

transition plans

short-term healthcare coverage options

2012



selecthealth.org/transition

We're Here to Help

Thank you for considering SelectHealth® for your short-term healthcare coverage needs. Our Transition plans offer next-day coverage for up to six months. They are ideal for people who are between jobs, recent college graduates, or who need coverage on a temporary basis. This packet is designed to help you decide if a short-term plan is right for you.

As you shop and apply for a plan, please know that we are here to help every step of the way. If you have questions, call 801-442-6293 (Salt Lake area) or 800-442-3125, option 1. You may also contact your SelectHealth-appointed insurance agent. If you need help finding an agent, please call us and we will refer you.

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WE'RE HERE TO HELP



Why Select Us?

We know you have options when choosing a health insurance partner. Here are just some of the reasons why we may be your best choice.

MEMBER SATISFACTION

We are proud to be Utah's top-ranked HMO health plan.¹

Exceptional Service

Our representatives are available during extended hours to answer questions and help resolve concerns. To contact Member Services, call 801-442-5038 (Salt Lake area) or 800-538-5038 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

Help Finding a Doctor

SelectHealth Member Advocates® are also available during extended hours to help you find the right doctor or other provider for your needs. They can even help schedule an appointment. Call Member Advocates at 801-442-4993 (Salt Lake area) or 800-515-2220.

You can also access our online provider directory anytime at selecthealth.org/provider.

COMPETITIVE RATES

We offer a variety of plan options to help ensure you can find coverage that meets your healthcare needs and budget. We strive to be your long-term healthcare partner, which is why we're committed to fair and competitive rates.

QUALITY CARE

Results show that plans accredited by the National Committee for Quality Assurance (NCQA)² outperform nonaccredited plans in all measures of clinical care and member satisfaction. SelectHealth's "Commendable" Accreditation status illustrates our commitment to helping you stay healthy and providing high-quality care. In rating a health plan, NCQA examines how well we help you do the following:

- Stay healthy
- Get better
- Manage chronic illness
- Access qualified providers
- Receive care and service when needed

INTEGRATION WITH INTERMOUNTAIN HEALTHCARE®

As a subsidiary of Intermountain Healthcare, we are nonprofit and part of one of the nation's top-ranked integrated health systems.³ Intermountain Healthcare includes doctors, clinics, 23 hospitals, and a health plan working together to offer you high-quality care at the lowest appropriate cost.





WELLNESS RESOURCES

Member Discounts

Our customers enjoy discounts on products and services from participating fitness centers, vision centers, LASIK clinics, spas, and more.

Ongoing Support

Whether you have an urgent or ongoing condition, our registered nurse care managers are available to offer one-on-one support and help coordinate your care.



ONLINE TOOLS

With *My Health*, our secure member website, you will have important health and benefit information at your fingertips 24 hours a day, seven days a week.

- Manage your medical benefits
- Access your claims, benefits, and year-to-date expense totals
- Improve your health with online coaching, health learning centers, and personal health journals
- Make informed decisions with our hospital compare, treatment cost estimator, and symptom checker tools
- Access your Intermountain Healthcare medical records⁴

1. Utah Department of Health's 2010 Performance Report for Utah Commercial HMOs, PPOs, Medicaid, and CHIP Health Plans.
2. For more information about NCGA, visit ncqa.org.
3. *Modern Healthcare*, January 2011.
4. Available only if visiting a *My Health*-participating Intermountain Healthcare facility.





An Ideal Solution

Introduction to Our Plans

Provider Network



What is a Transition Plan?

SelectHealth Transition plans are affordable options for people seeking short-term medical coverage for a minimum period of thirty days and up to six months. When confronted with one of life's transitions, these plans can give you peace of mind.

