ID cards, health plan usage, medical cost estimator, claims, premium payments, and plan details. Visit selecthealth.org/resources/digital-tools.

MEDICAL COST ESTIMATOR—Our most-requested member tool, the medical cost estimator provides personalized estimates based on your benefits for a doctor, hospital, or service. Log in to your online Select Health account to begin.

WELLNESS RESOURCES—Learn about nutrition, attend a class, or see what wellness benefits we offer—all to live your healthiest life possible. Visit selecthealth.org/wellness/wellness-resources.



HEALTH AND WELLNESS DISCOUNTS—

Staying healthy is more than a good health insurance plan. Our member discounts can help you save money. Visit discounts.selecthealth.org.



WELLNESS REWARDS PROGRAM—

Plans include wellness rewards gym membership and physical activity rewards options. You can get up to \$240 a year for going to the gym or participating in activities like walking, acupuncture, tai chi, and yoga. Rewards received may be considered income and subject to tax. Visit selecthealth.org/wellness/wellness-rewards.

MEMBER ADVOCATES—Our Member Advocates can help you find the right doctor, make an appointment, or learn more about a provider such as training and languages spoken. Call us **800-515-2220** from 7:00 a.m. to 8:00 p.m. on weekdays, 9:00 a.m. to 2:00 p.m. on Saturdays.

CARE MANAGEMENT—Care managers are specially trained registered nurses who can help members manage long-term chronic diseases and provide support for recovery from surgeries and short-term illnesses. Visit selecthealth.org/wellness/care-management/support-and-services.



PREVENTIVE CARE—

Preventive care is covered 100% on most Select Health plans, meaning you'll pay \$0 out of pocket. See our lists of covered preventive care services at selecthealth.org/wellness/preventive-care.

PHARMACY RESOURCES—Pharmacy resources include drug lookup, Home Delivery and Specialty Pharmacy, Mark Cuban Cost Plus Drug Company, Amazon Pharmacy, and Rx Savings Solutions®. Visit selecthealth.org/pharmacy or log in to your online Select Health account to begin. See page 17 for more information.

Individual plans and benefits | 2025 Utah plans.

Plan Name ▶	Benchmark ¹ Expanded Bronze Standardized Plan ⁵	Benchmark ¹ Expanded Bronze Select Copay Plan	Expanded Bronze 6900 Medical Deductible	Benchmark ¹ Silver Standardized Plan ⁵	Silver 3000 Medical Deductible	Benchmark ¹ Silver 5900 Medical Deductible
Participating Networks	M	V, M	V	S, V, M	V	S, V
Deductible						
Single / Family	\$7,500 / \$15,000	\$0	\$6,900 / \$13,800	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,900 / \$11,800
Out-of-Pocket Max						
Single / Family	\$9,200 / \$18,400	\$9,200 / \$18,400	\$9,200 / \$18,400	\$8,000 / \$16,000	\$8,750 / \$17,500	\$8,500 / \$17,000
Virtual Visits ³	\$0	\$0	\$0	\$0	\$0	\$0
PCP / Behavioral Health Office Visits	\$50	\$45	\$45	\$40	\$35	\$0
SCP Office Visits	\$100	\$90	\$95	\$80	\$60	\$40
Urgent Care	\$75	\$70	\$95	\$60	\$60	\$50
Inpatient Hospitalization (Facility)	50% after Deductible	\$2,950 per day	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible
Outpatient Hospital Services (Facility)	50% after Deductible	\$1,200	50% after Deductible	40% after Deductible	40% after Deductible	50% after Deductible
Minor Diagnostic ⁴ (Lab and X-ray)	50% after Deductible	\$75	Covered 100% after Deductible	40% after Deductible	\$20	\$30
Emergency Room	50% after Deductible	\$1,500	\$600 after Deductible	40% after Deductible	\$600 after Deductible	\$600 after Deductible
Routine Dental Services (Adult / Pediatric)	Not Covered	Not Covered	\$95	Not Covered	\$60	Not Covered
Rx Deductible						
Single / Family	Combined with Medical	\$3,500 / \$7,000	\$1,500 / \$4,500	Combined with Medical	\$750 / \$2,250	\$750 / \$2,250
Tier 1 Drugs	\$25	\$15	\$15	\$20	\$5	\$5
Tier 2 Drugs	\$25	\$30	\$30	\$20	\$25	\$25
Tier 3 Drugs	\$50 after Deductible	\$125 after Rx Deductible	30% after Rx Deductible	\$40	25% after Rx Deductible	25% after Rx Deductible
Tier 4 Drugs	\$100 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$80 after Deductible	50% after Rx Deductible	50% after Rx Deductible
Tier 5 Drugs	\$500 after Deductible	50% after Rx Deductible	50% after Rx Deductible	\$350 after Deductible	50% after Rx Deductible	50% after Rx Deductible

