



At SelectHealth, we know you have many options when choosing a health plan. Here are just some of the reasons why we may be an exceptional choice for you.

- **EXCEPTIONAL SERVICE**

Health insurance doesn't have to be complicated. We can help you with everything from finding the right doctor to understanding your benefits. We want our members to live well so we provide a number of wellness resources to supplement our health plan benefits.

- **MEMBER SERVICES**

Life doesn't stop at 5 p.m. SelectHealth Member Services offers extended hours to answer your questions and help to resolve your concerns. Member Services is available weekdays from 7:00 a.m. to 8:00 p.m. and Saturdays from 9:00 a.m. to 2:00 p.m. by calling 801-442-5038 or 800-538-5038.

- **MEMBER ADVOCATES**

Member Advocates help you find the right doctor for your needs - even on short notice! Member Advocates can assist in appointment scheduling, finding the closest doctor or facility with the nearest available appointment.

- **MY HEALTH ONLINE TOOLS**

Log on! You have 24-hour access to view your claims, review explanation of benefits, view amounts paid year-to-date, utilize decision support tools and personalized health and wellness information on our secure member website. Get connected at www.selecthealth.org/myhealth.

- **PHARMACY BENEFITS MADE SIMPLE**

Managing your prescriptions is made simple. While you can't control the cost of prescription medication, using generic drugs can lower your out-of-pocket expenses. Through the "Generic Sample" program, SelectHealth offers members their first 30-day fill of select generic prescriptions free! Additionally, at a participating "Retail-90" pharmacy, members are able to receive up to a three-month supply of medication at a more affordable copayment.

- **DISCOUNTS, DISCOUNTS AND MORE DISCOUNTS**

Members are more likely to embrace a healthy lifestyle when it costs less. Member discounts and wellness resources add more value to your health plan. SelectHealth gives you many discounts simply by presenting your SelectHealth ID card. Discount/wellness resources include health club and fitness center memberships, spas, LASIK eye surgery, nutritional supplements, eyewear, hearing aids, alternative medicine, and drug education. For more information about these discounts, visit www.selecthealth.org/discounts.

- **HEALTHY BEGINNINGS**

Pregnancy is a special time and our free prenatal program provides support and resources for expectant mothers. In addition to pregnancy education materials, the program includes a risk assessment screening and provides high-risk case management when needed, for employees and their spouses.

- **CARE/DISEASE MANAGEMENT**

SelectHealth encourages healthy lifestyles. Helping our members to achieve and maintain healthy lives is a top priority. Trained registered nurse care managers are available to assist our members with various health concerns and can help coordinate services between providers and patients. Our disease management program provides members with educational materials, newsletters, follow-up phone calls and additional support for conditions such as allergies and rhinitis, asthma, cholesterol, congestive heart failure, depression, diabetes, high-risk pregnancy, hypertension, migraines and oncology.

- **NATIONAL ACCREDITATION**

SelectHealth was the first National Committee for Quality Assurance (NCQA) accredited commercial health plan in Utah and has held that accreditation since 1993. In rating a health plan, NCQA examines how well a plan helps its members stay healthy, get better, manage chronic illness, access qualified providers and receive care when services are needed. Our excellent accreditation status illustrates our commitment to helping members stay healthy and to provide the highest quality of care when they are sick.

MEDICAL

Select:Med

- \$25.00 office visit copayment (PRIMARY CARE)
- \$35.00 Specialty copayment (SECONDARY CARE)
- In-network coverage only
- \$750.00 per person annual deductible (up to 3 person annual deductible maximum)
- 80% covered for eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

Select:Med+

- \$30.00 office visit copayment (PRIMARY CARE)
- \$40.00 Specialty copayment (SECONDARY CARE)
- In *and* out-of-network coverage available
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- 80% covered for *in-network* eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

As a SelectHealth member you will have access to Intermountain Healthcare's nationally recognized facilities as well as contracted hospitals and clinics that meet SelectHealth's high quality standards. So you can rest assured that you will receive the best healthcare available. The following hospitals and clinics are closest to you:

HOSPITALS

Intermountain Medical Center
LDS Hospital
Alta View Hospital
Riverton Hospital
TOSH (Orthopedic Specialty Hospital)

