



St Luke'sTM
+ Health Plan

Let's get
you covered.

INDIVIDUAL AND FAMILY



When doctors and insurance work together, **patients win.**

That's the idea behind St. Luke's Health Plan. Now, you can access seamless care and coverage from a health care name trusted by Idahoans for more than 120 years. Choosing a doctor, filling prescriptions, nailing down affordable coverage—it's all easier with St. Luke's Health Plan.

This is quality health care for Idahoans, from Burley to Boise and beyond. Better for Idaho. Better for you.

Healthy network. Healthy you.

Great network. Great benefits.

St. Luke's Health Plan has the most sought-after network of doctors and specialists in the state. Our health plan expands your current options by partnering with independent care practitioners and out-of-state health partners to ensure you're covered wherever life takes you.

Skip prior-authorization stress.

No more waiting games. With St. Luke's Health Plan, you won't have to seek medical prior authorizations for most in-network care (so long, dreaded "on hold" music).*

**Reference Certificate of Coverage for details regarding prior authorizations.*

Get care without leaving home.

Carving out time for health can be a hassle. We make St. Luke's On-Demand Virtual Care appointments available for urgent care and other services, and telehealth for regular checkups with a provider, so you can save gas money and precious time.





Idaho is amazing. So is our network.

7,800+
providers

1,300+
primary care physicians

6,500+
specialists

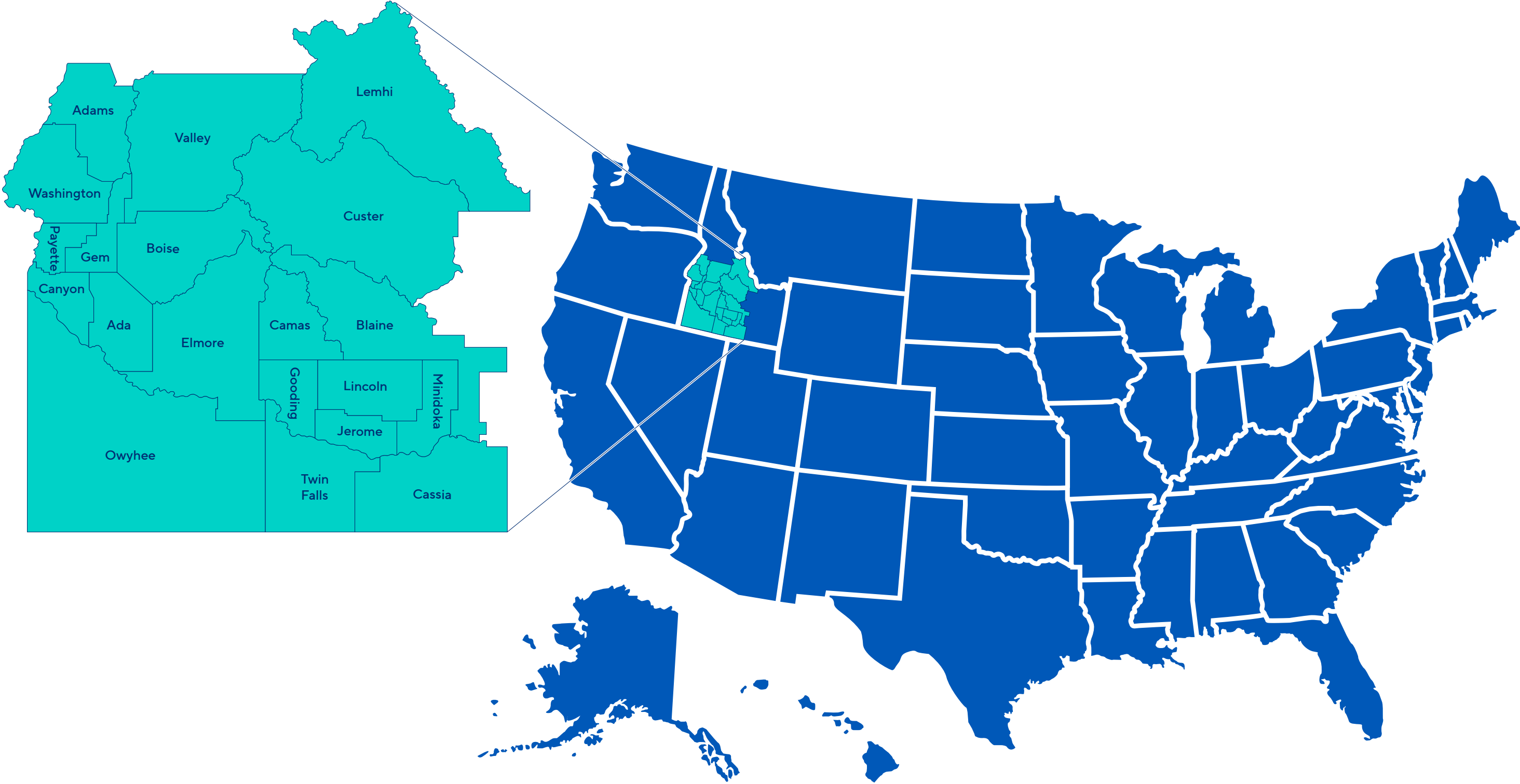
500+
facilities

We offer access to a broad network of trusted doctors and specialists across our 20-county footprint. While our members can see the exceptional health care professionals within St. Luke's, our network is composed of **nearly two-thirds independent providers**, which gives you the flexibility to choose the care that's right for you.

Find care close to home—
or wherever you might go nationwide.

Members and dependents who live, work or travel outside the
St. Luke's Health Plan areas of coverage have nationwide care.

To find in-network care, scan the QR code or search for doctors at
stlukeshealthplan.org/find-a-doctor.



St. Luke's Health Partners



National Network Wrap

Map denotes areas where provider networks are located; not all facilities and doctors within that area are in-network.
Please use the search tool on the website to find in-network care, or call 833-840-3600 for assistance.

\$0 is a great price.*

In-network care delivers a lot for a little.

When doctors and insurance team up for patients, costs go down—all the way down. Reference the "plan exclusions and limitations" page at the back of this booklet or plan documents (available at stlukeshealthplan.org) for more details.

