

## Making the Grade

Quality care and superior service are integral to everything we do at SelectHealth®. They're part of our vision and our culture. So how do we know if we're doing a good job? One of the ways we measure the quality of care and services we provide is through reporting, which is conducted by external sources and requires us to meet certain guidelines. Whether you get insurance through your employer, purchase it on your own, or are enrolled in a government plan, these reports are a great way to compare health plans in Utah.

The Utah Department of Health (UDOH) recently released the 2016 Utah Health Plan Performance Quality of Care Report (HEDIS), and the 2017 Utah Health Plan Patient Experience Report.<sup>†</sup> SelectHealth was rated above the national average for Rating of the Health Plan, Rating of Personal Doctor, and Rating of Specialist among Utah Health Plans. We are the 2nd-rated plan among Utah Health Plans for Rating of Health Care.

You can review these reports:

- To see the 2017 Consumer Satisfaction Report of Utah Health Plans, visit <http://stats.health.utah.gov/reports/hedis/>
- To see the 2017 Consumer Satisfaction Report of Utah Health Plans, visit <http://stats.health.utah.gov/reports/cahps/2017/?page=commercial>

The state of Idaho doesn't require HEDIS rates to be submitted to the state, therefore we have no comparable data for Idaho. However, we still feel it's important to share with our Idaho members how SelectHealth is performing in Utah.

### WE'RE WORKING FOR YOUR HEALTH

HEDIS includes more than 80 standardized measures that look at how well health plans perform on key healthcare issues. Measures cover topics such as these:



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- > Breast, cervical, and colon cancer screenings
- > Prenatal care and care after delivery of a child
- > Immunizations and well-child visits for children and adolescents
- > Appropriate use of antibiotics
- > Diabetes complication screening
- > High blood pressure control
- > COPD and asthma control
- > Flu immunizations

Our mission is *Helping People Live the Healthiest Lives Possible*<sup>\*</sup>. To help our members get preventive care or treat conditions, we use reminder phone calls, send condition-specific newsletters, and help doctor's track their patients' progress with reports.

Our programs focus on excellence in clinical areas included in the UDOH's Performance Report. Results indicate our efforts are working.

This year, significant improvements were seen in the following areas:

- > Management of high blood pressure
- > Management of diabetes

- > Cervical cancer screening
- > HPV immunizations
- > Adolescent immunizations
- > Well child and well adolescent visits
- > Avoiding inappropriate antibiotic treatment

We use outreach efforts to improve members' health, such as personalized phone calls and programs for providers to improve satisfaction regarding topics such as diabetes, women's health, and well-child visits. These programs offer care management referrals, help making appointments, educational mailings, and other tools to help you and your family better manage your health. We consistently receive positive feedback regarding these efforts and use your comments to improve our services.

### WE'RE IMPROVING CARE FOR HOSPITALIZED PATIENTS

Intermountain Healthcare<sup>\*</sup> is also working to improve care to those hospitalized for serious medical conditions. We work with Intermountain to ensure that patients receive proper medications, treatments, and tests. We also want to be certain that patients are discharged from the hospital with the appropriate medications and education to help them manage their illness.

The Centers for Medicare & Medicaid Services (CMS) has collected clinical performance measurements for most hospitals. The performance measurements evaluate care provided to patients who have been admitted to a hospital and include hospital-specific results of patient satisfaction; timely and effective care; readmissions and complications; use of medical imaging; and payment and value of care. Visit **[hospitalcompare.hhs.gov](http://hospitalcompare.hhs.gov)** to learn more.

We would love to hear from you if you have comments, please contact us. To learn more about our Quality Improvement programs, call **800-374-4949**, option 7, or email **[qualityimprovement@selecthealth.org](mailto:qualityimprovement@selecthealth.org)**.

<sup>\*</sup>HEDIS is a registered trademark of the National Committee for Quality Assurance.

