

2022

Large Employer
Certificate of Coverage

Utah TIER



Fair Treatment Notice

SelectHealth 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 SelectHealth Member Services at **800-538-5038** or SelectHealth Advantage Member Services at **855-442-9900** (TTY users: 711).

If you feel you've been treated unfairly, call SelectHealth 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 SelectHealth.

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 SelectHealth。

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'd , 'é'et'áá jiik'eh, éí ná hółq ,'koji' hódíłnih SelectHealth.

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

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

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

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

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。SelectHealth. まで、お電話にてご連絡ください。

ማሳሰቢያ: አማርኛ የሚናገሩ ስዎች፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለክርስቶስ ይገኛሉ። SelectHealth ን ያናግሩ።

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

تنبيه: إذا كنت تتحدث عربي، فستتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بـ SelectHealth.

توجه: اگر بہ زبان را وارد کنی صحبت می‌کنید، خدمات کمک زبانی، بصورت رایگان در اختیار شماست. با SelectHealth تماس بگیرد.

หมายเหตุ: หากคุณพูด ใ้ภาษาไทย, การบริการภาษา ไทยไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ SelectHealth

SelectHealth: **1-800-538-5038**

SelectHealth Advantage: **1-855-442-9900**





VALUE AND MED NETWORKS

MEMBER PAYMENT SUMMARY

	MEMBER PAYMENT SUMMARY		
	TIER 1 VALUE <small>When using In-Network Providers, you are responsible to pay the amounts in this column. These providers might not be available in all areas.</small>	TIER 2 MED <small>When using In-Network Providers, you are responsible to pay the amounts in this column.</small>	OUT-OF-NETWORK <small>When using Out-of-Network Providers, you are responsible to pay the amounts in this column.</small>
CONDITIONS AND LIMITATIONS			
Lifetime Maximum Plan Payment - <i>Per Person</i>	None		
Pre-Existing Conditions (PEC)	None		
Benefit Accumulator Period	calendar Year		
Maximum Annual Out-of-Network Payment - (per calendar Year)	None	None	None
MEDICAL DEDUCTIBLE AND MEDICAL OUT-OF-POCKET^{5,6}			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Self Only Coverage, 1 person enrolled - per calendar Year			
Deductible	\$1,000	\$1,000	\$2,000
Out-of-Pocket Maximum	\$3,000	\$3,000	\$6,000
Family Coverage, 2 or more enrolled - per calendar Year			
Deductible - per person/family	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000
Out-of-Pocket Maximum - per person/family	\$3000/\$6000	\$3000/\$6000	\$6000/\$12000
<i>(Medical and Pharmacy Included in the Out-of-Pocket Maximum)</i>			
INPATIENT SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Medical, Surgical and Hospice ⁴	20% after Deductible	20% after Deductible	40% after Deductible
Skilled Nursing Facility ⁴ - Up to 60 days per calendar Year	20% after Deductible	20% after Deductible	40% after Deductible
Inpatient Rehab Therapy: Physical, Speech, Occupational ⁴ Up to 40 days per calendar Year for all therapy types combined	20% after Deductible	20% after Deductible	40% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after Deductible	20% after Deductible	40% after Deductible
PROFESSIONAL SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Office Visits & Minor Office Surgeries			
Primary Care Provider (PCP) ¹	\$25	\$25	40% after Deductible
Primary Care Provider (PCP) Virtual Visits ¹	Covered 100%	Covered 100%	Not Covered
Secondary Care Provider (SCP) ¹	\$35	\$35	40% after Deductible
Allergy Tests	See Office Visits Above	See Office Visits Above	Not Covered
Allergy Treatment and Serum	20%	20%	Not Covered
Major Surgery	20%	20%	40% after Deductible
Physician's Fees - <i>(Medical, Surgical, Maternity, Anesthesia)</i>	20% after Deductible	20% after Deductible	40% after Deductible
PREVENTIVE SERVICES AS OUTLINED BY THE ACA^{2,3}			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Provider (PCP) ¹	Covered 100%	Covered 100%	Not Covered
Secondary Care Provider (SCP) ¹	Covered 100%	Covered 100%	Not Covered
Adult and Pediatric Immunizations	Covered 100%	Covered 100%	Not Covered
Elective Immunizations - herpes zoster (shingles), rotavirus	Covered 100%	Covered 100%	Not Covered
Diagnostic Tests: Minor	Covered 100%	Covered 100%	Not Covered
Other Preventive Services	Covered 100%	Covered 100%	Not Covered
VISION SERVICES			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Eye Exams	Covered 100%	Covered 100%	Not Covered
All Other Eye Exams	\$35	\$35	40% after Deductible
OUTPATIENT SERVICES⁴			
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Outpatient Facility and Ambulatory Surgical	20% after Deductible	20% after Deductible	40% after Deductible
Ambulance (Air or Ground) - <i>Emergencies Only</i>	20% after Deductible	20% after Deductible	See In-Network Benefit
Emergency Room - <i>(In-Network facility)</i>	\$200 after Deductible	\$200 after Deductible	See In-Network Benefit
Emergency Room - <i>(Out-of-Network facility)</i>	\$200 after Deductible	\$200 after Deductible	See In-Network Benefit
Intermountain InstaCare [®] Facilities, Urgent Care Facilities	\$50	\$50	40% after Deductible
Intermountain KidsCare [®] Facilities	\$25	\$25	Not Available
Intermountain Connect Care [®]	Covered 100%	Covered 100%	Not Available
Radiation and Dialysis	20% after Deductible	20% after Deductible	40% after Deductible
Diagnostic Tests: Minor ²	Covered 100%	Covered 100%	40% after Deductible
Diagnostic Tests: Major ²	20% after Deductible	20% after Deductible	40% after Deductible
Home Health, Hospice, Outpatient Private Nurse	20% after Deductible	20% after Deductible	40% after Deductible
Outpatient Cardiac Rehab	Covered 100%	Covered 100%	40% after Deductible
Outpatient Rehab/Habilitative Therapy: Physical, Speech, Occupational	\$35 after Deductible	\$35 after Deductible	40% after Deductible