1. Benchmark plans cover only Essential Health Benefits (EHBs) as defined by the state of Utah. Some non-EHBs like prosthetics and crutches are not covered under these plans. For more information, call Individual Sales at **855-442-0220** or visit healthcare.gov.
2. When two or more are enrolled, the family deductible applies and no single person in the family will pay more than the single embedded out of pocket maximum.
3. Virtual visits with an in-network primary care provider, mental health provider, and Intermountain Connect Care providers are covered at no additional cost to you (except HSA-Qualified plans).
4. Some minor diagnostic services will be covered as part of the office visit cost share.



Ready to Shop?

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

Value Added Benefits



Benchmark ¹ Silver 6000 Medical Deductible	Silver 5500 Medical Deductible ⁶	Benchmark ¹ Silver 3750 Deductible - HSA Qualified ^{2, 6}	Benchmark ¹ Gold Standardized Plan ⁵	Benchmark ¹ Gold	Gold 1500 Medical Deductible	Benchmark ¹ Platinum Standardized Plan ⁵	Benchmark ¹ Platinum
M	S, V, M	S, V, M	S, V, M	S	V, M	V, M	V, M
\$6,000 / \$12,000	\$5,500 / \$11,000	\$3,750 / \$7,500	\$1,500 / \$3,000	\$0	\$1,500 / \$3,000	\$0	\$0
\$8,600 / \$17,200	\$9,200 / \$18,400	\$7,500 / \$15,000	\$7,800 / \$15,600	\$8,950 / \$17,900	\$8,000 / \$16,000	\$4,300 / \$8,600	\$8,950 / \$17,900
\$0	\$0	Covered 100% after Deductible	\$0	\$0	\$0	\$0	\$0
\$0	\$0	Covered 100% after Deductible	\$30	\$0	\$0	\$10	\$0
\$40	\$25	Covered 100% after Deductible	\$60	\$50	\$45	\$20	\$0
\$50	\$60	Covered 100% after Deductible	\$45	\$50	\$45	\$15	\$25
50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$350 per stay	10%
50% after Deductible	50% after Deductible	20% after Deductible	25% after Deductible	30%	20% after Deductible	\$150	10%
\$30	\$15	Covered 100% after Deductible	25% after Deductible	Covered 100%	Covered 100%	\$30	Covered 100%
\$600 after Deductible	\$600 after Deductible	20% after Deductible	25% after Deductible	30%	\$350 after Deductible	\$100	\$250
Not Covered	\$25	Not Covered	Not Covered	Not Covered	\$45	Not Covered	Not Covered
\$825 / \$2,475	\$1,500 / \$4,500	Combined with Medical	Combined with Medical	\$250 / \$750	\$250 / \$750	Combined with Medical	\$0
\$5	\$5	Covered 100% after Deductible	\$15	\$5	\$5	\$5	\$0
\$25	\$15	Covered 100% after Deductible	\$15	\$20	\$25	\$5	\$10
25% after Rx Deductible	50% after Rx Deductible	20% after Deductible	\$30	25% after Rx Deductible	25% after Rx Deductible	\$10	\$45
50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$60	50% after Rx Deductible	50% after Rx Deductible	\$50	50%
50% after Rx Deductible	50% after Rx Deductible	50% after Deductible	\$250	50% after Rx Deductible	50% after Rx Deductible	\$150	50%

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

6. Off marketplace only plans.

Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit selecthealth.org or call Member Services at 800-538-5038.

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



Tips for choosing a plan.

Think through your potential usage and ask yourself a few questions:

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



Verify your subsidy eligibility.

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



Check if your current providers are in-network.

Visit selecthealth.org/find-care-UT to browse in-network providers or call Member Services at **800-538-5038**.

Consider your prescription needs.

Not all plans offer the same prescription benefit coverage. Review plans on page 6 and learn more about prescription benefits on page 16.

Determine your dental needs.

If you're purchasing a medical plan, you can add a Select Health Individual Dental plan to your coverage. Learn more about our dental plan options on page 12.

How to enroll.

