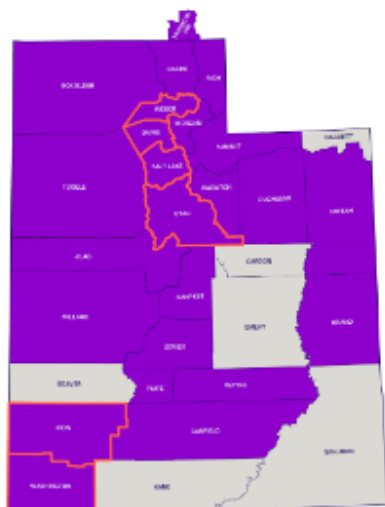


# Select Health Service Areas

Click the button for the state below to view information for your service area.



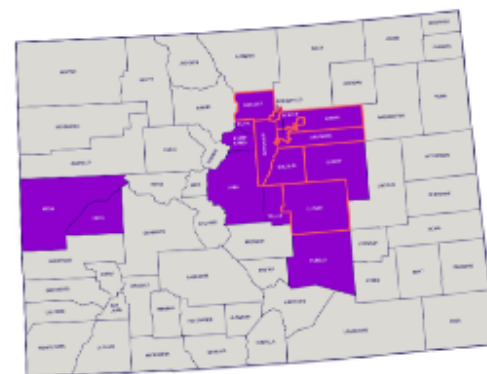
**Utah**



**Idaho**



**Nevada**



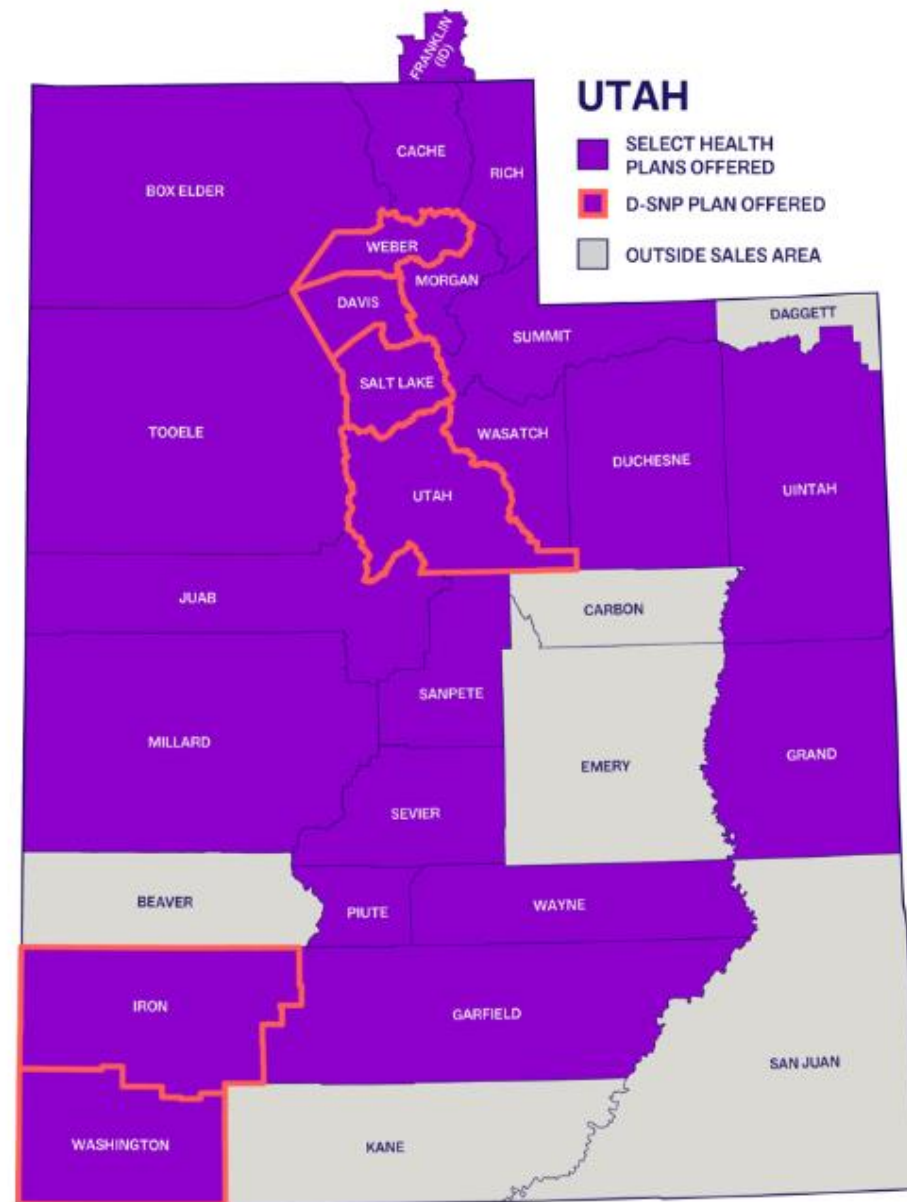
**Colorado**

# Utah

**NETWORK:** Intermountain Health, University of Utah Health, and more!

**DENTAL:** Select Health Dental

| PLAN NAME                                                    | TYPE       | SERVICE AREA                                                                                                                |
|--------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------|
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 001                   | HMO        | Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber                   |
| SELECT HEALTH MEDICARE ENHANCED (HMO) 007                    | HMO        | Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber                   |
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE + KROGER (HMO) 022 | HMO        | Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Washington, Wasatch, and Weber                |
| SELECT HEALTH MEDICARE CHOICE (PPO) 018                      | PPO        | Box Elder, Cache, Davis, Franklin (ID), Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Washington, Wasatch, and Weber |
| SELECT HEALTH MEDICARE NO RX (HMO) 016                       | HMO, No Rx | Davis, Salt Lake, Utah, and Weber                                                                                           |
| SELECT HEALTH MEDICARE DUAL (D-SNP) 015                      | HMO D-SNP  | Davis, Salt Lake, Utah, Weber<br><b>NEW COUNTIES:</b> Iron and Washington                                                   |
| SELECT HEALTH MEDICARE CLASSIC (HMO) 002                     | HMO        | Duchesne, Garfield, Iron, Juab, Millard, Piute, Sanpete, Sevier, Uintah, Washington, and Wayne<br><b>NEW COUNTY:</b> Grand  |
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 017                   | HMO        | Iron, Washington<br><b>NEW COUNTIES:</b> Sanpete, Sevier,                                                                   |