- \$0 primary care physician visits
- \$0 preventive care
- \$0 professional maternity care
- \$0 ACA preventive prescription drugs
- \$0 professional mental health office visits
- \$0 St. Luke's On-Demand Virtual Care visits
- \$0 medical eye exams
- \$0 oncology office visits (Silver and Gold plans only)
- \$0 St. Luke's Lifestyle Medicine program

*After deductible for high-deductible health plans.



Seamless care, wherever you are.

You have a number of smart options available for receiving care. Here's where to go and how to receive care for whatever health issue you're experiencing.

The quickest way to see a doctor.

Health issues often come without warning. The ability to start treatment quickly can be important to your recovery. That's why our members can access St. Luke's On-Demand Virtual Care services seven days a week for extended hours. If it's appropriate for your symptoms and health status, virtual care can be a quick and easy solution to your immediate health needs. Simply log in to your MyChart account, answer a few questions about your symptoms and, after a short wait, begin a virtual visit with the next available, local St. Luke's practitioner.

Common conditions for virtual care visits include:

- Back pain
- Cough
- Stomach flu
- Eye irritation and redness
- Rash
- Sinus symptoms
- Sore throat
- Urinary tract infection (UTI)
- COVID-19
- New pregnancy
- And more!

Please note: Chest pain and severe headache require in-person evaluation.

Learn more about On-Demand Virtual Care options at stlukesonline.org/mychart/on-demand-virtual-care or find additional care options at stlukeshealthplan.org/find-a-doctor.

ST. LUKE'S ON-DEMAND VIRTUAL CARE	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
COST:	COST:	COST:	COST:
\$0	\$0*	\$\$	\$\$\$\$
APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?
No	Yes	No	No
TREATMENT	TREATMENT	TREATMENT	TREATMENT
<ul style="list-style-type: none">• Video chat with a doctor or therapist from the comfort of home or on-the-go• Send a visit summary to your primary doctor• Care provided by U.S. board-certified doctors or therapists through smartphone, tablet or computer	<ul style="list-style-type: none">• High-quality, comprehensive care• Knows you and your medical history and coordinates all your care• Might offer additional services, such as labs	<ul style="list-style-type: none">• Evening and weekend hours• Convenient locations• Lab and X-rays• Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms	<ul style="list-style-type: none">• When your symptoms are life-threatening and you need care immediately• Available 24/7

*After deductible for high-deductible plans.