VALUE AND MED NETWORKS

MEMBER PAYMENT SUMMARY

	TIER 1 VALUE	TIER 2 MED	OUT-OF-NETWORK
MISCELLANEOUS SERVICES	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment (DME) ⁴	20% after Deductible	20% after Deductible	40% after Deductible
Miscellaneous Medical Supplies (MMS) ³	20% after Deductible	20% after Deductible	40% after Deductible
Autism Spectrum Disorder	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency	See Professional, Inpatient, Outpatient, or Mental Health and Chemical Dependency
Maternity and Adoption ^{4,7}	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	40% after Deductible
Cochlear Implants, Hearing Aids, or Auditory Osseointegrated Devices ^{2,4} <i>One device every 36 months per ear</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
Infertility - <i>Select Services</i>	50% after Deductible	50% after Deductible	Not Covered
Donor Fees for Covered Organ Transplants ⁴	20% after Deductible	20% after Deductible	Not Covered
TMJ (Temporomandibular Joint) Services - <i>Up to \$2,000 lifetime</i>	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
OPTIONAL BENEFITS	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Mental Health and Chemical Dependency ⁴			
Office Visits	\$25	\$25	40% after Deductible
Virtual Visits	Covered 100%	Covered 100%	40% after Deductible
Inpatient	20% after Deductible	20% after Deductible	40% after Deductible
Outpatient	20%	20%	40% after Deductible
Residential Treatment ²	20% after Deductible	20% after Deductible	40% after Deductible
Injectable Drugs, Chemotherapy, and Specialty Medications ⁴	20% after Deductible	20% after Deductible	40% after Deductible
Bariatric Surgery (<i>Up to one surgery/lifetime</i>) ⁴	See Professional, Inpatient or Outpatient	See Professional, Inpatient or Outpatient	Not Covered
PRESCRIPTION DRUGS			
Prescription Drug List (formulary)		RxSelect [®]	
Prescription Drugs - <i>Up to 30 Day Supply of Covered Medications</i> ⁴			
Tier 1		\$10	
Tier 2		\$25	
Tier 3		\$45	
Tier 4		\$100	
Maintenance Drugs - <i>90 Day Supply (Mail-Order, Retail90[®])-selected drugs</i> ⁴			
Tier 1		\$10	
Tier 2		\$50	
Tier 3		\$135	
Generic Substitution Required		Generic required or must pay Copay plus cost difference between name brand and generic	