An Ideal Solution



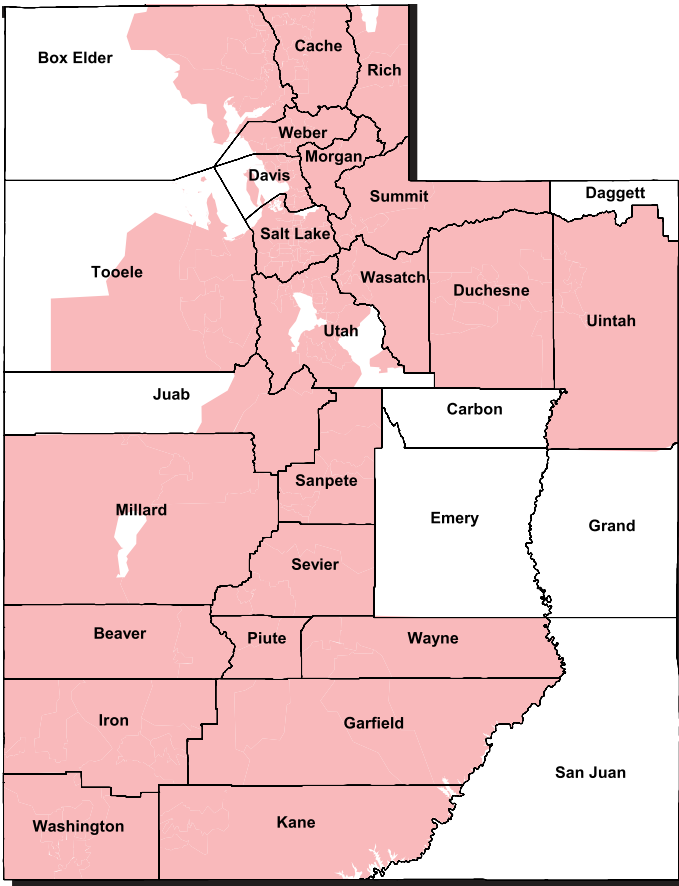
Transition is an ideal solution for:

- > Employees in a waiting period for group coverage
 - > People who have been laid off or who are changing jobs
 - > Recent graduates
 - > New business owners
 - > Children who are no longer eligible under their parent's plan
 - > Seasonal or contracted employees
- Our Transition plans are specifically tailored to cover accidents and illnesses that occur while you are covered by the plan (your plan term). Remember the following details when considering this plan:
- > Transition coverage is intended to **fill a short-term need**. The minimum plan term is 30 days, and the maximum term is six months.
 - > These plans are **not renewable**. If your short-term need continues beyond the end of the first plan term, you can **reapply one time** for a second term. After a second plan term, you must wait six months before you can be eligible again.
 - > You can **see any provider** for covered services and receive the same level of benefits. If you use participating Select CareSM providers for services, they will not bill you for any excess charges. See page 7 for more information.
 - > Transition plans do not cover preventive care, mental health, maternity, or prescription drugs, which helps **keep premiums as low as possible**.
 - > **Pre-existing conditions are not covered** on the Transition plan, regardless of whether or not you had previous coverage. See the Pre-existing Conditions (PEC) section on page 16 for more information.



Which Providers Can I See?

One of the benefits of our Transition plans is that you can see any provider you choose for covered services and receive the same level of benefits. We will reimburse all providers and facilities according to discounted, negotiated rates referred to as “allowed charges.”



43 HOSPITALS

5,000+ PHYSICIANS AND PROVIDERS

You will also have access to Select Care, our largest network of providers, which includes the University of Utah Hospital and network. Participating Select Care providers and facilities accept the allowed charges (including payments you are responsible for) negotiated by SelectHealth as payment in full and will not bill you for the difference. Nonparticipating providers and facilities may not accept the allowed charges as payment in full, and you may be responsible to pay the excess charges. Because of this, we strongly encourage you to use

providers who participate in the Select Care provider network. Visit selecthealth.org/provider to view a complete list of participating providers and facilities. You can also call our Member Advocates for help finding the right provider to meet your needs.

Your SelectHealth ID Card will display the Select Care provider network logo.



How to Choose a Transition Plan and Apply

You may want to familiarize yourself with the list of common insurance terms on page 18 before getting started. Your SelectHealth-appointed insurance agent can also provide additional information and help you with the enrollment process. However, your agent does not have the authority to waive any enrollment requirements or to approve or modify coverage.

Follow these steps to create the Transition plan that is right for you.



STEP 1. CHOOSE YOUR DEDUCTIBLE AND COINSURANCE AMOUNTS

Choose the deductible and coinsurance amounts you are comfortable with from the options listed below. You are responsible to pay for all of your medical expenses until you reach your deductible each plan term. After your deductible is met, SelectHealth will begin paying for a percentage of covered services according to your coinsurance selection. The maximum coinsurance limit applies to each family member separately and does not include the deductible.