# Utah Select Health Medicare Network



## NEW PLAN

| PLAN NAME                                                                                      | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 001                                                                  |               | SELECT HEALTH MEDICARE ENHANCED (HMO) 007                                                                               |               | SELECT HEALTH MEDICARE + KROGER (HMO) 022                                                                    |                           |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------|---------------------------|
| Service Area                                                                                   | Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber   |               | Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber               |               | Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Washington, Wasatch, and Weber |                           |
| Plan Overview                                                                                  | Broad network plan for the cost-conscious with \$0 premium and low co-pays                                  |               | Mid-premium plan for those looking for low copays and enhanced services: dental coverage, wellness benefits, Papa hours |               | \$0 premium plan with broad provider network and drug/grocery benefits                                       |                           |
| Premium                                                                                        | \$0                                                                                                         |               | \$48                                                                                                                    |               | \$0                                                                                                          |                           |
| Maximum Out-of-Pocket                                                                          | \$5,700                                                                                                     |               | \$4,700                                                                                                                 |               | \$5,700                                                                                                      |                           |
| PCP/Specialist<br>Emergency Care/ Urgent Care<br>Inpatient Hospital Stay<br>Outpatient Surgery | \$0 copay / \$15 copay<br>\$100 copay / \$35 copay<br>Days 1-5: \$410 copay, 6-90: \$0 copay<br>\$350 copay |               | \$0 copay / \$10 copay<br>\$100 copay / \$35 copay<br>Days 1-5: \$350 copay, 6-90: \$0 copay<br>\$300 copay             |               | \$0 copay / \$15 copay<br>\$100 copay / \$35 copay<br>Days 1-5: \$410 copay, 6-90: \$0 copay<br>\$350 copay  |                           |
| Rx Deductible<br>Copays: 30 Days   100 Days                                                    | Deductible: \$100 (T 3-5)                                                                                   | Mail Order    | Deductible: \$50 (T 3-5)                                                                                                | Mail Order    | Deductible: \$0 (T 3-5)                                                                                      | Kroger Mail Order         |
|                                                                                                | T 1: \$0   \$0                                                                                              | \$0   \$0     | T 1: \$0   \$0                                                                                                          | \$0   \$0     | T 1: \$0   \$0                                                                                               | \$0   \$0 \$0   \$0       |
|                                                                                                | T 2: \$6   \$18                                                                                             | \$0   \$0     | T 2: \$6   \$18                                                                                                         | \$0   \$0     | T 2: \$10   \$30                                                                                             | \$5   \$15 \$0   \$0      |
|                                                                                                | T 3: \$47   \$141                                                                                           | \$47   \$141  | T 3: \$47   \$141                                                                                                       | \$47   \$141  | T 3: \$47   \$141                                                                                            | \$40   \$120 \$40   \$120 |
|                                                                                                | T 4: \$100   \$300                                                                                          | \$100   \$300 | T 4: \$100   \$300                                                                                                      | \$100   \$300 | T 4: \$100   \$300                                                                                           | \$90   \$270 \$90   \$270 |
|                                                                                                | T 5: 31% coinsurance                                                                                        |               | T 5: 32% coinsurance                                                                                                    |               | T 5: 33% coinsurance                                                                                         |                           |
| Wellness Your Way /<br>Over-the-Counter                                                        | \$360 a year/<br>\$95 per quarter                                                                           |               | \$500 a year/<br>\$95 per quarter                                                                                       |               | \$360 a year/<br>\$55 Monthly OTC (+ Grocery Benefit for Members with Qualifying Conditions)                 |                           |
| Additional Benefits                                                                            | \$1,500 Dental, Vision Hardware, 30 Papa hours                                                              |               | \$2,000 Dental, Vision Hardware, 90 Papa hours                                                                          |               | \$1,500 Dental, Vision Hardware, 30 Papa Hours                                                               |                           |

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE CHOICE (PPO) 018                                                                                                                                                                    | SELECT HEALTH MEDICARE NO RX (HMO) 016                                                                                  | SELECT HEALTH MEDICARE DUAL (D-SNP) 015                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Box Elder, Cache, Davis, Franklin (ID), Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Washington, Wasatch, and Weber                                                                                | Davis, Salt Lake, Utah, and Weber                                                                                       | Davis, Salt Lake, Utah, and Weber<br><b>NEW:</b> Iron, Washington                                                                                                                                                                               |
| <b>Highlights</b>                                                                                        | \$0 premium plan for cost conscious who want provider choice                                                                                                                                               | For those with prescription coverage through Tricare, VA health benefits, or another plan with Credible Part D coverage | Rich benefits for those on Medicare and full Medicaid                                                                                                                                                                                           |
| <b>Premium</b>                                                                                           | <b>\$0</b>                                                                                                                                                                                                 | <b>\$50 Part B Reduction</b>                                                                                            | <b>\$0</b>                                                                                                                                                                                                                                      |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$5,700 IN / \$9,550 combined with IN and OON                                                                                                                                                              | \$6,700                                                                                                                 | \$0                                                                                                                                                                                                                                             |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$20 copay (OON 30% Coinsurance)<br>\$100 copay / \$35 copay<br>Days 1-5: \$420 copay, 6-90: \$0 copay<br>\$360 copay                                                                          | \$0 copay / \$40 copay<br>\$100 copay / \$30 copay<br>Days 1-5: \$360 copay, 6-90: \$0 copay<br>\$350 copay             | \$0 copay<br>\$0 copay<br>Days 1-5: \$0 copay, 6-90: \$0 copay<br>\$0 copay                                                                                                                                                                     |
| <b>Rx Deductible/Copays</b>                                                                              | Deductible: \$100 (T 3-5)<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 31% coinsurance<br>Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 |                                                                                                                         | Deductible: \$0<br><b>Generic:</b> Per prescription, either \$0, \$1.55, or \$4.50. Copays depend on LIS level.<br><b>Brand-name:</b> Per prescription, either \$0, \$4.60, or \$11.20. Copays depend on LIS level.<br><b>Catastrophic:</b> \$0 |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$260 a year/<br>\$75 per quarter                                                                                                                                                                          | \$240 a year/<br>\$75 per quarter                                                                                       | Gym Memberships offered by Silver and Fit/<br>OTC \$140/month ( <b>+ Grocery Benefit for Members with Qualifying Conditions</b> )                                                                                                               |
| <b>Additional Benefits</b>                                                                               | \$1,500 Dental, Vision Hardware, 30 Papa hours                                                                                                                                                             | \$1,500 Dental, Vision Hardware, 30 Papa hours                                                                          | \$3,000 Dental, Vision Hardware, 90 Papa hours                                                                                                                                                                                                  |

