



PARTICIPATING

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

OUT-OF-POCKET MAXIMUM

YOU PAY

None

INPATIENT SERVICES¹

YOU PAY

| | |
|------------------------------|--|
| Planned Inpatient Admissions | Covered 100% |
| 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 | Ages 18 through 20: Covered 100% Ages 21 and Older: 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 | Covered 100% |
| Office Visits | Covered 100% |
| Preventive Services in a Doctor's Office | Select services covered 100% <i>See SelectHealth Documentation</i> |
| Podiatry Care | Covered 100% |
| Vision and Medical Exams for Conditions of the Eye | Covered 100% |

OUTPATIENT SERVICES

YOU PAY

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|---|--------------|
| Chemotherapy and Radiation | Covered 100% |
| Diagnostic Tests: Major and Minor | Covered 100% |
| Dialysis | Covered 100% |
| Emergency Room | Covered 100% |
| Home Health Care and Hospice ¹ | Covered 100% |
| Injectable Drugs and Specialty Medications ¹ | Covered 100% |

| | |
|---|---|
| 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 | Covered 100% |
| 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% |
| Mental Health and Outpatient Substance Abuse Treatment | Refer to Mental Health plan listed on the Medicaid ID card |
| Transportation | Covered by general Medicaid program: 800-662-9651 |
| PRESCRIPTION DRUGS | |
| YOU PAY | |
| Prescriptions | Covered 100% |
| Over the Counter Drugs | Covered 100% |
| 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 | |