Primary Children's Hospital
McKay-Dee Hospital Center
Davis Hospital Center
Park City Medical Center

INTERMOUNTAIN INSTACARE & KIDSCARE CLINICS

Taylorsville InstaCare & KidsCare
West Jordan InstaCare & KidsCare
Sandy InstaCare
Sandy Kidscare
Saratoga Springs InstaCare
Riverton InstaCare & KidsCare
Murray KidsCare
Bountiful Kidscare & InstaCare

Layton InstaCare
North and South Ogden InstaCare
North Orem InstaCare
Holiday InstaCare
Ogden KidsCare
Sugar House InstaCare & KidsCare
Syracuse InstaCare
Highland InstaCare

For a complete list of SelectHealth facilities and participating physicians, visit www.selecthealth.org.

NOTE: Primary Care providers are family medicine, geriatrics, and internal medicine.





Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence

We are 3 million members strong, being here for our families, coworkers and neighbors, helping each other be and stay healthy and provide support in time of need. And Regence BlueCross BlueShield has been here for members for more than 90 years.

- **WE ARE PROUD TO BE BLUE**

The strength of the BlueCross and BlueShield brand is unsurpassed, and our reach is global. Our members can access healthcare across the country and around the world. Our vision of a new kind of healthcare system doesn't stop with our own members. We want to transform the system for everyone, because together we can do better.

- **TOGETHER, WE CAN DO BETTER**

Regence defines success by how well we advocate for - and make a difference in - the health of our members. You have invested trust and resources in Regence, and we repay you by investing in products and services that deliver value every day, especially when you need care.

- **AN ONLINE SUPERTOOL - myREGENCE.com**

Making healthy choices can be a difficult task in our complex world. Regence members value a trusted advisor to help you navigate the healthcare system and help you live a healthier life. MyRegence.com is a member-only website designed to advise Regence members on healthcare and lifestyle options, navigate through the health care system and reward healthy choices. Using myRegence.com you are able to view your claims and personal account information, compare hospitals, find information regarding a procedure's cost and quality based on your personal needs, use the interactive health and medical encyclopedia and even engage in conversations through open forums that allow members to interact with healthcare experts and with each other.

- **REGENCE Rx**

For more than 20 years, Regence Rx has successfully managed pharmacy benefits for more than 2.2 million members of The Regence Group. Regence Rx offers a pharmacy network of more than 50,000 pharmacies nationwide including two mail-order options, education tools and information, preferred medication/formulary support, call center support and prescription claims processing - online, electronic and real-time.

- **REGENCE ADVANTAGES**

Regence offers value-added programs (not insurance benefits) that offer great savings to members from leading health-related companies and are offered by Regence in addition to your medical plan. Regence Advantages include weight management discount programs (Jenny Craig), fitness center memberships, LASIK/PRK eye surgery, cosmetic dermatology, cosmetic dentistry, acupuncture, child safety and health products, eyewear, hearing aids, and bicycle and skating helmets.

- **THE BLUECARD PROGRAM**

Across the country and around the world... we've got you covered. When you are a BlueCross BlueShield plan member with a suitcase logo on your member ID card (applicable for the ValueCare and ValueCare Plus plans), the BlueCard program gives you access to doctors and hospitals almost everywhere, giving you the peace of mind that you'll be able to find the healthcare provider you need.

MEDICAL

ValueCare

- \$25.00 office visit copayment (PRIMARY CARE)
- \$35.00 Specialty copayment (SECONDARY CARE)
- In network coverage only
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- 80% covered for eligible major medical expenses after deductible
- Eligible dependents covered up to age 26

ValueCare Plus

- \$30.00 office visit copayment (PRIMARY CARE)
- \$40.00 Specialty copayment (SECONDARY CARE)
- In *and* out-of-network coverage available
- \$750.00 per person *in-network* annual deductible (up to 3 person annual deductible maximum)
- Eligible major medical expenses after deductible:
 - CATEGORY 1 = 80%
 - CATEGORY 2 = 60%
- Eligible dependents covered up to age 26

The following Regence BlueCross BlueShield facilities are closest to you:

HOSPITALS

St. Marks Hospital
 University of Utah Medical Center
 Jordan Valley Medical Center
 Pioneer Valley Hospital
 Primary Children's Hospital
 Ogden Regional Medical Center

URGENT CARE CLINICS

After Hours Medical
 First Med Urgent Care
 IHC Insta/Kids Care
 Ogden Clinic
 Wee Care Pediatrics

NOTE: Primary Care providers are family medicine, internal medicine, pediatrics, obstetrics & gynecology.

