

Select Network Plans

Highlights			
	EPO	HMO	Advantage HMO
PCP required	✓	✓	✓
Referral required	✓	✓	✓
Copayments/coinsurance	✓	✓	✓
Out-of-network coverage	X	X	X
Deductible	X	X	✓
Tiered plan	X	X	X
Authorized benefits	✓	✓	✓
Unauthorized benefits ¹	X	X	X

¹Unauthorized care is limited to emergency services only.

Note: This information is intended to provide an overview of the plan. Providers are reminded to check the member's ID card to verify the plan in which the member is enrolled. Services and subsequent payment are pursuant to the member's benefit plan document. Prior to initiating services, member eligibility and benefits should be verified by logging on to the secure Provider website.

Overview

Members are required to select a PCP who is specifically contracted with Select plans and who is part of the Select Network. Referrals are required for most nonemergency covered services, and must be directed to a contracting Select Network provider.

A generic-focused formulary applies for prescription drug coverage under all Select Network plans. All Select Network plans include mandatory mail order for most maintenance medications.

To see if a provider participates in the Select Network, use the [Find a Doctor](#) search.