



Select
Health

Your health plan guide.

Myriad Genetics, Inc.

Large Employer
Utah 2025



Welcome.

This guide will help you access your benefits, find quality care, and keep costs as low as possible.

Healthcare is complicated, but we make it easy with our select service. Simple is our north star. Sincere is who we are. Seamless is the experience we deliver.



Tips to keep healthcare costs low.

Follow these tips to reduce costs and maximize savings.

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

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

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

Tellica Imaging - tellicaimaging.com

ASCs - intermountainhealthcare.org/surgerycenters

Imaging and ASC providers
(UnitedHealthcare Options PPO network)

- selecthealth.org/find-care

2 Make preventive care a priority.

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

selecthealth.org/wellness/preventive-care

3 Utilize in-network pharmacy resources.

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

selecthealth.org/pharmacy/pharmacy-resources

4 Manage chronic illness.

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

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

Benefit summaries.





Administered by SelectHealth

SCHEDULE OF BENEFITS

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$1,000	\$1,500
Out-of-Pocket Maximum	\$4,000	\$4,500
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible - per person/family	\$1,000/\$2,000	\$1,500/\$3,000
Out-of-Pocket Maximum - per person/family	\$4,000/\$7,150	\$4,500/\$9,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	30% after Deductible
Hospital Level Care at Home ⁴	20% after Deductible	Not Covered
Skilled Nursing Facility ⁴ - Up to 60 days per calendar Year	20% after Deductible	30% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 60 days per calendar Year for all therapy types combined	20% after Deductible	30% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	30% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	\$30	30% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	\$20	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	\$50	30% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20%	Not Covered
Major Surgery	20% after Deductible	30% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	30% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	30% after Deductible
Specialist/Secondary Care Provider (SCP) ¹	Covered 100%	30% after Deductible
Adult and Pediatric Immunizations	Covered 100%	30% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	30% after Deductible
Diagnostic Tests: Minor	Covered 100%	30% after Deductible
Other Preventive Services	Covered 100%	30% after Deductible
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	30% after Deductible
All Other Eye Exams	\$30	30% after Deductible
OUTPATIENT SERVICES⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	10% after Deductible	30% after Deductible
Ambulatory Surgical Center	10% after Deductible	30% after Deductible
Imaging Center	20% after Deductible	30% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room	\$150	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$30	30% after Deductible
Intermountain KidsCare [®] Facilities	\$30	Not Available
Intermountain Connect Care [®]	\$20	Not Available
Radiation	20% after Deductible	30% after Deductible
Dialysis	20% after Deductible	30% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	30% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	30% after Deductible
Hospice, Outpatient Private Nurse	20% after Deductible	30% after Deductible
Home Health Up to 130 visits per calendar Year	20% after Deductible	30% after Deductible
Outpatient Cardiac Rehab	Covered 100%	30% after Deductible
Outpatient Rehab Therapy: Physical, Speech, Occupational Up to 60 visits per calendar year for all therapy types combined	\$30	30% after Deductible

See other side for additional benefits



Administered by SelectHealth

SCHEDULE OF BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	30% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	30% after Deductible
Wig - \$500/calendar year	20% after Deductible	30% after Deductible
Hearing Aids - \$2500/every 3 calendar year per ear	20% after Deductible	30% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	30% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} One device every 36 months per ear	See Professional, Inpatient or Outpatient	Not Covered
Infertility - Select Services (Max Plan Payment \$5,000 lifetime)	*50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services	See Professional, Inpatient or Outpatient	30% after Deductible
Chiropractic	\$30 (Up to 20 visits per calendar Year)	
Acupuncture	\$30 (Up to 20 visits per calendar Year)	
OTHER BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Substance Use Disorder ⁴		
Office Visits	\$30	30% after Deductible
Virtual Visits	\$20	30% after Deductible
Inpatient	20% after Deductible	30% after Deductible
Outpatient	20% after Deductible	30% after Deductible
Residential Treatment ²	20% after Deductible	30% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs ⁴	20% after Deductible	30% after Deductible
Bariatric Surgery (Up to one surgery/lifetime) ⁴	20% after Deductible	Not Covered
PRESCRIPTION DRUGS		
Prescription Drugs - Not Administered by Select Health	Not Covered	

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.
 2 Refer to your Summary Plan Description for more information.
 3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.
 4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Summary Plan Description, for details.
5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.
 6 Certain Services as noted on this document and in your Summary Plan Description are not subject to the Deductible.
 7 The plan 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.
 Benefits are administered by Select Health.



MED NETWORK / HSA QUALIFIED

Administered by SelectHealth

SCHEDULE OF BENEFITS

IN-NETWORK

When using In-Network Providers, you are responsible to pay the amounts in this column.

OUT-OF-NETWORK

When using Out-of-Network Providers, you are responsible to pay the amounts in this column.

MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year		
Deductible	\$2,000	\$3,500
Out-of-Pocket Maximum	\$4,000	\$4,500
Family Coverage, 2 or more enrolled - per calendar Year		
Deductible	\$4,000	\$7,000
Out-of-Pocket Maximum	\$7,150	\$9,000
(Medical and Pharmacy Included in the Out-of-Pocket Maximum)		
INPATIENT SERVICES	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	35% after Deductible
Hospital Level Care at Home ⁴	20% after Deductible	Not Covered
Skilled Nursing Facility ⁴ - Up to 60 days per calendar Year	20% after Deductible	35% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴	20% after Deductible	35% after Deductible
Up to 50 days per calendar Year for all therapy types combined		
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	35% after Deductible
PROFESSIONAL SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries		
Primary Care Provider (PCP) ¹	20% after Deductible	35% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	20% after Deductible	Not Covered
Specialist/Secondary Care Provider (SCP) ¹	20% after Deductible	35% after Deductible
Allergy Tests	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20% after Deductible	Not Covered
Major Surgery	20% after Deductible	35% after Deductible
Physician's Fees - (Medical, Surgical, Maternity, Anesthesia)	20% after Deductible	35% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	35% after Deductible
Specialist/Secondary Care Provider (SCP) ¹	Covered 100%	35% after Deductible
Adult and Pediatric Immunizations	Covered 100%	35% after Deductible
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	35% after Deductible
Diagnostic Tests: Minor	Covered 100%	35% after Deductible
Other Preventive Services	Covered 100%	35% after Deductible
VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	35% after Deductible
All Other Eye Exams	20% after Deductible	35% after Deductible
OUTPATIENT SERVICES⁴	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility	10% after Deductible	35% after Deductible
Ambulatory Surgical Center	10% after Deductible	35% after Deductible
Imaging Center	20% after Deductible	35% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	See In-Network Benefit
Emergency Room	20% after Deductible	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	20% after Deductible	35% after Deductible
Intermountain KidsCare [®] Facilities	20% after Deductible	Not Available
Intermountain Connect Care [®]	20% after Deductible	Not Available
Radiation	20% after Deductible	35% after Deductible
Dialysis	20% after Deductible	35% after Deductible
Diagnostic Tests: Minor ²	Covered 100% after Deductible	35% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	35% after Deductible
Hospice, Outpatient Private Nurse	20% after Deductible	35% after Deductible
Home Health	20% after Deductible	35% after Deductible
Up to 130 visits per calendar Year		
Outpatient Cardiac Rehab	Covered 100% after Deductible	35% after Deductible
Outpatient Rehab Therapy: Physical, Speech, Occupational	20% after Deductible	35% after Deductible
Up to 60 visits per calendar Year for all therapy types combined		

See other side for additional benefits



MED NETWORK / HSA QUALIFIED

Administered by SelectHealth

SCHEDULE OF BENEFITS

IN-NETWORK

OUT-OF-NETWORK

MISCELLANEOUS SERVICES

IN-NETWORK

OUT-OF-NETWORK

Durable Medical Equipment (DME) ⁴	20% after Deductible	35% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	35% after Deductible
Wig - \$500/calendar Year	20% after Deductible	35% after Deductible
Hearing Aids - \$2500/every 3 calendar Year per ear	20% after Deductible	35% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency Services
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	35% after Deductible
Cochlear Implants or Auditory Osseointegrated Devices ^{2,4} One device every 36 months per ear	See Professional, Inpatient or Outpatient	Not Covered
Infertility - Select Services (Max Plan Payment \$5,000 lifetime)	50% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services	See Professional, Inpatient or Outpatient	35% after Deductible
Chiropractic	20% after Deductible (Up to 20 visits per calendar Year)	
Acupuncture	20% after Deductible (Up to 20 visits per calendar Year)	

OTHER BENEFITS

IN-NETWORK

OUT-OF-NETWORK

Mental Health and Substance Use Disorder ⁴		
Office Visits	20% after Deductible	35% after Deductible
Virtual Visits	20% after Deductible	35% after Deductible
Inpatient	20% after Deductible	35% after Deductible
Outpatient	20% after Deductible	35% after Deductible
Residential Treatment ²	20% after Deductible	35% after Deductible
Healthcare Provider Administered Injectable or Infusible Drugs ⁴	20% after Deductible	35% after Deductible
Bariatric Surgery (Up to one surgery/lifetime) ⁴	20% after Deductible	Not Covered

PRESCRIPTION DRUGS

Prescription Drugs - Not Administered by SelectHealth	Not Covered	
---	-------------	--

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.
 2 Refer to your Summary Plan Description for more information.
 3 Frequency and/or quantity limitations apply to some Preventive care and MMS Services.
 4 Preauthorization is required for certain Services. Benefits may be reduced or denied if you do not preauthorize certain Services with Out-of-Network Providers. Please refer to Section 11--" Healthcare Management", in your Summary Plan Description, for details.
5 All Deductible/Copay/Coinsurance amounts are based on the Allowed Amount and not on billed charges. Out-of-Network Providers or Facilities may not accept the Allowed Amount for Covered Services. When this occurs, you may be responsible for Excess Charges.
 6 Certain Services as noted on this document and in your Summary Plan Description are not subject to the Deductible.
 7 The plan 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.