Bring the clinic home.

Great care, less stress.

One less thing to worry about? How about cutting out the extra drive and waiting room time? You got it.

St. Luke's Health Plan has partnered with TytoCare to provide devices to eligible members, so you can access enhanced virtual care from the comfort of home—saving you a trip to the doctor's office.

And it's pretty easy, too.

With a TytoCare device in your hand, a St. Luke's On-Demand Virtual Care practitioner can remotely examine your or your family member's ears, throat, heart, lungs, abdomen and skin, then provide a diagnosis and prescription if needed.

A virtual care solution for you and your family.

Designed for wellness visits and appointments for common conditions including:

- Allergies
- Ear and eye infections
- Skin conditions
- Sore throat, cough, cold and flu
- Constipation
- And more

Get a quick diagnosis, a doctor's note and a prescription if needed—all without leaving your couch.





Prescription for success.

Accessing affordable prescriptions is a snap.

Our local pharmacy benefit manager works directly with doctors, in-state pharmacies and national chains to supply the medication you rely on to live your best life. In fact, just about every independent and national chain is in our coverage network.

For a listing of all in-network pharmacies, visit stlukeshealthplan.org.

Yes, even the hard-to-find ones.

You don't need to go far for specialty medications. With St. Luke's Health Plan, you get the personalized services of our in-house pharmacy and specialty pharmacy services right here in the Gem State.

Never forget a prescription again.

You can scratch one more errand off your to-do list with St. Luke's Pharmacy – Home Delivery. In just a few minutes, you can arrange medication deliveries directly to your door.

Health and wellness benefits.

We want our members to be as healthy as possible—that's why we cover many wellness services at no additional cost. Getting recommended preventive care and screenings promotes healthier living and can catch problems early, when they are easier to treat.

RECOMMENDED AGE	SERVICE	FREQUENCY	COST
All	Wellness visits	At least once per year, and more frequently for infants and children under age 3.	\$0*
All	Flu vaccines	Yearly.	
0-24 months	Childhood immunizations	As needed or when recommended by your doctor.	
All	Care management	As needed or when recommended by your doctor.	
All	St. Luke's Lifestyle Medicine and Pivio program	Limits on nutrition classes and exercise physiologist appointments. No limits on classes for stress management, sleep improvement, and behavior change, or on the health coaching support platform.	
21-64 women only	Cervical cancer screenings	Once every 3-5 years. Some women should get cervical cancer screenings more frequently.**	
40+ women only	Breast cancer screenings	Yearly. Women are encouraged to make an informed decision about if 40 is the right age for them to start breast cancer screenings.**	
45+	Colorectal cancer screenings	Yearly. The recommended frequency of colorectal cancer screenings varies depending on risks for this type of cancer and the type of test used.**	

*Please call customer service at 833-840-3600, Monday-Friday, 8 a.m.-5 p.m. (MT), to verify benefits and coverage before proceeding with services.
**These are basic recommendations, but they aren't right for everyone. Please talk with your doctor about what is right for you.

More plans for your life plan.

Three ways to live better.

Whether you choose Gold, Silver or Bronze, you'll tap into pretty sweet benefits from the start.

Choosing the right amount of coverage can feel a little overwhelming. Here's a tip: Think about where you and your family are in life to help determine which St. Luke's Health Plan option works best for you. No matter which plan you choose, you'll pay \$0* when you visit your in-network primary care physician.

Gold:
Best for people who have their doctor listed under "Favorites."
Some people think of their doctor as a member of the family. If that's you, and you happen to require a lot of medical care, our Gold plan is a great option because it offers the best value for frequent doctor visits. If you're planning on any big health care expenses, such as surgery that requires a hospital stay, the Gold plan provides the best coverage for your needs.

Silver:
Best for families who need consistent care and prescriptions.
Our Silver plans offer fantastic coverage for families who rely on coverage for unexpected bumps and bruises each year. The Silver plans are also great for saving on prescriptions, which is perfect for anyone managing chronic conditions like diabetes or heart disease.

