



INTRODUCTION Thank you for considering SelectHealth for your employer-sponsored healthcare coverage. This packet has been designed as your complete reference for Small Employer plan options.

These pages outline our Health Maintenance Organization (HMO) plans, HMO plans with a point-of-service feature, and Health Savings Account-compatible plans. All plans have optional benefits so you can further customize coverage for you and your employees.

If you have questions regarding Small Employer plan options, please contact your SelectHealth-appointed insurance agent. You may also call the Small Employer Sales department at 801-442-4908 (Salt Lake area) or 800-442-3125, option 2.

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Plan Options for Small Employers

SelectHealth offers a wide range of benefit options. Each major option is summarized below and explained in greater detail in the subsequent pages.

OPEN PANEL

The open panel option allows you to offer three different plans to your employees: one Health Maintenance Organization (HMO) and two Plus plans.

HMO Plans

HMO plans require your employees to use participating providers and facilities (except in emergency situations). One network is available with several copay and deductible options.

Plus Plans

Plus plans are HMO plans with a point-of-service feature. This means that your employees can use both participating and nonparticipating providers (i.e., go out of network) for most services. Benefits are reduced for nonparticipating services (i.e., higher coinsurance and copay amounts). Your employees will also be responsible for a separate nonparticipating deductible and out-of-pocket maximum. Two networks are available with several copay and deductible options.

For more information on Open Panel plans, see page 4.

HEALTHSAVESM

Our HealthSave plans conform to the U.S. Treasury Department guidelines for a High Deductible Health Plan (HDHP). These plans can be used with a tax-advantaged Health Savings Account (HSA). HealthSave plans generally have higher deductibles than our other plans, but they also have lower premiums. HealthSave plans include HMO and Plus options.

For more information on HealthSave plans, see page 6.

DUAL OPTION

Dual Option allows you to offer your employees a choice between a HealthSave plan (higher deductible) and a traditional plan (lower deductible). Dual Option is a good way to introduce higher deductibles for employees who are interested in the advantages of an HSA. You must have ten employees residing in Utah enrolled at all times in order to qualify for Dual Option.

For more information on Dual Option plans, see page 10.

OUT-OF-AREA-PLANS

We have solutions for Utah employers with employees living in other states. To be eligible, an employer must have at least two enrolled employees who reside out of state and ten enrolled employees total. No more than 50 percent of enrolled employees may reside outside of Utah.




For more details on out-of-area plans, please call your SelectHealth-appointed insurance agent or the Small Employer Sales department.





Provider Network Options

Choosing the right network is important for your employees. SelectHealth offers three provider and facility networks that range in size and are based on ZIP code. The networks are Select Value®, Select Med Plus®, and Select Care PlusSM. Smaller networks generally have lower premiums.

 <p>11 PARTICIPATING HOSPITALS</p> <p>1,200+ PARTICIPATING PHYSICIANS & PRACTITIONERS</p> <p>COUNTIES: Davis, Salt Lake, Weber, and parts of Utah County</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84013 84626 84633 84651 84653 84655 84660</p> <p>Select Value is a highly integrated regional network that serves members along the Wasatch Front. Although it is smaller, products with this network are considered among the best value available in Utah.</p>	 <p>38 PARTICIPATING HOSPITALS</p> <p>3,500+ PARTICIPATING PHYSICIANS & PRACTITIONERS</p> <p>COUNTIES: Beaver, Cache, Davis, Duchesne, Iron, Juab, Millard, Morgan, Salt Lake, Sanpete, Sevier, Summit, Utah, Wasatch, Washington, Weber, and parts of Box Elder, Garfield, Piute, Tooele, Uintah, and Wayne</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84008 84034 84035 84078 84079 84083 84313 84329 84712 84716 84717 84718 84723 84734 84736 84759 84764 84776</p> <p>The Select Med network is both affordable and comprehensive and is our most popular provider network. It is a statewide HMO that extends into northern and southern Utah.</p>	 <p>42 PARTICIPATING HOSPITALS</p> <p>4,700+ PARTICIPATING PHYSICIANS & PRACTITIONERS</p> <p>COUNTIES: Beaver, Cache, Davis, Duchesne, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Uintah, Utah, Wasatch, Washington, Wayne, Weber, and parts of Box Elder and Tooele</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84034 84083 84313 84329</p> <p>Select Care is our largest provider network. It extends into rural areas of Utah where Select Med and Select Value are not available.</p> <p>In an effort to offer even more provider options to our members, Select Care products now have access to the University of Utah Hospital and provider network.</p>
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LOWER COST
LESS PROVIDER ACCESS

HIGHER COST
MORE PROVIDER ACCESS



Open Panel Plans

The Open Panel option provides an opportunity for you to offer choices. You can choose to make the minimum contribution equal to 50 percent of the lowest-cost, single premium. Your employees can make their own network selection and “buy up” to a larger provider network and nonparticipating benefits.*

IMPORTANT PLAN FEATURES

1. NETWORK

Each employee will select a provider network. Refer to the network comparison chart on page 3.



2. DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

The Open Panel plan has four different medical deductible options available. Each deductible option has a corresponding medical out-of-pocket maximum, pharmacy (Rx) deductible, and Rx out-of-pocket maximum. The option chosen will apply to all employees. Refer to the Benefit Summary on the opposite page for details.

3. COPAY AMOUNT

There are two office visit copay options available. You must choose one option that will apply to all employees. Refer to the Benefit Summary on the opposite page for details.

4. OPTIONAL PLAN BENEFITS AND ACCOUNT OPTIONS

You can purchase or upgrade benefits that otherwise may not be covered. The “\$7,500 Maternity Deductible” option will lower the premium. Selected options apply to all employees and include the following:

- \$7,500 Maternity Deductible Per Pregnancy (only available for employers with 14 or fewer employees)
- Waiver of Deductible for Office Visits
- Rx Deductible Waiver (only available if Waiver of Deductible for Office Visits is selected)
- 80/20 Mental Health and Chemical Dependency (“Catastrophic”)
- Supplemental Accident Coverage
- Dental Coverage (see page 18)

See page 12 for details on optional plan benefits.



*Refer to the “General Underwriting Information” section on page 16 for details on employer contribution guidelines.



