

# Individual and Family ACA plans. Colorado 2024



Select  
Health



## Insurance is complicated. We make it simple.

At Select Health, we're all about simple. With easy-to-understand plan designs and benefits tailored to meet your unique needs, we do health insurance differently. For you.

### Front range and western slopes coverage

We offer a high-quality, comprehensive provider network with the care options you need where you need them.

### Best-in-class service

Our local team of insurance experts is available to help you with everything from understanding your benefits to finding the right doctor.

### Virtual visits

Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UCHHealth urgent care service providers are covered at no additional cost to you. Urgent care must be with Connect Care or UCHHealth to be covered at \$0.

## Health insurance definitions.

**We know that insurance terms can be confusing. Before you start shopping for a plan, take a moment to familiarize yourself with the following terms and definitions.**

**DEDUCTIBLE**—Amount you must pay to doctors and facilities before your plan pays for certain covered services.

**OUT-OF-POCKET MAXIMUM (OOP)**—The total amount you may pay for services covered by your plan each year. Things like deductibles, coinsurance, and copays may apply to your out-of-pocket maximum.

**COINSURANCE**—A percentage of the cost of a covered service that you pay after you've met your deductible. For example, you pay 20%, the plan pays 80%.

**VIRTUAL VISITS**—For urgent medical, mental health, or primary care issues, talk to a provider online using your smart phone, tablet, or computer.

**PRIMARY CARE PROVIDER (PCP)**—A PCP is the provider you see most regularly for general medical and preventive care. Select Health considers a PCP to be any of the following: family and general practitioners, internal medicine doctors, pediatricians, Certified Nurse Midwives (CNMs), and geriatricians.

**SECONDARY CARE PROVIDER (SCP)**—These doctors are typically specialists such as cardiologists, neurologists, dermatologists, ophthalmologists, Obstetricians and Gynecologists (OB/GYNs), and more.

**MEMBER PAYMENT SUMMARY (MPS)**—This is a list of services covered by your plan. It shows how much you are responsible to pay for each type of service. This is also known as a Schedule of Benefits (SOB).

**SUBSIDY**—Depending on your income and other criteria, you may qualify for an Advance Premium Tax Credit or Cost-Share Reduction. To verify your eligibility, visit [ConnectforHealthCO.com](https://www.connectforhealthco.com) or contact your agent.





## Plans and benefits built for you.

### **HEALTH SAVINGS ACCOUNT QUALIFIED (HSA-QUALIFIED)—**

These plans are designed to be used with a Health Savings Account (HSA). Often, these plans have lower premiums. Using an HSA means you have more control over your healthcare dollars, with tax advantages.

**OFF-EXCHANGE**—These plans are only available for purchase directly from Select Health by visiting [selecthealth.org/shop](https://selecthealth.org/shop).



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

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

- Bilingual Resources
- Care Management
- Health and Wellness Discounts
- Intermountain Connect Care (urgent care only)
- UCHealth Virtual Urgent Care Services
- Member Advocates support to help you find doctors, make appointments, and answer questions
- Select Health Mobile App
- Preventive Care
- Rx Savings Solutions
- Telehealth and Virtual Visits
- Wellness Rewards Programs

Find more details about member benefits and resources at [selecthealth.org/resources](https://selecthealth.org/resources) and [selecthealth.org/wellness](https://selecthealth.org/wellness).



Scan here  
for Member  
Resources

# Individual plans and benefits | 2024 Colorado plans



**Ready to Shop?**

Contact your agent, visit [selecthealth.org/shop](https://selecthealth.org/shop), or call 855-442-0220.