1 Refer to selecthealth.org/findadoctor to identify whether a Provider is a primary or secondary care Provider.
 2 Refer to your Certificate of Coverage 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 Certificate of Coverage, for details.
5 All Deductible/Copay/Coinsurance amounts are based on the allowed amounts and not on the Providers billed charges. Out-of-Network Providers or Facilities have not agreed to accept the Allowed Amount for Covered Services. When this occurs, you are responsible to pay for any charges that exceed the amount that SelectHealth pays for Covered Services. These fees are called Excess Charges, and they do not apply to your Out-of-Pocket Maximum.
 6 Certain Services as noted on this document and in your Certificate of Coverage are not subject to the Deductible.
 7 SelectHealth 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 and underwritten by SelectHealth, Inc. SM (domiciled in Utah).



appendix A

optional benefits

MENTAL HEALTH/CHEMICAL DEPENDENCY OPTIONAL BENEFIT

1. Your Mental Health Benefits

This Optional Benefit provides mental health and chemical dependency Benefits for the treatment of emotional conditions or chemical dependency listed as a mental disorder in the Diagnostic and Statistical Manual, as periodically revised, and which require professional intervention for as long as Services are considered Medically Necessary. These Benefits are subject to all the provisions, limitations, and exclusions of your medical Benefits that are listed in the Certificate.

If you have any questions regarding any aspect of the Benefits described in this Optional Benefit, please call the Behavioral Health AdvocatesSM weekdays, from 8:00 a.m. to 6:00 p.m. at 800-876-1989.

2. Services requiring Preauthorization

Preauthorization is required for the following mental health services that are not for Emergency Conditions:

- a. Inpatient psychiatric/detoxification admissions;
- b. Residential treatment after the third day of admission;
- c. Day treatment;
- d. Partial hospitalization after 20 visits; and
- e. Intensive outpatient treatment after 35 visits.

If you need to request Preauthorization, call the Behavioral Health Advocates. Refer to Section 11 – “Healthcare Management” of your Certificate of Coverage for additional information.

3. Exclusions

The following are not covered:

- a. Behavior modification;

- b. Counseling with a patient’s family, friend(s), employer, school authorities, or others, except for approved Medically Necessary collateral visits, with or without the patient present, in connection with otherwise covered treatment of the patient’s mental illness;
- c. Education or training;
- d. Long-term care;
- e. Milieu therapy;
- f. Rest cures;
- g. Self-care or self-help training (nonmedical);
- h. Surgical procedures to remedy a condition diagnosed as psychological, emotional, or mental: and
- i. Services for conduct disorder.

Protecting Your Privacy

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

We understand the importance and sensitivity of your personal health information, and we have security in place to protect it. Access to your information is limited to those who need it to perform assigned tasks. We restrict access to work areas and use locking filing cabinets and password-protected computer systems. We follow all federal and state laws that govern the use of your health information. We use your health information in written, oral, and electronic formats (and allow others to use it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information.