<sup>†</sup>If you would like a copy of the 2016 Utah Health Plan Performance Quality of Care Report (HEDIS),<sup>\*</sup> and 2017 Utah Health Plan Patient Experience Report (CAHPS<sup>®</sup>), call the Office of Health Care Statistics at **[healthcarestat@utah.gov](mailto:healthcarestat@utah.gov)** or **801-538-7048**.



# Breast Cancer Screenings FAQs

## **I have never felt a lump. Do I need a mammogram?**

It's important to get screened for breast cancer every year after the age of 40.<sup>1</sup> It is possible to have breast cancer and not feel it at all. Getting a mammogram every year offers a better chance of finding breast cancer even before feeling a lump or having symptoms.<sup>2</sup>

## **I don't have a family history of breast cancer. Do I need a mammogram?**

Despite some common myths, all women are at risk for breast cancer. In 85% of breast cancer cases, there is no family history of the disease.<sup>3</sup>

## **Are mammograms reliable?**

A mammogram is the most accurate way to find breast cancer. Mammograms can correctly detect breast cancer in about 80% of women.<sup>4</sup> Many years of research shows that women who get regular mammograms are:

- > More likely to detect breast cancer early
- > More likely to avoid extensive surgery and chemotherapy
- > More likely to be cured<sup>2</sup>

## **Are mammograms safe?**

Modern mammogram machines use radiation in low doses. Most people in the U.S. are exposed to a small amount of radiation every day. The amount of radiation used during a mammogram is about the same as you would be normally exposed to in seven weeks of everyday life. Additionally, the American Cancer Society states that the benefits of a mammogram are greater than any harm from the radiation exposure.<sup>5</sup>

## **Can I get a mammogram if I have breast implants?**

Yes, you should still get a mammogram even if you have breast implants. When you go to your regular screening, be sure to let your doctor know you have implants. The implants may make it a little harder to examine, but there are easy ways for your doctor to be able to identify any issues as soon as possible.<sup>6</sup>

## **WOMEN'S HEALTH RIGHTS**

At SelectHealth, we, in accordance with the Women's Health and Cancer Rights Act of 1998, provide coverage for cancer-related mastectomy services.

This required coverage includes all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and treatment of any physical complication of the mastectomy, including lymphedema.

## **PRIVACY NOTICE**

You can find the SelectHealth Notice of Privacy Practices at [selecthealth.org](http://selecthealth.org). You can ask for a hard copy by calling the Intermountain Privacy Office at **800-442-4845**, emailing [privacy@imail.org](mailto:privacy@imail.org), or writing to this address:

**Attn: Privacy Office**  
**SelectHealth**  
**P.O. Box 30192**  
**Salt Lake City, UT 84120-8212**

References: 1. ACOG statement on revised American Cancer Society recommendations on breast cancer screening. American College of Obstetricians and Gynecologists website. <http://www.acog.org/About-ACOG/News-Room/Statements/2015/ACOG-Statement-on-Recommendations-on-Breast-Cancer-Screening>. Published October 20, 2015. Accessed May 25, 2017. 2. American Cancer Society recommendations for the early detection of breast cancer. American Cancer Society® website. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>. Last revised August 18, 2016. Accessed May 23, 2017. 3. U.S. breast cancer statistics. Breastcancer.org. [http://www.breastcancer.org/symptoms/understand\\_bc/statistics](http://www.breastcancer.org/symptoms/understand_bc/statistics). Last modified March 10, 2017. Accessed May 23, 2017. 4. American Cancer Society Limitations of Mammograms. American Cancer Society® website. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/limitations-of-mammograms.html#references>. Last revised September 1, 2017. Accessed March 18, 2018. 5. Mammogram basics. American Cancer Society® website. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/mammogram-basics.html>. Last revised August 18, 2016. Accessed May 25, 2017. 6. Mammograms for women with breast implants. American Cancer Society website. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/mammograms-for-women-with-breast-implants.html>. Accessed March 9, 2018.



# Know Your Pharmacy Benefits



The following section outlines information for members who have SelectHealth pharmacy benefits. For more information or to request a hard copy of a prescription drug list, call Member Services at **800-538-5038** or visit [selecthealth.org](http://selecthealth.org). You can also log into *My Health* to access useful pharmacy tools.