REGENCE BCBS

A health plan is a promise: To be here for each other.

For a complete list of Regence facilities and participating physicians, visit www.ut.regence.com or 866-240-9580



Regence

Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue



2014 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			Regence BlueCross BlueShield of Utah		
	Select: Med	Select: Med Plus		ValueCare	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-Network
Dependent Age Maximum	26	26		26	26	
New Hire Waiting Period	90 Days From Contract Hire Date					
Annual Deductible	\$750 per person	\$750 per person	\$1300 per person	\$750 per person	\$750 per person	\$750 per person
	3 Deductible Max. (\$2250)	3 Deductible Max. (\$2250)	3 Deductible Max. (\$3900)	3 Deductible Max. (\$2250)	3 Deductible Max. (\$2250)	6 Deductible Max. (\$4500)
Deductible Toward Out-of-Pocket Maximum	DOES count toward OOP Maximum	DOES count toward OOP Maximum	DOES count toward OOP Maximum	DOES count toward OOP Maximum	DOES count toward OOP Maximum	DOES count toward OOP Maximum
Out-of-Pocket Maximum	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$2000 Employee & 1 \$4000 Employee & 2+ \$4500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500	Employee \$1500 Employee & 1 \$2500 Employee & 2+ \$3500
Office Visits *						
Office Visit (General) **	\$25 copay per visit	\$30 copay per visit	60% after deductible	\$25 copay per visit	\$30 copay per visit	60% after deductible
Office Visit (Specialty)	\$35 copay per visit	\$40 copay per visit	60% after deductible	\$35 copay per visit	\$40 copay per visit	60% after deductible
X-Ray/Lab Tests - Minor	Included in copay	Included in copay	60% after deductible	Included in copay	Included in copay	60% after deductible
X-Rab/Lab Test - Major	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Preventative Services						
Routine Physical (1 per yr)	100%	100%	Not Covered	100%	100%	Not Covered
Pap Office Visit	100%	100%	Not Covered	100%	100%	Not Covered
Mammogram/Lab Tests	100%	100%	Not Covered	100%	100%	Not Covered
Well Child Care	100%	100%	Not Covered	100%	100%	Not Covered
Immunizations	100%	100%	Not Covered	100%	100%	Not Covered
Eye Exam	100%	100%	Not Covered	100%	100%	Not Covered
Eyewear	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program
Maternity Care ①						
Initial Prenatal Office Visit	\$25 copay (1st visit only)	\$30 copay (1st office visit)	60% after deductible	\$25 copay (1st visit only)	\$30 copay (1st visit only)	60% after deductible
Care/Delivery/Profess. Fees ③	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Newborn Adoption Benefit ④	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4000	Subject to maternity care benefit; not to exceed \$4,000	Subject to maternity care benefit; not to exceed \$4,000
Inpatient Services ⑤						
Medical-Surgical Admission	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Skilled Nursing Facility ⑤	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Rehabilitation Services ⑤	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Professional Fees	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Outpatient Services						
Facility Charges	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Surgical Fees	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Rehabilitation Services ⑤	\$35 copay after deductible	\$40 copay after deductible	60% after deductible	\$35 copay after deductible	\$40 copay after deductible	60% after deductible
Home Health / Hospice ③	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Chemo/Radiation/Dialysis	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Emergency Services						
Urgent Care	\$35 copay per visit	\$40 copay per visit	60% after deductible	\$35 copay per visit	\$40 copay per visit	60% after deductible
Emergency Room	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Ground Ambulance	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Air Ambulance	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible

