

GROUP MEDICAL PLAN SUMMARY · CURRENT PLAN YEAR

Your Medical Plan Options

Two medical plans are available this plan year: a lower-deductible Gold plan and a higher-deductible Silver HSA-qualified plan. Both use the SelectHealth MedSM provider network.

For demonstration purposes only. This document is a fictitious plan summary created for sales training and product demonstrations. It is not an offer of coverage, not an official carrier document, and does not reflect actual Select Health rates or plan designs.

<p>CARRIER & NETWORK</p> <p>Select Health</p> <p>Network: SelectHealth MedSM</p> <p>Plan Year: 12-Month Plan Year</p> <p>Deductible Frequency: Calendar Year</p>	<p>GOLD · LOWER DEDUCTIBLE</p> <p>Med Plus Gold 1000</p> <p>No deductible for office visits & Rx</p> <p>POS HDHP: No</p> <p>Not HSA-Qualified</p> <p>Policy #2057384</p>	<p>SILVER · HIGHER DEDUCTIBLE</p> <p>Med Plus Silver 4000 HSA</p> <p>HSA-Qualified High Deductible Health Plan</p> <p>HDHP POS HDHP: Yes</p> <p>HSA-Qualified Policy #6491208</p>
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CATEGORY	BENEFIT	MED PLUS GOLD 1000	MED PLUS SILVER 4000 HSA
DEDUCTIBLES, OUT-OF-POCKET & COINSURANCE	Individual Deductible (In-Network)	\$1,000	\$4,000
	Family Deductible (In-Network)	\$2,500	\$8,000
	Deductible Type	Embedded	Embedded
	Deductible Frequency	Calendar Year	Calendar Year
	Individual Out-of-Pocket Max (In-Net)	\$8,950	\$7,500
	Family Out-of-Pocket Max (In-Net)	\$17,900	\$15,000
	Out-of-Pocket Max Type	Embedded	Embedded
	Member Coinsurance (In-Network)	25%	20%
OFFICE & PROFESSIONAL VISITS	Specialist Referral Required	Not Required	Not Required
	Primary Care Visit	\$20 copay	No Charge after deductible
	Specialist Visit	\$40 copay	No Charge after deductible
	Preventive Care / Screening	No Charge	No Charge
	Telehealth	\$20 copay	No Charge after deductible
CHIROPRACTIC CARE (10 visits/yr)		25% after deductible	20% after deductible
DIAGNOSTICS & IMAGING	Diagnostic Test (x-ray, blood work)	No Charge	No Charge after deductible
	Imaging (CT / PET / MRI)	25% after deductible	No Charge after deductible
OUTPATIENT & HOSPITAL SERVICES	Outpatient Facility Fee	25% (15% ambulatory surgery center) after deductible	20% (10% ambulatory surgery center) after deductible
	Outpatient Physician / Surgeon	25% after deductible	20% after deductible
	Hospital Facility Fee	25% after deductible	20% after deductible
	Hospital Physician / Surgeon	25% after deductible	20% after deductible
EMERGENCY & URGENT CARE	Emergency Room	\$350 copay after deductible	No Charge after deductible
	Emergency Medical Transport	25% after deductible	No Charge after deductible
	Urgent Care	\$40 copay	No Charge after deductible

CATEGORY	BENEFIT	MED PLUS GOLD 1000	MED PLUS SILVER 4000 HSA
MENTAL HEALTH & SUBSTANCE USE	Mental / Behavioral Outpatient	\$20 office / 25% outpatient	No Charge after deductible
	Mental / Behavioral Inpatient	25% after deductible	20% after deductible
	Substance Use Disorder Outpatient	\$20 office / 25% outpatient	No Charge after deductible
	Substance Use Disorder Inpatient	25% after deductible	20% after deductible
MATERNITY & PREGNANCY	Office Visits	\$20 copay	No Charge after deductible
	Childbirth Professional Services	\$20 copay	No Charge after deductible
	Childbirth Facility Services	25% after deductible	20% after deductible
RECOVERY & SPECIAL HEALTH NEEDS	Home Health Care	25% after deductible	No Charge after deductible
	Rehabilitation Services	\$25 outpatient / \$40 inpatient	No Charge after deductible
	Habilitation Services	\$35 copay	No Charge after deductible
	Skilled Nursing Facility	25% after deductible (60 days/yr)	20% after deductible (60 days/yr)
	Durable Medical Equipment	25% after deductible	No Charge after deductible
	Hospice Services	25% after deductible	No Charge after deductible
PEDIATRIC VISION & DENTAL (THROUGH AGE 18)	Child Eye Exam	No Charge	No Charge
	Child Glasses	25% after deductible	No Charge after deductible
	Child Dental Check-up	\$40 copay	No Charge after deductible
PRESCRIPTION DRUGS	Preferred Generic	\$5 copay	No Charge (preventive) / after deductible
	Non-Preferred Generic	\$30 copay	No Charge (preventive) / after deductible
	Brand	25% coinsurance	No Charge (preventive) / after deductible
	Non-Preferred Brand	50% coinsurance	30% after deductible
	Specialty	50% coinsurance	50% after deductible
	Non-Preferred Specialty	50% coinsurance	50% after deductible
	Rx Subject to Medical Deductible	No. Rx not subject to medical deductible	Yes, except for qualifying preventive drugs

OUT-OF-NETWORK SUMMARY

OUT-OF-NETWORK: MED PLUS GOLD 1000

Out-of-Network providers

Individual Deductible	\$3,000
Family Deductible	\$9,000
Individual Out-of-Pocket Max	\$20,000
Family Out-of-Pocket Max	\$40,000
Member Coinsurance	50%

OUT-OF-NETWORK: MED PLUS SILVER 4000 HSA

Out-of-Network providers

Individual Deductible	\$8,000
Family Deductible	\$16,000
Individual Out-of-Pocket Max	\$20,000
Family Out-of-Pocket Max	\$40,000
Member Coinsurance	50%

MONTHLY PREMIUM RATES: CURRENT PLAN YEAR

COVERAGE TIER	MED PLUS GOLD 1000 MONTHLY RATE	MED PLUS SILVER 4000 HSA MONTHLY RATE
Employee Only	\$620.45 per month	\$458.90 per month
Employee + Spouse	\$1,325.80 per month	\$980.40 per month
Employee + Child(ren)	\$1,040.65 per month	\$769.15 per month
Family	\$1,850.30 per month	\$1,368.75 per month

DEMONSTRATION NOTICE

This Plan Summary is provided **solely for demonstration and sales-training purposes**. It is not an offer of coverage, not a binding document, and not an official publication of Select Health or any affiliated entity. Rates shown are fictitious illustrative examples and do not represent actual carrier pricing. For official benefits and rates, refer to the carrier's Summary of Benefits and Coverage (SBC) and Certificate of Coverage.

Plan-design abbreviations: *In-Network* cost shares are shown. "After deductible" means the deductible must be met before the plan begins to pay. Tier 1 drugs on the HSA plan are \$0 only when dispensed from the ACA preventive drug list; all other drugs are subject to the medical deductible until met.

Embedded deductibles mean any individual family member need only satisfy the individual deductible before the plan begins paying for that member's services. The family deductible applies to the family as a whole.