We participate in organized healthcare arrangements (OHCAs) with other entities including but not limited to, Intermountain Healthcare entities, The Intermountain Life and Health Benefit Plan, and the University of Utah Medical Group (with respect to certain defined pediatric specialty services). These OHCA members share information for treatment, payment and healthcare operations to improve, manage, and coordinate your care.

To learn more about activities and see a current list of all OHCA members, visit <https://selecthealth.org/plans/individual/services/Pages/ohca.aspx>.

YOUR HEALTH INFORMATION RIGHTS

You may:

- Review and get a paper copy of your policy or claims records as allowed by law, usually within 30 days of your request (you can also ask us to provide a copy in electronic form, and we will do that if we can readily produce it).
- Request and be provided a paper copy of our current Notice of Privacy Practices, or receive an electronic copy by email if you have agreed to receive an electronic copy.
- Ask us to contact you at a specific address or phone number if contacting you at your current address or phone number could endanger you.
- Request and receive an accounting, as specified by law, of certain situations when your information was shared without your consent.
- Receive a notice if SelectHealth or one of its Business Associates causes a breach of your unsecured information.
- Report a privacy concern and be assured that we will investigate your concern thoroughly, supporting you appropriately, and not retaliate against you in any way (in fact, SelectHealth will provide you with information on how to report any privacy concerns to the SelectHealth Privacy Coordinator, the Intermountain Corporate Privacy Office, or the Office for Civil Rights, U. S. Department of Health and Human Services).
- Request in writing other restrictions on the use of your health information or amendments to your health information if you think it is wrong, though we may not always be able to grant these requests.



HOW YOUR HEALTH INFORMATION IS USED

Common Uses of Health Information

As we provide health insurance benefits, we will gather some of your health information. The law allows us to use or share this health information for the following purposes.

- To receive payment of health coverage premiums and to determine and fulfill our responsibility to provide you benefits. For example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have.
- To improve the overall Intermountain system as well as to help better manage your care. For example, Intermountain has programs in place to manage the treatment of chronic conditions, such as diabetes or asthma, and as part of these programs, we share information with affiliated providers and Intermountain Healthcare to facilitate improved coordination of the care you may receive for these conditions.
- To support healthcare providers in providing treatment.
- To share in limited circumstances health information with your plan sponsor. However, SelectHealth will only do so if the plan sponsor specifically requests health information for the administration of your health plan and agrees in writing not to use your health information for employment-related actions or decisions.
- To identify health-related services that may be beneficial to your health and then contact you about these services.
- To request your support for improving healthcare by contributing to one of Intermountain's charitable foundations. (If you don't want to be contacted for this purpose or other fundraising communications, call Intermountain's Privacy Office at **800 442-4845** to let us know).
- To improve our services to you by allowing companies with whom we contract, called "business associates," to perform certain specialized work for us. The law requires these business associates to protect your health

information and obey the same privacy laws that we do.

- To perform a very limited, specific type of healthrelated research, where the researcher keeps any patient-identifiable information safe and confidential. Intermountain reviews every research request to make sure your privacy is appropriately protected before sharing any health information.
- To law enforcement, but only as authorized by law (e.g., to investigate a crime against SelectHealth or any of its members).

Required Uses of Health Information

The law sometimes requires us to share information for specific purposes, including the following:

- To the Department of Health to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth.
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death.
- To state authorities to report child or elderly abuse.
- To law enforcement.
- To a correctional institution, if a member is an inmate, to ensure the correctional institution's safety.
- To the Secret Service or NSA to protect, for example, the country or the President.
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device.
- To court officers, as required by law, in response to a court order or a valid subpoena.
- To governmental authorities to prevent serious threats to the public's health or safety.
- To governmental agencies and other affected parties, to report a breach of health-information privacy.
- To a worker's compensation program if a person is injured at work and claims benefits under that program.



Uses According to Your Requests

Your preferences matter. If you let us know how you want us to disclose your information in the following situation, we will follow your directions. You decide if you want us to share any health or payment information related to your care with your family members or friends. Please let us know what you want us to share. If you can't tell us what health or payment information you want us to share, we may use our professional judgment to decide what to share with your family or friends for them to be able to help you.