Plan Type					HSA-Qualified <sup>1</sup> / Off-Exchange Plan			HSA-Qualified <sup>1</sup>
Plan Name	Expanded Bronze \$6900 Medical Deductible	Silver \$1500 Medical Deductible	Silver \$3200 Medical Deductible	Silver \$6000 Medical Deductible Rx Copay	Silver \$3750 Medical Deductible HSAQ <sup>1</sup>	Gold \$0 Medical Deductible	Gold \$1500 Medical Deductible	Gold \$1750 Medical Deductible HSAQ <sup>1</sup>
<b>Deductible</b>								
Single	\$6,900	\$1,500	\$3,200	\$6,000	\$3,750	\$0	\$1,500	\$1,750
Family	\$13,800	\$3,000	\$6,400	\$12,000	\$7,500	\$0	\$3,000	\$3,500
<b>Out-of-Pocket Max</b>								
Single	\$9,450	\$9,450	\$9,450	\$9,450	\$8,050	\$9,450	\$8,000	\$8,050
Family	\$18,900	\$18,900	\$18,900	\$18,900	\$16,100	\$18,900	\$16,000	\$16,100
<b>Primary Care Provider (PCP)</b>	\$35	\$30	\$35	\$0	Covered 100% after Deductible	\$20	\$15	Covered 100% after Deductible
<b>Secondary Care Provider (SCP)</b>	\$70 after Deductible	\$90	\$50	\$50	Covered 100% after Deductible	\$70	\$40	Covered 100% after Deductible
<b>Urgent Care Services</b>	\$65	\$45	\$60	\$60	Covered 100% after Deductible	\$70	\$40	Covered 100% after Deductible
<b>Virtual Visits<sup>2</sup></b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Preventive Care and Immunizations</b>	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Laboratory OP &amp; Professional Services<sup>3</sup></b>	\$50	\$15	\$20	\$30	Covered 100% after Deductible	\$5	\$0	Covered 100% after Deductible
<b>X-Rays &amp; Diagnostic Imaging<sup>3</sup></b>	5% after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	5% after Deductible	5%	5% after Deductible	5% after Deductible
<b>Inpatient Hospital Services</b>	40% after Deductible	\$3,150 per day after Deductible (up to 3 day Copay maximum)	40% after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Outpatient Services</b>	40% after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Emergency Room</b>	40% after Deductible	\$1,500	\$600 after Deductible	40% after Deductible	20% after Deductible	30%	20% after Deductible	10% after Deductible
<b>Rx Deductible Per Person</b>	\$2,500	\$3,500	\$1,000	Medical and Rx Combined	Medical and Rx Combined	\$1,000	\$250	Medical and Rx Combined
<b>Tier 1 Drugs</b>	\$15	\$15	\$15	\$10	Covered 100% after Deductible	\$10	\$10	Covered 100% after Deductible
<b>Tier 2 Drugs</b>	\$40	\$25	\$25	\$25	Covered 100% after Deductible	\$25	\$25	Covered 100% after Deductible
<b>Tier 3 Drugs</b>	\$55 after pharmacy Deductible	\$100 after pharmacy Deductible	25% after pharmacy Deductible	\$125	20% after Deductible	25% after pharmacy Deductible	25% after pharmacy Deductible	20% after Deductible
<b>Tier 4 Drugs</b>	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$705	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible
<b>Tier 5 Drugs</b>	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	\$785	50% after Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible	50% after Deductible

<sup>1</sup> When two or more are enrolled on an HSA-Qualified plan, only the family deductible applies and no single person in a family will pay more than the single out-of-pocket maximum.  
<sup>2</sup> Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UCHealth urgent care service providers are covered at no additional cost to you.  
<sup>3</sup> Some minor diagnostic services will be covered as part of the office visit cost share.

Please note: The coverage and benefit details presented here do not include out-of-network cost-share details. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit [selecthealth.org](https://selecthealth.org) or call Member Services at 800-538-5038.

# Cost-Sharing Reduction (CSR) Plans | 2024 Colorado plans

In addition to a tax credit, you may be eligible for a cost-sharing reduction plan that lowers the amount you pay out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian or Alaska Native tribes may also qualify for additional cost-sharing benefits.