## **PARTICIPATING PHARMACIES**

To get the most from your pharmacy benefits, use a participating pharmacy and present your ID card when you fill a prescription. This helps ensure you don't get incorrectly charged for a prescription and it saves you time--that's a win-win!

## **PRESCRIPTION DRUG LIST**

SelectHealth plans that offer drug coverage use a tiered Prescription Drug List of brand-name and generic drugs. An expert panel of doctors and pharmacists (called the Pharmacy and Therapeutics Committee) selects drugs for this list based on safety, quality, and cost-effectiveness. The list may change periodically because of new drugs, new therapies, or other factors. The main difference between the tiers is the amount you pay. Using Tier 1 drugs, for example, will cost you less.

## **GENERIC DRUGS**

Save money by using generic drugs, which contain the same active ingredients as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) regulates generic drugs just like brand-name drugs.

A generic drug will usually be substituted, unless a doctor states on the prescription that the brand-name drug must be used for medical reasons. Some plans require that generic drugs be used and do not cover brand-name drugs when generics are available. If you or your doctor request a brand-name drug when a generic is available, you will often pay a higher copay/coinsurance plus the difference in cost between the generic drug and brand-name drug. In some cases, you will need to pay for the drug in full.

## **90-DAY PRESCRIPTION BENEFIT**

Some plans offer a 90-day prescription benefit for drugs you use regularly. These are referred to as maintenance drugs. This benefit allows you to get maintenance drugs conveniently and often at a lower cost through a participating neighborhood pharmacy or by mail delivery.

For mail order, use the Intermountain Home Delivery Pharmacy by enrolling at [intermountainrx.org](http://intermountainrx.org). For retail pick-up service, use a participating Retail90 pharmacy. You are eligible for Retail90 if you have already filled your prescription once at any retail pharmacy or through an eligible home delivery pharmacy in the past six months using your SelectHealth benefit.

Call Member Services or check the Prescription Drug List to find out if your medication is eligible for the 90-day prescription benefit. Member Services can also tell you what retail pharmacies are participating on your plan.

## **DRUGS WITH SPECIAL REQUIREMENTS (STEP THERAPY AND PREAUTHORIZATION)**

Certain drugs must meet special requirements before they are covered. If a drug requires preauthorization, your doctor must call us before you purchase your medication. Prescription drugs that require preauthorization are listed on our website and identified on your Prescription Drug List.

If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost-effective and do not compromise clinical quality. If your doctor feels that an alternative drug will not meet your needs, he or she can request an exception. These drugs are also listed on our website and identified on your Prescription Drug List.

### SPECIALTY MEDICATIONS

Specialty medications are usually covered by your pharmacy benefits. In rare cases, some members may also have coverage for specialty medications through their medical benefits. These types of drugs may be administered orally, as a single injection, through an intravenous infusion, or through an

inhaler or nebulizer. Generally used to treat an ongoing chronic illness, they can be given by a medical professional or through self-administration. The Intermountain Specialty Pharmacy can deliver specialty medications to your home at no additional cost. Call **844-442-4600** to start service with the Intermountain Specialty Pharmacy.

### EXCLUDED DRUGS

Not all prescription drugs are covered. Call us or visit **[selecthealth.org](http://selecthealth.org)** to learn more.

Note: Some employers may choose a company other than SelectHealth to administer pharmacy benefits. For more information, please refer to your member materials.

