

MEDICAL

SELECTHEALTH - 1000 TRADITIONAL PLAN - MED NETWORK

	In-Network	Out-of-Network*
Preventive Care Services		
See list of covered preventive services on page 21	Covered 100%	Not Covered
Office Visits	You Pay	You Pay
Primary Care Provider	\$25	40% AD
Specialist Physician	\$30	40% AD
Intermountain Connect Care	Covered 100%	Not Applicable
Urgent Care	20%	40% AD
Prescriptions via <u>Express Scripts</u>**	Tier 1 / Tier 2 / Tier 3	
Prescription Out of Pocket Maximum	Individual: \$3,500 Family \$7,200	
30 Day Supply: Retail	\$0 / 20% / 40%	Not Covered
90 Day Supply: Mail Order or Retail	\$0 / 20% / 40%	
Deductible	You Pay	You Pay
Individual / Family	\$1,000 / \$2,000 <i>Embedded</i>	\$2,000 / \$4,000 <i>Embedded</i>
Out of Pocket Maximum		
Individual / Family	\$3,000 / \$6,000 <i>Embedded</i>	\$6,000 / \$12,000 <i>Embedded</i>
Includes Copays, Coinsurance & Deductibles		
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100%	40% AD
Major	20% AD	40% AD
Hospital Services***	You Pay	You Pay
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment***	20% AD	40% AD
Emergency Room	20% AD	
Mental Health Services***	You Pay	You Pay
Office Visits	\$25	40% AD
Inpatient / Outpatient	20% AD / 20%	40% AD
Chiropractic: 20 Visits Per Year	\$25	Not Covered

AD: After Deductible

*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 <https://selecthealth.org/find-a-doctor>

** Prescription medications are covered by the **Express Scripts** Rx plan, and are not part of the SelectHealth medical plan

***Preauthorization may be required

SelectHealth - 1000 Medical Plan	MEDICAL COST		NON-WELLNESS RATE	
	WELLNESS RATE <i>Annual Physical Required</i>		<i>Without Annual Physical</i>	
	Employer Contribution	Employee Cost Per Pay Period (26)	Employer Contribution	Employee Cost Per Pay Period (26)
Employee Only	\$578.60	\$63.22*	\$519.56	\$90.47*
Two-Party	\$1,015.52	\$110.09*	\$909.25	\$159.14*
Family	\$1,386.30	\$150.42*	\$1,258.77	\$209.28*

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.**