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE CLASSIC (HMO) 002                                                                                                                                                                                                                                                 | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 017                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Duchesne, Garfield, Iron, Juab, Millard, Piute, Sanpete, Sevier, Uintah, Washington, and Wayne<br><b>NEW: Grand</b>                                                                                                                                                                      | Iron, Washington<br><b>NEW: Sanpete, Sevier</b>                                                                                                                                                                                                                                          |
| <b>Plan Overview</b>                                                                                     | Low-premium plan with low out-of-pocket costs and broad network                                                                                                                                                                                                                          | Broad network plan for the cost-conscious with \$0 premium and low co-pays                                                                                                                                                                                                               |
| <b>Premium</b>                                                                                           | <b>\$29</b>                                                                                                                                                                                                                                                                              | <b>\$0</b>                                                                                                                                                                                                                                                                               |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$6,700                                                                                                                                                                                                                                                                                  | \$5,700                                                                                                                                                                                                                                                                                  |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$40 copay<br>\$100 copay / \$25 copay<br>Days 1-5: \$410 copay, 6-90: \$0 copay<br>\$380 copay                                                                                                                                                                              | \$0 copay / \$15 copay<br>\$100 copay / \$30 copay<br>Days 1-4: \$475 copay, 5-90: \$0 copay<br>\$400 copay                                                                                                                                                                              |
| <b>Rx Deductible<br/>Copays: 30 Days   100 Days</b>                                                      | Deductible: \$200 (T 3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$10   \$30                    \$0   \$0<br>T 3:    \$47   \$141                    \$47   \$141<br>T 4: \$100   \$300                    \$100   \$300<br>T 5: 29% coinsurance | Deductible: \$200 (T 3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$15   \$45                    \$0   \$0<br>T 3:    \$47   \$141                    \$47   \$141<br>T 4: \$100   \$300                    \$100   \$300<br>T 5: 29% coinsurance |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$300 a year/<br>\$75 per quarter                                                                                                                                                                                                                                                        | \$260 a year/<br>\$80 per quarter                                                                                                                                                                                                                                                        |
| <b>Additional Benefits</b>                                                                               | \$2,000 Dental, Vision Hardware, 30 Papa hours                                                                                                                                                                                                                                           | \$1,500 Dental, Vision Hardware, 30 Papa hours                                                                                                                                                                                                                                           |

# Idaho

**NETWORK:** St. Luke's Health, Kroger's, Saltzer Health, Primary Health Medical Group, and more!

**DENTAL:** Delta Dental of Idaho

## TREASURE VALLEY

|                                                              |     |                                                                |
|--------------------------------------------------------------|-----|----------------------------------------------------------------|
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 003                   | HMO | Ada, Boise, and Canyon<br><b>NEW:</b> Elmore and Gem           |
| SELECT HEALTH MEDICARE ENHANCED (HMO) 008                    | HMO | Ada, Boise, and Canyon<br><b>NEW:</b> Elmore and Gem           |
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE + KROGER (HMO) 023 | HMO | Ada, Canyon, Cassia, and Twin Falls                            |
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE FLEX (HMO) 024     | HMO | Ada, Boise, Canyon, Elmore, and Gem                            |
| SELECT HEALTH MEDICARE CLASSIC (HMO) 013                     | HMO | Adams, Elmore, Gem, Owyhee,<br>Payette, Valley, and Washington |

## MAGIC VALLEY

|                                                              |     |                                       |
|--------------------------------------------------------------|-----|---------------------------------------|
| SELECT HEALTH MEDICARE CLASSIC (HMO) 004                     | HMO | Twin Falls                            |
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE + KROGER (HMO) 023 | HMO | Ada, Canyon, Cassia, and Twin Falls   |
| SELECT HEALTH MEDICARE CLASSIC (HMO) 014                     | HMO | Cassia, Gooding, Jerome, and Minidoka |

## EAST IDAHO

|                                                               |     |            |
|---------------------------------------------------------------|-----|------------|
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE ESSENTIAL (HMO) 025 | HMO | Bonneville |
| <b>NEW PLAN</b><br>SELECT HEALTH MEDICARE CHOICE (PPO) 026    | PPO | Bonneville |



# Select Health Medicare Network



# IDAHO: Treasure Valley



## NEW PLAN

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 003                                                                                        |                                                                       | SELECT HEALTH MEDICARE ENHANCED (HMO) 008                                                                               |                                                                       | SELECT HEALTH MEDICARE + KROGER (HMO) 023                                                                                                                                                                                    |                                                                      |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Ada, Boise, and Canyon<br><b>NEW:</b> Elmore and Gem                                                                              |                                                                       | Ada, Boise, and Canyon<br><b>NEW:</b> Elmore and Gem                                                                    |                                                                       | Ada, Canyon, Cassia, and Twin Falls                                                                                                                                                                                          |                                                                      |
| <b>Plan Overview</b>                                                                                     | Broad network plan for the cost-conscious with \$0 premium and low out-of-pocket costs                                            |                                                                       | Mid-premium plan for those looking for low copays and enhanced services: dental coverage, wellness benefits, Papa hours |                                                                       | \$0 premium plan with broad provider network and drug/grocery benefits                                                                                                                                                       |                                                                      |
| <b>Premium</b>                                                                                           | <b>\$0</b>                                                                                                                        |                                                                       | <b>\$29</b>                                                                                                             |                                                                       | <b>\$0</b>                                                                                                                                                                                                                   |                                                                      |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$4,500                                                                                                                           |                                                                       | \$5,400                                                                                                                 |                                                                       | \$4,500                                                                                                                                                                                                                      |                                                                      |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$15 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$300 copay, 6-90: \$0 copay<br>\$250 copay                       |                                                                       | \$0 copay / \$10 copay<br>\$100 copay / \$30 copay<br>Days 1-5: \$290 copay, 6-90: \$0 copay<br>\$200 copay             |                                                                       | \$0 copay / \$20 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$315 copay, 6-90: \$0 copay<br>\$250 copay                                                                                                                  |                                                                      |
| <b>Rx Deductible<br/>Copays: 30 Days   100 Days</b>                                                      | Deductible: \$100 (T 3-5)<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 31% coinsurance | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$40   \$121<br>T 4: \$100   \$300<br>T 5: 33% coinsurance | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$40   \$141<br>\$100   \$300 | Deductible: \$100 (T 3-5) Kroger<br>T 1: \$0   \$0 \$0   \$0<br>T 2: \$10   \$30 \$5   \$15 \$0   \$0<br>T 3: \$47   \$141 \$40   \$120 \$40   \$120<br>T 4: \$100   \$300 \$90   \$270 \$90   \$270<br>T 5: 31% coinsurance | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$40   \$120<br>\$90   \$270 |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$440 per calendar year for wellness and OTC benefits                                                                             |                                                                       | \$600 per calendar year for wellness and OTC benefits                                                                   |                                                                       | \$360 per calendar year/<br>\$55 Monthly OTC (+ Grocery Benefit for Members with Qualifying Conditions)                                                                                                                      |                                                                      |
| <b>Additional Benefits</b>                                                                               | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                                           |                                                                       | \$1,500 Dental Plus Preventative Visits, Vision Hardware, 120 Papa hours                                                |                                                                       | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa Hours                                                                                                                                                      |                                                                      |