Benefits are administered by Select Health.



Health insurance definitions.

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



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

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

Allowed amount.

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

Balance billing.

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

Coinsurance.

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

Copay (copayment).

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

Deductible.

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

Explanation of benefits (EOB).

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

Formulary.

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

Network.

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

Out-of-pocket (OOP) maximum.

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

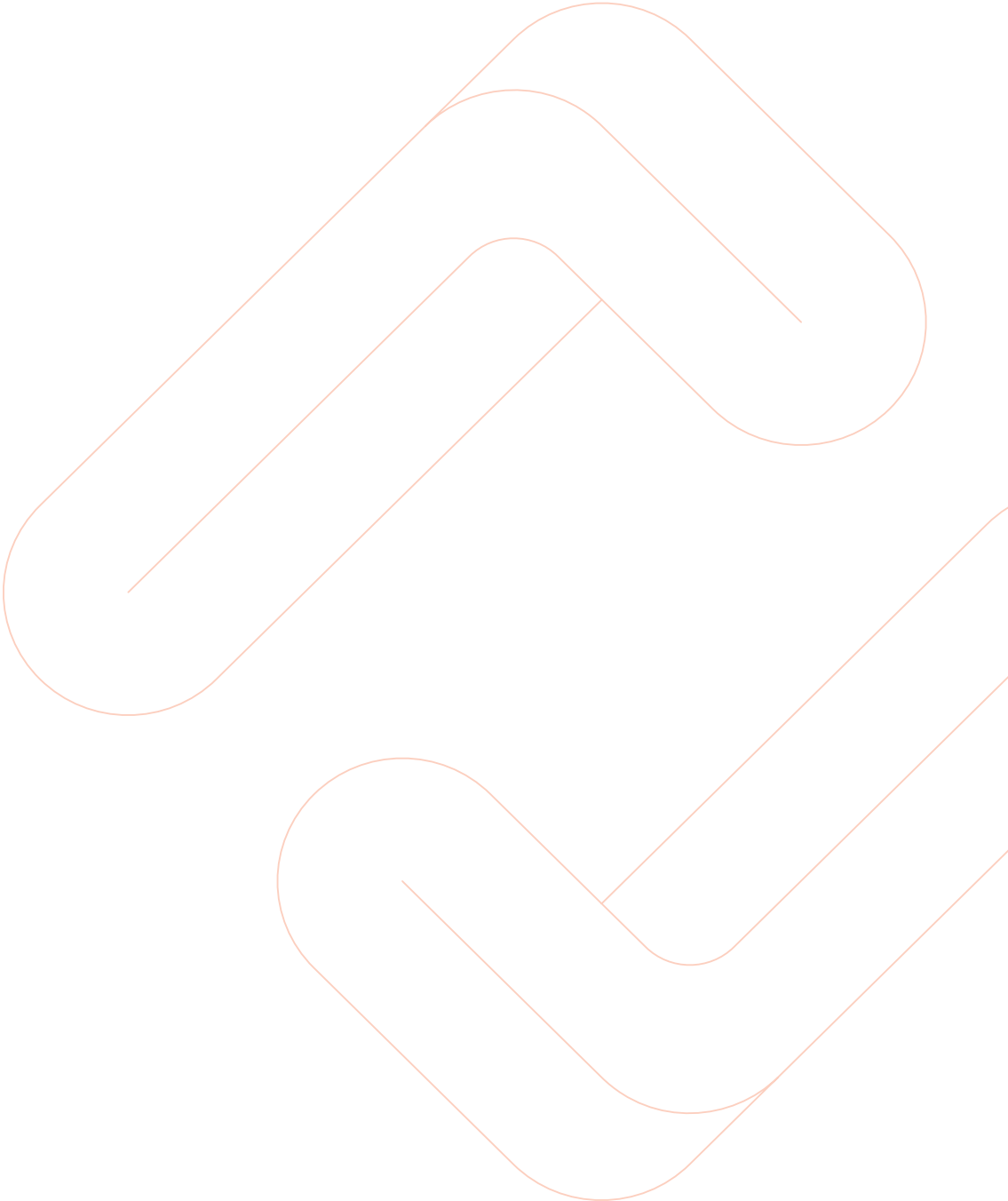
Premium.

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

Service area.

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

Your healthcare.