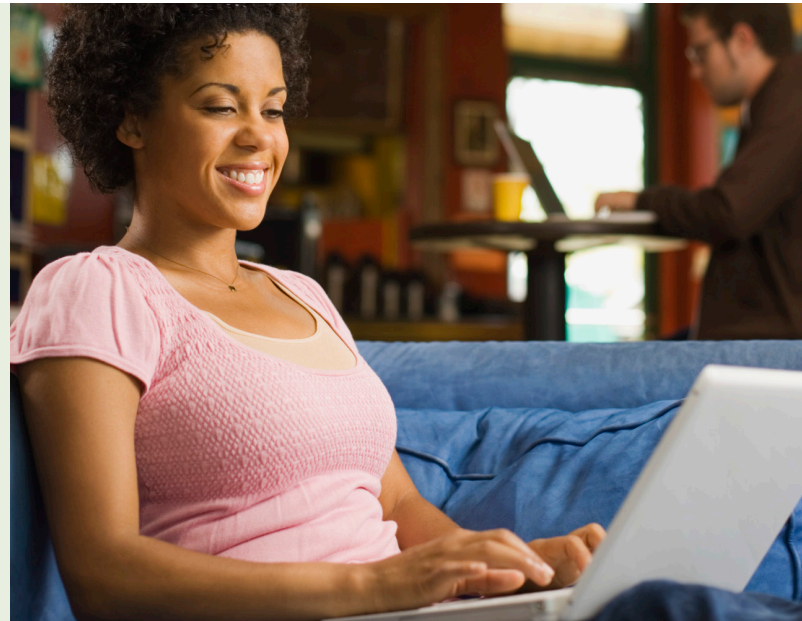
## Staying on the Cutting Edge

### EVALUATION OF NEW TECHNOLOGY

New technologies are developed to diagnose and treat medical conditions. Many of these improve current options to treat a specific condition. However, some new technologies may not be as effective and may expose patients to needless risks. Although new technologies may be approved by the U.S. Food and Drug Administration (FDA), their approval does not guarantee the technology is beneficial. Also, many surgical procedures do not require FDA approval.

To ensure that our members have the most appropriate treatment options, we evaluate new and existing medical technologies. The M-Tech Committee, which is composed of doctors and other healthcare professionals, reviews devices, drugs, and procedures.

An M-Tech review includes studying all valid published studies, seeking feedback from local doctors, and an analysis of the cost-effectiveness of the new technology. This helps the Committee



determine whether a new technology should be paid for by SelectHealth.

New technologies must meet the following requirements:

- > They must be medically necessary to preserve, restore, or improve the health of the individual.
- > They must provide a proven benefit.
- > They need to be of equal or better cost-effectiveness compared to the technology they replace.

# The Right Care When You Need It

When a loved one suddenly becomes ill or is injured, you want to get care right away. However, it pays to stop for a second and ask yourself what type of care is best. Some problems should send you to the emergency room, but in many cases, an urgent care center might be a better choice. For less serious illnesses and injuries, you can often save time and money by choosing an urgent care facility.

This list can help you decide where to go. Use your best judgment, and if you are unsure, go to the emergency room.

## URGENT CARE

Urgent care centers offer a professional staff of licensed doctors and registered nurses who can treat conditions that are not life-threatening but require medical attention within 24 hours. Many of these facilities offer expanded hours.

Examples of conditions treated at urgent care centers often include:

- > Minor burns or injuries
- > Broken bones needing X-rays
- > Sprains and strains
- > Earaches
- > Minor allergic reactions
- > Fever
- > Flu-like symptoms
- > Rash or other skin irritations
- > Mild asthma attacks
- > Animal and insect bites
- > Minor broken bones
- > Minor cuts and lacerations

Sick child at 3:00 a.m.? We're still awake. Call St. Luke's nurse line to speak to a registered nurse who will listen to your concerns, answer any medical questions you may have, and help you decide what course of action to take. To reach St. Luke's nurse line, call **844-265-7648**.

## CALL A MEMBER ADVOCATE

For help scheduling an urgent appointment, call SelectHealth Member Advocates at **800-515-2220**. They can help you schedule an appointment with a specialist within three days, find a doctor who speaks a language other than English, or determine the best location and provider for your urgent care when your doctor is unavailable.



## When To Call 911

As many as 75% of all calls to 911 aren't true emergencies. Sometimes it's hard to know if you should call.