## NEW PLAN

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE FLEX (HMO) 024                                                                                                                                                                                                                                               | SELECT HEALTH MEDICARE CLASSIC (HMO) 013                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Ada, Boise, Canyon, Elmore, and Gem                                                                                                                                                                                                                                                 | Adams, Elmore, Gem, Owyhee, Payette, Valley, and Washington                                                                                                                                                                                                                         |
| <b>Plan Overview</b>                                                                                     | Low premium and low out-of-pocket costs with flexible supplement benefits funds                                                                                                                                                                                                     | Mid-premium plan with low out-of-pocket costs and broad network                                                                                                                                                                                                                     |
| <b>Premium</b>                                                                                           | <b>\$25</b>                                                                                                                                                                                                                                                                         | <b>\$61</b>                                                                                                                                                                                                                                                                         |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$4,200                                                                                                                                                                                                                                                                             | \$8,300                                                                                                                                                                                                                                                                             |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$20 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$305 copay, 6-90: \$0 copay<br>\$250 copay                                                                                                                                                                         | \$0 copay / \$50 copay<br>\$100 copay / \$50 copay<br>Days 1-5: \$370 copay, 6-90: \$0 copay<br>\$350 copay                                                                                                                                                                         |
| <b>Rx Deductible<br/>Copays: 30 Days   100 Days</b>                                                      | Deductible: \$100 (T 3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$6   \$18                    \$0   \$0<br>T 3:    \$47   \$141                  \$47   \$141<br>T 4: \$100   \$300                  \$100   \$300<br>T 5: 31% coinsurance | Deductible: \$200 (T 3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$6   \$18                    \$0   \$0<br>T 3:    \$47   \$141                  \$47   \$141<br>T 4: \$100   \$300                  \$100   \$300<br>T 5: 30% coinsurance |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$400 per calendar year for wellness and OTC benefits                                                                                                                                                                                                                               | \$400 per calendar year for wellness and OTC benefits                                                                                                                                                                                                                               |
| <b>Additional Benefits</b>                                                                               | <b>\$3,000</b> , shared across dental, routine vision exams, vision hardware, routine hearing exams, hearing aids, and personal emergency response system, 60 papa hours                                                                                                            | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                                                                                                                                                                                             |

| PLAN NAME                                                                                      | SELECT HEALTH MEDICARE CLASSIC (HMO) 004                                                                                          |                                                                       | SELECT HEALTH MEDICARE + KROGER (HMO) 023                                                                                          |                                                                   | SELECT HEALTH MEDICARE CLASSIC (HMO) 014                                                                    |                                                                                                                                   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Service Area                                                                                   | Twin Falls                                                                                                                        |                                                                       | Ada, Canyon, Cassia, and Twin Falls                                                                                                |                                                                   | Cassia, Gooding, Jerome, and Minidoka                                                                       |                                                                                                                                   |
| Plan Overview                                                                                  | Mid-premium plan with low out-of-pocket costs and broad network                                                                   |                                                                       | \$0 premium plan with broad provider network and drug/grocery benefits                                                             |                                                                   | Mid-premium plan with low out-of-pocket costs and broad network                                             |                                                                                                                                   |
| Premium                                                                                        | \$78                                                                                                                              |                                                                       | \$0                                                                                                                                |                                                                   | \$88                                                                                                        |                                                                                                                                   |
| Maximum Out-of-Pocket                                                                          | \$8,300                                                                                                                           |                                                                       | \$4,500                                                                                                                            |                                                                   | \$8,300                                                                                                     |                                                                                                                                   |
| PCP/Specialist<br>Emergency Care/ Urgent Care<br>Inpatient Hospital Stay<br>Outpatient Surgery | \$0 copay / \$20 copay<br>\$100 copay / \$50 copay<br>Days 1-5: \$370 copay, 6+: \$0 copay<br>\$350 copay                         |                                                                       | \$0 copay / \$20 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$305 copay, 6-90: \$0 copay<br>\$250 copay                        |                                                                   | \$0 copay / \$50 copay<br>\$100 copay / \$50 copay<br>Days 1-5: \$370 copay, 6-90: \$0 copay<br>\$350 copay |                                                                                                                                   |
| Rx Deductible<br>Copays: 30 Days   100 Days                                                    | Deductible: \$100 (T 3-5)<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 31% coinsurance | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 | Deductible: \$100 (T 3-5)<br>T 1: \$0   \$0<br>T 2: \$10   \$30<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 31% coinsurance | Kroger<br>\$0   \$0<br>\$5   \$15<br>\$40   \$120<br>\$90   \$270 | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$40   \$120<br>\$90   \$270                                        | Deductible: \$200 (T 3-5)<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 30% coinsurance |
| Wellness Your Way /<br>Over-the-Counter                                                        | \$400 per calendar year for wellness and OTC benefits                                                                             |                                                                       | \$360 per calendar year/<br>\$55 Monthly OTC (+ Grocery Benefit for Members with Qualifying Conditions)                            |                                                                   | \$400 per calendar year for wellness and OTC benefits                                                       |                                                                                                                                   |
| Additional Benefits                                                                            | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                                           |                                                                       | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 30 Papa Hours                                                            |                                                                   | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                     |                                                                                                                                   |

