

Individual and Family ACA plans. Utah 2024



**Select
Health**



Life loves surprises. We love predictable.

With easy-to-understand plan designs and benefits tailored to meet your unique needs, we do health insurance differently. For you.

Statewide 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.

Copay plan option

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

Health insurance definitions.

Before you start to even think about shopping for a plan, there are a few pretty confusing terms used in insurance. Get to know these concepts so you feel confident and empowered when it's time to shop.

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. 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 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.

BENCHMARK PLANS—These plans only provide coverage for the Essential Health Benefits as outlined under the Affordable Care Act. They're generally less expensive than other Individual plans.

VIRTUAL VISITS—For urgent medical, mental health, or primary care 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. Select Health considers 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 to pay 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 a Advance Premium Tax Credit or Cost-Share Reduction. To verify your eligibility, visit selecthealth.org/shop, call us at **855-442-0220**, or contact your agent.





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.

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



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

COPAY PLAN—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 our members love.

SILVER PLANS—If you're eligible for a Cost-Share Reduction (CSR) through the Marketplace, this may be a good option for you. It offers all the benefits of a CSR (based on eligibility) at the lowest possible cost.

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

- Bilingual Resources
- Care Management
- Cost Estimator
- Health and Wellness Discounts
- Intermountain Health Patient Portal App
- Intermountain Connect Care App
- Member Advocates support to help you find doctors, make appointments, and answer questions
- Select Health Mobile App
- Preventive Care

- Rx Savings Solutions
- Telehealth and Virtual Visits
- Wellness Rewards Programs

Find more details about member benefits and resources at selecthealth.org/resources and selecthealth.org/wellness.



Individual plans and benefits | 2024 Utah plans



Ready to Shop?

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



Plan Type	No-Deductible Office Visits	HSA-Qualified ²	Benchmark ¹	Benchmark ¹ / No-Deductible Office Visits	Benchmark ¹ / HSA-Qualified ² / Off-Exchange	No-Deductible Office Visits / Off-Exchange	No-Deductible Office Visits	Benchmark ¹	No-Deductible Office Visits	Benchmark ¹
Plan Name	Expanded Bronze 6900	Expanded Bronze 8050	Expanded Bronze Copay Plan	Silver 5900	Silver 3750	Silver 5500	Silver 3000	Gold	Gold 1500	Platinum
Network	V	M	M V	M V S	M V S	M V S	V	S	M V S	M V S
Deductible										
Single	\$6,900	\$8,050	\$0	\$5,900	\$3,750	\$5,500	\$3,000	\$0	\$1,500	\$0
Family	\$13,800	\$16,100	\$0	\$11,800	\$7,500	\$11,000	\$6,000	\$0	\$3,000	\$0
Out-of-Pocket Max										
Single	\$9,450	\$8,050	\$9,450	\$9,000	\$7,500	\$9,450	\$9,100	\$8,950	\$8,000	\$8,950
Family	\$18,900	\$16,100	\$18,900	\$18,000	\$15,000	\$18,900	\$18,200	\$17,900	\$16,000	\$17,900
Primary Care Provider (PCP)	\$45	Covered 100% after Deductible	\$45	\$0	Covered 100% after Deductible	\$0	\$35	\$0	\$0	\$0
Secondary Care Provider (SCP)	\$95	Covered 100% after Deductible	\$90	\$40	Covered 100% after Deductible	\$25	\$60	\$50	\$45	\$0
Urgent Care Services	\$95	Covered 100% after Deductible	\$70	\$50	Covered 100% after Deductible	\$60	\$60	\$50	\$45	\$25
Virtual Visits³	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Preventive Care and Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests⁴	Covered 100% after Deductible	Covered 100% after Deductible	\$75	\$30	Covered 100% after Deductible	\$15	\$20	Covered 100%	Covered 100%	Covered 100%
Inpatient Hospital Services	50% after Deductible	Covered 100% after Deductible	\$2,950 per day (up to 3 day copay maximum)	50% after Deductible	20% after Deductible	50% after Deductible	50% after Deductible	30%	20% after Deductible	10%
Outpatient Services	50% after Deductible	Covered 100% after Deductible	\$1,200	50% after Deductible	20% after Deductible	50% after Deductible	50% after Deductible	30%	20% after Deductible	10%
Emergency Room	\$600 after Deductible	Covered 100% after Deductible	\$1,500	\$600 after Deductible	20% after Deductible	\$600 after Deductible	\$600 after Deductible	30%	\$350 after Deductible	\$250
Rx Deductible Per Person/Family	\$1,500/\$4,500	Medical and Rx Combined	\$3,500/\$7,000	\$900/\$2,700	Medical and Rx Combined	\$1,500/\$4,500	\$1,000/\$3,000	\$250/\$750	\$250/\$750	\$0/\$0
Tier 1 Drugs	\$15	Covered 100% after Deductible	\$15	\$5	Covered 100% after Deductible	\$5	\$5	\$5	\$5	\$0
Tier 2 Drugs	\$30	Covered 100% after Deductible	\$30	\$25	Covered 100% after Deductible	\$15	\$25	\$20	\$25	\$10
Tier 3 Drugs	30% after pharmacy Deductible	Covered 100% after Deductible	\$125 after pharmacy Deductible	25% after pharmacy Deductible	20% after Deductible	50% after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	\$45
Tier 4 Drugs	50% after pharmacy Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50%
Tier 5 Drugs	50% after pharmacy Deductible	Covered 100% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50%