MEDICAL DEDUCTIBLE OPTIONS	COINSURANCE/MAXIMUM COINSURANCE OPTIONS
\$250 individual/\$750 family	
\$500 individual/\$1,500 family	20% coinsurance, \$1,000 maximum coinsurance per person
\$1,000 individual/\$2,500 family	50% coinsurance, \$2,500 maximum coinsurance per person
\$2,500 individual/\$5,000 family	



STEP 2. SELECT A PAYMENT METHOD

SINGLE PAYMENT – Save money with Single

Payment. You decide how long you will need Transition coverage and pay for the full plan term in advance. Premiums are lower with this option. If you choose Single Payment, you will need to indicate both a start and end date of coverage on your online or paper application.

Single Payments can be made with a credit or debit card, or an electronic check. You will be asked to provide card or account information on the application, and SelectHealth will charge or draft the full premium.

MONTHLY PAYMENT – With Monthly Payment, you decide month-to-month if you will continue coverage. The premium is paid at the beginning of each month. You will only need to indicate a start date of coverage on your online or paper application.

Monthly Payments must be made with preauthorized checking withdrawal. You will be asked to provide checking account information on the application, and SelectHealth will draft the monthly premium from your account until a) the end of the six-month maximum coverage term, or b) you notify us in writing that you wish to terminate your plan earlier.

STEP 3. ESTIMATE YOUR PREMIUM

The easiest way to calculate your premium is to visit selecthealth.org/applyonline. Enter the required information, and you will see estimated premiums for each of our Transition plans.

You can also use the Premium Calculation Worksheet on page 11. You will need to refer to the rate tables on pages 12 and 13 to find the base premium for your selected deductible, coinsurance, and payment method. Your rate will be based on the age of the applicant (oldest family member applying for coverage) and the number of people you plan to cover (i.e., single, two party, family).

STEP 4. COMPLETE AND SUBMIT YOUR APPLICATION

Visit selecthealth.org/applyonline to use our convenient online application. You may also request a paper copy from us or your insurance agent. The application must be completed and signed with the oldest family member as the primary applicant. Your spouse's signature is also required if he or she is applying for coverage. When completing your application, please answer each question or section. Incomplete applications will delay the review process. If approved, your coverage effective date will be the later of a) the day after the application is received by SelectHealth, or b) the start date indicated on the application.



Benefit Summary

The same level of benefits applies to all eligible providers. Select Care providers will not bill you for excess charges. Nonparticipating providers may bill you for excess charges.

BENEFITS	MEMBER COST
DEDUCTIBLE OPTIONS <i>Deductible is not included in the maximum coinsurance</i>	\$250 individual/\$750 family \$500 individual/\$1,500 family \$1,000 individual/\$2,500 family \$2,500 individual/\$5,000 family
COINSURANCE/MAXIMUM COINSURANCE OPTIONS	20% coinsurance/\$1,000 maximum coinsurance 50% coinsurance/\$2,500 maximum coinsurance
LIFETIME MAXIMUM PLAN PAYMENT	\$250,000
PRE-EXISTING CONDITIONS	Not covered
INPATIENT SERVICES Hospital Admissions Skilled Nursing Facility <i>(limited to 40 days per plan term)</i> Rehabilitation Therapy <i>(limited to 30 days per plan term)</i>	Coinsurance after deductible
OFFICE SERVICES Office Visits Office Surgeries Intermountain InstaCare®/Urgent Care Intermountain KidsCare® Intermountain ExpressCare SM Diagnostic Tests Allergy Tests and Treatment	Coinsurance after deductible
OUTPATIENT SERVICES Outpatient Surgery Diagnostic Tests Physical, Speech, and Occupational Therapy <i>(limited to 20 visits for each type per plan term)</i> Emergency Room Ambulance	Coinsurance after deductible
MISCELLANEOUS SERVICES Home Health Durable Medical Equipment Injectable Drugs Chiropractic Services <i>(up to 5 visits per plan term)</i>	Coinsurance after deductible
NONCOVERED SERVICES AND BENEFITS Preventive Care Mental Health and Chemical Dependency Maternity and Adoption Prescription Drugs	Not covered



Premium Calculation Worksheet

STEP 1. MONTHLY PREMIUM BASED ON PLAN OPTIONS SELECTED

Select Your Deductible \$250 \$500 \$1,000 \$2,500

Select Your Coinsurance 20% (\$1,000 maximum coinsurance per person)
 50% (\$2,500 maximum coinsurance per person)

Select Your Payment Method Single Payment Monthly Payment

Refer to the tables starting on the next page. Based on your selections above, find the correct monthly premium rate associated with the age of the oldest applicant and the number of people you wish to cover (single, two party, family). Enter this rate in box "A."

 A

STEP 2. FAMILY SIZE ADJUSTMENT

> IF FAMILY SIZE IS SIX OR LESS, ENTER "0."