## NEW PLAN

## NEW PLAN

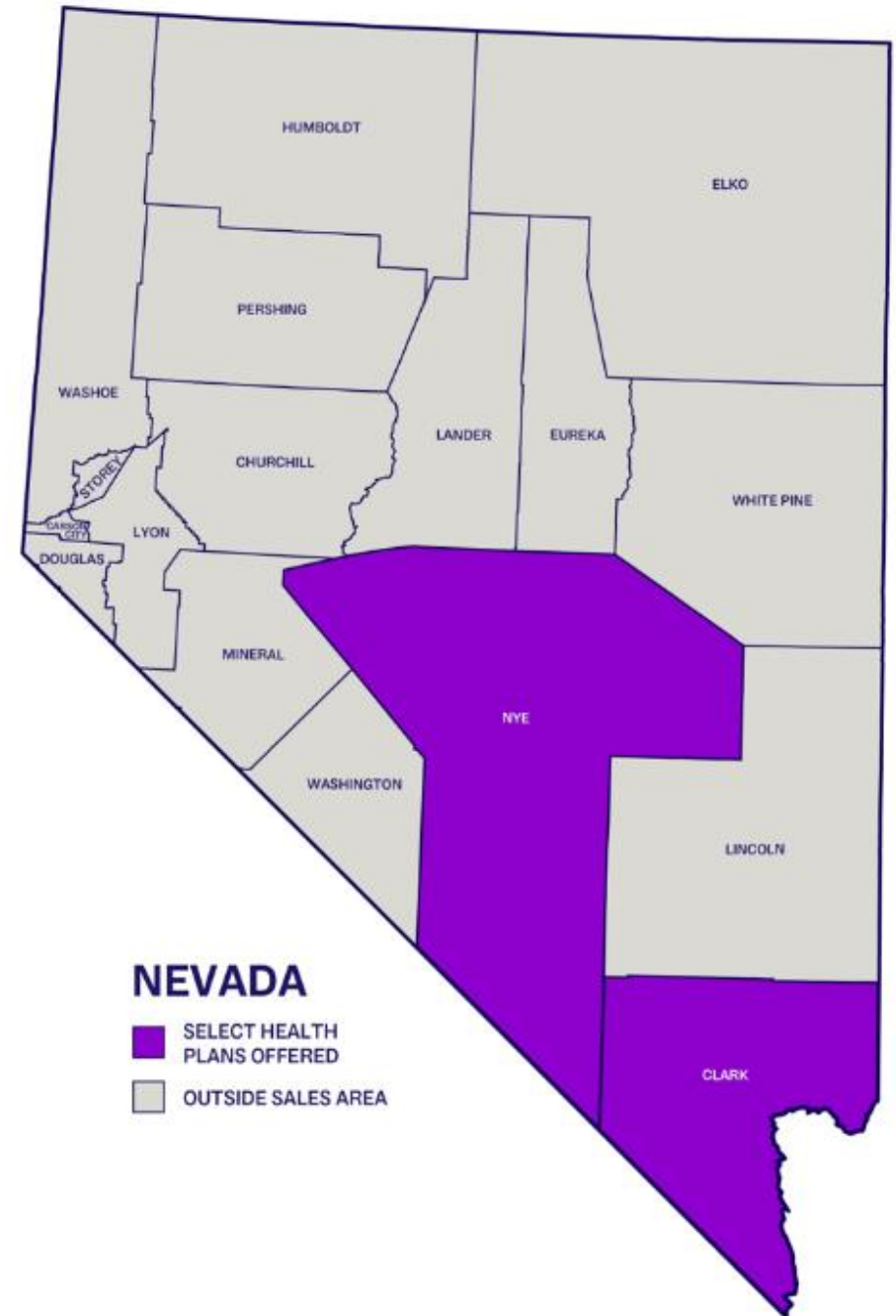
| PLAN NAME                                                                                      | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 025                                                                                                                                                                                                                                         | SELECT HEALTH MEDICARE CHOICE (PPO) 026                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Area                                                                                   | Bonneville                                                                                                                                                                                                                                                                         | Bonneville                                                                                                                                                                                                                                                                         |
| Plan Overview                                                                                  | Broad network plan for the cost-conscious with \$0 premium and low co-pays                                                                                                                                                                                                         | Mid-premium plan for those who want provider choice                                                                                                                                                                                                                                |
| Premium                                                                                        | <b>\$0</b>                                                                                                                                                                                                                                                                         | <b>\$40</b>                                                                                                                                                                                                                                                                        |
| Maximum Out-of-Pocket                                                                          | \$5,400                                                                                                                                                                                                                                                                            | \$6,500 IN /\$11,500 combined with IN and OON                                                                                                                                                                                                                                      |
| PCP/Specialist<br>Emergency Care/ Urgent Care<br>Inpatient Hospital Stay<br>Outpatient Surgery | \$0 copay / \$30 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$310 copay, 6-90: \$0 copay<br>\$300 copay                                                                                                                                                                        | \$0 copay / \$30 copay (OON 40% coinsurance)<br>\$100 copay / \$40 copay<br>Days 1-5: \$360 copay, 6-90: \$0 copay<br>\$350 copay                                                                                                                                                  |
| Rx Deductible<br>Copays: 30 Days   100 Days                                                    | Deductible: \$100 (T3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$6   \$18                    \$0   \$0<br>T 3:    \$47   \$141                  \$47   \$141<br>T 4: \$100   \$300                  \$100   \$300<br>T 5: 31% coinsurance | Deductible: \$200 (T3-5)      Mail Order<br>T 1:    \$0   \$0                      \$0   \$0<br>T 2:    \$6   \$18                    \$0   \$0<br>T 3:    \$47   \$141                  \$47   \$141<br>T 4: \$100   \$300                  \$100   \$300<br>T 5: 30% coinsurance |
| Wellness Your Way /<br>Over-the-Counter                                                        | \$380 per calendar year                                                                                                                                                                                                                                                            | \$380 per calendar year                                                                                                                                                                                                                                                            |
| Additional Benefits                                                                            | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                                                                                                                                                                                            | \$1,000 Dental Plus Preventative Visits, Vision Hardware, 60 Papa hours                                                                                                                                                                                                            |