If you or someone close to you is hurt or sick, the American College of Emergency Physicians recommends considering the following questions:

- > **Is the condition life- or limb-threatening?**
- > **Could the condition get worse on the way to the hospital?**
- > **If moved, will it hurt more?**
- > **If you answered yes to any of these questions, would an ambulance get to the hospital sooner than you could?**

**If you have an emergency, call 911 or go to a hospital right away.**



# Your Rights and Responsibilities

As a SelectHealth member, you have the right to privacy and a high level of medical care and customer service. You are also responsible for following our guidelines and making informed decisions about your medical care. Suggestions regarding policies or services are always welcome. Call Member Services or submit your comments in writing.

## YOUR RIGHTS

### You have the right to do the following:

- > Review and obtain a copy of your policy and member records, subject to state law, and our policies and procedures
- > Receive information about our services, providers, and your member 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 phone calls
- > Be informed by your provider about your health so you can make thoughtful decisions before you receive treatment
- > Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage (we do not have policies that restrict dialogue between providers and patients, 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 to the extent permitted by law
- > Select or change your primary care provider
- > Make recommendations regarding our Member 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 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



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## YOUR RESPONSIBILITIES

### You have the responsibility to do the following:

- > Treat all providers and personnel at SelectHealth courteously
- > Read all plan materials carefully as soon as you enroll, understand your plan benefits and limitations, and ask questions when necessary
- > Understand that not all recommended medical treatment is eligible for coverage
- > Follow plans and instructions for care that you have agreed upon with your provider
- > Express constructively your opinions, concerns, and complaints to the appropriate SelectHealth staff
- > Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to SelectHealth providers or call us 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
- > Keep scheduled appointments or give adequate notice of cancellation
- > Obtain services consistently according to the policies and procedures of your plan
- > Provide all 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 Online Privacy Matters

We work hard to keep your personal information safe. Scammers and online thieves may try to get your medical and financial information over the phone or through email. But there are best practices you can follow to stay safe:

Use a strong, unique password. We recommend using 12 or more characters. Make your SelectHealth password unique—different from your other online accounts.

Be cautious when sharing your personal information over phone or email. If you are unsure whether you are speaking with a SelectHealth representative, hang up and call Member Services at **800-538-5038**. We will never call you to ask for your username and password.

Report scams. If you believe that you have been a victim of fraud or a scam, please report it to **fraud@selecthealth.org** or call Member Services at **800-538-5038**. We also encourage scams to be reported to state agencies. The Utah Division of Consumer Protection can be reached at **800-530-6001**. The Idaho Attorney General's Consumer Protection Division can be reached at **800-432-3545**.

To learn more about how you can protect your account and information, visit **selecthealth.org/security**.



# The Appeals Process

## WHAT TO DO IF YOU DISAGREE WITH A SELECTHEALTH DECISION

We are committed to making sure all concerns or problems are investigated and resolved as soon as possible. Most situations can be resolved by contacting Member Services.

## FORMAL APPEALS PROCESS

If you disagree with a decision that adversely affects your coverage or benefits, you or an authorized representative has the right to appeal the decision in writing by faxing the information to **801-442-0762**, emailing it to **appeals@imail.org**, or mailing it to the following address:

**Attn: Appeals  
SelectHealth  
P.O. Box 30192  
Salt Lake City, UT 84120-8212**

If you wish for another individual, including an attorney, to represent you through any level of the formal appeals process, you must provide written authorization on an Authorization to Disclose Health Information Form to release information to the authorized representative. You can complete a copy of this form by visiting **selecthealth.org**.

All written appeals should be addressed to the SelectHealth Appeals department within 180 days from the date of notification of the denial to be eligible for review through the formal appeals process. Upon receipt, the appeal will be investigated by our Appeals department and reviewed by individuals who were not involved in the initial determination.

If the adverse benefit determination was based on medical judgment, the appeal will be reviewed by at least one healthcare provider working in the same or a similar specialty. This person typically treats the medical condition, performs the procedure, or provides the treatment in question.