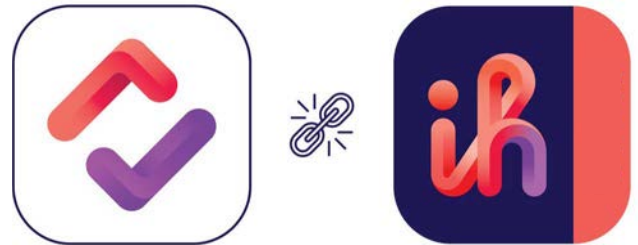
An integrated health system.

We are integrated with Intermountain Health which ensures you have the lowest cost of care at their facilities.

Our integration provides:

- **Resources** that help you live the healthiest life possible.
- **Lowest cost, highest-value care** to help manage your spend.
- **Cost transparency** so you can budget appropriately for healthcare expenses.
- **Digital tools** that are personalized to help you understand and utilize your benefits.
- **Single sign-on (SSO) access** between your Select Health member account, the Intermountain patient portal, and more, so you can log in with one username and password.

SSO technology



Learn more about our integrated digital tools.



Scan the QR code or visit selecthealth.org/resources/digital-tools.



Select Health member account and mobile app.

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

Register for a member account.



1. Scan the QR code or visit selecthealth.org/resources/digital-tools to register for an account and download the app on the [App Store](#)SM or [Google Play](#)TM.
2. Use the same username and password you created to register your Intermountain Health patient portal, if you have done so.

Easily understand and manage healthcare costs.

Find in-network doctors and facilities with ease.

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

Access prescription information and save money through discount programs.

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

Pay medical bills directly.

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



Intermountain Health patient portal and mobile app.

Convenient access to all your health information and care options.

Log in or download the app.



1. Scan the QR code or visit intermountainhealthcare.org/patient-portal to log in to the patient portal. Download the app on the [App Store](#)SM or [Google Play](#)TM.
2. Use the same username and password you created to register your Select Health member account.

Easily manage all aspects of your health.

Schedule in-person medical appointments and virtual care.

Send and receive messages with your healthcare team.

Access personal health history information, visit summaries, and test results.

Use the Symptom Checker to find the most appropriate place to access care.



Cost estimator tool.

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

Search for and compare costs.

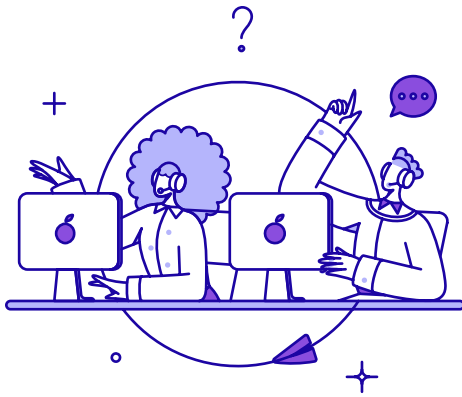
1. Log in to your Select Health member account.
2. Click “Go to cost estimator” from the Dashboard tab.
3. Once you reach the tool, select your network from the Network dropdown.
TIP: Your network can be found on the front of your ID card.
4. Update “City, state or zip” to where you are searching for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

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

Learn more.



Scan the QR code and log in to your member account or visit selecthealth.org/resources/digital-tools to view additional digital resources.



Support.

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

Member Services.

Answer benefit questions.

Help you understand your insurance plan.

Chat online through your member account or mobile app.

800-538-5038

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

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

Member Advocates.

Find the right doctors and facilities.

Schedule appointments.

Provide support to maximize benefits.

800-515-2220

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

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

Learn more.



Scan the QR code or visit selecthealth.org/resources/member-support.



Choosing the right care.

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



Find more care options.

Scan the QR code or visit selecthealth.org/find-care/where-to-get-care.

24/7 NURSE LINE.

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

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

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

FREE resources and guidance for mental and behavioral health. Visit

intermountainhealthcare.org/behavioralhealth.

PREVENTIVE CARE.

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

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

PRIMARY CARE.

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

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

URGENT CARE.

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

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

SPECIALTY CARE.

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

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

EMERGENCY CARE.

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

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





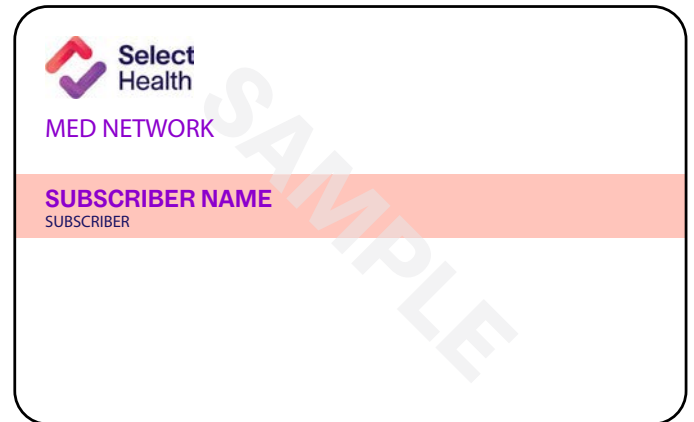
Select Health Med[®] network.

