



Selecting an HMO/Plus Plan

Follow these simple steps to create the HMO/Plus plan that's right for you:

STEP 1. SELECT YOUR PROVIDER NETWORK *(see page 4 for detailed descriptions)*

select: **value**.

select: **med⁺**

select: **care⁺**

NOTE:

If you choose the Select Med or Select Care networks, your plan automatically has a point-of-service feature otherwise known as a 'Plus' plan. This means you can use both participating and nonparticipating providers. Please refer to the Benefit Summary on the following page for benefit details.

STEP 2. SELECT YOUR PLAN LEVEL

Base-Level Plan: The medical and Rx deductible applies to all services. Available medical deductibles under this option are \$250, \$500, \$1,000, and \$2,500. Each medical deductible has a separate Rx deductible.

Mid-Level Plan: The mid-level plan offers the same coverage as the base-level plan with one enhancement: the deductible waiver option. This means the medical deductible is waived for participating provider office visits, Intermountain InstaCareSM/urgent care visits, Intermountain KidsCareSM visits, or Intermountain ExpressCareSM visits. Available medical deductibles under this option are \$250 and \$500. Each medical deductible has a separate Rx deductible.

High-Level Plan: The high-level plan includes the medical deductible waiver as well as Rx deductible waiver. Available medical deductibles under this option are \$250, \$500, and \$1,000.

STEP 3. SELECT YOUR ANNUAL DEDUCTIBLES AND CORRESPONDING OUT-OF-POCKET MAXIMUMS

Deductibles are based on a calendar year. The deductible applies to all services before any copay or coinsurance applies, unless you select a mid- or high-level plan. Be sure that the deductible you select is listed as available for your benefit level. Out-of-pocket maximums include your annual deductible amount.

\$250 deductible (available with base-, mid- or high-level plans)

\$500 deductible (available with base-, mid- or high-level plans)

\$1,000 deductible (available with base- or high-level plans)

\$2,500 deductible (available with base-level plan)

STEP 4. SELECT YOUR COINSURANCE/COPAY AMOUNT

20% coinsurance, \$15/\$25 copay

30% coinsurance, \$25/\$35 copay

STEP 5. CALCULATE YOUR PREMIUM

Now that you have created your plan, use the HMO Premium Calculation Worksheet on page 7 to calculate your monthly premium. Begin by turning to the rate page listing the coinsurance option and plan level you have selected. Next, refer to your provider network and deductible. Your rate will be based on the age of the applicant (oldest family member applying for coverage) and your coverage tier (single, two-party, or family).