

SelectHealth - 3300 HSA Qualified High Deductible Health Plan - SelectMed

	In-Network	Out-of-Network*
Preventive Care Services		
See list of covered preventive services on page 37	Covered 100%	Not Covered
Deductible	You Pay	You Pay
Employee Only / Family	\$3,300 / \$6,600 Embedded	\$6,600 / \$13,200 Embedded
Out of Pocket Maximum		
Employee Only / Family Includes Copays, Coinsurance & Deductibles	\$3,300 / \$6,600 Embedded	\$8,500 / \$17,000 Embedded
Office Visits	You Pay	You Pay
Primary Care Provider	Covered 100% AD	40% AD
Specialist Physician	Covered 100% AD	40% AD
Intermountain Connect Care	Covered 100% AD	N/A
Urgent Care	Covered 100% AD	40% AD
Prescriptions via CVS Pharmacy**	Tier 1 / Tier 2 / Tier 3	Tier 1 / Tier 2 / Tier 3
30 Day Supply: Retail	Covered 100% AD***	Not Covered
90 Day Supply: Mail Order or Retail	Covered 100% AD***	Not Covered
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100% AD	40% AD
Major	Covered 100% AD	40% AD
Hospital Services**	You Pay	You Pay
Outpatient	Covered 100% AD	40% AD
Inpatient	Covered 100% AD	40% AD
Maternity	Covered 100% AD	40% AD
Durable Medical Equipment**	Covered 100% AD	40% AD
Emergency Room	Covered 100% AD	
Mental Health Services**	You Pay	You Pay
Office Visits	Covered 100% AD	40% AD
Inpatient / Outpatient	Covered 100% AD	40% AD
Chiropractic up to 20 visits per year	Covered 100% AD	Not Covered

AD: After Deductible; HDHP: High Deductible Health Plan

*Member pays balance of billed charges above In-Network Rate. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit www.selecthealth.org

**Preauthorization may be required

*** Check HSA Preventive Drug List for medications that are covered 100% before deductible

Embedded: If one person in a family hits the individual deductible and out-of-pocket limit in a calendar year, benefits will be paid for that individual at 100% for the remainder of the year.

SelectHealth - 3300 Medical Plan	Medical Cost	
	WELLNESS RATE Annual Physical Required Employee Cost Bi-Weekly (26)	NON-WELLNESS RATE Without Annual Physical Employee Cost Bi-Weekly (26)
Employee Only	\$55.01*	\$80.69*
Two-Party	\$96.10*	\$140.94*
Family	\$131.28*	\$192.55*

Wellness Rate

*Washington County makes a higher monthly contribution when you **receive an annual physical**. You are initially enrolled at the "Wellness Rate", to remain at this rate, **submit proof of service to HR within 60 days of the effective coverage date.**

Health Savings Account

What is a Health Savings Account (HSA)?

A qualified high deductible health plan with a Health Savings Account is an alternative to traditional health insurance plans. The HSA is a savings product that offers a different way for consumers to pay for their health care costs. HSAs enable you to pay for current qualified expenses and save for future medical and retiree health expenses on a tax-free basis.

You must be covered by a Qualified High Deductible Health Plan (QHDHP) to be able to contribute to an HSA. You own and control the money in your HSA. As your account balances grow, you may also decide what types of investments to make with your HSA money.

You and/or your employer may contribute to your HSA, up to the legal maximum. **In 2025, the maximum annual contribution for single enrollee set by the IRS is \$4,300, and the maximum family contribution is \$8,550.** A catch-up contribution, up to an additional \$1,000, is allowed for individuals who are 55 years or older. Please see the contribution chart below to determine the amount contributed to your HSA by your employer.

What you can do with your HSA

- Pay qualified health care expenses: Use the HealthEquity online PayChoice payment platform at www.MyHealthEquity.com to pay for qualified health care expenses. You can use your debit card, request a check by phone or online, or transfer funds online
- Save money for future medical expenses: You may not have significant health care expenses every year, but saving the maximum amount every year helps you build a sizeable savings for when you are faced with larger medical expenses
- Save for post-retirement expenses: Once you reach age 65, you can use your HSA funds to pay for anything you wish. Qualified medical expenses are still not taxed; any other expenses are subject to tax but not penalties

Your HSA is *your* money. Whatever you do not spend in a given year rolls over to the next. If you change jobs or retire, your HSA balance goes with you.