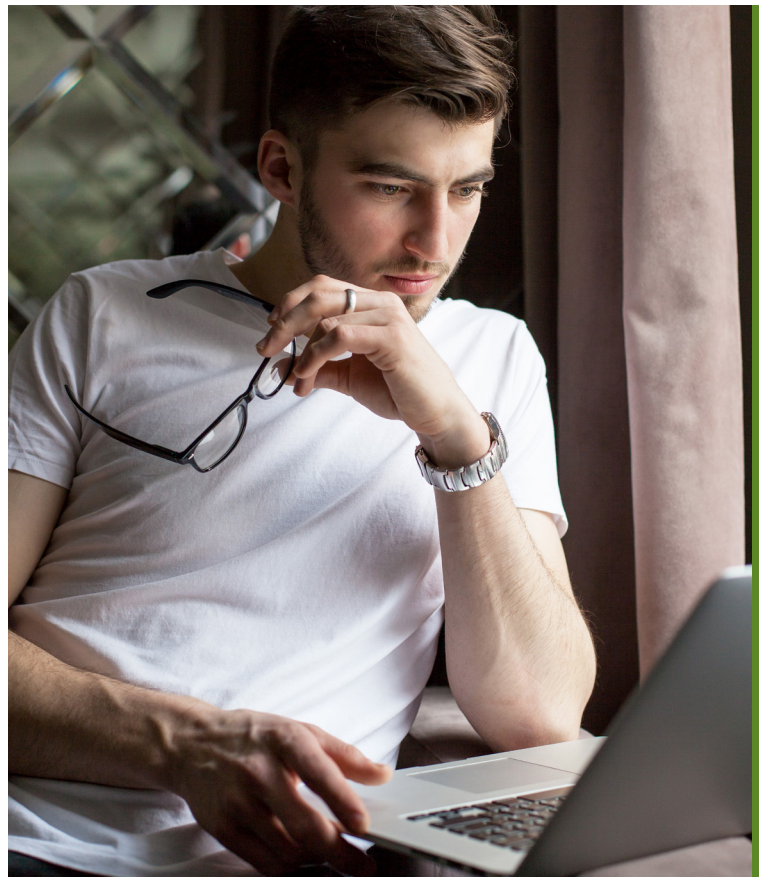
Written notification of the decision will be completed no later than 30 calendar days from the date we receive the appeal. If the appeal involves coverage of a service or treatment for an urgent condition, you or your provider may request an expedited review. If your condition meets the criteria for an expedited review, you will be notified of the decision within 72 hours of the request.

If you are appealing a final internal adverse benefit determination, you may request that an Independent Review Organization (IRO) perform an external review of your appeal. An IRO review applies only to the following considerations:

- > Medical necessity
- > Appropriateness
- > Healthcare setting
- > Level of care
- > Effectiveness of a covered benefit
- > Utilization review
- > Experimental and/or investigation services
- > Rescission of coverage

An IRO is a review organization that is not connected in any way to us. The IRO employs healthcare providers with the appropriate level and type of clinical knowledge to properly judge an appeal. It is our (not your) responsibility to pay for the costs of the external review process.

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## OTHER COMPLAINTS

If you have a complaint related to SelectHealth or one of our participating providers that does not involve coverage or payment of a claim, contact Member Services. These complaints might involve the quality of the care or customer service you received. You may file your complaint by phone, in writing, or in person. We will look into your complaint and provide you with an answer as soon as possible but typically no later than 30 calendar days from the day SelectHealth receives the complaint. When filing a complaint, please provide a summary of the complaint with enough detail to allow SelectHealth to research the issue, and a description of the action you are requesting.

For more information, please call the Appeals department at **844-208-9012**.

## COVERAGE DECISIONS

Our Utilization Management department makes coverage decisions based only on appropriateness of care and service and existence of coverage. We do not reward providers or other individuals for issuing denials of coverage or care.

Financial incentives for UM decision makers do not encourage decisions that result in underutilization. If you have questions or feel you or someone you know would benefit from these services, call **800-442-5305**.