Uses with Your Authorization

Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to:

- share any of your health information with marketing companies.
- sell any of your health information.

You can change your mind at any time about sharing your health information. Simply notify us in writing. Please understand that we may not be able to get back health information that was shared before you changed your mind.

SPECIAL LEGAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

SelectHealth complies with federal laws that require extra protection for your health information if you receive treatment in an addiction treatment program, or from a psychotherapist who keeps notes on your

therapy that are kept outside of your regular medical record.

SelectHealth is prohibited from using or disclosing genetic information for underwriting purposes.

IF YOU STILL HAVE QUESTIONS

Our Privacy Coordinator can help you with any questions you may have about the privacy of your health information. He can also address any privacy concerns you may have about your health information and can help you fill out any forms that are needed to exercise your privacy rights.

This privacy notice became effective on May 26, 2015. We may change this privacy notice at any time, and we may use new ways to protect your health information. We always post our current privacy notice on **selecthealth.org**.

You can request a copy of this notice by visiting our website or calling our Privacy Office at **801-442-7253**.

This notice of privacy practices describes the practices of SelectHealth and of our employees and volunteers. (For more information about the specific privacy practices of Intermountain Healthcare and its employees or volunteers working in its hospitals, clinics, doctors' offices or service departments, please contact them directly by visiting **intermountainhealthcare.org**, or by calling Intermountain's Privacy Office at **800-442-4845**.)



SELECTHEALTH MEMBER RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

You have the right to:

- Receive information about our services, providers, and members' rights and responsibilities.
- Receive considerate, courteous care and treatment with respect for personal privacy and dignity.
- Receive accurate information regarding your rights and responsibilities and benefits in member materials and through telephone contact.
- Be informed by your provider about your health so you may make thoughtful decisions before you receive treatment.
- Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage. We do not have policies that restrict dialogue between provider and patient, and we do not direct providers to restrict information regarding treatment options.
- Participate with providers in decisions involving your health and the medical care you receive.
- Express concerns about SelectHealth and the care we provide, and receive a response in a reasonable period of time.
- Request a second opinion.
- Refuse recommended medical treatment.
- Select or change your primary care provider.
- Make recommendations regarding our members' rights and responsibilities policy.
- Have reasonable access to appropriate medical services regardless of your race, religion, nationality, disability, sex, or sexual orientation, and 24-hour access to urgent and emergency care.
- Receive care provided by or be referred by your primary care provider.
- Have all medical records and other information kept confidential.
- Have all claims paid accurately and in a timely manner.

for assistance.

- Ask questions and understand the consequences of refusing medical treatment.
- Communicate openly with your healthcare provider, develop a patient-provider relationship based on trust and cooperation, and participate in developing mutually agreed-upon treatment goals.
- Read and understand your plan benefits and limitations and call us with any questions.
- Keep scheduled appointments or give adequate notice of cancellation.
- Obtain services consistently according to the policies and procedures of your plan.
- Provide all pertinent information needed by your provider to assess your condition and recommend treatment.
- Use our providers when applicable, carry your ID Card, and pay copay/coinsurance amounts at the time of service.

YOUR RESPONSIBILITIES

You have the responsibility to:

- Treat all our providers and personnel at SelectHealth courteously.
- Read all plan materials carefully as soon as you enroll and ask questions when necessary.
- Ask questions and make certain you understand the explanation and instructions you are given.
- Understand the benefits of your plan and understand not all recommended medical treatment is eligible for coverage.
- Follow plans and instructions for care that have been agreed upon with the provider.
- Express constructively your opinions, concerns, and complaints to the appropriate people at SelectHealth.
- Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to SelectHealth providers or call SelectHealth





P.O. Box 30192
Salt Lake City, UT 84130-0192

selecthealth.org