


Enhanced short-term plans

Idaho



Select
Health



“I’ve never had a health insurance company that openly showed concern for my overall health. Select Health is like a mother looking out for her children. Thanks!”

—Patrick S., A Select Health Member



Insurance is complicated. We make it simple.

We provide affordable, high-quality care uniquely tailored to you. With easy-to-understand benefits and simple plan designs, our goal is to provide health insurance coverage you don't have to think about when life happens.

Feel the difference with perks and benefits like these:

\$0 Intermountain connect care visits

- Get quality care whenever and wherever you need it—all for \$0 out-of-pocket costs per visit.

Medical care and insurance in sync

- Select Health works closely with partners across Idaho including St. Luke's Health Partners® and Eastern Idaho Regional Medical Center to ensure you get quality care at the best price.

Definitions

Deductible

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

Out-of-pocket maximum (OOP)

The total amount you may pay for covered services each year. Things like 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 hit 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.

Premium

A premium is the monthly bill you pay for insurance coverage. It does not apply toward the cost-sharing amounts on your plan, such as deductibles or out-of-pocket maximums.

Excess charges

Excess charges are any dollar amounts that exceed the allowed amount for a covered service. If you are using an in-network (participating) provider, they will not ask you to pay this amount (this is called a write off). If you see an out-of-network (nonparticipating) provider, you may be responsible to pay any excess charges.