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 on a HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single 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.
⁴ Some minor diagnostic services will be covered as part of the office visit cost share.
⁵ These plans are designed by CMS. Benefits will be the same or similar to other standardized plans from other carriers.

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. 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.
 Med M Value V Signature S



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, call us at **855-442-0220**, or contact your agent.



Check if your current providers are in-network

Visit selecthealth.org/findadoctor to browse in-network providers or call Member Services at **800-538-5038** to request a provider directory.



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

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.

ONLINE

Shop with us at selecthealth.org/shop.

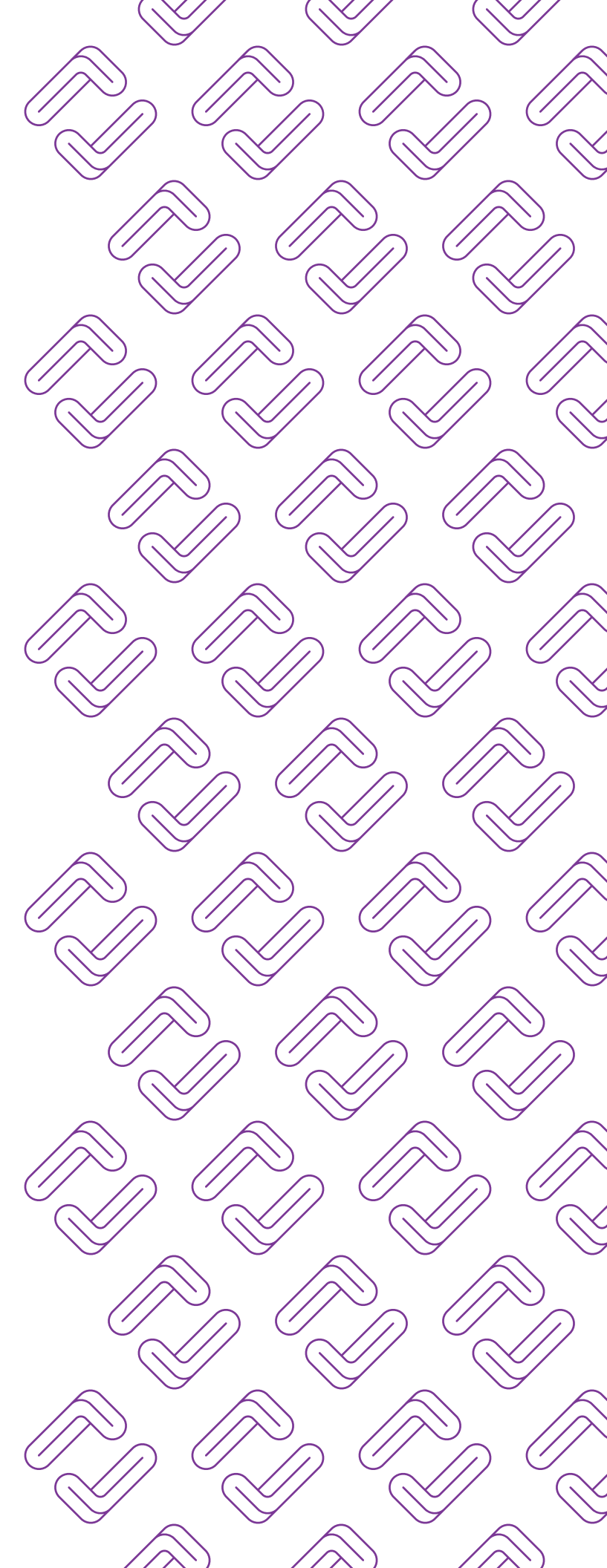


CALL US

Individual Sales **855-442-0220**

Your shopping checklist

- ✓ Review network options and check for in-network providers
- ✓ Consider your total out-of-pocket costs, including premium and your anticipated portion for the cost of care.
- ✓ Determine dental needs
- ✓ Verify your subsidy eligibility



Our networks.