Bronze:
Best for anyone in (knock on wood!) good health.
For anyone with a bounce in their step whose doctor signs off on their annual exam and lab tests with a hearty "Keep it up!" our Bronze plans are the best option. You will have a higher deductible, and you'll pay \$0 on preventive care services so you can keep up the good work and stay fit as a fiddle.

*After deductible for high-deductible health plans.



Plan exclusions and limitations.

In addition to limits and exclusions stated elsewhere in this Agreement, coverage is specifically excluded for each of the following items and any related services and charges:

GENERAL EXCLUSIONS

Any service not Medically Necessary for the diagnosis, treatment, or prevention of illness or injury, even if it is not specifically listed as an exclusion (except for specific services offered through the Preventive Care Medical Benefit); services requiring Prior Authorization for which Prior Authorization is not obtained; care in a setting when another setting of care is more cost-effective or appropriate for the treatment; services in excess of the maximum number of units or days specified in the Policy; services, devices, or medications prescribed by or performed by a practitioner without appropriate licensure or training; services that are experimental, investigational or unproven; naturopathy or naturopathic services; acupuncture; charges for failure to keep a scheduled visit, for the copying of medical records, or for the completion of a Claim or administrative forms; services or supplies primarily for personal convenience or comfort, including but not limited to phones, televisions, guest services, deluxe or suite hospital rooms, air conditioners, diapers or hygiene items; private duty nursing; respite care, except as expressly covered by this Agreement; and transportation, except ambulance services to the nearest appropriate facility, if medically necessary and other forms of transportation would likely endanger the Member’s health (emergent air ambulance services are reviewed retrospectively).

Amounts for services provided by In-Network Providers in excess of the Allowed Amount, although In-Network Providers are not permitted to bill the Member for the amount in excess of the Allowed Amount. For Out-of-Network Providers, unless provided for otherwise under the No Surprises Act, amounts charged in excess of the Usual, Customary and Reasonable (UCR) rate are not covered and the Member may be billed by the Provider for the amount in excess of UCR.

Services received before their effective date of coverage or after the coverage termination date; services related to complications arising from non-covered services, including those services that would not have been covered by St. Luke’s Health Plan at the time the complication arose; services received outside the United States, except for services that qualify as Emergency Services or Urgent Care, in which case the Member may qualify to be repaid only under specific circumstances; services resulting from participation in declared or undeclared acts of terrorism, war, military service, participation in a riot or civil disobedience; services that are the result of any illness or injury incurred by Member while they are participating in the commission of a felony, unless the illness or injury is the result of domestic violence or a physical or mental health condition; treatment of any illness or injury arising out of an illegal act or occupation or participation in a felony; and autopsies.

Amounts for which the covered person has no obligation to pay, including (but not limited to) any charges by a facility owned or operated by the United States or any state or local government unless they are legally obligated to pay (excluding: (i) covered expenses rendered by a medical facility owned or operated by the United States Veterans Health Administration when the services are provided to them for a non-service related illness or injury, and (ii) covered expenses rendered by a United States military medical facility to Member and they are not on active military duty); services for which they receive compensation or reimbursement through another contractual arrangement or Medical Benefit, other than employer-based disability payments; services for any condition, illness or injury that arises from or during the course of work for wages or profit that is covered by state insurance workers’ compensation and federal act or similar law; services or supplies payable under a contract or insurance for uninsured or underinsured (UIM) coverage; services or supplies payable under insurance for motor vehicle, motor vehicle no-fault, or personal injury protection (PIP) coverage; services or supplies payable under insurance for commercial premises or homeowner’s medical premise coverage or other similar type of contract or insurance; services or supplies received without charge from a medical department maintained by an employer, a mutual benefit association, labor union, trustee or similar group; treatment furnished without charge or paid directly or indirectly by any government or for which a government prohibits payment of benefits; services provided by a Family Member (spouse, parent or child); services provided by clergy; and services provided by a staff member of a school.

Physical examinations, reports or related services or supplies for the purpose of obtaining or maintaining employment, insurance, or licenses or permits of any kind; school admission; school sports clearances; immigration; foreign travel; medical research; camps; government licensure; other reasons not related to medical needs; and court-ordered examinations or treatment of any kind, except when Medically Necessary.