Plan	Deductible Single/Family	Out-of-Pocket Max Single/Family	Rx Deductible (per person)	Primary Care Visit	Secondary Care Visit	Urgent Care Services	Virtual Visits <sup>1</sup>	Preventive Care	Inpatient Hospital Services	Outpatient Services	Emergency Room	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs	Tier 4 Drugs	Tier 5 Drugs
Silver \$1500 Medical Deductible	\$1,500/\$3,000	\$9,450/\$18,900	\$3,500	\$30	\$90	\$45	Covered 100%	Covered 100%	\$3,150 per day after Deductible (up to 3 day copay maximum)	50% after Deductible	\$1,500	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$1,500/\$3,000	\$7,250/\$14,500	\$3,500	\$20	\$90	\$45	Covered 100%	Covered 100%	\$3,150 per day after Deductible (up to 3 day copay maximum)	50% after Deductible	\$1,500	\$15	\$25	\$100 after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$350/\$700	\$3,000/\$6,000	\$250	\$0	\$30	\$15	Covered 100%	Covered 100%	\$1,000 per day after Deductible (up to 3 day copay maximum)	40% after Deductible	\$600	\$10	\$20	\$50 after pharmacy Deductible	15% after pharmacy Deductible	40% after pharmacy Deductible
94% CSR	\$0/\$0	\$2,400/\$4,800	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	\$450 per day (up to 3 day copay maximum)	20%	\$200	\$0	\$5	\$15	10%	30%
Silver \$3200 Medical Deductible	\$3,200/\$6,400	\$9,450/\$18,900	\$1,000	\$35	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
73% CSR	\$3,000/\$6,000	\$7,250/\$14,500	\$1,000	\$30	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	\$600 after Deductible	\$15	\$25	25% after pharmacy Deductible	50% after pharmacy Deductible	50% after pharmacy Deductible
87% CSR	\$0/\$0	\$3,000/\$6,000	\$400	\$10	\$40	\$35	Covered 100%	Covered 100%	25%	25%	\$350	\$15	\$20	15% after pharmacy Deductible	25% after pharmacy Deductible	50% after pharmacy Deductible
94% CSR	\$0/\$0	\$3,000/\$6,000	\$0	\$0	\$10	\$10	Covered 100%	Covered 100%	15%	15%	\$150	\$0	\$5	5%	15%	50%
Silver \$6000 Medical Deductible Rx Copay	\$6,000/\$12,000	\$9,450/\$18,900	Medical and Rx Combined	\$0	\$50	\$60	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$10	\$25	\$125	\$705	\$785
73% CSR	\$6,000/\$12,000	\$7,250/\$14,500	Medical and Rx Combined	\$0	\$50	\$40	Covered 100%	Covered 100%	40% after Deductible	40% after Deductible	40% after Deductible	\$10	\$25	\$125	\$545	\$605
87% CSR	\$350/\$700	\$3,000/\$6,000	Medical and Rx Combined	\$0	\$25	\$30	Covered 100%	Covered 100%	30% after Deductible	30% after Deductible	30% after Deductible	\$10	\$25	\$60	\$225	\$250
94% CSR	\$0/\$0	\$3,000/\$6,000	Medical and Rx Combined	\$0	\$0	\$10	Covered 100%	Covered 100%	10%	10%	10%	\$0	\$0	\$20	\$225	\$250

<sup>1</sup>Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UCHHealth urgent care service providers are covered at no additional cost to you. Preauthorization is required for certain services. Visit limits apply to certain services. This chart is not a complete list of benefits. If you have questions, visit [selectthehealth.org](https://selectthehealth.org) or call Member Services at 800-538-5038.

## Tips for choosing a plan:

### Think through your potential usage and ask yourself a few questions:

- How often do you usually visit a provider?
- Do you have any existing prescription drugs?
- Do you anticipate any healthcare needs in the near future?

### Verify your subsidy eligibility

To verify your eligibility, visit [ConnectforHealthCO.com](https://connectforhealthco.com) or contact your agent.



Select Health is pleased to offer health plans through Connect for Health Colorado. Learn more about Connect for Health Colorado and applying for financial help to lower monthly health insurance costs at [ConnectforHealthCO.com](https://connectforhealthco.com).

### Check if your current providers are in-network

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

### Consider your prescription needs

Not all plans offer the same prescription benefit coverage. Review plans on page 6-9 and learn more about prescription benefits on page 14.

### Call us or your agent to talk through the details

Call us at **855-442-0220** or contact your agent to discuss your options.



### Your shopping checklist

- ✓ Your network option and list of in-network providers
- ✓ Your total out-of-pocket costs, including premium and your anticipated portion of the cost
- ✓ If you are subsidy eligible

### How to enroll

You've done your homework and you're ready! Now that you've decided to enroll in a Select Health plan, here's how:

#### YOUR AGENT

For questions or help enrolling on a Select Health plan, contact your Select Health-appointed agent.

#### ONLINE

Shop with us at [selecthealth.org/shop](https://selecthealth.org/shop).

#### CALL US

Individual Sales: **855-442-0220**.

## Our network.

**Choosing in-network providers and facilities is the best way to maximize your benefits and save money.**

### Select Health Value

The Select Health Value Network is available for residents of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Larimer, Mesa, Park, Pueblo, Routt, Teller, and Weld counties.

However, plans in Mesa and Delta counties are named Select Health Monument Value.