# Nevada

**NETWORK:** Intermountain Health, *myGeneration* Senior Clinics, and more!

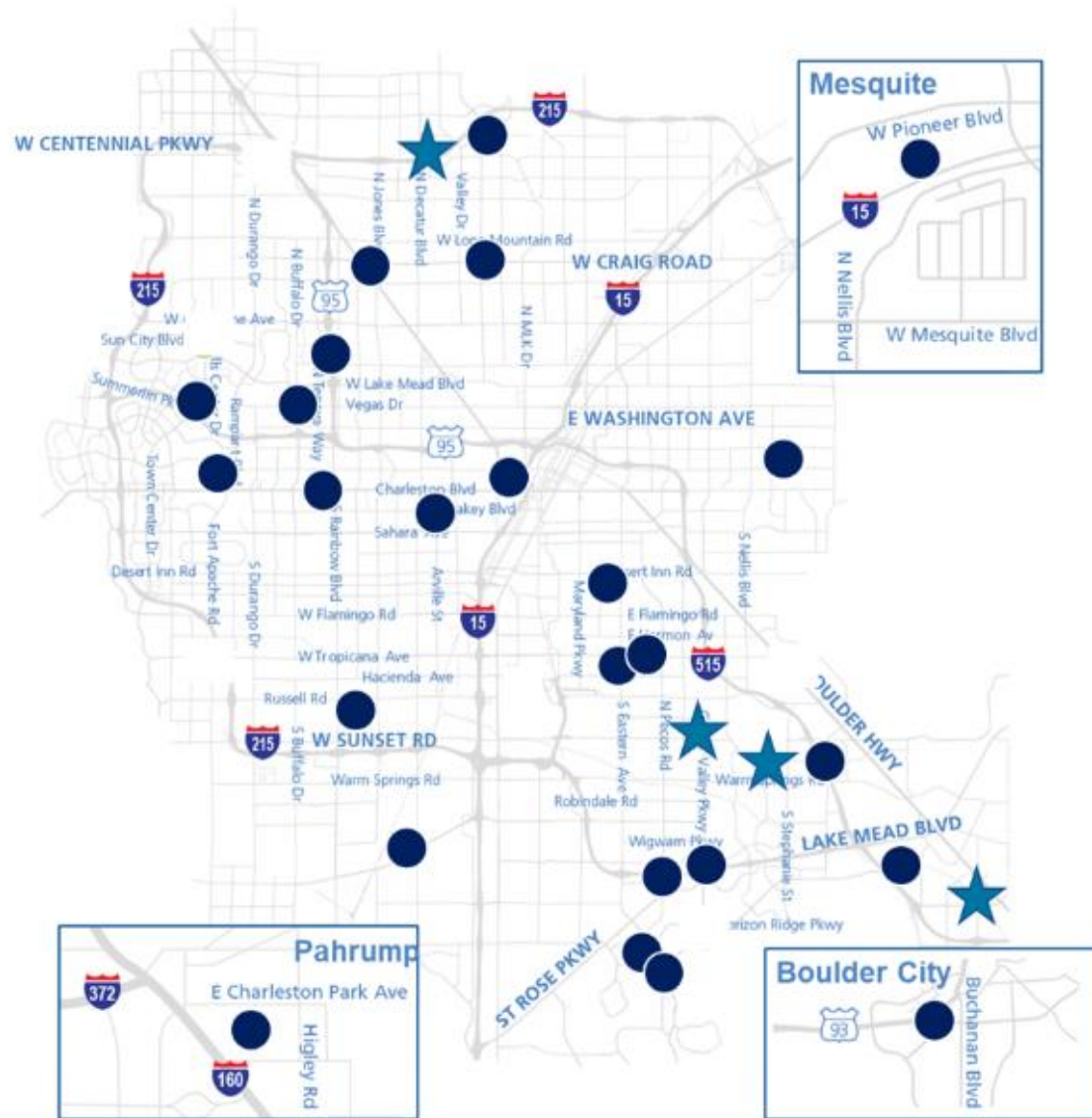
**NEW DENTAL PROVIDER:** Paramount Dental

| PLAN NAME                                  | TYPE      | SERVICE AREA  |
|--------------------------------------------|-----------|---------------|
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 012 | HMO       | Clark and Nye |
| <b>NEW PLAN</b>                            |           |               |
| SELECT HEALTH MEDICARE + KROGER (HMO) 021  | HMO       | Clark and Nye |
| SELECT HEALTH MEDICARE CHOICE (PPO) 019    | PPO       | Clark and Nye |
| SELECT HEALTH MEDICARE NO RX (PPO) 020     | PPO, NoRx | Clark and Nye |



# Intermountain Health myGeneration Clinics

Voted best senior-focused healthcare  
- Best of Las Vegas 2024



# Our network

**1,110** unique providers in Clark and Nye  
counties

**6,929** access points

First dollar coverage

**\$0** Routine, **\$0** deductible, **\$0** basic and

**\$0** major up to annual limit



## NEW PLAN

| PLAN NAME                                                                                      | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 012                                                                             |                                                                       | SELECT HEALTH MEDICARE + KROGER (HMO) 021                                                                                |                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Area                                                                                   | Clark and Nye                                                                                                          |                                                                       | Clark and Nye                                                                                                            |                                                                                                                                                                                   |
| Plan Overview                                                                                  | Broad network plan for the cost-conscious with \$0 premium and low copays                                              |                                                                       | \$0 premium plan with broad provider network and drug/grocery benefits                                                   |                                                                                                                                                                                   |
| Premium                                                                                        | \$0                                                                                                                    |                                                                       | \$0                                                                                                                      |                                                                                                                                                                                   |
| Maximum Out-of-Pocket                                                                          | \$1,000                                                                                                                |                                                                       | \$1,000                                                                                                                  |                                                                                                                                                                                   |
| PCP/Specialist<br>Emergency Care/ Urgent Care<br>Inpatient Hospital Stay<br>Outpatient Surgery | \$0 copay / \$0 copay<br>\$135 copay / \$10 copay<br>\$0 copay<br>\$0 copay                                            |                                                                       | \$0 copay / \$0 copay<br>\$135 copay / \$10 copay<br>\$0 copay<br>\$0 copay                                              |                                                                                                                                                                                   |
| Rx Deductible<br>Copays: 30 Days   100 Days                                                    | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$0   \$0<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$15   \$45<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance | <div>Kroger</div> <div>\$0   \$0<br/>\$0   \$0<br/>\$40   \$120<br/>\$90   \$270</div> <div>Mail Order</div> <div>\$0   \$0<br/>\$0   \$0<br/>\$40   \$120<br/>\$90   \$270</div> |
| Wellness Your Way /<br>Over-the-Counter                                                        | \$240 per calendar year/<br>\$100 per quarter                                                                          |                                                                       | \$240 per calendar year/<br>\$60 Monthly OTC (+ Grocery Benefit for Members with Qualifying Conditions)                  |                                                                                                                                                                                   |
| Additional Benefits                                                                            | \$2,500 Dental + Preventive, Vision Hardware, 30 Papa hours                                                            |                                                                       | \$2,500 Dental, Vision Hardware, 30 Papa Hours                                                                           |                                                                                                                                                                                   |