Plus out-of-network access.

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

Your network.

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



In-network doctors and facilities.



Scan the QR code or visit selecthealth.org/find-care to see which doctors and facilities participate on the Med network.

Out-of-network doctors and facilities.

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

Out-of-area dependent coverage.

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

Submit a Dependent Address Change Form at selecthealth.org/forms.



Find doctors and facilities.

Search for doctors and facilities by network, medical specialty, and/or virtual care options.

Utah, Idaho, Nevada, and Colorado.

1



Scan the QR code or visit selecthealth.org/find-care.

2

Find the state where you need care and click “Search Doctors or Facilities.”

3

1. Select your network from the “Network” dropdown.
TIP: Your network is listed on the front of your ID card.
2. Type the city, state, or zip where you need to find care.
3. Search for Names and Specialties by typing them into the search bar and clicking the blue magnifying glass icon.
OR
Browse by Category and find results by clicking one of the given care categories.

Keep costs lower by utilizing in-network doctors and facilities.

\$

In-network.

In-network doctors and facilities follow Select Health's payment limits, which helps keep your costs lower.

\$\$\$

Out-of-network.

Out-of-network doctors and facilities can charge more, which may significantly increase your costs.

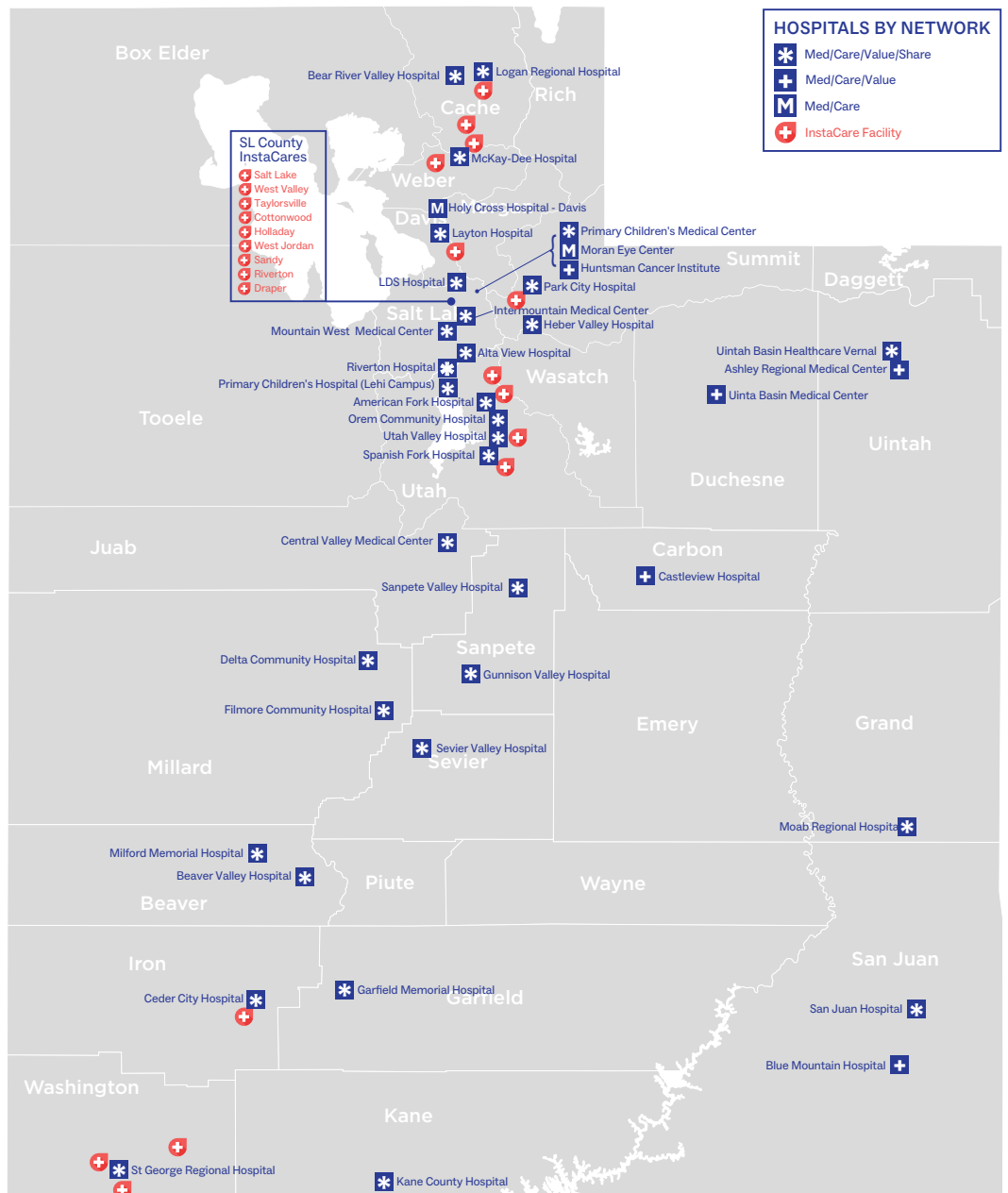


Utah hospitals and InstaCare facilities.