Care provided by phone, fax, email, Internet, or Telemedicine, except as expressly covered under this Agreement; follow-up phone calls from Provider for test results, referrals, prescription refills or reminders that occur within seven (7) days of an in-person office visit; and calls to nurse line or to obtain educational material.

DENTAL SERVICES

Dental, oral surgery or orthodontic related services (unless accident-related or otherwise specifically covered by St. Luke’s Health Plan); care of the teeth or dental structures; tooth damage due to biting or chewing; dental X-rays; extractions of teeth, impacted or otherwise (except as covered under St. Luke’s Health Plan); orthodontia treatment, appliances or services; procedures in preparation for dental implants, except as covered under the Dental Trauma Medical Benefits; services to correct malposition of teeth; treatments for Temporomandibular Joint Dysfunction (TMJ); or dentures or related services.

DURABLE MEDICAL EQUIPMENT (DME)

Biofeedback equipment; equipment or supplies whose primary purpose is preventing illness or injury; exercise equipment; items not manufactured exclusively for the direct therapeutic treatment of an illness or injury; items used outside the home primarily for sports/recreational activities; oral appliances, except to treat obstructive sleep apnea; over-the-counter items (except Medically Necessary crutches, walkers, standard wheelchairs, diabetic supplies and ostomy supplies); personal comfort items including but not limited to air conditioners, lumbar rolls, heating pads, diapers or personal hygiene items; phototherapy devices related to seasonal affective disorder; supportive equipment/environmental adaptive items including, but not limited to, handrails, chair lifts, ramps, shower chairs, commodes, car lifts, elevators, and modifications made to the patient’s home, place of work or vehicle; standard car seats or strollers; push chairs; air filtration/purifier systems or supplies; water purifiers; allergenic mattresses; orthopedic or other special chairs; pillows; bed-wetting training equipment; corrective shoes; whirlpool baths; vaporizers; room humidifiers; hot tubs or other types of tubs; home UV or other light units (light boxes or specialized lamps or bulbs); home blood testing equipment and supplies (except diabetic equipment and supplies, and home anticoagulation meters); repair or replacement of items not used in accordance with manufacturer’s instructions or recommendations; or items lost or stolen.

FAMILY PLANNING AND REPRODUCTIVE SERVICES

Abortion (voluntary termination of pregnancy) unless the life of the mother is endangered by the continued pregnancy, although complications of a non-covered abortion are covered; adoption expenses; birthing in a home setting; infertility services or treatments to achieve pregnancy (regardless of the cause) including but not limited to artificial insemination, in vitro fertilization (IVF) or gamete intra-fallopian transplant (GIFT); reversal of sterilization; services or supplies for the treatment of sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia and premature ejaculation; however, medications for erectile dysfunction may be covered under the pharmacy benefit (please refer to the Prescription Drug List to determine coverage).

HOME HEALTH AND HOSPICE

When provided through home health benefits: custodial care; housekeeping or meal services; maintenance care; and shift or hourly care services. When provided through hospice care: custodial care or maintenance care, except palliative care to the terminally ill patient subject to the stated limits; financial or legal counseling services; housekeeping or meal services; services by Member or their family or volunteers; services not specifically listed as covered hospice services under St. Luke’s Health Plan; supportive equipment such as handrails or ramps; room and board while Member resides in a skilled nursing facility, adult family home or assisted living facility; and transportation.

MENTAL HEALTH AND REHABILITATION SERVICES

Benefits for counseling in the absence of illness or injury, including, but not limited to, premarital or marital counseling; family counseling; education, social, behavioral or recreational therapy; sex or interpersonal relationship counseling; or counseling with Member’s friends, employer, school counselor, or school teacher, except as specified herein.