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE CHOICE (PPO) 019                                                                                              | SELECT HEALTH MEDICARE NO RX (PPO) 020                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Clark and Nye                                                                                                                        | Clark and Nye                                                                                                                     |
| <b>Plan Overview</b>                                                                                     | \$0 premium plan with low co pays who want provider choice                                                                           | For those with prescription coverage through Tricare, VA health benefits, or another plan with credible Part D coverage           |
| <b>Premium</b>                                                                                           | <b>\$0</b>                                                                                                                           | <b>\$100 Part B Reduction</b>                                                                                                     |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$5,900 IN / \$9,550 combined with IN and OON                                                                                        | \$6,700 IN/ \$10,000 combined with IN and OON                                                                                     |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$35 copay (OON \$20 / \$75 copays)<br>\$120 copay / \$10 copay<br>Days 1-5: \$295 copay, 6-90: \$0 copay<br>\$275 copay | \$0 copay / \$40 copay (OON 40% coinsurance)<br>\$100 copay / \$20 copay<br>Days 1-4: \$395 copay, 5-90: \$0 copay<br>\$375 copay |
| <b>Rx Deductible<br/>Copays: 30 Days   100 Days</b>                                                      | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$8   \$24<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance              | Mail Order<br>\$0   \$0<br>\$8   \$24<br>\$47   \$141<br>\$100   \$300                                                            |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$240 per calendar year/<br>\$100 per quarter                                                                                        | \$240 per calendar year/<br>\$75 per quarter                                                                                      |
| <b>Additional Benefits</b>                                                                               | \$2,500 Dental + Preventive, Vision Hardware, 30 Papa hours                                                                          | \$2,000 Dental, Vision Hardware, 30 Papa hours                                                                                    |

# Colorado New Market

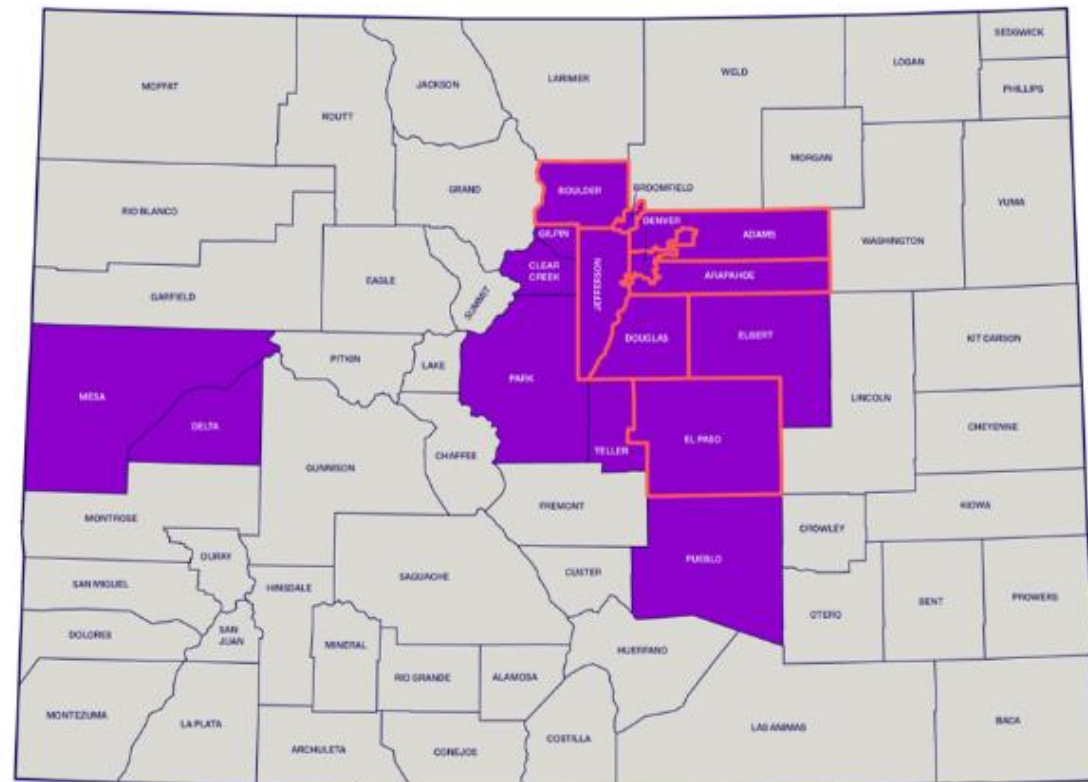
**NETWORK:** Intermountain Health, UCHealth, Monument Health, and more!

**DENTAL:** Paramount

## COLORADO

- SELECT HEALTH PLANS OFFERED
- D-SNP PLAN OFFERED
- OUTSIDE SALES AREA

| PLAN NAME                                  | TYPE     | SERVICE AREA                                                                                                                              |
|--------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 027 | HMO      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Mesa, Park Pueblo, Teller   |
| SELECT HEALTH MEDICARE + KROGER (HMO) 030  | HMO      | Adams, Arapahoe, Boulder, Broomfield, Delta, Denver, Douglas, El Paso, Jefferson, Mesa, Pueblo, Teller                                    |
| SELECT HEALTH MEDICARE FLEX (HMO) 031      | HMO      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Mesa, Park, Pueblo, Teller |
| SELECT HEALTH MEDICARE CHOICE (PPO) 032    | PPO      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Pueblo, Teller              |
| SELECT HEALTH MEDICARE DUAL (HMO-DSNP) 028 | HMO-DSNP | Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson                                                                 |
| SELECT HEALTH MEDICARE ESSENTIAL (HMO) 029 | HMO      | Delta, Mesa                                                                                                                               |



# Select Health Network

Our Medicare network is built around Intermountain Health, UCHealth, and Monument Health. It provides access to more than 50 facilities and over 9,000 providers.