Now that you've decided to enroll in a Select Health plan, here's how:

YOUR AGENT

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



ONLINE

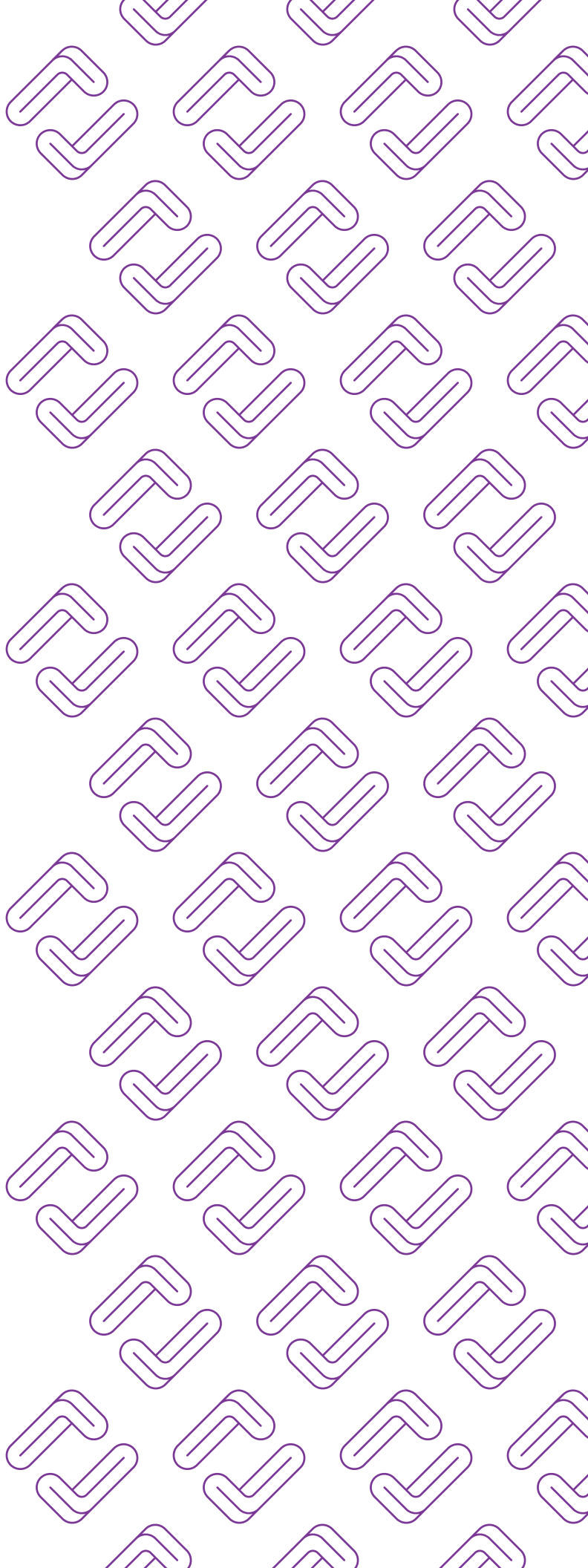
Shop with us at selecthealth.org/shop.

CALL US

Individual Sales **855-442-0220**

Your shopping checklist.

- ✓ Review network to ensure your providers are participating before you enroll.
- ✓ Review your total out-of-pocket costs, including premium and your anticipated portion of the cost.
- ✓ Determine dental needs.
- ✓ Verify your subsidy eligibility.



Our networks and facilities.

Choosing in-network providers and facilities is the best way to maximize your benefits and save money. Review our network options to determine which plan is right for you.

Select Health Signature.

- Available to residents of Weber, Davis, Salt Lake, and Utah counties.
- Highly aligned network providing access to more than 450 high-quality facilities and over 8,900 providers along the Wasatch Front.

BEST FOR:

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

Select Health Value.

- Available for residents of Box Elder, Weber, Davis, Morgan, Salt Lake, Summit, Wasatch, Utah, and Tooele counties.
- A proven popular network.
- Provides access to more than 600 facilities and over 13,500 providers.
- Includes access to Select Health Value providers and facilities in Utah and Nevada.

BEST FOR:

Those who want a midsized network for less money.

Select Health Med.

- Largest and most comprehensive network with access to care in Idaho and the Select Health Med Network in Nevada.
- Provides access to more than 600 facilities and over 14,000 providers.

BEST FOR:

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



Scan to find a facility or provider in your area.
Visit selecthealth.org/find-care-UT





Select Health dental plans and benefits.

Select Health Dental provides comprehensive coverage to keep your teeth healthy. With hundreds of providers to choose from, top-ranked customer service, and online support, there's plenty to smile about.