> IF FAMILY SIZE IS SEVEN OR MORE*, MULTIPLY BOX "A" X 0.15 FOR BOX "B."

 B

STEP 3. ADD A + B

 C

IF USING SINGLE PAYMENT

IF USING MONTHLY PAYMENT

STEP 4.

STEP 4.

Divide box "C" by the number of days in the first month for which you are applying for coverage. Enter that number in box "D." This is your daily rate.

 D

Multiply box "C" by the number of months you will need coverage for box "D."

 D

STEP 5.

Multiply box "D" by the total number of days you will be covered during your plan term for box "E."

 E

Note: Any partial months of coverage (those that do not start on the first day of the month or end on the last day of the month) will be prorated. You will only be charged for days you are actually covered during a month. For the most accurate estimate, visit selecthealth.org/applyonline.

ESTIMATED PLAN TERM PREMIUM AMOUNT: (VALUE IN BOX "E") =

ESTIMATED PLAN TERM PREMIUM AMOUNT: (VALUE IN BOX "D") =

*For family sizes of ten or more, rates must be determined by Underwriting.



Single Payment Premium Rates



80%/20% Coinsurance Option Premium Rates

Age	\$250 DEDUCTIBLE			\$500 DEDUCTIBLE			\$1,000 DEDUCTIBLE			\$2,500 DEDUCTIBLE		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
Younger than 20	\$66	\$135	\$201	\$53	\$109	\$162	\$39	\$80	\$119	\$28	\$58	\$87
20-24	\$72	\$138	\$211	\$58	\$111	\$170	\$43	\$82	\$125	\$31	\$60	\$91
25-29	\$80	\$152	\$235	\$64	\$123	\$189	\$47	\$90	\$139	\$34	\$66	\$102
30-34	\$90	\$173	\$277	\$72	\$139	\$223	\$53	\$102	\$164	\$39	\$75	\$119
35-39	\$104	\$194	\$315	\$84	\$156	\$253	\$61	\$115	\$187	\$45	\$84	\$136
40-44	\$121	\$226	\$349	\$97	\$182	\$281	\$72	\$134	\$207	\$52	\$98	\$151
45-49	\$142	\$277	\$401	\$114	\$223	\$323	\$84	\$164	\$238	\$61	\$119	\$173
50-54	\$187	\$367	\$480	\$150	\$295	\$386	\$111	\$217	\$284	\$81	\$158	\$207
55-59	\$235	\$471	\$588	\$189	\$379	\$474	\$139	\$279	\$348	\$102	\$203	\$254
60-64	\$318	\$623	\$733	\$256	\$501	\$591	\$189	\$369	\$435	\$137	\$269	\$317

50%/50% Coinsurance Option Premium Rates



Age	\$250 DEDUCTIBLE			\$500 DEDUCTIBLE			\$1,000 DEDUCTIBLE			\$2,500 DEDUCTIBLE		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
Younger than 20	\$50	\$103	\$153	\$41	\$84	\$124	\$30	\$62	\$93	\$23	\$47	\$69
20-24	\$55	\$105	\$160	\$45	\$86	\$131	\$33	\$64	\$98	\$25	\$48	\$73
25-29	\$60	\$116	\$179	\$49	\$94	\$146	\$37	\$70	\$109	\$27	\$53	\$81
30-34	\$68	\$131	\$210	\$56	\$107	\$172	\$42	\$80	\$128	\$31	\$60	\$96
35-39	\$79	\$147	\$239	\$64	\$120	\$195	\$48	\$90	\$145	\$36	\$67	\$109
40-44	\$92	\$172	\$266	\$75	\$140	\$217	\$56	\$105	\$161	\$42	\$78	\$121
45-49	\$108	\$210	\$305	\$88	\$172	\$249	\$66	\$128	\$185	\$49	\$96	\$139
50-54	\$142	\$279	\$364	\$116	\$227	\$297	\$86	\$169	\$222	\$65	\$127	\$166
55-59	\$179	\$358	\$447	\$146	\$292	\$365	\$109	\$217	\$272	\$81	\$163	\$203
60-64	\$242	\$473	\$557	\$197	\$386	\$455	\$147	\$288	\$339	\$110	\$215	\$253