Open Panel Benefit Summary

The purpose of this table is for comparison only. It does not replace the Member Payment Summary. Please refer to the Certificate of Coverage and Member Payment Summary for detailed benefit information.

BENEFITS

PARTICIPATING BENEFITS
HMO & Plus plans

NONPARTICIPATING BENEFITS^{1,2,3}
Plus plans only

DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM OPTIONS	Medical	Medical	Rx	Rx	Medical	Medical	Rx	Rx
	Deductible Single/Family	Out-of-Pocket Single/Family	Deductible Single	Out-of-Pocket Single	Deductible Single/Family	Out-of-Pocket Single/Family	Deductible Single	Out-of-Pocket Single
Deductible included in the out-of-pocket maximum	\$250/\$750	\$2,000/\$4,000	\$150	\$4,000	\$500/\$1,500	\$3,000/\$6,000		
	\$500/\$1,000	\$3,000/\$6,000	\$250	\$4,000	\$750/\$1,500	\$4,000/\$8,000	SEE "PARTICIPATING BENEFITS"	
	\$1,000/\$2,000	\$3,000/\$6,000	\$500	\$4,000	\$1,500/\$3,000	\$4,000/\$8,000		
	\$2,000/\$4,000	\$4,000/\$6,000	\$1,000	\$4,000	\$2,500/\$5,000	\$5,000/\$8,000		
COPAY OPTIONS								
Option 1								
Office Visit (PCP/SCP) ⁵	\$25/\$40 after deductible ⁶				40% after deductible			
Participating Emergency Room Visit	\$200 after deductible				See "Participating Benefits"			
Nonparticipating Emergency Room Visit	\$400 after deductible				See "Participating Benefits"			
Option 2								
Office Visit (PCP/SCP) ⁵	\$35/\$50 after deductible ⁶				40% after deductible			
Participating Emergency Room Visit	\$200 after deductible				See "Participating Benefits"			
Nonparticipating Emergency Room Visit	\$400 after deductible				See "Participating Benefits"			
STANDARD BENEFITS								
Lifetime Maximum Plan Payment	\$2,500,000				\$1,000,000			
Pre-existing Conditions								
Waived (entirely or partly) for qualifying pre-existing condition credit	Not covered for first 12 months				Not covered for first 12 months			
Coinsurance (e.g., inpatient, outpatient) ⁴	20% after deductible				40% after deductible			
Professional Services								
Immunizations	Covered 100%				Not covered			
Elective Immunizations	Participating coinsurance				Not covered			
Outpatient Services								
Intermountain InstaCare SM Facility/Urgent Care	SCP ⁵ copay amount, after deductible ⁵				Nonparticipating coinsurance, after deductible			
Intermountain KidsCare SM Facility	PCP ⁵ copay amount, after deductible ⁵				Not available			
Diagnostic Tests, Minor	Covered 100%, after deductible ⁶				Nonparticipating coinsurance, after deductible			
Diagnostic Tests, Major	Participating coinsurance, after deductible				Nonparticipating coinsurance, after deductible			
Physical, Speech, and Occupational Therapy (limited to 20 visits per calendar year)	SCP ⁵ copay amount, after deductible				Nonparticipating coinsurance, after deductible			
Mental Health and Chemical Dependency								
Not applied to the out-of-pocket maximum	50% after deductible				50% after deductible			
Inpatient limited to 10 days/calendar year								
Outpatient limited to 25 visits/calendar year								
Miscellaneous Services								
Maternity and Adoption	Participating coinsurance, after deductible				Nonparticipating coinsurance, after deductible			
Infertility (\$1,500/calendar year; \$5,000/lifetime)	50% after deductible				Not covered			
Chiropractic (limited to 15 visits per calendar year)	Not covered				50% after deductible			
Prescription Drugs								
Up to a 30-day supply for covered medications; generic substitution required; same copay or coinsurance applies to 90-day maintenance home delivery supply	Tier 1: \$10 ⁷				See "Participating Benefits"			
	Tier 2: 25% after Rx deductible ⁷				See "Participating Benefits"			
	Tier 3: 50% after Rx deductible ⁷				See "Participating Benefits"			

BENEFIT SUMMARY FOOTNOTES:

1. Preauthorization for nonparticipating providers is required for all inpatient services, maternity stays longer than two days for a normal delivery or longer than four days for a cesarean, home health nursing services, and pain management/pain clinic services. If you fail to preauthorize, benefits are reduced to 50 percent and will not be applied to the out-of-pocket maximum.
2. The following services are not covered when provided by a nonparticipating provider: preventive care, immunizations, infertility, allergy tests, and allergy treatments.
3. All deductible/copay/coinsurance amounts are based on allowed amounts and not the provider's billed charges. The member will be responsible to pay excess charges on covered services from nonparticipating providers and facilities.
4. Coinsurance applies to inpatient and outpatient services, ambulance, home health, durable medical equipment, injectable drugs, and allergy treatment.
5. PCP (Primary Care Provider); SCP (Secondary Care Provider).
6. If the Waiver of Deductible for Office Visits is chosen, the deductible will not apply to participating office visits (including minor diagnostics tests) or Intermountain InstaCare, KidsCare, or ExpressCareSM clinics.
7. The Rx deductible will not apply if the Rx Deductible Waiver is selected (only available if the Waiver of Deductible for Office Visits option is also selected).



HealthSave Plans

Our HealthSave plans are qualified High Deductible Health Plans (HDHP). They provide lower-priced options, easing your concerns about high insurance premiums. Employees also benefit from the opportunity to contribute to a tax-advantaged Health Savings Account (HSA) for qualified medical expenses. While HealthSave plans generally carry a higher deductible, it is waived for preventive care office visits and services, with no additional cost in premium.

IMPORTANT PLAN FEATURES

1. NETWORK

Each employee will select a provider network. If you would like all of your employees to be on the same network, you will be responsible to instruct employees to select that particular network on the Small Employer Application Supplement form.

 **select:value.**

 **select:med⁺**

 **select:care.**

2. DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

We offer four deductible options: one state-mandated Basic Healthcare plan with 80/20 coinsurance, two additional 80/20 coinsurance plans, and one 100 percent coinsurance plan. All HealthSave plans have one combined deductible for all medical, Rx, and mental health services.

