

**PARTICIPATING**

In-Network
You must see participating providers
(except for emergencies)

OUT-OF-POCKET MAXIMUM**YOU PAY**

Physician, Podiatry and Outpatient Hospital Services	\$100 Co-pay Per Year Combined
Pharmacy	\$20 per month (\$12 SHCC, \$8 State Medicaid)
Total Out of Pocket Maximum	5% of Family Annual Income

INPATIENT SERVICES¹**YOU PAY**

Planned Inpatient Admissions	\$75 Copay
Skilled Nursing Facility	First 30 days covered 100% <i>Stays longer than 30 days are covered by general Medicaid: 800-662-9651</i>

OFFICE RELATED SERVICES**YOU PAY**

Diabetic Health Education	Covered 100%
Eyeglasses	Not Covered
Family Planning Services	Participating Providers: Covered 100% <i>Includes office visits, prescriptions, and over the counter drugs</i> Nonparticipating Providers: Covered by general Medicaid: 800-662-9651
Hearing Care ²	Covered 100%
Intermountain Instacare®, Urgent Care Facilities	\$4 Copay
Office Visits	\$4 Copay
Preventive Services in a Doctor's Office	Select services covered 100% <i>See SelectHealth Documentation</i>
Podiatry Care	\$4 Copay
Vision and Medical Exams for Conditions of the Eye	Optometrist: Covered 100% Ophthalmologist: \$4 Copay

**MENTAL HEALTH AND
CHEMICAL DEPENDENCY****YOU PAY**

Office Visits	Covered 100%
Inpatient ¹	\$75 Copay
Outpatient	Covered 100%
Residential Treatment ¹	Covered 100%

OUTPATIENT SERVICES		YOU PAY
Chemotherapy and Radiation		\$4 Copay
Diagnostic Tests: Major and Minor		Covered 100%
Dialysis		Covered 100%
Emergency Room		Covered 100% <i>\$8 copay for non-emergencies</i>
Home Health Care and Hospice ¹		Covered 100%
Injectable Drugs and Specialty Medications ¹		\$4 Copay
Miscellaneous Medical Supplies (MMS) and Durable Medical Equipment (DME) ¹		Covered 100%
Occupational Therapy (OT)		Covered 100% <i>Preauthorization is required after 20 visits</i>
Outpatient		\$4 Copay
Physical Therapy (PT)		Covered 100% <i>Preauthorization is required after 20 visits</i>
Private Duty Nursing ¹		Covered 100%
Speech Therapy (ST)		Covered 100% <i>Preauthorization is required after 10 visits</i>
OTHER SERVICES		YOU PAY
Abortion ¹		In limited situations Covered 100%
Ambulance (Air or Ground)		Covered by general Medicaid program: 800-662-9651
Chiropractic Services		Covered by general Medicaid program: 800-662-9651
Maternity <i>Enroll in SelectHealth Healthy Beginnings® program: 866-442-5052</i>		Covered 100%
Transportation		Covered by general Medicaid program: 800-662-9651
PRESCRIPTION DRUGS		YOU PAY
Prescriptions Over the Counter Drugs		\$4 Copay
Mental Health Drugs and Immunosuppressants		Covered by general Medicaid program: 800-662-9651
FOOTNOTES		
1. Preauthorization is required		
2. Hearing services related to determination of need for hearing aids are not covered for non-pregnant beneficiaries		