Alcoholics Anonymous or other similar Chemical Dependency programs or support groups; care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior; court-ordered or other assessments to determine the medical necessity of court-ordered treatments; court-ordered treatments or treatments related to deferral of prosecution, deferral of sentencing, or suspended sentencing or treatments ordered as a condition of retaining driving rights, when no medical necessity exists; custodial care, including housing that is not integral to a Medically Necessary level of care, such as care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior or to achieve family respite; emergency patrol services; housing for individuals in a Partial Hospital Program or Intensive Outpatient Program; information or referral services; information schools; long-term or custodial care; non-substance-related disorders; therapeutic group homes, residential community homes, therapeutic schools, adventure-based and/or wilderness programs, or other similar programs; and treatment without ongoing concurrent review to ensure that treatment is being provided in the least restrictive setting required.

Learning disabilities and related services, educational testing or associated training; special education for the developmentally disabled; day habilitation services designed to provide training, structured activities and specialized assistance to adults; chore services to assist with basic needs; vocational and custodial services; vocational rehabilitation, work hardening or training programs regardless of diagnosis or symptoms that may be present; or for non-Medically Necessary education.

Providers accompanying children or family members to health care appointments that are not part of the direct provision of Applied Behavior Analysis (ABA) services; ABA services by more than one program manager for each child/family (program development, treatment planning, supervision); training of therapy assistants and family members (as distinct from supervision); parent/Provider training or classes, except for one-on-one or one-on-two direct training of the parents of one identified patient; and services provided in a home school or public/private school environment that are part of a child’s schooling as distinct from specific ABA treatment services (e.g., acting as the “Teacher’s Aide,” or helping a child with homework).

PHARMACY BENEFIT

Any medication not included in the St. Luke’s Health Plan formulary; any over-the-counter products, except as expressly covered by this Agreement; anorectics (any drug used for the purpose of weight loss); any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician’s original order; diagnostic tests; medications labeled “Caution: Limited by federal law to investigational use” or that are otherwise Experimental or Investigational; medications used for cosmetic purposes, including but not limited to medications such as Botox, Minoxidil (Rogaine), Tretinoin (Retin A, covered through age 25); FDA Approved High Dollar Non-Essential Medications (new drug formulations and derivatives of similar agents already marketed, or combinations of agents that provide no additional clinical benefit to the currently available medications); high dollar kits and non-FDA approved patches; fluoride, except as required under the Patient Protection and Affordable Care Act; immunological agents, biological sera, blood or blood plasma; infertility medications; with certain exceptions, medication that are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed medical facility, rest home, sanitarium, extended care facility, convalescent medical facility, nursing home, or similar institution that operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals; non-legend medications other than insulin and certain over-the-counter medications required under the Patient Protection and Affordable Care Act or as otherwise determined to be Medically Necessary; non-systemic contraceptives and implants, such as diaphragms, IUDs and cervical caps, which would be covered through the Medical Benefits, or condoms, which are over the counter; nutritional supplements; prescriptions that an eligible individual is entitled to receive without charge from any workers’ compensation laws; therapeutic devices or appliances, including support garments and other non-medical substances, regardless of intended use, except those listed above; and vitamins, singly or in combination, except prenatal and federal legend vitamins to treat covered medical conditions, or as required by the Patient Protection and Affordable Care Act (PPACA); certain narcotic analgesics or other addictive or potentially addictive medications that St. Luke’s Health Plan determines not to cover; medications prescribed in quantities, dosages or usages that are outside the usual standard of care for the medication in question or for the practitioner prescribing the drug; serum for allergies not administered in a Provider’s office; prescriptions dispensed in a Provider’s office unless expressly approved by St. Luke’s Health Plan; compounded medications; botanical or herbal medicines; FDA-approved medications, medications or other

items for non-approved indications, except when an FDA-approved drug has been proven clinically effective to treat such indication and is supported in peer-reviewed scientific medical literature; vitamin B-12 injections except to treat Vitamin B-12 deficiency; costs associated with expedited shipping of home delivery or specialty medications, if requested by a Member; delivery costs for medications that are delivered; and medications that are repackaged. Prescriptions billed with a DAW code of 3,4,5,6, and 9 are not covered unless clinical review (“Concurrent Review”) deems them Medically Necessary.