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

Find in-network facilities.

Scan the QR code or visit selecthealth.org/find-care.





Utah hospitals.

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

Find in-network facilities.



Scan the QR code or visit selecthealth.org/find-care.

LARGE EMPLOYER UTAH	MED	CARE	VALUE	SHARE
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	●	●	●	●
Holy Cross Hospital - Davis	●	●		
Huntsman 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 Hospital	●	●	●	●
Primary Children's Hospital (Lehi Campus)	●	●	●	●
Riverton Hospital	●	●	●	●
San Juan Hospital	●	●	●	
Sanpete Valley Hospital	●	●	●	●
Sevier Valley Hospital	●	●	●	●
Spanish Fork Hospital	●	●	●	●
St George Regional Hospital	●	●	●	●
Uintah Basin Med Center	●	●	●	
Utah Valley Hospital	●	●	●	●



Out-of-area care options.

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

Travel within the United States.

Urgent care.

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

Emergency care.

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

Care for dependents living out-of-area.

Enrolled dependents who live in the United States, but outside of the service area, may have in-network benefits for covered services. Verify with your employer if they qualify for this coverage. If they qualify, submit a Dependent Address Change Form at selecthealth.org/forms.

Travel outside the United States.

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

Find doctors and facilities.



Scan the QR code or visit selecthealth.org/find-care.



Preventive care.

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

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

Learn more.

Scan the QR code or visit selecthealth.org/wellness/preventive-care.



Adult preventive services. (ages 18 and older)

Laboratory tests.

- Complete Blood Count (CBC)
- Prostate Cancer Screening (PSA)
- Diabetes Screening
- Cholesterol Screening
- Gonorrhea Screening
- Human Papillomavirus (HPV) Testing (once every 3 years for women ages 30 to 65)
- Chlamydia Screening
- Human Immunodeficiency Virus (HIV) Screening
- Syphilis Screening
- Tuberculosis (TB) Testing
- Lead Screening
- BRCA 1 & 2 Testing (covered once per lifetime for high-risk individuals who meet criteria)
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)
- Hepatitis C Virus (HCV) Screening (once per lifetime for individuals over age 50)

Procedures.

- Pap Test (once every 3 years for ages 21 and older)
- Lung Cancer Screening (between ages 50 and 80)
- Screening Mammogram (once every 275 days)
- Colonoscopy Colon Cancer Screening (once every five years for ages 45 to 75)*
- Abdominal Aortic Aneurysm Screening (males only, once between ages 65 and 75)
- Bone Density/DEXA (once every two years in women ages 60 and older)
- Certain Sterilization Procedures (such as tubal ligation)

Examinations/Counseling.

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

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

Immunizations.

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

Contraception.

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

- Cervical Cap with Spermicide
- Diaphragm with Spermicide
- Emergency Contraception (Ella, Plan B)
- Condoms
- Implantable Rod
- IUDs
- Generic Oral Contraceptives (Combined Pill, Progestin Only, or Extended/Continuous Use)
- Patch
- Shot/Injection (Depo-Provera)
- Spermicide
- Sponge with Spermicide
- Surgical Sterilization for Women (Tubal Ligation)
- Surgical Sterilization Implant for Women

* Vaginal Contraceptive Ring

Pediatric preventive services. (younger than age 18)

Procedures/Counseling.

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

Laboratory tests.

- Newborn Metabolic Screening (younger than age 1)
- Human Immunodeficiency Virus (HIV) Screening
- PKU Screening (younger than age 1)
- Thyroid (younger than age 1)
- Sickle Cell Disease Screening (younger than age 1)
- Lead Screenings
- Tuberculosis (TB) Testing
- Hepatitis B Virus (HBV) Screening (covered for high-risk individuals who meet criteria)

Immunizations.

(As recommended by the CDC/ACIP)

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- Haemophilus influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- Polio (OPV, IPV, DtaP-Hep-LPV)
- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Meningitis
- Varicella (including MMRV)
- Rotavirus
- Human Papillomavirus (HPV) (ages 9 to 45)
- Respiratory Syncytial Virus (RSV)

Obstetrical preventive services.

These are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory tests.

- Iron Deficiency Anemia Screening
- Diabetes Screening
- Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- Rubella Screening
- Rh(D) Incompatibility Screening
- Hepatitis B Infection Screening (at first prenatal visit)
- Gonorrhea Screening
- Chlamydia Screening
- Syphilis Screening

Breast-feeding supplies and support.