Beginning January 1, 2010, Utah will require that all state carriers offer an HSA-qualified plan with the minimum deductible allowed by federal guidelines. Typically, the federal government raises this deductible once per year. Your deductible on this plan is subject to change on an annual basis (on January 1) in order to continue to be HSA qualified.

Our 100 percent coinsurance HealthSave option carries the highest deductible, but all covered services are paid at 100 percent after the deductible is met.

Employees insuring only themselves will have a “single” deductible. Employees insuring themselves and one or more family members must share a “family” deductible. This means the entire family deductible must be met before benefits are paid. There are no lower deductibles for individual family members. Refer to the Benefit Summaries on pages 8 and 9 for specific amounts.

3. OPTIONAL PLAN BENEFITS AND ACCOUNT OPTIONS

Employers can purchase or upgrade benefits that otherwise may not be covered. The “Maternity Not Covered” option will lower the premium. Selected options apply to all employees and include the following:

- Maternity Not Covered (only available for employers with 14 or fewer employees)
- 80/20 Mental Health and Chemical Dependency (“Catastrophic”)
- Dental Coverage (see page 18)
- Health Savings Account (HSA)

See page 12 for details on optional plan benefits.





Health Savings Accounts

Our HealthSave plans are designed to work with tax-advantaged Health Savings Accounts (HSAs). The HealthSave plan provides medical insurance coverage for employees according to federal guidelines pertaining to qualified High Deductible Health Plans (HDHPs). The HSA is funded by you, the employee, or both. Funds in the HSA can be used to pay for qualified medical expenses and to meet the deductible, coinsurance, and copay amounts of the HealthSave plan. Funds in the HSA may not be used to pay premiums.

HOW THE HEALTHSAVE PLAN WORKS WITH THE HSA

- The employee sets up an HSA with the HSA vendor.
- The employee contributes to his or her HSA up to specified limits on a pre-tax basis.
- The money in the HSA can be used to pay the employee's share of the deductible or coinsurance amounts until he or she reaches the out-of-pocket maximum.
- If the employee does not use the money in the account, it rolls over to the next year and continues to build.
- This money can be used as the employee wishes. However, if this money is not used for qualified medical expenses, it will be subject to income tax plus a ten percent penalty before the employee reaches age 65. After age 65, this money is treated as retirement income. If it is not used for qualified medical expenses, it will only be subject to income tax without the penalty.

CONTRIBUTIONS

Employees are eligible to contribute to an HSA provided they are not covered by any other health plan that is not an HDHP, are not entitled to benefits under Medicare, and may not be claimed as a dependent on another person's tax return. The annual contribution limit for HSAs is the maximum set by the IRS. Contribution limits may change each year due to inflation.

QUALIFIED EXPENSES

Qualified medical expenses (including dental, vision, and prescription drugs) are expenses paid by the employee and his or her dependents for "medical care" as defined under the IRS code. To qualify, expenses must not be covered under the HDHP or paid by other insurance and must be incurred after the HSA is established*. Funds used for nonqualifying expenses are considered taxable income and are subject to tax and penalty.

ADVANTAGES FOR RETIREMENT

When employees reach age 65, they may use the money in their HSA for retirement expenses. They can continue to withdraw money for qualified medical expenses. They may also withdraw funds for nonmedical expenses without paying a penalty. These withdrawals are subject to income tax.

ADMINISTRATION OF HSAs

While SelectHealth provides the insurance component of the health benefit plan, we do not administer the HSAs. Instead, we have partnered with HealthEquity®, a local healthcare account administrator. HealthEquity provides the following services for employees with HSAs. To learn more about HealthEquity and the account options listed below, please see our separate brochure.

- HSA Visa® Card - can be used like a debit card
- Flexible payment and reimbursement processes
- Account management and healthcare tools through an online Personal HSA Desktop
- 24-hour, toll-free client services and nurse hot line
- Online decision support tools



Though we have partnered with HealthEquity, you may choose to work with other HSA vendors if you prefer. Employees also have the option of declining an HSA with HealthEquity. This works well for employees who already have accounts with other vendors and prefer not to switch.

*An HSA is established only after a contribution has been made to fund the account.



HealthSave Benefit Summary – 80%/20% Coinsurance Plans

The purpose of this table is for comparison only. It does not replace the Member Payment Summary. Please refer to the Certificate of Coverage and Member Payment Summary for detailed benefit information.