PERSONAL CARE AND COSMETIC SERVICES

Services, supplies or surgery to repair, modify or reshape a functioning body structure for improvement of the patient’s appearance or self-esteem (except for gender affirming surgery), including reduction of adipose tissue, abdominoplasty/panniculectomy and liposuction; dermabrasion, chemical peels or skin procedures to improve appearance or to remove scars or tattoos; athletic training, bodybuilding, fitness training or related expenses; gym memberships (unless expressly set forth in this Agreement); prescription or nonprescription diets, nutritional and/or food supplements, vitamins, minerals or other dietary formulas or supplements, including weight loss shakes, unless expressly covered by this Agreement; exercise programs and equipment; bariatric surgery and other gastric restrictive procedures, or the revision or reversals of these procedures; services provided by a spa, health club or fitness center, except covered Medically Necessary services provided within the scope of the Provider’s license; massage therapy, even as part of a physical therapy or chiropractic program; and routine foot care, except as covered by St. Luke’s Health Plan if Member has peripheral vascular disease or diabetes.

GENDER AFFIRMING SURGERIES

Services that are considered cosmetic, including but not limited to abdominoplasty, blepharoplasty, breast augmentation, calf implants, cheek/malar implants, chin augmentation (reshaping or enhancing the size of the chin), collagen injections, cricothyroid approximations (voice modification surgery), electrolysis (hair removal), face-lift, facial bone reduction, forehead lift, hair transplantation, laryngoplasty (reshaping of laryngeal framework/voice modification surgery), lip reductions/enhancement (decreasing/increase lip size), liposuction, mastopexy (breast lift), neck tightening, pectoral implants, reduction thyroid chondroplasty (trachea shave) and rhinoplasty.

TRANSPLANT SERVICES

Animal-to-human transplants; artificial or mechanical devices designed to permanently replace human organs; complications arising from the donation procedure if the donor is not a Plan Member; donor expenses for Member if they donate an organ or bone marrow, however complications arising from the donation would be covered as any other illness to the extent they are not covered under the recipient’s health plan; and transplants considered experimental and investigational.

CLINICAL TRIALS

Investigational items, services, tests or devices that are the object of the clinical trial; interventions, services, tests or devices provided by the trial sponsor without charge; data collection or recordkeeping costs that would not be required absent the clinical trial; any activity or service (e.g., imaging, lab tests, biopsies) necessary only to satisfy the data collection needs of the trial; services or interventions clearly not consistent with widely accepted and established standards of care; and interventions associated with treatment for conditions not covered by St. Luke’s Health Plan.

VISION CARE

Nonprescription sunglasses or safety glasses; radial keratotomy, Lasik or any other refractive surgery; orthoptics; pleoptics; vision therapy; visual analysis therapy or training related to muscular imbalance of the eye; optometric therapy; services or supplies received principally for cosmetic purposes other than contact lenses selected in place of eyeglasses; adult vision care including routine eye exams and hardware; additional vision hardware services including, but not limited to, scratch resistant coating, tinting and the like; and specialized intraocular lenses associated with cataract surgery that correct vision disorders, such as Multifocal and Toric intraocular lenses.

These exclusions were last updated July 14, 2025.

Let's do this.

Affordable plans.

We're committed to offering great plans that fit your budget and make it easier to access expert, local care with less hassle.

Ready to get started?

Enrolling is super easy. You can review plans online at stlukeshealthplan.org. Once you choose a plan, you'll make a purchase on the Your Health Idaho exchange.

INFORMATION	LOCATION
Find a doctor	Find care by visiting stlukeshealthplan.org/find-a-doctor
Obtain primary, specialty, behavioral health and hospital services—including after-hours care	
Find urgent care	
Find regional and nationwide care options	
View our privacy practices	Review at stlukeshealthplan.org/legal/privacy
Review covered benefits (included and excluded)	Learn more about health care and pharmacy benefits at stlukeshealthplan.org/members/resources
View prescription drug benefits	
Submit an appeal	Review your rights at stlukeshealthplan.org/members/appeal
Dispute a claims decision and review your right to external independent review	
Understand your rights and responsibilities	Review your rights at stlukeshealthplan.org/members/rights
Learn how to file a grievance	Review information at stlukeshealthplan.org/faqs
Learn more about prior authorization and utilization management	

You're minutes
away from making
the right choice.



Have questions? Want to walk through plans?
Get in touch—we're ready to help.
stlukeshealthplan.org



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