

		In-Network Coverage		
Plan facts	Member services Member services hours Web address Product name	(800) 538-5038 Annual enrollment information: (800) 538-5038 Mon-Fri: 7:00 AM-8:00 PM; Sat: 9:00 AM-2:00 PM MT www.selecthealth.org SelectMed		
Your medical expenses	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$500 (individual) / \$1,000 (family max) \$3,000 (individual) / \$6,000 (family max) per calendar year Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible. Minor diagnostic tests covered at 100%. Contact Plan for details Covered at 90% after deductible Covered at 90% after deductible		
Your prescription drug expenses	Retail	\$10 copay (tier 1), \$25 copay (tier 2), \$45 copay (tier 3) per prescription up to 30-day supply (if generic avail., copay plus cost diff. applies) after \$50 individual deductible for tiers 2 and 3. Rx deductible and copays do not apply to the out-of-pocket maximum		
	Mail order	\$10 copay (tier 1), \$50 copay (tier 2), \$135 copay (tier 3) per prescription up to 30-day supply (if generic avail., copay plus cost diff. applies) after \$50 individual deductible for tiers 2 and 3. Rx deductible and copays do not apply to the out-of-pocket maximum		
Preventive care	Routine physical and GYN exam Routine vision exam Well child-care and immunizations Routine mammography	Covered at 100%, no deductible. Limit 1 visit per year Covered at 100%, no deductible. Limit 1 exam per 12 months Covered at 100%, no deductible. Limits apply Covered at 100%, no deductible. Limits apply		
Mental health	Inpatient Outpatient	Covered at 90% after deductible Covered at 90% after deductible		
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible		
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 20 visits per year per therapy \$10 copay per visit. Limit 20 visits per year. Copays do not apply to out-of-pocket maximum Diagnosis: Covered at 50% up to \$1,500 per year/ \$5,000 lifetime. Treatment: Not covered		
Out-of-network coverage	Out-of-network non-emergency care	Not covered		
Key facts	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent No NA See website for details	Domestic partner coverage available: Domestic partner children coverage avail.:	Yes Yes

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.