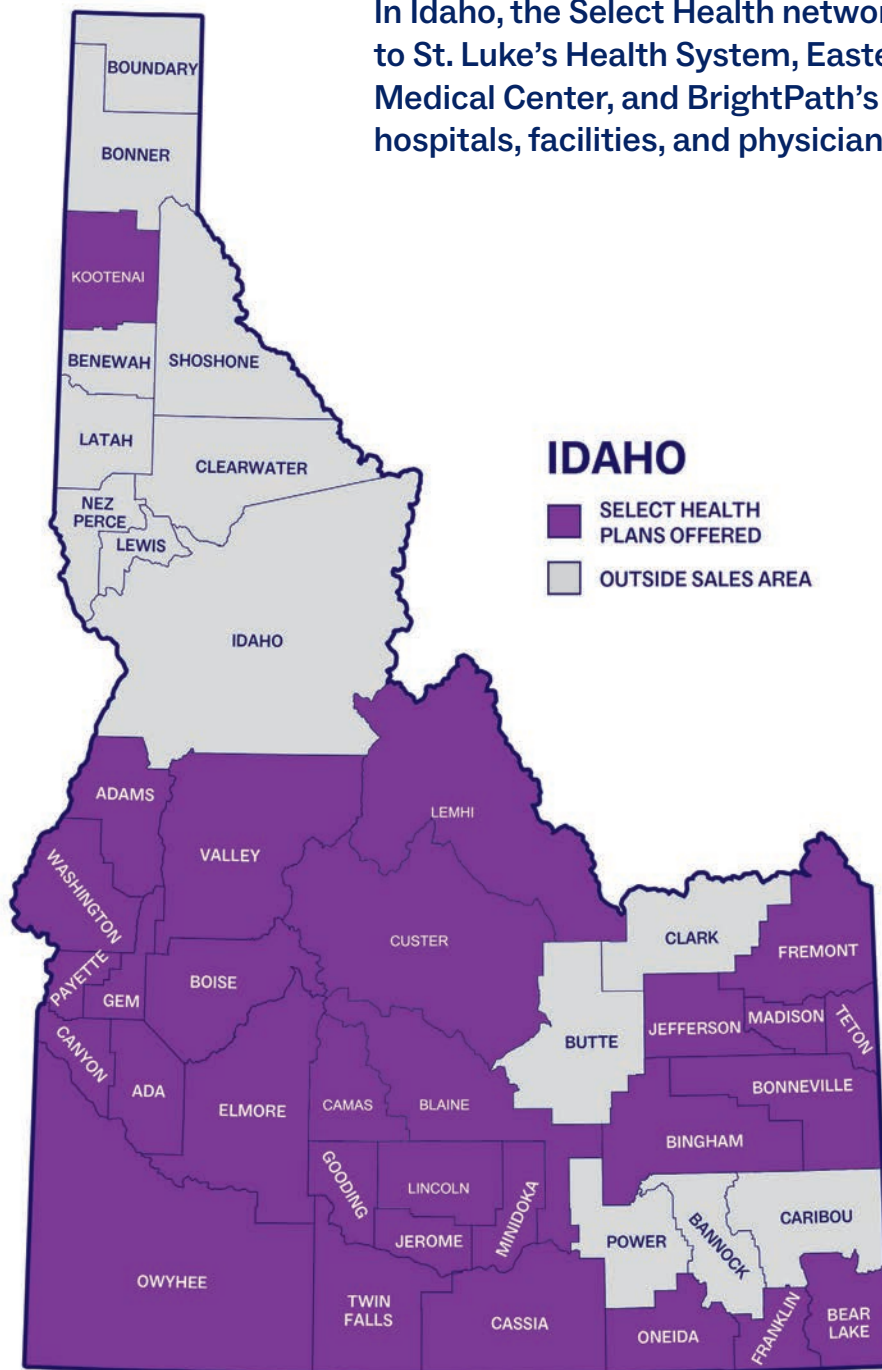
Primary care provider

A Primary Care Provider (PCP) is a doctor, Physician Associate, or Nurse Practitioner who sees you for common medical problems, performs routine exams, and helps prevent or treat illness. Seeing the same provider for most visits will help you establish a relationship that can improve your care.



Our network

In Idaho, the Select Health network provides access to St. Luke's Health System, Eastern Idaho Regional Medical Center, and BrightPath's nationally recognized hospitals, facilities, and physicians.



Enhanced short-term plans

Your new plan—with more flexibility.

Select Health Enhanced short-term plans are built and designed to save you money. They're flexible, affordable, cover most major medical issues, and offer our most popular plan benefits. Here's to choices as unique as you.

Variable premiums. Dependent on your health. Remember: if you have a Pre-Existing Condition (PEC), it will be factored into your premium and there is a waiting period before we start coverage for services related to a PEC.

Flexible terms. Plans are renewable for up to three years, giving you choice in how long you keep your plan.

Available when you need them. Purchase anytime throughout the year—no need to wait until Open Enrollment or for a Special Enrollment Period.

Basics still covered. It covers doctor's services, inpatient and outpatient hospital care, rehabilitative, therapies, mental health services, and more.

A sure thing. Plans are guaranteed issue and renewal.

Keep your doctor. You'll have access to high-quality doctors and facilities across Idaho.

These plans may be a best fit for those who are:

- Not eligible for an Advanced Premium Tax Credit or Cost-Sharing Reduction Plan through Your Health Idaho
- In good health
- Looking to purchase a plan outside of the Open Enrollment Period
- Looking for peace of mind in case of an injury or health emergency



Pre-existing conditions.

On an Enhanced Short-Term Plan, there is a specific waiting period for pre-existing conditions. This may vary depending on whether you had health insurance before enrolling on a short-term plan.

A PEC is a condition or symptom that:

- Requires medical care and/or treatment
- Was treated or recommended for treatment by a doctor
- Was present before your insurance coverage effective date

Some common pre-existing conditions include:

- Hypertension
- Diabetes
- Cancer
- Heart disease
- Asthma
- Sleep apnea
- Depression
- Pregnancy

Medically underwritten

Unlike Affordable Care Act (ACA) plans, Enhanced Short-Term Plans are medically underwritten. That means Select Health will require you to disclose your entire medical history during the application process. Keep in mind that this process won't exclude you from enrolling on a plan, but it will be a factor in determining your premium rate.

Enhanced short-term plans and benefits

IDAHO PLAN	Enhanced Short-Term 2000	Enhanced Short-Term 5000
Deductible		
Single	\$2,000	\$5,000
Family	\$4,000	\$10,000
Maternity Deductible	\$7,500	\$7,500
Out-of-Pocket Max		
Single	\$10,000	\$10,000
Family	\$20,000	\$20,000
Annual Maximum paid per person	\$2,000,000	\$2,000,000
Primary Care Provider (PCP)	\$20	\$35
Secondary Care Provider (SCP)	\$50	\$60
Behavioral Health Provider	\$20	\$35
Urgent Care	\$50	\$60
Preventive Care	Covered 100%	Covered 100%
Inpatient Services	20% After Deductible	30% After Deductible
Outpatient Services	20% After Deductible	30% After Deductible
Intermountain Connect Care	\$0	\$0
Minor Diagnostic Tests	100% After Deductible	100% After Deductible
Major Diagnostic Tests	20% After Deductible	30% After Deductible
Emergency Room	\$350 After Deductible	\$350 After Deductible
Pharmacy		
Rx Deductible per person	\$2,000	\$2,000
Tier 1 Drugs	\$10	\$10
Tier 2 Drugs	\$25	\$25
Tier 3 Drugs	25% After Deductible	25% After Deductible
Tier 4 Drugs	50% After Deductible	50% After Deductible
Tier 5 Drugs	30% After Deductible	40% After Deductible



Other plan options

If an Enhanced Short-Term Plan doesn't feel like a good fit, we've got other plan options that might be just right.