- Breast Pump, Electronic AC or DC (one per pregnancy)
- Lactation Class (one per pregnancy at a Select Health approved facility)

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

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



Virtual care.

Virtual visits are covered by your plan and may cost less than appointments at an in-person clinic.

Virtual care options.

Your doctor's office may use various apps or websites for virtual visits. No matter what video platform you and your doctor use, you have covered benefits for virtual care from in-network providers.



Scan the QR code or visit selecthealth.org/find-care to view virtual care options.

Intermountain Health virtual services.

Connect Care[®] video visits.

- 24/7 urgent care
- Mental and behavioral health care
- Primary care
- Nutritional support
- Lactation support
- Physical therapy

E-visits.

If you do not want to be on camera, Intermountain offers an E-visit option where you can receive care for certain conditions via secure online chat.

Pharmacy and laboratory tests.

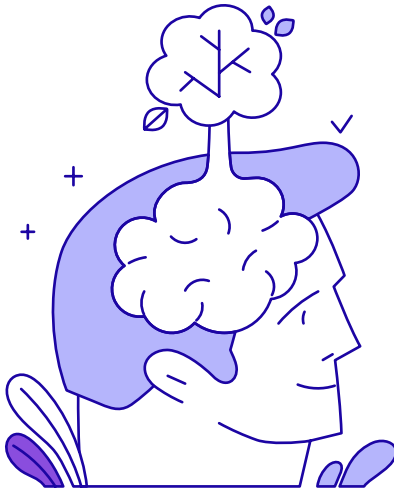
Order prescriptions and self-administered laboratory tests without an appointment with a doctor.

- Birth control
- Naloxone
- Period pain relief
- PrEP/PEP HIV prevention
- Smoking cessation
- At-home lab draws

* Intermountain's virtual services may vary by state.



Scan the QR code or visit intermountainhealthcare.org/services/virtual-care to access Intermountain's virtual services.



Mental and Behavioral Health care.

Individualized treatment plans that support mind and body with innovative approaches to symptoms related to depression, anxiety, problems with substance use, or any other mental health concerns.

Services include:

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

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

Learn more.



Scan the QR code or visit intermountainhealthcare.org/behavioralhealth.



Mental and Behavioral Health care resources.

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

Select Health.

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

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

Intermountain Health.

Intermountain Health Behavioral Health Access Centers are ideal for adults, 18 years and older, who are experiencing a behavioral health crisis without a medical emergency. Patients receive immediate crisis treatment, observation, and quick access to mental health treatment from licensed behavioral health professionals.

LDS Hospital

324 9th Ave.

Salt Lake City, UT 84143

801-408-8330

7:00 am. to 10:00 p.m. daily.

Outside the above hours, check in at the Emergency Room.

McKay-Dee Hospital

4401 Harrison Blvd.

Ogden, UT 84403

801-387-5543

Available 24/7

St. George Regional Hospital

1380 E Medical Center Dr.

St. George, UT 84790

435-251-4480

Available 24/7

Intermountain EAP*

Toll-free **800-832-7733**

Available 24/7

*This program is not available to all members. See your member materials or call Member Services at **800-538-5038** to confirm eligibility.

Learn more.



Scan the QR code or visit intermountainhealthcare.org/behavioralhealth.



Benefits of chiropractic care.

Chiropractic care.

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

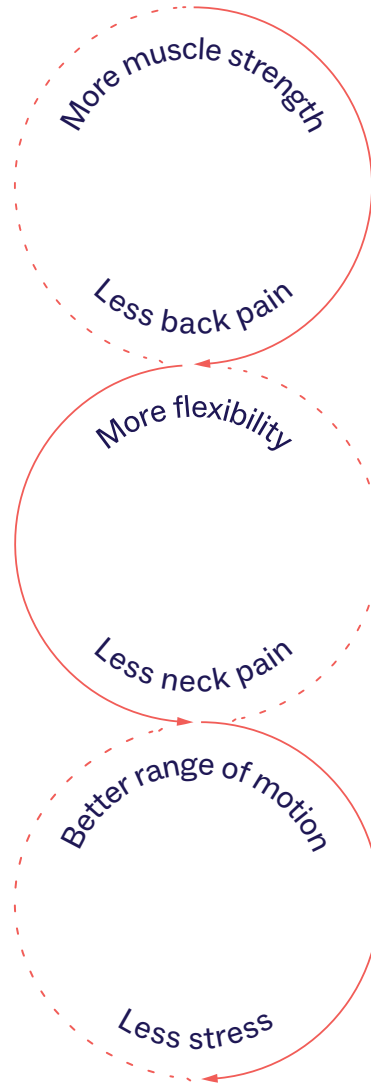
Visit allowances.

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

Find doctors and facilities.



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





Care Management services.

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

If you qualify, a Care Manager can help you:

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

Coordinate care for chronic illness with your doctor or specialist.

Understand your health insurance benefits.