BENEFITS	PARTICIPATING <i>HMO & Plus plans</i>	NONPARTICIPATING ^{1,2,3} <i>Plus plans only</i>																																																						
LIFETIME MAXIMUM PLAN PAYMENT	\$2,500,000	\$1,000,000																																																						
PRE-EXISTING CONDITIONS Waived (entirely or partly) for qualifying pre-existing condition credit	Not covered for first 12 months	Not covered for first 12 months																																																						
DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS Deductible included in the out-of-pocket maximum	<table border="1"> <thead> <tr> <th>Opt. 1⁴</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$1,200</td> <td>\$3,600</td> </tr> <tr> <td>Family:</td> <td>\$2,400</td> <td>\$7,200</td> </tr> <tr> <td>Opt. 2</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$1,500</td> <td>\$5,000</td> </tr> <tr> <td>Family:</td> <td>\$3,000</td> <td>\$10,000</td> </tr> <tr> <td>Opt. 3</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$2,500</td> <td>\$3,500</td> </tr> <tr> <td>Family:</td> <td>\$5,000</td> <td>\$7,000</td> </tr> </tbody> </table>	Opt. 1 ⁴	Deductible	Out-of-Pocket Maximum	Single:	\$1,200	\$3,600	Family:	\$2,400	\$7,200	Opt. 2			Single:	\$1,500	\$5,000	Family:	\$3,000	\$10,000	Opt. 3			Single:	\$2,500	\$3,500	Family:	\$5,000	\$7,000	<table border="1"> <thead> <tr> <th>Opt. 1⁴</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$2,000</td> <td>\$7,000</td> </tr> <tr> <td>Family:</td> <td>\$4,000</td> <td>\$14,000</td> </tr> <tr> <td>Opt. 2</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$2,000</td> <td>\$6,500</td> </tr> <tr> <td>Family:</td> <td>\$4,000</td> <td>\$13,000</td> </tr> <tr> <td>Opt. 3</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$3,000</td> <td>\$5,500</td> </tr> <tr> <td>Family:</td> <td>\$6,000</td> <td>\$11,000</td> </tr> </tbody> </table>	Opt. 1 ⁴	Deductible	Out-of-Pocket Maximum	Single:	\$2,000	\$7,000	Family:	\$4,000	\$14,000	Opt. 2			Single:	\$2,000	\$6,500	Family:	\$4,000	\$13,000	Opt. 3			Single:	\$3,000	\$5,500	Family:	\$6,000	\$11,000
Opt. 1 ⁴	Deductible	Out-of-Pocket Maximum																																																						
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INPATIENT SERVICES Medical, Surgical, Emergency Admissions, Hospice Skilled Nursing Facility Physical, Speech, and Occupational Therapy	20% after deductible	40% after deductible																																																						
PROFESSIONAL SERVICES Office Visits–Primary Care Provider (PCP) Office Visits–Secondary Care Provider (SCP) Immunizations Elective Immunizations	\$25 after deductible \$40 after deductible Covered 100% 20%	40% after deductible (\$15 min. copay) 40% after deductible (\$25 min. copay) Not covered Not covered																																																						
PREVENTIVE CARE (Deductible waived) Office Visits–PCP Office Visits–SCP	\$25 \$40	Not covered Not covered																																																						
OUTPATIENT SERVICES Participating Emergency Room Visit Nonparticipating Emergency Room Visit Intermountain InstaCare Facility/Urgent Care Intermountain KidsCare Facility (See preventive care if services are preventive) Diagnostic Tests, Minor Diagnostic Tests, Major Physical, Speech, and Occupational Therapy	\$200 after deductible \$400 after deductible \$40 after deductible \$25 after deductible Covered 100% after deductible 20% after deductible \$40 after deductible	See “Participating Benefits” See “Participating Benefits” 40% after deductible Not available 40% after deductible 40% after deductible 40% after deductible (\$25 min. copay)																																																						
MENTAL HEALTH & CHEMICAL DEPENDENCY Inpatient limited to 10 days/calendar year Outpatient limited to 25 visits/calendar year	50% after deductible	50% after deductible																																																						
MISCELLANEOUS SERVICES Infertility (limited to \$1,500/calendar year; \$5,000/lifetime) Maternity and Adoption Chiropractic	50% after deductible 20% after deductible Not covered	Not covered 40% after deductible 50% after deductible																																																						
SUPPLEMENTAL ACCIDENT	Not available	Not available																																																						
PRESCRIPTION DRUGS Up to a 30-day supply for covered medications; generic substitution required; same copay/coinsurance applies to 90-day maintenance home delivery supply	Tier 1: \$10 after deductible Tier 2: 25% after deductible Tier 3: 50% after deductible	See “Participating Benefits” See “Participating Benefits” See “Participating Benefits”																																																						

BENEFIT SUMMARY FOOTNOTES:

1. Preauthorization for nonparticipating providers is required for all inpatient services, home health nursing services, and pain management/pain clinic services. If you fail to preauthorize, benefits are reduced to 50 percent and will not be applied to the out-of-pocket maximum.
2. The following services are not covered when provided by a nonparticipating provider: preventive care, immunizations, infertility, allergy tests, and allergy treatments.
3. All deductible/copay/coinsurance amounts are based on allowed amounts and not the provider's billed charges. The member will be responsible to pay excess charges on covered services from nonparticipating providers and facilities.
4. This is the state-mandated Basic Healthcare plan. See page 6 for more information.



HealthSave Benefit Summary – 100% Plans

The purpose of this table is for comparison only. It does not replace the Member Payment Summary. Please refer to the Certificate of Coverage and Member Payment Summary for detailed benefit information.

BENEFITS	PARTICIPATING <i>HMO & Plus plans</i>	NONPARTICIPATING^{1,2,3} <i>Plus plans only</i>																		
LIFETIME MAXIMUM PLAN PAYMENT	\$2,500,000	\$1,000,000																		
PRE-EXISTING CONDITIONS Waived (entirely or partly) for qualifying pre-existing condition credit	Not covered for first 12 months	Not covered for first 12 months																		
DEDUCTIBLE & OUT-OF-POCKET MAXIMUM Deductible included in the out-of-pocket maximum	<table border="1"> <thead> <tr> <th></th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$5,000</td> <td>\$5,000</td> </tr> <tr> <td>Family:</td> <td>\$10,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Deductible	Out-of-Pocket Maximum	Single:	\$5,000	\$5,000	Family:	\$10,000	\$10,000	<table border="1"> <thead> <tr> <th></th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$7,500</td> <td>\$7,500</td> </tr> <tr> <td>Family:</td> <td>\$15,000</td> <td>\$15,000</td> </tr> </tbody> </table>		Deductible	Out-of-Pocket Maximum	Single:	\$7,500	\$7,500	Family:	\$15,000	\$15,000
	Deductible	Out-of-Pocket Maximum																		
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INPATIENT SERVICES Medical, Surgical, Emergency Admissions, Hospice Skilled Nursing Facility Physical, Speech, and Occupational Therapy	Covered 100% after deductible	Covered 100% after deductible																		
PROFESSIONAL SERVICES Office Visits-Primary Care Provider (PCP) Office Visits-Secondary Care Provider (SCP) Immunizations Elective Immunizations	Covered 100% after deductible Covered 100% after deductible Covered 100% Covered 100%	Covered 100% after deductible Covered 100% after deductible Not covered Not covered																		
PREVENTIVE CARE (Deductible waived) Office Visits-PCP Office Visits-SCP	\$25 \$40	Not covered Not covered																		
OUTPATIENT SERVICES Participating Emergency Room Visit Nonparticipating Emergency Room Visit Intermountain InstaCare Facility/Urgent Care Intermountain KidsCare Facility (See preventive care if services are preventive) Diagnostic Tests, Minor Diagnostic Tests, Major Physical, Speech, and Occupational Therapy	Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible	See "Participating Benefits" See "Participating Benefits" Covered 100% after deductible Not available Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible																		
MENTAL HEALTH & CHEMICAL DEPENDENCY Inpatient limited to 10 days/calendar year Outpatient limited to 25 visits/calendar year	Covered 100% after deductible	Covered 100% after deductible																		
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SUPPLEMENTAL ACCIDENT	Not available	Not available																		
PRESCRIPTION DRUGS Up to a 30-day supply for covered medications; generic substitution required; same copay/coinsurance applies to 90-day maintenance home delivery supply	Tier 1: Covered 100% after deductible Tier 2: Covered 100% after deductible Tier 3: Covered 100% after deductible	See "Participating Benefits" See "Participating Benefits" See "Participating Benefits"																		