Our Networks.

No matter where your dentist is located, they'll likely be covered in one of our three dental networks.

Select Health Fundamental.

This is our smallest, most affordable network, providing access to over 700 providers throughout Utah.

Select Health Prime.

This midsize option provides affordable access to dental providers along the Wasatch Front. It includes over 850 participating providers throughout Utah.

Select Health Classic.

This is our largest, most popular network. This network is statewide with coverage in rural areas where Prime and Fundamental are unavailable. It includes over 1,600 participating providers throughout Utah.

Pair with your medical plan.

If you'd like to enroll in a dental plan, you must also be enrolled in a medical plan. To find a medical plan that fits your needs, please contact your agent, call Select Health at **855-442-0220**, or visit selecthealth.org/shop.

Mix and match.

You can mix and match benefit options with our Classic network, or if you are located along the Wasatch Front, you can match a benefit plan with our Fundamental or Prime network.

Ready to Shop?

To add a dental plan to your medical plan contact your agent or call us at **855-442-0220**.



Find a provider at
selecthealth.org/find-care-UT



Benefits	Dental 750 (100/80/50) ³		Dental 1000 (100/80/50) ³	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Deductible (Individual/Family)	\$50/\$150		\$50/\$150	
Annual Max² (Individual)	\$750		\$1,000	
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, X-rays	No charge	20%	No charge	20%
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Major (12-month waiting period without prior coverage) Crowns, bridges, dentures, endodontics, and periodontics	50% after deductible	60% after deductible	50% after deductible	60% after deductible

Benefits	Dental 1500 (100/70/50) ³		Dental 1500 (90/70/50) ³	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Deductible (Individual/Family)	\$50/\$150		\$50/\$150	
Annual Max² (Individual)	\$1,500		\$1,500	
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, X-rays	No charge	30%	10%	30%
Basic (Six-month waiting period without prior coverage) Fillings and oral surgery	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Major (12-month waiting period without prior coverage) Crowns, bridges, dentures, endodontics, and periodontics	50% after deductible	60% after deductible	50% after deductible	60% after deductible

1 Out-of-network benefits are optional and must be elected at the time of enrollment.

2 Individual plan payment maximum.

3 Coinsurance amounts the plan pays for preventive, basic, and major dental services.

Your care options.

Not everyone wants to receive care the same way. You choose how to manage your care.

Scheduled care

Primary care provider



A primary care provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history, be your partner in preventive care, and help you find specialists when you need them. To find an in-network doctor, visit selecthealth.org/find-care-UT.

Secondary care provider



We've partnered with specialty providers to ensure you have access to high-quality care when you need it. Visit selecthealth.org/find-care-UT to find an in-network specialist near you.

Local clinics



All plans include access to Intermountain Health community clinics and contracted partner clinics, so you never have to go far to get care.

Immediate care

Intermountain InstaCare®



A great option when you need urgent care outside of regular business hours.

Urgent care



For urgent care within your service area, go to an in-network facility. For emergencies, call 911 or go to the nearest hospital.

Hospitals



Our integration with Intermountain Health means you get high-quality hospital care at the lowest possible cost. Need care at non-Intermountain Health hospitals? Don't worry! We've partnered with local facilities and providers, too. Go to selecthealth.org/find-care-UT to find in-network facilities near you.



Find a Provider
selecthealth.org/find-care-UT



Telehealth and virtual visits:

We offer convenient virtual care options for \$0 out of pocket when you see in-network primary care, mental health provider, and Intermountain Connect Care urgent care providers (certain exceptions apply).

The Intermountain Health Patient Portal.

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



Virtual care services.

Choose the care option that is best for you and get the benefits of care from an Intermountain Health provider without coming to the clinic. Services include lactation, physical therapy, nutrition, behavioral health, primary care, urgent care, and high-risk cancer prevention. Visit intermountainhealthcare.org/services/virtual-care to learn more.

The nurse line.

Call the nurse line to speak to a registered nurse who will listen to your concerns, answer any medical questions you may have, and help you decide what course of action to take. Call **844-501-6600**.

Your provider.

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

Urgent and emergency out-of-area care:

Outside Utah, Idaho, or Nevada.

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are. If you need urgent or emergency care visit the nearest doctor or hospital, or you can use the UnitedHealthcare Options PPO network.

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

Present your ID card when you visit a UnitedHealthcare Options PPO network provider or facility. The logos on the back of the card give you network access.

Outside of the country.

If you 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 with a Claim Reimbursement Form, which can be found on selecthealth.org/forms.