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

Get preventive care, such as immunizations and recommended screenings.

Learn more.



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



Healthy BeginningsSM program.

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

Program benefits.

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

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

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

Cash rewards* for prenatal and postnatal care.

*Based on Select Health plan type.

Learn more.



Scan the QR code, visit selecthealth.org/wellness/wellness-resources, or call **866-442-5052** to enroll.

Other services from our partners.





Health Savings Account (HSA).

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

Enroll.

Step 1: Select an HSA-qualified health plan.

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

Step 2: Set up an HSA.

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

Step 3: Add money to your HSA.

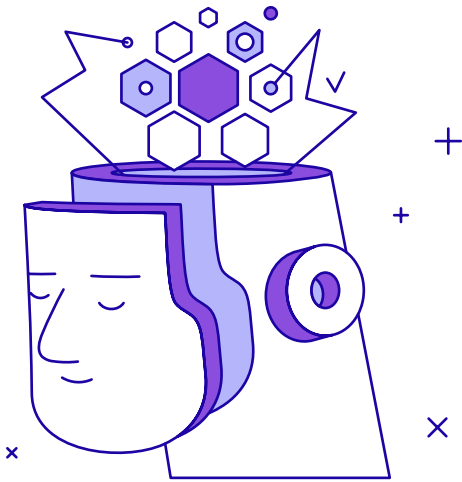
Fund your HSA through pre-tax payroll deductions or transfer money into your account. Your employer can help you make pre-tax* payroll deductions. Unspent money rolls into the following year.

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

Learn more.



Scan the QR code or visit selecthealth.org/resources/hsa.



Tellica Imaging and Ambulatory Surgical Centers (ASCs).

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

Tellica Imaging, an Intermountain company.

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

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



Scan the QR code or visit tellicaimaging.com to find a facility and schedule an appointment.

Ambulatory Surgical Centers (ASCs).

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

- Up to 58% savings compared to traditional hospital settings.
- Procedures performed by the same highly qualified physicians, nurses, and clinical staff who perform surgery at Intermountain hospitals.
- Convenient locations from Logan to St. George, with plans to open more.



Scan the QR code or visit intermountainhealthcare.org/surgerycenters to find a facility and schedule an appointment.

Cessation programs: tobacco and nicotine.

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

Learn more.



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

Quit for Life[®].

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

Beat cravings and connect with the community.

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

Save on costs with 100% coverage on most plans.

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

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



Member discounts.

Free, easy-to-use programs to save money on health-related expenses.

Select Health Member Discounts.

Select Health Member Discounts are included as part of your coverage. Save money on services like:

LASIK

Hearing aids

Eyewear

Massage therapy

Tattoo removal

Gym memberships

Baby safety products

ChooseHealthy™.

We partner with ChooseHealthy to offer even more discount options. Log in to your Select Health member account and click on ChooseHealthy Discounts to view savings opportunities.

- Receive up to 55% off on popular health and fitness brands.
- Save up to 25% on services from specialty healthcare practitioners.
- Learn from free online health classes and articles.

Learn more.



Scan the QR code or visit selecthealth.org/discounts.



Plan information.

Care and cost management.

Select Health works to manage costs while protecting your 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.

Protecting your privacy.

We understand the importance and sensitivity of your personal health information, and we have security measures 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.

Exclusions and limitations.

Unless otherwise noted on your Member Payment Summary (MPS) or Summary Plan Description (SPD), there are some healthcare services that your plan does not cover. Please visit selecthealth.org/policy to learn more about some of the services that are not covered or have coverage limitations. You can also read more about exclusions and limitations in your Member Materials.

Member rights and responsibilities.

We want you to be an active part of your healthcare. Visit selecthealth.org/policy to view your member rights and responsibilities.

Printed provider directories available.

If you would like to request a printed copy of your in-network provider directory, or any or all of these notices, call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m. MST, and Saturdays, from 9:00 a.m. to 2:00 p.m. MST.

Fair treatment notice.

Select Health obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

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

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

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

Language Access Services

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

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

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

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

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

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

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

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

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

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

ማሳሰቢያ: አማርኛ የሚናገሩ ስዊድን፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለክርስቶስ ይገኛሉ። Select Health ን ያናግሩ።

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

تامدخ لكل رفوت ست سف، یبرع ثدحتت تنك اذا: هی بننت
Select Health. یب لصتا. اناجم ةدیوغلل ةدعاسملا

تامدخ، دی نکی م تب حص ی نکی دروار ازاب ز هب رگا: هجوت
اب. ست اسامش رای تخ ارد ناگی ار تروصب، ی نابز کم کم
Select Health دی ری گب سامت

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

Select Health: 1-800-538-5038

Fair treatment notice.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/ or veteran status.

This information is available for free in other languages and alternate formats by contacting 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

To view our comprehensive Fair Treatment Notice, visit selecthealth.org/non-discrimination.





**Select
Health**