BENEFIT SUMMARY FOOTNOTES:

1. Preauthorization for nonparticipating providers is required for all inpatient services, home health nursing services, and pain management/pain clinic services. If you fail to preauthorize, benefits are reduced to 50 percent and will not be applied to the out-of-pocket maximum.
2. The following services are not covered when provided by a nonparticipating provider: preventive care, immunizations, infertility, allergy tests, and allergy treatments.
3. All deductible/copay/coinsurance amounts are based on allowed amounts and not the provider's billed charges. The member will be responsible to pay excess charges on covered services from nonparticipating providers and facilities.



Dual Option Plans

Many employers are reluctant to implement a high deductible plan on a full replacement basis. The Dual Option plan is structured to satisfy diverse needs—employees who are comfortable with traditional insurance deductibles and premiums and those who are interested in saving premium dollars while planning for the future. Each package gives employees a choice between a HealthSave plan (HSA compatible) and a traditional HMO. The options are listed on the opposite page and include HMO benefits, Plus benefits, or both.

IMPORTANT PLAN FEATURES

1. NUMBER OF EMPLOYEES

You must have ten employees residing in Utah enrolled at all times to qualify for Dual Option.

2. CHOOSING THE RIGHT OPTION

We offer seven different Dual Options, each with varying combinations of networks, deductibles, coinsurance amounts, and deductible waivers. Refer to the summary on the opposite page for details.

3. OPTIONAL PLAN BENEFITS

You can purchase or upgrade benefits that otherwise may not be covered. Selected options apply to all employees and include the following:

- 80/20 Mental Health and Chemical Dependency (“Catastrophic”)
- Dental Coverage (see page 18)

See page 12 for details on optional plan benefits.



Dual Option Summary

The purpose of this table is for comparison only. It does not replace the Member Payment Summary. Please refer to the Certificate of Coverage and Member Payment Summary for detailed benefit information.

OPTION	HEALTHSAVE PLAN	TRADITIONAL PLAN
1	Select Care Plus HealthSave SM \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP* Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Value \$250/\$750 Ded., \$2,000/\$4,000 OOP Max 20% Coins., \$25/\$40 Copay \$150 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits
2	Select Care Plus HealthSave \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Med Plus \$500/\$1,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$35/\$50 Copay \$250 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits
3	Select Med Plus HealthSave \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Med Plus \$1,000/\$2,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$35/\$50 Copay \$500 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits
4	Select Care Plus HealthSave \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Med Plus \$1,000/\$2,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$25/\$40 Copay Rx Deductible Waived Deductible Waived for Office Visits
5	Select Care Plus HealthSave \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Med Plus \$1,000/\$2,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$25/\$40 Copay \$500 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits Supplemental Accident Included
6	Select Care Plus HealthSave \$1,500/\$3,000 Ded., \$5,000/\$10,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Care Plus \$1,000/\$2,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$35/\$50 Copay \$500 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits
7	Select Care Plus HealthSave \$2,500/\$5,000 Ded., \$3,500/\$7,000 OOP Max 20% Coins., \$25/\$40 Copay Deductible Waived for Preventive Care	Select Med Plus \$1,000/\$2,000 Ded., \$3,000/\$6,000 OOP Max 20% Coins., \$25/\$40 Copay \$500 Rx Ded., \$4,000 Rx OOP Max Deductible Waived for Office Visits

*Out-of-Pocket

Maternity and Adoption: Participating/nonparticipating coinsurance (as applicable) after deductible. Optional maternity benefits are not available.

Tiered Office Copay: All copays have two tiers. Primary Care Provider (PCP); Secondary Care Provider (SCP).



Optional Plan Benefits

In addition to our standard plan benefits, we offer a number of optional benefits and account options that may increase or decrease premiums. Availability of optional benefits can depend on the group size and the type of plan.

BENEFITS THAT MAY DECREASE PREMIUM:

\$7,500 Maternity Deductible

A \$7,500 per pregnancy maternity deductible applies to maternity services (not applied to medical out-of-pocket maximum). After the deductible is met, maternity services from participating providers are covered at 100 percent. The \$7,500 maternity deductible also applies to adoption services. Complications of pregnancy are not subject to the maternity deductible.

NOTE: Available for employers with 14 or fewer employees on Open Panel plans only. Not available if the employer has chosen Dual Option.

Maternity-Not Covered

Maternity and adoption services are not covered. Complications of pregnancy apply to medical benefits.

NOTE: Available for employers with 14 or fewer employees on HealthSave plans only. Not available if the employer has chosen Dual Option.

BENEFITS THAT MAY INCREASE PREMIUM:

Waiver of Medical Deductible for Office Visits

The deductible will not apply to the following:

- Office visits and minor diagnostic tests with participating providers;
- Intermountain InstaCare facilities and other participating urgent care facilities;
- Intermountain KidsCare facilities; and
- Intermountain ExpressCare clinics.

Rx Deductible Waiver

No Rx deductible applies to prescription drugs.

NOTE: Only available if the you have selected the Waiver of Deductible for Office Visits.

Supplemental Accident Coverage

The first \$1,000 of accident-related services are covered at 100 percent per person/calendar year (must be used within one year of the accident).

80/20 Mental Health and Chemical Dependency (Previously known as “Catastrophic”)

Number of Employees	Coinsurance	Nonparticipating Benefits	Deductible and Out-of-Pocket Max	Visit Limits	Residential Treatment
Fewer than 51	80/20	None	Separate from Medical	No	Covered
51 or more*	80/20	60/40	Combined with Medical	No	Not covered

**Employers with 51 or more total employees, including part time, must select this option as required by the Mental Health Parity and Addiction Equity Act of 2008. Mental health parity rules will be subject to change for plan years beginning on or after October 3, 2009. Please contact our Small Employer Sales department at 801-442-4908 (Salt Lake area) or 800-442-3125, option 2 for more information.*



Healthcare Account Options

Our Preferred Account Vendor

SelectHealth has partnered with HealthEquity, a local healthcare account administrator specializing in HSAs, FSAs and HRAs. HealthEquity provides comprehensive support in the consumer-driven healthcare market. Some key services include debit card use, a Personal HSA Desktop, and a toll-free 24-hour client advisory service line. To learn more about HealthEquity and the account options listed below, please see our separate brochure.