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 many 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 mid-sized 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.

UTAH	SIGNATURE	VALUE	MED
Alta View Hospital	•	•	•
American Fork Hospital	•	•	•
Ashley Regional Medical Center	•	•	•
Bear River Valley Hospital	•	•	•
Beaver Valley Hospital	•	•	•
Blue Mountain Hospital	•	•	•
Castleview Hospital	•	•	•
Cedar City Hospital	•	•	•
Central Valley Medical Center	•	•	•
Delta Community Hospital	•	•	•
Fillmore Community Hospital	•	•	•
Garfield Memorial Hospital	•	•	•
Gunnison Valley Hospital	•	•	•
Heber Valley Hospital	•	•	•
Hunstman Cancer Hospital	•	•	•
Intermountain Medical Center	•	•	•
Kane County Hospital	•	•	•
Layton Hospital	•	•	•
LDS Hospital	•	•	•
Logan Regional Hospital	•	•	•
McKay Dee Hospital	•	•	•
Milford Memorial Hospital	•	•	•
Moab Regional Hospital	•	•	•
Moran Eye Center	•	•	•
Mountain West Medical Center	•	•	•
Orem Community Hospital	•	•	•
Park City Hospital	•	•	•
Primary Children's Medical Center	•	•	•
Riverton Hospital	•	•	•
San Juan Hospital	•	•	•
Sanpete Valley Hospital	•	•	•
Sevier Valley Hospital	•	•	•
Spanish Fork Hospital	•	•	•
St. George Regional Hospital	•	•	•
Tosh the Orthopedic Specialty Hospital	•	•	•
Uintah Basin Med Center	•	•	•
Utah Valley Hospital	•	•	•

Note: This list is subject to change.



Let's get started!
Scan here to find
a doctor near you.



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.

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.

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.

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**.

Benefits	Dental 750 (100/80/50)		Dental 1000 (100/80/50)	
	In-network	Out-of-network*	In-network	Out-of-network*
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max (Individual)	\$750	\$750	\$1,000	\$1,000
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, 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 (100/80/50)		Dental 1500 (100/80/50)	
	In-network	Out-of-network*	In-network	Out-of-network*
Deductible (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max (Individual)	\$1,500	\$1,500	\$1,500	\$1,500
Preventive and Diagnostic (No waiting period) Oral exams, cleanings, fluoride, 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

*Nonparticipating benefits are optional and must be elected at time of enrollment



Your care options.

Not everyone wants to receive care the same way. That's why you choose how you want to manage your health.

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/findadoctor.

Specialty care provider

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



Local clinics

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

Immediate care:

Intermountain InstaCare®

When you need urgent care outside of normal business hours, this is a great option.

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.

Intermountain Connect Care

Use the Intermountain Connect Care app to schedule virtual visits for urgent care.

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/findadoctor to find in-network facilities near you.



Telehealth and virtual visits:

We offer convenient virtual care options for \$0 out-of-pocket when you see in-network Primary Care Provider, Mental Health Provider, and Intermountain Connect Care urgent care providers.

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.

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, Nevada, or Colorado

Outside Utah, Idaho, Nevada, or Colorado 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, you can use the UnitedHealthcare Options PPO network.

Always 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.

If you need urgent or emergency care and need to find UnitedHealthcare Options PPO network providers or facilities, call Member Services at **800-538-5038** or visit selecthealth.org/findadoctor and select "UnitedHealthcare Options PPO" from the network drop down.

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 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)

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.

90-day maintenance drug benefit

This benefit allows members who have been taking a medication for at least one month to access a 90-day supply of select generic and brand-name medications. This reduces fill-frequency, saving time and money.

Hassle-free mail order

Get your medication delivered right to your door for no extra charge with Intermountain Home Delivery. To learn more, call **855-779-3960** or visit selecthealth.org.

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

Need to visit the pharmacy? Don't worry! 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.



Pharmacy tools

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

- Drug coverage information
- Rx claims (member portal login)
- 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

More plan information

Individual Sales
855-442-0220

selecthealth.org/individual



**Select
Health**