- Provides access to more than 50 facilities and over 9,000 providers
- Includes access to Intermountain Health and our clinical partners UCHealth and Monument Health



**Get started!  
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find a doctor.**

Colorado	Value Network
UCHealth University of Colorado Hospital	●
UCHealth Memorial Hospital Central	●
UCHealth Poudre Valley Hospital	●
UCHealth Medical Center of the Rockies	●
UCHealth Memorial Hospital North	●
UCHealth Highlands Ranch Hospital	●
UCHealth Greeley Hospital	●
UCHealth Longs Peak Hospital	●
UCHealth Broomfield Hospital	●
UCHealth Yampa Valley Medical Center	●
UCHealth Grandview Hospital	●
UCHealth Pikes Peak Regional Hospital	●
Saint Joseph Hospital	●
Lutheran Medical Center	●
St. Mary's Medical Center	●
Good Samaritan Medical Center	●
Platte Valley Medical Center	●
Children's Hospital Colorado Broomfield	●
Children's Hospital Colorado Anschutz	●
Children's Hospital Colorado Springs	●
Children's Hospital Colorado Highlands Ranch	●
Delta Health	●
Parkview Medical Center	●
Boulder Community Hospital	●
National Jewish Health	●

**Note:** This list is subject to change.



## Your care options.

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

### Scheduled care:

#### Primary care provider

A Primary Care Provider (PCP) sees patients for common medical problems, performs routine exams, and helps prevent or treat illness. You can trust a PCP to know your health history, be your partner in preventive care, and help you find specialists when you need them.

#### Specialty care provider

We've partnered with specialty providers to ensure you have access to top notch care when you need it.

### Local clinics

All plans include Intermountain Health community clinics and clinical partners UHealth and Monument Health so you never have to go far to get care.

### Immediate care:

#### Urgent care

For urgent care within your service area, go to an in-network facility. For emergencies, call 911 or go to the nearest hospital.

#### Hospitals

Our clinical partnership with UHealth and Monument Health means you get high-quality hospital care at the lowest possible cost.

### Virtual Visits:

Virtual Visits with an in-network Primary Care Provider, Mental Health Provider, Intermountain Connect Care (urgent care only), and UHealth urgent care service providers are covered at no additional cost to you.

#### Intermountain Connect Care

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

#### UHealth Virtual Urgent Care

Use the UHealth app or UHealth website to schedule virtual visits for urgent care.

#### Your provider

You can also schedule a virtual visit directly with your primary care or mental health in-network provider. Contact your provider to learn about virtual visit options and to schedule a visit using their preferred platform.

### Urgent and Emergency Out-of-Area Care:

#### Outside Utah, Idaho, Nevada, or Colorado

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.

If you need urgent or emergency care, you can use the Multiplan or PHCS providers and facilities.

Always present your ID card when you visit a Multiplan or PHCS provider or facility.

If you need urgent or emergency care and need to find Multiplan or PHCS providers or facilities, call Member Services at **800-538-5038** or visit [selecthealth.org/findadoctor](https://selecthealth.org/findadoctor) and select "Multiplan" or "PHCS" from the network drop down.

#### Outside of the country

If you need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. If you do, keep your receipt and submit it with a Claim Reimbursement Form, which can be found on [selecthealth.org/forms](https://selecthealth.org/forms).



Find a  
Provider

# Select Health prescription benefits.

## Prescription drugs

**COLORADO PLANS** — RxCore® is a closed, five-tier formulary which provides appropriate pharmacy coverage for generic drugs and brand-name drugs only when a generic or over-the-counter option is not available. Preferred generic drugs and a limited number of preferred brand-name drugs are covered at the lowest copay/coinsurance available for generics and brands respectively. Some drugs will be covered at higher tiers based on their cost regardless of whether they are brand or generic. There are five copay/coinsurance levels as described in the table below.

<b>Tier 1</b> —	Lowest cost (preferred generic drugs and some brand-name drugs)
<b>Tier 2</b> —	Low cost (non-preferred generics and some brand-name drugs)
<b>Tier 3</b> —	Medium cost (preferred brand and some generic drugs)
<b>Tier 4</b> —	High cost (non-preferred brand and some generic drugs)
<b>Tier 5</b> —	Highest cost (specialty brand-name and generic drugs)

**COLORADO OPTION PLANS** — A four-tier formulary which provides appropriate pharmacy coverage of generic drugs and brand-name drugs only when a generic or over-the-counter option is not available. Preferred generic drugs and a limited number of preferred brand-name drugs are covered at the lowest copay/coinsurance available for generics and brands respectively. Some drugs will be covered at higher tiers based on their cost regardless of whether they are brand or generic. There are four copay/coinsurance levels as described in the table below.