Though we have partnered with HealthEquity, your employees may work with other account vendors if they prefer. Employees also have the option of declining healthcare accounts with HealthEquity. This works well for employees who already have accounts with other vendors and prefer not to switch.

Health Savings Account (HSA)

In general, HSAs are tax-exempt trusts or custodial accounts created exclusively to pay for the qualified medical, dental, and/or vision expenses of an employee and his or her spouse and dependents. HSAs are subject to rules similar to those applicable to individual retirement accounts. If you offer a HealthSave plan you can use premium savings to fund your employees' HSAs.

NOTE: *Available with HealthSave plans only.*

Flexible Spending Account (FSA)

FSAs allow employees to pay for eligible medical expenses with pretax dollars. Examples of eligible expenses include copays, deductibles, prescription drugs, certain over-the-counter medications, eyeglasses, and contacts. You determine contribution limits for healthcare FSAs.

NOTE: *SelectHealth does not facilitate enrollment for FSAs. Please work directly with HealthEquity.*

Healthcare Reimbursement Arrangement (HRA)

An HRA is funded 100 percent by you for the purpose of reimbursing qualified medical, dental, pharmacy, or vision charges not reimbursed by a traditional health plan. Employers decide how much they want to contribute to each employee's HRA and the eligible expenses that may be reimbursed from the HRA. You may contribute to an employee's account on a monthly basis or in a lump sum at the beginning of the year.

NOTE: *SelectHealth does not facilitate enrollment for HRAs. Please work directly with HealthEquity.*



General Medical Limitations and Exclusions

Below is a summary of services that are generally limited or not covered by SelectHealth. This list is not all inclusive. To obtain additional information on the coverage of services listed below, please refer to the Certificate of Coverage and Member Payment Summary or call Member Services.

MEDICAL NECESSITY

Services that a prudent healthcare professional would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is:

- a. In accordance with generally accepted standards of medical practice in the United States;
- b. Clinically appropriate in terms of type, frequency, extent, site, and duration; and
- c. Not primarily for the convenience of the patient or provider.

When a medical question-of-fact exists, medical necessity shall include the most appropriate available supply or level of service for the employee in question, considering potential benefit and harm to the employee.

Medical necessity is determined by the treating provider and by SelectHealth's medical director or his or her designee. The fact that a provider or facility, even a participating provider or facility, may prescribe, order, recommend, or approve a service does not make it medically necessary, even if it is not listed as an exclusion or limitation. FDA approval, or other regulatory approval, does not establish medical necessity.

CALENDAR YEAR/PLAN YEAR

Benefits are calculated on either a calendar-year or plan-year basis, as indicated on the Member Payment Summary. The calendar year begins on January 1 at 12:00 a.m. Mountain time and ends on December 31 at 11:59 p.m. Mountain time. The plan year, if applicable, is indicated in the Group Application.

EXCESS CHARGES

Charges from providers and facilities that exceed SelectHealth's allowed amount for covered services. Employees are responsible to pay for excess charges from nonparticipating providers and facilities. These charges do not apply to the out-of-pocket maximum.

EXCLUSION(S)

Situations and services that are not covered by SelectHealth under the plan. Most exclusions are set forth in the Certificate of Coverage but other provisions throughout the Group Health Insurance Contract may have the effect of excluding coverage in particular situations.

COMPLICATIONS

All services provided or ordered to treat complications of a noncovered service are not covered unless stated otherwise in the Certificate of Coverage.

PREAUTHORIZATION REQUIREMENTS

Preauthorization is prior approval from SelectHealth for certain services and is considered a preservice claim (refer to the Certificate of Coverage for details). Preauthorization is not required when SelectHealth is the secondary plan. However, it is required for injectable drugs and inpatient services when Medicare is the primary insurance. Obtaining preauthorization does not guarantee coverage. Benefits for the preauthorized services are subject to the eligibility requirements, limitations, exclusions, and all other provisions of the plan. Preauthorization is required for the following major services:

- All admissions to facilities, including rehabilitation, transitional care, skilled nursing, and all routine hospitalizations;
- All non-routine obstetrics admissions and maternity stays longer than two days for a normal delivery or longer than four days for a cesarean section;
- Home health, hospice, and outpatient private nurse;
- Pain management/pain clinic services;
- Selected prescription drugs (refer to the Prescription Drug List in the Certificate of Coverage);
- The following Durable Medical Equipment (DME):
 - d. Insulin pumps and continuous glucose monitors;
 - e. Prosthetics (except eye prosthetics);
 - f. Negative pressure wound therapy electrical pump (wound vac);
 - g. Motorized or customized wheelchairs; and
 - h. DME with a purchase price over \$5,000; and
- Selected Injectable Drugs and Specialty Medications (refer to the Certificate of Coverage).

Participating providers and facilities are responsible for obtaining preauthorization on your employees' behalf; however, you should verify that they have obtained preauthorization prior to receiving services. Your employees are responsible for obtaining preauthorization when using a nonparticipating provider or facility or when obtaining cochlear implants or organ transplants.

**NONPARTICIPATING PROVIDERS**

Depending upon the plan selected, services from nonparticipating providers will either not be covered or will be covered at reduced benefits.

NO PRESUMPTION OF COVERAGE

There is no presumption of coverage. Services not specified as covered are excluded from coverage.

WORKERS' COMPENSATION

If you are not covered by workers' compensation insurance, then any work-related injury or illness is not covered by SelectHealth. This does not apply if at the time of the accident or illness you have SelectHealth's 24-Hour Coverage.

24-HOUR COVERAGE

Coverage for business owners, including partners and sole proprietors, for services resulting from work-related accidents not covered by workers' compensation insurance. This benefit is not a replacement for workers' compensation insurance.

PRE-EXISTING CONDITION (PEC) WAITING PERIOD

The 12-month period (18 months for late enrollees) following the enrollment date during which services provided for a pre-existing condition are not covered. The PEC waiting period begins on an employee's enrollment date.