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# Out-of-area Coverage

**When you are traveling, peace of mind is priceless. It's important to know where to go if you need medical care.**

## OUTSIDE THE STATE

If you have an emergency or need urgent care outside of Idaho or Utah, participating benefits apply to services you receive in a doctor's office, urgent care facility, or emergency room. In an effort to reduce your medical out-of-pocket expenses incurred while traveling, SelectHealth is contracted with the MultiPlan and Private Healthcare Systems (PHCS) networks of healthcare providers and facilities. They have agreed to accept an allowed amount for covered services, which means you will not be responsible for excess charges when using these providers. They will also bill us directly. Always present your ID card when visiting providers or facilities. The logos on the card give you access to these networks.

## OUTSIDE THE COUNTRY

If you are traveling outside the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service and submit a claim to SelectHealth that includes the following:

- > A printed receipt with the provider's address and phone number
- > The date of service
- > A description of the treatment received
- > The amount charged

With the exception of urgent and emergency situations, care provided outside of the United States for ongoing or chronic issues must be preauthorized.

For more information or help finding a provider, call Member Services at **800-538-5038** or visit **[selecthealth.org](http://selecthealth.org)**.





# Care Managers Are Here to Help

Dealing with urgent or ongoing medical needs can be overwhelming. We'll make sure you don't have to do it alone. Our care managers are registered nurses who are specially trained in all areas of healthcare. They can help you navigate the system and follow doctors' recommendations—answering questions about health and benefits and coordinating the best care possible.

Whether you're dealing with a major trauma, a new diagnosis, or managing a condition you've had for a while, care managers provide expertise and a listening ear so you can focus on getting better. Our care managers are local and familiar with area providers, hospitals, and healthcare services. There is no additional cost to consult with a care manager, and the information shared is confidential. A SelectHealth representative often contacts members immediately following certain diagnoses to see if they would like help. However, we invite you to contact us if you have questions or feel you or someone you know would benefit from these services.

## WE'VE GOT SUPPORT FOR DISEASE MANAGEMENT

We offer ongoing care management support for those with chronic health conditions. You may receive educational materials, follow-up phone calls, and one-on-one access to a nurse as you learn to manage your condition long term. We specialize in the following conditions, among others:

- > Allergies and rhinitis
- > Asthma
- > Cancer
- > Chronic obstructive pulmonary disease
- > Depression
- > Diabetes
- > Heart disease
- > High blood pressure
- > High-risk pregnancy
- > Migraines

**To talk to a nurse care manager about your urgent or ongoing needs, call 800-442-5305.**

## MY HEALTH

My Health is our secure member website that allows you to manage your health and benefit information from a single location.

To sign up, visit [selecthealth.org](https://selecthealth.org) and use your Subscriber ID (you'll find this on your ID card) to create an account.

## GO PAPERLESS

Want to cut down that stack of mail? Sign up for paperless EOBs (Explanation of Benefits) in *My Health*, where you'll still be able to see how much your doctor billed and what you are responsible to pay.







P.O. Box 30192  
Salt Lake City, Utah 84130



Nonprofit Org.  
U.S. Postage  
**PAID**  
Salt Lake City, UT  
Permit No. 4547

The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your doctor if you have any questions or concerns. The information that is contained in this newsletter does not guarantee benefits. Member discounts are not considered a plan benefit. If you have questions or want to confirm your benefits, call Member Services at **800-538-5038**.

If you have a Medicare Advantage® plan, call us toll-free at **855-442-9900**, weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday. Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711. SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal. © Coffey Communications 2017

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# GO GREEN

GET WELLNESS INFO AT YOUR FINGERTIPS

Get the latest on a variety of health and wellness topics right in your inbox—no spam, no junk, we promise. You choose the topics you're interested in—fitness, women's health, nutrition, heart health, and more. Expecting a baby or a becoming a new parent? Be in the know with our *Pregnancy and New Parent* newsletters. Here's to your health. Subscribe today: [selecthealth.org/newsletters](https://selecthealth.org/newsletters).