<b>Tier 1</b> —	Lowest and low cost (generics and some brand-name drugs)
<b>Tier 2</b> —	Medium cost (preferred brand and some generic drugs)
<b>Tier 3</b> —	High cost (non-preferred brand and some generic drugs)
<b>Tier 4</b> —	Highest cost (specialty brand-name and generic drugs)

## Prescription drug list (PDL)

To find your medication, its tier, cost, and any special requirements, search for it at [selecthealth.org/pharmacy](https://selecthealth.org/pharmacy).



## Special requirements

Some drugs require step therapy or preauthorization before they will be covered by your plan.

**STEP THERAPY** — If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost effective and do not compromise clinical quality. Step therapy may be waived for medical necessity.

**PREAUTHORIZATION** — This means that your doctor must contact us for approval before your drug will be covered.

## 90-Day maintenance drug benefit\*

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

\*Some restrictions may apply.

## Hassle-free mail order\*

Get your medication delivered right to your door for no extra charge with Intermountain or UCHealth Home Delivery. To learn more, call Intermountain at **855-779-3960** or UCHealth at **720-848-1432** or visit [selecthealth.org](https://selecthealth.org) or [uchealth.org/services/pharmacy/](https://uchealth.org/services/pharmacy/).

\*Some restrictions may apply.

## Specialty pharmacy

If you take specialty medications, use a specialty pharmacy for quality service at a lower cost. Learn more by calling Intermountain at **877-284-1114** or UCHealth at **720-848-1432**.

## Your neighborhood pharmacy

Need to visit the pharmacy? Don't worry! Your plan includes a large network of local and national pharmacies.

## Rx savings solutions

- Spend less money on your prescriptions
- Receive alerts to notify you of lower cost options
- Find less expensive alternatives for your prescriptions based on your health plan

Visit [selecthealth.org/rxsavings](https://selecthealth.org/rxsavings) to enroll.

## Pharmacy tools

Log in to [selecthealth.org](https://selecthealth.org) to access pharmacy tools like:

- Drug coverage information
- Rx claims (member portal login)
- Comparable drug prices
- A list of in-network pharmacies
- Information on drug interactions





## General information.

### Our plans

Our plans are designed to provide coverage for hospital, medical, preventive care, and surgical expenses incurred as a result of a covered accident or illness. Coverage is provided through in-network providers for daily hospital room and board, miscellaneous hospital services, anesthesia services, in-hospital medical services, and outpatient care. Coverage is subject to any deductible, copay provisions, or other limitations that may be set forth in your contract.

### Eligibility

You and your dependents may apply for coverage if you are a resident of Colorado and not eligible for Medicare. Eligible dependents include the subscriber's legal spouse, children younger than age 26, eligible disabled children older than age 26, and children who are under court-ordered legal guardianship until legal guardianship ends. See contract for more details.

### Termination

Based on your contract, health coverage may be terminated for the following reasons:

- Nonpayment of premiums
- Fraud or intentional misrepresentation of material fact
- Residing or working outside of our service area

### Excluded services

For a list of excluded services, see your member materials or visit [selecthealth.org/resources/member-resources](https://selecthealth.org/resources/member-resources).

### Excess charges

There are charges from providers and facilities that exceed the Select Health allowed amount for covered services. Unless protections against balance billing apply under state or federal law, when you use an out-of-network provider or facility for urgent care, you may be responsible for any incurred excess charges. These charges do not apply to your out-of-pocket maximum.

### Appeals/utilization management (UM)

For information about what requires preauthorization, our Care Management programs, or filing an appeal, see your member materials or visit our Member Resources page at [selecthealth.org/resources](https://selecthealth.org/resources).

### Protecting your privacy

To learn more about our privacy policies and security measures, or to view our complete Notice of Privacy Practices, visit [selecthealth.org/policy](https://selecthealth.org/policy).

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

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: 855-442-9900 (TTY: 711) / Select Health: 800-538-5038.

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

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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## Shop

[selecthealth.org/shop](https://selecthealth.org/shop)

## General questions

**Member Services**  
800-538-5038

## Help finding a doctor

**Member Advocates**  
800-515-2220  
[selecthealth.org/find-a-doctor](https://selecthealth.org/find-a-doctor)

## More plan information

**Individual Sales**  
855-442-0220

[selecthealth.org/individual](https://selecthealth.org/individual)



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