Members can access care in-network throughout our service area of Utah, Idaho and Nevada.

| Colorado Medicare Network                |                                       |
|------------------------------------------|---------------------------------------|
| UCHealth University of Colorado Hospital | UCHealth Memorial Hospital Central    |
| UCHealth Memorial Hospital North         | UCHealth Highlands Ranch Hospital     |
| UCHealth Broomfield Hospital             | UCHealth Longs Peak Hospital          |
| 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             | Boulder Community Hospital            |
| Delta Health                             | Parkview Medical Center               |
| National Jewish Health                   |                                       |

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 027                                                                                              |                                                                       | SELECT HEALTH MEDICARE + KROGER (HMO) 030                                                                                |                                                                   |                                                                      | SELECT HEALTH MEDICARE FLEX (HMO) 031                                                                                                                                    |                                                                       |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Mesa, Park Pueblo, Teller |                                                                       | Adams, Arapahoe, Boulder, Broomfield, Delta, Denver, Douglas, El Paso, Jefferson, Mesa, Pueblo, Teller                   |                                                                   |                                                                      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Delta, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Mesa, Park, Pueblo, Teller                                |                                                                       |
| <b>Plan Overview</b>                                                                                     | Broad network plan for the cost-conscious with \$0 premium and low co-pays                                                              |                                                                       | \$0 premium plan with broad provider network and drug/grocery benefits                                                   |                                                                   |                                                                      | Low premium and low out-of-pocket costs with flexible supplement benefits funds                                                                                          |                                                                       |
| <b>Premium</b>                                                                                           | <b>\$0</b>                                                                                                                              |                                                                       | <b>\$0</b>                                                                                                               |                                                                   |                                                                      | <b>\$0</b>                                                                                                                                                               |                                                                       |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$3,900                                                                                                                                 |                                                                       | \$3,900                                                                                                                  |                                                                   |                                                                      | \$3,900                                                                                                                                                                  |                                                                       |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$25 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$250 copay, 6-90: \$0 copay<br>\$220 copay                             |                                                                       | \$0 copay / \$25 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$220 copay, 6-90: \$0 copay<br>\$220 copay              |                                                                   |                                                                      | \$0 copay / \$25 copay<br>\$100 copay / \$40 copay<br>Days 1-5: \$250 copay, 6-90: \$0 copay<br>\$250 copay                                                              |                                                                       |
| <b>Rx Deductible<br/>Copays: 30 Days   100 Days</b>                                                      | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance                 | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$10   \$30<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance | Kroger<br>\$0   \$0<br>\$5   \$15<br>\$40   \$120<br>\$90   \$270 | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$40   \$120<br>\$90   \$270 | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance                                                  | Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$300 a year/<br>\$100 per quarter                                                                                                      |                                                                       | \$300 a year/<br>\$85 Monthly OTC (+ Grocery Benefit for Members with Qualifying Conditions)                             |                                                                   |                                                                      | \$450 a year/<br>\$100 per quarter                                                                                                                                       |                                                                       |
| <b>Additional Benefits</b>                                                                               | \$2,500 Dental, Vision Hardware, 60 Papa hours                                                                                          |                                                                       | \$2,500 Dental, Vision Hardware, 60 Papa Hours                                                                           |                                                                   |                                                                      | Plan allowance <b>\$3,000</b> , shared across dental, routine vision exams, vision hardware, routine hearing exams, hearing aids, and personal emergency response system |                                                                       |

| PLAN NAME                                                                                                | SELECT HEALTH MEDICARE CHOICE (PPO) 032                                                                                                                                                          | SELECT HEALTH MEDICARE DUAL (HMO-DSNP) 028                                                                                                                                                                                                      | SELECT HEALTH MEDICARE ESSENTIAL (HMO) 029                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service Area</b>                                                                                      | Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, Pueblo, Teller                                                                     | Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson                                                                                                                                                                       | Delta, Mesa                                                                                                                                                                                      |
| <b>Highlights</b>                                                                                        | \$0 premium plan for cost conscious who want provider choice                                                                                                                                     | Rich benefits for those on Medicare and full Medicaid                                                                                                                                                                                           | Broad network plan for the cost-conscious with \$0 premium and low co-pays                                                                                                                       |
| <b>Premium</b>                                                                                           | <b>\$0</b>                                                                                                                                                                                       | <b>\$0</b>                                                                                                                                                                                                                                      | <b>\$0</b>                                                                                                                                                                                       |
| <b>Maximum Out-of-Pocket</b>                                                                             | \$5,000 IN / \$8,900 combined with IN and OON                                                                                                                                                    | \$0                                                                                                                                                                                                                                             | \$4,900                                                                                                                                                                                          |
| <b>PCP/Specialist<br/>Emergency Care/ Urgent Care<br/>Inpatient Hospital Stay<br/>Outpatient Surgery</b> | \$0 copay / \$35 copay (OON 40% coinsurance)<br>\$100 copay / \$45 copay<br>Days 1-5: \$310 copay, 6-90: \$0 copay<br>\$320 copay                                                                | \$0 copay<br>\$0 copay<br>Days 1-5: \$0 copay, 6-90: \$0 copay<br>\$0 copay                                                                                                                                                                     | \$0 copay / \$35<br>\$100 copay / \$40<br>Days 1-5: \$250 copay, 6-90: \$0 copay<br>\$275 copay                                                                                                  |
| <b>Rx Deductible/Copays</b>                                                                              | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance<br>Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 | Deductible: \$0<br><b>Generic:</b> Per prescription; either \$0, \$1.55, or \$4.50. Copays depend on LIS level.<br><b>Brand-name:</b> Per prescription; either \$0, \$4.60, or \$11.20. Copays depend on LIS level.<br><b>Catastrophic:</b> \$0 | Deductible: \$0<br>T 1: \$0   \$0<br>T 2: \$6   \$18<br>T 3: \$47   \$141<br>T 4: \$100   \$300<br>T 5: 33% coinsurance<br>Mail Order<br>\$0   \$0<br>\$0   \$0<br>\$47   \$141<br>\$100   \$300 |
| <b>Wellness Your Way /<br/>Over-the-Counter</b>                                                          | \$300 a year/<br>\$75 per quarter                                                                                                                                                                | \$400 a year/<br>\$105 per month OTC (+ Grocery Benefit for Members with Qualifying Conditions)                                                                                                                                                 | \$400 a year/<br>\$90 per quarter                                                                                                                                                                |
| <b>Additional Benefits</b>                                                                               | \$1,500 Dental, Vision Hardware, 60 Papa hours                                                                                                                                                   | \$4,000 Dental, Vision Hardware, 120 Papa hours                                                                                                                                                                                                 | \$2,000 Dental, Vision Hardware, 60 Papa hours                                                                                                                                                   |