

CHOOSING AN INDIVIDUAL PLAN THAT'S RIGHT FOR YOU AND YOUR FAMILY

We offer several plan designs to fit your needs and budget. As you shop, it's important to understand how our plans are categorized. Each plan has a designated metal tier—Bronze, Silver, Gold, or Platinum—that represents the plan's value. In addition, you may qualify for assistance from the federal government called an Advanced Premium Tax Credit. This credit helps you pay for your health insurance premiums and is only available if you purchase individual insurance; it will not apply to health insurance offered through your employer. To find out how much you and your family could save on coverage, visit selecthealth.org/calculator. For immediate questions, call Individual Sales at 855-442-0220. Effective October 1st, return to this site to confirm your Advanced Premium Tax Credit eligibility and to obtain a personalized quote.

SelectHealth HealthsaveSM

These plans conform to the U.S. Treasury Department guidelines for a high deductible health plan and are designed to be paired with a tax-advantaged Health Savings Account (HSA). With a HealthSave plan, you have more control over your healthcare dollars.

SelectHealth PreferenceSM

These traditional plans offer comprehensive coverage with a variety of deductible options and flexible benefit features. There are two variations: standard cost-sharing plans that have coinsurance after deductible on most services and copay plans that require a copay for most services.

Rates based on Individual's age ³	Millennial Plan	SelectHealth HealthSave					SelectHealth Preference												
29 and younger	\$93-\$163	\$102-\$183		\$115-\$210			\$99-\$182		\$115-\$212			\$131-\$242					\$149-\$262		
30-39	-----	\$183-\$207		\$206-\$237			\$176-\$206		\$205-\$239			\$235-\$272					\$265-\$295		
40-49	-----	\$206-\$279		\$231-\$321			\$198-\$278		\$231-\$323			\$264-\$368					\$299-\$399		
50-64	-----	\$288-\$491		\$323-\$564			\$277-\$489		\$322-\$568			\$369-\$648					\$418-\$701		
Benefits ⁴	Catastrophic \$6,350	Bronze \$3,500	Bronze \$5,500	Silver \$1,500	Silver \$2,000	Silver \$3,500	Bronze \$5,000	Bronze \$5,350	Silver \$1,000	Silver \$2,500	Silver \$2,500	Silver \$3,800	Gold \$250	Gold \$250	Gold \$500	Gold \$500	Gold \$1,000	Gold \$1,000	Platinum \$0
Deductible																			
Single	\$6,350	\$3,500	\$5,500	\$1,500	\$2,000	\$3,500	\$5,000	\$5,350	\$1,000	\$2,500	\$2,500	\$3,800	\$250	\$250	\$500	\$500	\$1,000	\$1,000	\$0
Family	\$12,700	\$7,000	\$11,000	\$3,000	\$4,000	\$7,000	\$10,000	\$10,700	\$2,500	\$5,000	\$5,000	\$7,600	\$750	\$750	\$1,500	\$1,500	\$2,500	\$2,500	\$0
Out-of-Pocket Max																			
Single	\$6,350	\$6,350	\$5,500	\$5,000	\$5,000	\$3,500	\$6,350	\$6,350	\$5,800	\$5,000	\$6,000	\$6,350	\$5,000	\$5,000	\$4,000	\$5,000	\$2,900	\$2,500	\$1,500
Family	\$12,700	\$12,700	\$11,000	\$10,000	\$10,000	\$7,000	\$12,700	\$12,700	\$11,600	\$10,000	\$12,000	\$12,700	\$10,000	\$10,000	\$8,000	\$10,000	\$5,800	\$5,000	\$3,000
Primary Care Provider (PCP)	\$25 for first 3 visits, then \$0 after deductible	\$25 after deductible	\$0 after deductible	\$25 after deductible	\$25 after deductible	\$0 after deductible	\$50 after deductible	\$50 after deductible w/4 deductible-free office visits ²	\$25 after deductible	\$25 after deductible	\$25 after deductible w/4 deductible-free office visits ²	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$25 after deductible	\$25	\$35
Secondary Care Provider (SCP)	\$0 after deductible	\$40 copay after deductible	\$0 after deductible	\$40 after deductible	\$40 after deductible	\$0 after deductible	\$65 after deductible	\$65 after deductible w/4 deductible-free office visits ²	\$50 after deductible	\$40 after deductible	\$40 after deductible w/4 deductible-free office visits ²	\$50	\$40 after deductible	\$40	\$40 after deductible	\$40	\$40 after deductible	\$40	\$50
Preventive Care and Immunizations	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Services ¹	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	\$500 per day after deductible (up to five days)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$500 per day after deductible (up to five days)
Outpatient Services	\$0 after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	\$0 after deductible	10% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Rx Deductible Single	Included in the Medical Deductible						\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,500	\$100	\$100	\$250	\$250	\$100	\$500	\$100

1. Preauthorization is required for the following services: (a) all inpatient services, (b) certain injectable drugs and specialty medications, (c) certain prescription drugs, (d) certain DME items, (e) certain mental health and chemical dependency services, (f) home health nursing, and (g) pain management services. Benefits may be reduced or denied if you do not preauthorize certain services. Refer to your contract or call Member Services for more information.

2. The first four office visits are waived for the PCP, SCP, and urgent care visits combined.

3. These are individual, non-tobacco user rates. Rates may vary by age, geography, tobacco use, and family size.

4. SelectHealth offers nonparticipating benefits on all plans. This table only shows participating benefits.