DEFINITION OF A PRE-EXISTING CONDITION

An employee's condition (excluding pregnancy) for which medical advice, diagnosis, care, or treatment (including prescription and over-the-counter medication recommended by a provider) was either received from or recommended by a provider during the six-month period prior to the enrollment date.

WAIVING THE PEC WAITING PERIOD

Any previous period of creditable healthcare coverage, not separated by a break in coverage of 63 days or more, is applied toward satisfying all or part of the PEC waiting period. The employer waiting period does not count toward a break in coverage.

WAITING PERIOD EXCLUSIONS

Services related to the following list of selected diagnoses and procedures are not covered during the first 12 months of coverage (18 months if the employee is a late enrollee). Any previous period of creditable healthcare coverage, not separated by a break in coverage of 63 days or more, is applied toward satisfying this waiting period.

DIAGNOSES

Amenorrhea
Blepharophimosis
Cataracts
Congenital Deformities
Cystocele
Dysmenorrhea
Enterocoele
Infertility
Rectocele
Sleep Problems/Disorders
Urethrocele
Uterine Prolapse
Varicose Veins

PROCEDURES

Allergy Testing and Treatment
Bunionectomy
Carpal Tunnel Surgery
Hysterectomy, except in cases of malignancy
Joint Replacement
Mammoplasty, reduction
Morton's Neuroma, surgical treatment of
Myringotomy/Tympanotomy, with or without tubes inserted
Nasal Septal Repair, except injuries after effective date of coverage
Prostate Surgery, for benign prostatic hypertrophy
Retained Hardware Removal
Sleep Studies
Sterilization
Tonsillectomy/Adenoidectomy



General Underwriting Information

This information applies to groups with two to 50 benefits-eligible employees.

ELIGIBILITY

The following are eligible for coverage: owners, officers, partners, and all other employees who work no less than 30 hours per week on a regular basis, wherein an employer/employee relationship exists and where taxes are deducted from salary.

The following are not eligible for coverage: independent contractors, leased, part-time, temporary, and retired employees. Employees who live or work outside the states of Utah or Idaho are not eligible unless NationCare is issued to the group.

FAMILY DEPENDENTS

Family dependents eligible for coverage include the spouse of the insured, active employee who is not legally separated from the insured employee, unmarried children or stepchildren of the insured or insured's spouse, and legally adopted children from birth to 26 years of age. Children must be dependent upon the insured employee for 50 percent of their financial support (according to IRS guidelines).

Newborns, legally adopted children, or children placed for adoption with an employee or spouse must be added within 31 days from the date of birth, adoption, or placement. All others are subject to underwriting approval.

Coverage for employees and/or dependent(s) living outside of SelectHealth's geographic service area is contingent upon provisions for the particular plan chosen. See the Group Application for details.

EFFECTIVE DATES

New Employees (New Hires): Coverage for an employee hired after the group's initial effective date will begin on the first of the month following the waiting period elected by the employer and underwriting acceptance.

NEW GROUPS

A new group is effective on the 1st or 16th of the month. The employer must have a business checking account, business telephone listing, and an IRS Tax ID number. Coverage will be effective on the date specified by SelectHealth and is subject to underwriting.

PRE-EXISTING CONDITIONS (PEC)/DEDUCTIBLE CREDIT

Pre-existing waiting period limitations may be credited or waived. Deductible credit (for new groups only) is available subject to medical underwriting, prior continuous coverage, and applicable documentation.

NOTE: *Underwriting acceptance does not waive any applicable pre-existing condition waiting periods.*

TERMINATION PROVISION

An employee's benefits will terminate at the end of the month following termination or loss of eligibility.

EXTENDED COVERAGE

Extended coverage, such as Utah mini-COBRA, COBRA, or conversion, may be available upon termination. This is dependent upon eligibility requirements.

CONTRIBUTIONS

Employers may contribute either a fixed dollar amount or a percentage of the total amount to the employees' premium. A fixed contribution is a set dollar amount contributed to each employee's premium regardless of which plan they choose or how many dependents they enroll. A variable contribution is a percentage of each employee's premium paid by the employer. This contribution amount will vary by employee depending on the plan each employee selects, as well as by how many dependents they enroll. The lowest amount the employer may contribute to the employees' premium, whichever contribution method is used, is 50 percent of the lowest single coverage premium.

CONTRIBUTION EXAMPLES

The examples on the following page use the lowest allowable contribution amounts for fixed and variable contributions. Employers may contribute more than 50 percent of the lowest single coverage premium but never less.



FIXED CONTRIBUTION EXAMPLE (50% OF LOWEST SINGLE COVERAGE)	SINGLE COVERAGE SELECT VALUE	FAMILY COVERAGE SELECT CARE PLUS
TOTAL PREMIUM AMOUNT	\$100	\$400
EMPLOYER CONTRIBUTION	\$50	\$50
VARIABLE CONTRIBUTION EXAMPLE (50% OF TOTAL PREMIUM)	SINGLE COVERAGE SELECT VALUE	FAMILY COVERAGE SELECT CARE PLUS
TOTAL PREMIUM AMOUNT	\$100	\$400
EMPLOYER CONTRIBUTION	\$50	\$200

PARTICIPATION

Open Panel and HealthSave Plans

A minimum of two employees must be approved for group eligibility at all times. For the determination of a group of two, the spouse of the employer will not be considered an eligible employee.

Required minimum employee participation:

Two to 14 enrolling employees	100% must participate
15 or more enrolling employees	75% must participate

Dual Option: A minimum of ten employees residing in Utah must be enrolled at all times.

If you are already covered by a SelectHealth plan other than Dual Option, you may choose to offer Dual Option at the renewal of your plan.

All Plans: Employees waiving coverage due to group coverage through a spouse or parent will not be counted toward participation.

Failure to maintain group contribution and/or participation levels will result in nonrenewal of your plan.

RATING METHODOLOGY

Premium rates are based on an adjusted community rate methodology and vary depending on age, family status, and group size. Medical underwriters will make an initial evaluation of the health status of employees and dependent(s) to determine whether additional premium to published rates is necessary. Once that initial evaluation is made, subsequent adverse claims' experience or deterioration of health of employees or dependent(s) may impact premium rates on the group level during renewal periods.