Monthly Payment Premium Rates



80%/20% Coinsurance Option Premium Rates

Age	\$250 DEDUCTIBLE			\$500 DEDUCTIBLE			\$1,000 DEDUCTIBLE			\$2,500 DEDUCTIBLE		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
Younger than 20	\$76	\$155	\$231	\$61	\$125	\$186	\$45	\$92	\$137	\$33	\$67	\$100
20-24	\$83	\$159	\$243	\$67	\$128	\$195	\$49	\$94	\$144	\$36	\$69	\$105
25-29	\$92	\$175	\$271	\$74	\$141	\$218	\$54	\$104	\$160	\$40	\$76	\$117
30-34	\$103	\$199	\$318	\$83	\$160	\$256	\$61	\$118	\$189	\$45	\$86	\$137
35-39	\$119	\$223	\$362	\$96	\$179	\$292	\$71	\$132	\$214	\$52	\$96	\$156
40-44	\$139	\$260	\$402	\$112	\$210	\$324	\$82	\$154	\$238	\$60	\$112	\$173
45-49	\$163	\$318	\$462	\$131	\$256	\$372	\$97	\$189	\$273	\$70	\$137	\$199
50-54	\$215	\$422	\$551	\$173	\$340	\$444	\$127	\$250	\$327	\$93	\$182	\$238
55-59	\$271	\$541	\$676	\$218	\$436	\$545	\$160	\$321	\$401	\$117	\$234	\$292
60-64	\$366	\$716	\$843	\$295	\$577	\$679	\$217	\$424	\$500	\$158	\$309	\$364

50%/50% Coinsurance Option Premium Rates



Age	\$250 DEDUCTIBLE			\$500 DEDUCTIBLE			\$1,000 DEDUCTIBLE			\$2,500 DEDUCTIBLE		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
Younger than 20	\$57	\$118	\$175	\$47	\$96	\$143	\$35	\$72	\$107	\$26	\$54	\$80
20-24	\$63	\$121	\$184	\$51	\$99	\$150	\$38	\$74	\$112	\$29	\$55	\$84
25-29	\$70	\$133	\$206	\$57	\$109	\$168	\$42	\$81	\$125	\$32	\$60	\$93
30-34	\$79	\$151	\$242	\$64	\$123	\$197	\$48	\$92	\$147	\$36	\$69	\$110
35-39	\$91	\$169	\$275	\$74	\$138	\$224	\$55	\$103	\$167	\$41	\$77	\$125
40-44	\$106	\$198	\$305	\$86	\$161	\$249	\$64	\$120	\$186	\$48	\$90	\$139
45-49	\$124	\$242	\$351	\$101	\$197	\$286	\$75	\$147	\$213	\$56	\$110	\$159
50-54	\$163	\$321	\$419	\$133	\$261	\$342	\$99	\$195	\$255	\$74	\$146	\$190
55-59	\$206	\$411	\$514	\$168	\$335	\$419	\$125	\$250	\$313	\$93	\$187	\$234
60-64	\$278	\$544	\$641	\$227	\$444	\$523	\$169	\$331	\$390	\$126	\$247	\$291

WHAT IS A TRANSITION PLAN?





Common Insurance Terms

Eligibility and Coverage

Using Your Benefits

Exclusions and Limitations



General Information

The following information offers details about eligibility and coverage, common insurance terms, benefits, and more.

Eligibility and Coverage Guidelines

The following eligibility and coverage guidelines apply to Transition plans:

COVERAGE START AND END DATES

A Transition plan can begin and end on any day of the month. The minimum length of coverage is thirty days, and the maximum length of coverage is six months (184 days).

PRE-EXISTING CONDITIONS

Pre-existing conditions are not covered on Transition plans. This exclusion cannot be waived by credit from previous coverage, even if there is no break in coverage.

A pre-existing condition is any condition or symptom occurring within the two-year period preceding the effective date of coverage 1) which would cause an ordinarily prudent person to seek diagnosis, care, or treatment; or 2) for which medical advice, care, or treatment (including prescription and over-the-counter medication) was received from, or recommended by a physician.

RENEWABILITY

Transition plans are not renewable. However, after the first coverage term ends, you can reapply for a second term of coverage. The same eligibility and coverage guidelines apply to the second term of coverage, including pre-existing conditions. A medical condition occurring during the first term of coverage would be considered pre-existing during the second term of coverage. Following a second term of Transition coverage, you must wait six months before you can enroll for Transition coverage again.

AGE LIMITATIONS

- The subscriber is eligible until the end of the month in which they turn age 65.
- Child dependents are eligible until the end of the month in which they turn age 26.
- Newborns are eligible after their first routine checkup (usually at two weeks).