*All copays now apply to out of pocket maximum

** General Office Visit Includes: Family Medicine, Pediatrics, Internal Medicine, OBGYN (Geriatrics SelectHealth only)

2014 MEDICAL COMPARISON CHART

Insurance Company Plan Name	SelectHealth			Regence BlueCross BlueShield of Utah		
	Select: Med	Select: Med Plus		ValueCare	ValueCare Plus	
	In-Network	In-Network	Out-of-Network	In-Network	Category 1	Category 2
Durable Medical Equipment ③						
Inpatient or Outpatient	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Chiropractic Care ⑤						
Office Visit	Not Covered	Not Covered	60% after deductible	Not Covered	\$40 copay per visit	60% after deductible
Mental Health ③⑤						
Inpatient Visit ⑤	80%	80%	50%	80%	70%	50% after deductible
Outpatient Visit ⑤	\$35 copay then 100%	\$40 copay then 100%	50%	\$35 copay then 100%	50%	50% after deductible
Prescription Drugs ③						
Retail	Up to a 30-Day Supply	Up to a 30-Day Supply		Up to a 30-Day Supply	Up to a 30-Day Supply	
Generic/Tier 1	\$20.00 per prescription	\$20.00 per prescription		\$20.00 per prescription	\$20.00 per prescription	
Preferred/Tier 2 ⑦	\$40.00 per prescription	\$40.00 per prescription		\$40.00 per prescription	\$40.00 per prescription	
Non-Preferred/Tier 3	\$70.00 per prescription	\$70.00 per prescription		\$70.00 per prescription	\$70.00 per prescription	
Mail Order	Up to a 90-Day Supply	Up to a 90-Day Supply		Up to a 90-Day Supply	Up to a 90-Day Supply	
Generic/Tier 1	\$40.00 per prescription	\$40.00 per prescription		\$40.00 per prescription	\$40.00 per prescription	
Preferred/Tier 2 ⑦	\$80.00 per prescription	\$80.00 per prescription		\$80.00 per prescription	\$80.00 per prescription	
Non-Preferred/Tier 3	\$140.00 per prescription	\$140.00 per prescription		\$140.00 per prescription	\$140.00 per prescription	
Injectable Drugs ③						
Received at Pharmacy	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers	Subject to pharmacy tiers
Received via Home Health	80% after deductible	80% after deductible	60% after deductible	80% after deductible	80% after deductible	60% after deductible
Formulary Drug List	www.selecthealth.org/pharmacy/plans			www.regencercx.com		

HOW TO FIND A PARTICIPATING PHYSICIAN OR FACILITY

Insurance Company Plan Name	SelectHealth		Regence BlueCross BlueShield of Utah	
	Select: Med	Select: Med Plus	ValueCare	ValueCare Plus
Member Services	801-442-5038	801-442-5038	1-866-240-9580	1-866-240-9580
Web Site Address	www.selecthealth.org	www.selecthealth.org	www.ut.regence.com	www.ut.regence.com
Provider Network Lookup	Select Med	Select Med Plus	ValueCare	ValueCare Plus

- ① No benefit for dependent children
- ② Specified immunizations only. Refer to the Summary Plan Description(s).
- ③ Preauthorization is required on the following: inpatient services; maternity stays longer than two days for a normal delivery or longer than four days for a cesarean; DME items: insulin pumps continuous glucose monitors, negative pressure wound therapy, electrical pump, prosthetics, motorized/customed wheelchairs, DME over \$5,000; home health nursing services; certain injectable and prescription drugs; and pain management/pain clinic services. If you fail to preauthorize, benefits are reduced to 50 percent and will not be applied to your out-of-pocket max.
- ④ Allowable adoption amount as outlined by the state of Utah. Medical deductible and copay/coinsurance applies.
- ⑤ Limited number of visits per calendar year. Refer to the Summary Plan Description(s).
- ⑥ Mandatory generic substitution enforced when a generic drug is available or you must pay the the preferred or nonpreferred copay plus the difference in cost between name brand and gene
- ⑦ There are differences in the prescription preferred drug formularies between SelectHealth and Regence. You are encouraged to study the formularies when selecting participation in a medi

THE BENEFITS LISTED ARE IN SUMMARY FORM ONLY

They are for illustrative purposes only and should not be construed to be complete in and of themselves. In case of conflict, the respective legal plan documents will apply. All deductible/copay/coinsurance amounts and plan payments are based on eligible charges only and not the provider's billed or other charges. You are responsible to pay for extra charges in excess of eligible charges for covered services obtained from non-participating providers and facilities. Such excess charges are not applied to the medical out-of-pocket maximum. Payment percentages listed will be paid according to the respective carrier's fee schedule.