MATERNITY PROVISION

15+ Employees: Employers who employ 15 or more employees (full and part time) must provide maternity coverage (in accordance with federal regulations).

Two to 14 Employees: A lower maternity benefit option is available for employers who employ less than 15 employees and who do not offer Dual Option. This option provides you with a more affordable maternity option. By selecting the lower maternity benefit, maternity services are either subject to a separate deductible or not covered, depending on the plan selected.

IMPORTANT NOTE: *Coverage is not in effect until written notice has been received from SelectHealth. SelectHealth reserves the right to specify the effective date of coverage for groups and newly hired employees. Acceptance of groups and newly hired employees are subject to all of SelectHealth's underwriting provisions. In addition, omission or misrepresentation regarding information from you or your employees could result in a retroactive rate increase or cancellation of the group. The above items are general guidelines. The Group Health Insurance Contract is the controlling document and provides the basis for any requirement or action by SelectHealth. Refer to the Group Health Insurance Contract for specific information.*



SelectHealth Dental for Small Employers

SelectHealth has been serving the health plan needs of Utah companies for more than 25 years. We are excited to introduce our new SelectHealth dental plans for employers.

WHY CHOOSE SELECTHEALTH?

Here are just a few reasons to make SelectHealth your new dental carrier:

- > Competitive rates
- > Flexible plan designs
- > Network of more than 1,300 local dentists
- > Access to any dentist
- > Excellent local customer service
- > Lower cost and simplified administration by combining with SelectHealth medical coverage

For more information about our dental or medical plans, please contact the Small Employer Sales department or your SelectHealth-appointed insurance agent.

BENEFITS	PARTICIPATING	NONPARTICIPATING	
DEDUCTIBLE (individual/family)		\$0 \$50/\$150 \$100/\$300	
ANNUAL MAXIMUM PLAN PAYMENT (individual)		\$1,000 \$1,500 \$2,000	
PREVENTIVE AND DIAGNOSTIC Oral exams, cleanings, fluoride, x-rays	Plan pays 100%	OPTION 1 Plan pays 80%	OPTION 2 Plan pays 100%
BASIC Fillings, oral surgery, endodontics, periodontics	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
MAJOR Crowns, bridges, denture, implants	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50% after deductible
ORTHODONTICS - OPTIONAL (for contributory plans only)	Plan pays 50%	Plan pays 50%	
ORTHODONTIC LIFETIME MAXIMUM PLAN PAYMENT (individual)		\$1,000 \$1,500	
UNDERWRITING GUIDELINES	CONTRIBUTORY	VOLUNTARY	
WAITING PERIODS -Preventive -Basic -Major -Missing Tooth	None	None 3 months 12 months 36 months	
EMPLOYER CONTRIBUTION	50% of single employee premium	No minimum requirement	
MINIMUM GROUP SIZE	2 - without orthodontics 5 - with orthodontics	2 (orthodontics not available)	
MINIMUM EMPLOYEE PARTICIPATION	2-4 enrolling employees - 100% of eligible employees must participate 5+ enrolling employees - 75% of eligible employees must participate	30% (minimum of 2)	
ELIGIBILITY	30 hours/week	30 hours/week	



General Limitations

SelectHealth dental plans have exclusions, limitations, and requirements that reduce or limit some of the services that are covered and the level of coverage. A partial listing of benefit limitations is found below. For a complete list of exclusions, limitations, and requirements, please contact SelectHealth.

PREVENTIVE AND DIAGNOSTIC LIMITATIONS

- > **Oral examinations** - Two per year
- > **Cleanings** - Two per year
- > **X-rays** - Panoramic or complete intraoral once every 36 months; Bitewing two times per year
- > **Sealants** - Covered for dependents younger than age 15; limited to permanent molars and bicuspid without decay or restorations. Sealant repair/replacement is not covered within 36 months of application
- > **Space maintainers** - Covered for dependents younger than age 15
- > **Fluoride** - Covered for dependents younger than age 18; two applications per year

BASIC LIMITATIONS

- > **Fillings** - Repair or replacement is not covered within 24 months of original filling
- > **Endodontics** - Repeat procedures are not covered within 12 months of the original procedure when performed by the same provider
- > **Periodontal surgery** - One per quadrant every 36 months
- > **Periodontal debridement** - One per 36 months

- > **Periodontal scaling/root planing** - One per quadrant every 24 months
- > **Periodontal maintenance** - Two times per year in lieu of cleaning

MAJOR LIMITATIONS

- > Replacement of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use, loss of remaining teeth, or change in supporting tissue is covered only after five years from the date of placement. Repair and/or adjustment of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use is covered only after six months from the date of placement. Replacement or repair due to abuse, misuse, neglect, loss, or theft is not covered
- > Dentures - Rebasement is covered once every 36 months. Relining is covered once every 18 months

ORTHODONTIC LIMITATIONS

- > **Orthodontic services** - Covered for dependents younger than age 20; replacement or repair due to abuse, misuse, neglect, loss, or theft is not covered

For dental tips, games, contests, prizes, and more, visit www.ProtectToothy.com. Your teeth will thank you!

protect TOOTHY with SelectHealth Dental

protect TOOTHY .com



SelectHealth Forms and Materials

The following forms are included in the back of this packet, unless otherwise indicated.

EMPLOYEE FORMS

Utah Small Employer Health Insurance Application – *All plans*

This form, created by the state of Utah, is completed by all employees enrolling for medical and/or dental coverage. New hires must also complete this form.

Small Employer Application Supplement Form– *All plans*

This form must accompany the Utah Small Employer Health Insurance Application for all employees, including new hires.

Health Savings Account Enrollment and Authorization to Disclose Health Information Form– *HealthSave and Dual Option plans when employee has chosen HealthEquity.*

This form must be completed by employees who elect a Health Savings Account (HSA) with HealthEquity. If this form is not completed, the employee will still be enrolled on the HealthSave plan, but an HSA will not be established.

GROUP FORMS

New Group Data Summary – *All plans*

This form summarizes the employer information and their benefit selections.

Payment Authorization Agreement – *All plans*

Employers will use this form to select the automatic withdrawal payment option.

HMO/Plus Group Application – *All plans*

The group will use this form to choose their new hire eligibility period. The employer must sign and date this form.