Select Health prescription benefits.

Prescription drugs.

RxCore® is a closed five-tier formulary that provides appropriate pharmacy coverage of generic and brand-name drugs only when a generic or over-the-counter option is unavailable. Preferred generic drugs and a limited number of preferred brand-name drugs are covered at the lowest copay/coinsurance available for generics and brands respectively. Some drugs will be covered at higher tiers based on their cost regardless of whether they are brand or generic. There are five copay/coinsurance levels, as described in the table below.

Tier 1	Lowest cost (preferred generic and some brand-name drugs)
Tier 2	Low cost (non-preferred generic and some brand-name drugs)
Tier 3	Medium cost (preferred brand and some generic drugs)
Tier 4	High cost (non-preferred brand and some generic drugs)
Tier 5	Highest cost (specialty brand name and generic drugs)



Prescription drug list (PDL).

To find your medication, its tier, cost, and any special requirements, use the search function at selecthealth.org/pharmacy.

Special requirements.

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

STEP THERAPY—If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost-effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.

PREAUTHORIZATION—This means that your doctor must contact us for approval before your drug will be covered.



Home delivery.

Getting your medications is easier than ever with free Intermountain Home Delivery. Home delivery is also a great option for people with long-term Rx needs and those who order 90-day prescriptions. This program may also help you save on copays and other prescription fees (certain restrictions apply). Call **855-779-3960** for assistance or visit selecthealth.org/pharmacy/home-delivery-and-specialty-pharmacy.



Intermountain Specialty Pharmacy.

If you take specialty medications, use the Intermountain Specialty Pharmacy for quality service at a lower cost. Learn more by calling **877-284-1114**.

Your neighborhood pharmacy.

Your plan includes a large network of local and national pharmacies. To see a full list, visit selecthealth.org/pharmacy.

Rx Savings Solutions.

- Spend less money on your prescriptions.
- Receive alerts to notify you of lower-cost options.
- Find less expensive alternatives for your prescriptions based on your health plan.

Visit selecthealth.org/rxsavings to enroll.



Mark Cuban Cost Plus Drugs.

You have access to more than 1,000 prescription products at potentially lower prices than traditional pharmacy locations. Visit costplusdrugs.com to learn more.

Amazon Pharmacy.

You have in-network benefits for covered medications at the Amazon Pharmacy. They deliver your medication right to your door, with status updates along the way. Visit pharmacy.amazon.com to get started.

Pharmacy tools.

Log in to selecthealth.org to access pharmacy tools like:

- Drug coverage information
- Rx claims (online Select Health account)
- Comparable drug prices
- A list of in-network pharmacies
- Information on drug interactions





General information.

Our plans.

Our plans are designed to provide coverage for hospital, medical, preventive care, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided through in-network providers for daily hospital room and board, miscellaneous hospital services, anesthesia services, in-hospital medical services, and outpatient care. Coverage is subject to any deductible, copay provisions, or other limitations that may be set forth in your contract.

Eligibility.

You and your dependents may apply for coverage if you are a resident of Utah and not eligible for Medicare. Eligible dependents include the subscriber's legal spouse, children younger than age 26, eligible disabled children older than age 26, and children who are under court-ordered legal guardianship until legal guardianship ends. See contract for more details.

Termination.

Based on your contract, health coverage may be terminated for the following reasons:

- Nonpayment of premiums
- Fraud or intentional misrepresentation of material fact
- Residing or working outside of our service area

Excluded services.

For a list of excluded services, see your member materials or visit selecthealth.org/resources/member-resources.



Excess charges.

There are charges from providers and facilities that exceed the Select Health allowed amount for covered services. Unless protections against balance billing apply under state or federal law, when you use an out-of-network provider or facility for urgent care, you may be responsible for any incurred excess charges. These charges do not apply to your out-of-pocket maximum.

Appeals/utilization management (UM).

For information about what requires preauthorization, our Care Management programs, or filing an appeal, see your member materials or visit our Member Resources page at selecthealth.org/resources.

Protecting your privacy.

To learn more about our privacy policies and security measures, or to view our complete Notice of Privacy Practices, visit selecthealth.org/policy.

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.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900 (TTY: 711)** / Select Health: **800-538-5038**.

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

Shop

selecthealth.org/shop

General questions

Member Services
800-538-5038

Help finding a doctor

Member Advocates
800-515-2220
selecthealth.org/find-care-UT

More plan information

Individual Sales
855-442-0220

selecthealth.org/individual



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