HSA Annual Limits			
	Employee Only Coverage	Two-Party Coverage	Family Coverage
2025 Maximum Contribution to HSA	\$4,300	\$8,550	\$8,550
Catch-up Contribution age 55 & older	\$1,000	\$1,000	\$1,000



Employer Contribution	
Coverage	Dollar for dollar match up to:
Employee Only	\$750 annually
Two-Party	\$1,000 annually
Family	\$1,500 annually

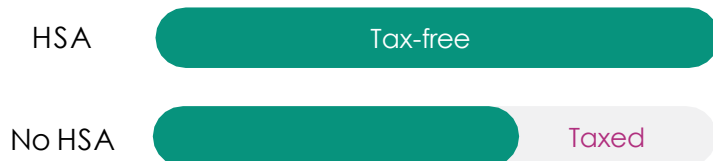
Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)

Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.³



2025 HSA Contribution Limits



\$4,300

Individual plan



\$8,550

Family plan

Members 55+ can contribute an extra \$1,000.



**See how much
you can save.**

HealthEquity.com/Learn/HSA

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ³Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.



Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

High Deductible Health Plan (HDHP) - Health Savings Account (HSA)

Generics Only Preventive Therapy Drug List

(10/01/24)

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/

ANTIPLATELETS

ANTICOAGULANTS

*dabigatran
enoxaparin
fondaparinux
warfarin
Jantoven*

PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel*

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

ANTICONVULSANTS

*carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
methsuximide
oxcarbazepine
oxcarbazepine ext-rel
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
Phenytek*

CARDIOVASCULAR CONDITIONS -

OTHER

ANTIARRHYTHMIC AGENTS

*amiodarone
disopyramide
dofetilide
flecainide \ddagger
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone*

ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel*

Sublingual and chewable formulations are not included on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

*atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
pitavastatin
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite*

COMBINATION ANTIHYPERTENSIVES

*amlodipine/atorvastatin
ezetimibe/simvastatin*

DIABETES

ORAL DIABETES AGENTS

*acarbose
alogliptin
alogliptin/metformin*

*alogliptin/pioglitazone
dapagliflozin
dapagliflozin/metformin ext-rel
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel*

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

*amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
 \ddagger valsartan
valsartan/hydrochlorothiazide*

BETA-BLOCKERS AND COMBINATION AGENTS

*acebutolol
atenolol
atenolol/chlorthalidone*

Please note: This list represents branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
levamlodipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
*amlodipine/valsartan/
hydrochlorothiazide*
clonidine
clonidine transdermal
guanfacine
hydralazine
methyldopa
minoxidil
*olmesartan/amlodipine/
hydrochlorothiazide*

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
Irenka

ANTIMANIC

lithium carbonate
lithium carbonate ext-rel

ANTIPSYCHOTICS

aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate
rалoxifene
risedronate
teriparatide
zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
orlistat
phendimetrazine
phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes
*sodium sulfate/potassium
sulfate/magnesium sulfate*
Gavilyte

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
varenicline

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

MISCELLANEOUS

cholecalciferol (D3)

*Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.*

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
budesonide/formoterol
cromolyn sodium nebulizer solution
fluticasone furoate/vilanterol
fluticasone propionate diskus
fluticasone propionate HFA
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
Breyna
Wixela Inhub

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VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine

DENTAL CARIES PREVENTION

sodium fluoride

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps
everolimus
mycophenolate mofetil
mycophenolate sodium delayed-rel
sirolimus
tacrolimus
Gengraf

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

CONTRACEPTIVES

CONTRACEPTIVES - ALL GENERIC PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) contraceptive and emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS

folic acid

PRENATAL VITAMINS - GENERIC PRODUCTS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

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