Transition plans

If you are looking for short-term coverage for 6 months or less, our Select Health Transition Plans may be a great option. They provide interim coverage for unexpected illness or injury, and are a perfect fit for those who are transitioning between coverage or waiting for enrollment on a ACA plan.

Note: These plans are not a good option for those who are pregnant or planning to get pregnant while on the plan.

ACA plans

If you're eligible for a subsidy or you have a condition that would make your premium on an Enhanced Short-Term Plan higher than you'd like, and you can wait until the Open Enrollment Period, ACA plans may offer the best benefits for the lowest cost. The Open Enrollment Period typically runs from October 15 through December 15.

Want to talk through your options?

Call our Individual Sales team at **855-442-0220**. They can help you determine which plan is appropriate for you and your family based on your specific circumstances.



Prescription drug benefits, plus access to more than 55,000 pharmacies nationwide, including Walgreens®.

Prescription benefits

Prescription drugs

RxCore® is a closed, five-tier formulary which provides appropriate pharmacy coverage of generic drugs and brand name drugs only when a generic or over-the-counter option is not available. 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)

We use drug lists to organize medications into tiers and categories. To find your medication, its tier, cost, and any special requirements, search for it on our website under Pharmacy.

Special requirements

Prescription drugs can only be filled up to 30 days at a time. 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.

Online tools

It's easy to view your family's prescription history or find out how much a drug will cost. Log in to selecthealth.org to do the following:

- Review drug coverage
- View Rx claims
- Compare drug prices
- Find in-network pharmacies
- Check for drug interactions

Know before you fill

Did you know there is such a thing as an in-network pharmacy? Just like going to a doctor who is in your network, you will save money on your prescriptions by going to a pharmacy in your network. Fortunately, you have a lot of options.

Your neighborhood pharmacy

Fill your prescriptions using our large network of local and national pharmacies. Specialty medications, which can be more expensive, will need to be filled at specific specialty pharmacies.



Your care options

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 specialty providers when you need them. To find an in-network doctor, visit selecthealth.org/findadoctor.

Specialty care provider

When you need more than your PCP, our network of specialists and surgeons can help—and there are thousands to choose from. Our affiliations with specialty facilities mean you can count on access to top-notch care.

Local clinics

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

Immediate care

Urgent care

If you need urgent or emergency care, we've got you covered. If you need urgent care within your service area, you will need to go to an in-network facility in order to use your in-network benefits. For an emergency, call 911 or go to the nearest hospital.

Hospitals

Our hospital network spans the state of Idaho, offering a variety of care and services. Think heart care, cancer treatment, transplant services, women and newborns, and much more—you name it, they can treat it. And because we are partnered with St. Luke's, you get high-quality care at a low cost.



Out-of-area care

Emergency and urgent care

If you need urgent or emergency care, we've got you covered. When you are outside of your network service area, you can get urgent or emergency care anywhere; however, a lower level of benefits may apply to urgent care when you see an out-of-network provider.

Telehealth and virtual care

Intermountain Connect Care

Visit a provider 24/7 via live online video using your smartphone, tablet, or computer. There's no copay* for Connect Care, which means you get high-quality care whenever, wherever for no out-of-pocket cost*. Download the app or visit intermountainconnectcare.org to get started.

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 for daily hospital room and board, miscellaneous hospital services, anesthesia services, in-hospital medical services, and out-of-hospital 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 Idaho 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 your Contract for more details on guardianship.

Termination

Your coverage will not terminate (end) for health reasons. However, your coverage may end according to the terms of your Contract, including any of these reasons:

- Nonpayment of premiums
- Fraud or intentional misrepresentation of material fact
- You no longer reside, live, or work in the service area
- End of 3 year duration

If we do not receive a premium or we are unable to collect a premium, you will be notified.

Excluded services

For a list of excluded services, see your member materials, visit selecthealth.org/exclusions, or call **800-538-5038**.

Excess charges

These are charges from providers and facilities that exceed the Select Health allowed amount for covered services. When you use an out-of-network provider or facility, 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

You've got options

No matter your situation, we believe that everyone should have access to quality healthcare. That's why we offer health plans to fit every need, budget, age, and lifestyle—choose from employer plans, Medicare, and Individual and Family plans (including short-term plans). To explore the options, visit selecthealth.org/plans or call us at **800-538-5038**.



Resources page at selecthealth.org/resources. 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

How to enroll

You've done your homework and you're ready!
If 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.

Your Select Health agent

Online

Shop with us at
selecthealth.org/shop

Call us

Individual Sales
855-442-0220

Who to contact

General questions

Member Services: **800-538-5038**

Help finding a doctor

Member Advocates: **800-515-2220**

More plan Information

Individual Sales: **855-442-0220**
selecthealth.org/individual





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