Because of the short-term nature of Transition plans, dependents cannot be added (limited exceptions exist) or removed prior to the end date of coverage once the plan is in effect. The maximum end date of coverage can be affected by the subscriber or a dependent reaching a limiting age within six months of the start date.



FOR EXAMPLE: *A family of five begins coverage on January 20. If the subscriber and dependents do not reach a limiting age, the maximum last day of coverage is July 19. If a dependent will reach their limiting age on April 10, the maximum end date the family may choose is April 30.*

A family in this situation has the option to continue coverage for the rest of the eligible family members beyond the dependent's limiting age. To do this, when the plan ends April 30, the subscriber and remaining eligible dependents can reapply for a second plan term beginning May 1.



LIMITED UNDERWRITING

Because pre-existing conditions are not covered on Transition plans, there are very few health-related questions you need to answer when applying for coverage. You are eligible for coverage if you can answer “no” to all of the following questions. If you answer “yes” to any of the questions, you are not eligible for Transition coverage.

	YES	NO
1. Do you, or any dependent to be covered, have any other health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you, or any dependent to be covered, currently eligible for Medicare, or will you or any dependent become eligible for Medicare during the term of coverage you are selecting?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you, or any dependent to be covered: (if one or more apply, check “Yes”)	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently pregnant or have reason to suspect you might be pregnant? • Financially responsible for an unborn child, anticipating adoption, applying for, or have applied for adoption? • Over 300 pounds if male or over 250 pounds if female? 		
4. Have you, or any dependent to be covered, ever been declined for health insurance due to health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 12 months, have you, or any dependent to be covered, been recommended to have, or been scheduled for, diagnostic testing, treatment, or surgery that has not been completed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past two years, have you or any dependent to be covered had a problem for which you or they have not sought medical advice or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past five years, have you or any dependent to be covered received any abnormal test results, medical or surgical treatment, healthcare professional consultation, or prescribed medication for any of the conditions listed below?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • AIDS or tested positive for HIV • Alcoholism, chemical dependency, drug or alcohol abuse • Cancer or tumor • Crohn’s disease, ulcerative colitis, or hepatitis • Diabetes • Emphysema • Heart disorder including any heart-related symptoms • Kidney disorder • Stroke 		



Learn the Language

Health insurance really does have its own language. As you compare plans and use your benefits, it's helpful to be familiar with these common terms.

ALLOWED AMOUNTS/CHARGES

The total dollar amount allowed by SelectHealth for a specific covered service. This amount is used to calculate your coinsurance and deductibles. Select Care providers have agreed to accept these amounts as payment in full. If you use a nonparticipating provider who charges more than the allowed amount, you may have to pay the difference.

COINSURANCE

A fixed percentage that you are responsible to pay a provider for covered services. This is your share of the cost of services after you have met your deductible. Coinsurance percentages are specified on your Benefit Summary/Member Payment Summary.

DEDUCTIBLE

The amount you are responsible to pay each plan term directly to providers for covered services before we pay benefits. Any deductible amounts paid will not apply to your maximum coinsurance. Deductible amounts are specified on your Benefit Summary/Member Payment Summary.

EXCESS CHARGES

Charges from providers and facilities that exceed the allowed amount. You are responsible to pay for excess charges from nonparticipating providers and facilities. These charges do not apply to your maximum coinsurance.

LIFETIME MAXIMUM

The maximum dollar amount SelectHealth will pay for covered services during your lifetime. The limit includes all amounts paid on your behalf under any SelectHealth plan or affiliated company. The lifetime maximum is specified on the Benefit Summary/Member Payment Summary.

MAJOR DIAGNOSTIC TEST

A test categorized as major by SelectHealth based on several different considerations, such as invasiveness, complexity, the level of expertise required to interpret or perform the test, and where the test is commonly performed. An example would be an MRI.

MAXIMUM COINSURANCE

The total amount of allowed charges per plan term that you are responsible to pay directly to providers as coinsurance. SelectHealth will pay 100 percent of allowed charges during the remainder of the plan term once your maximum coinsurance is satisfied. Any payments you make for noncovered services or excess charges do not apply to your maximum coinsurance.

MINOR DIAGNOSTIC TEST

A test that does not meet the definition of a major diagnostic test. Examples of common minor diagnostic tests include certain blood and urine tests, simple X-rays, certain EKGs, and echocardiograms.

PLAN TERM

The period of time from your effective date of coverage to your termination date. Deductibles, maximum coinsurance, visit limits, etc. are all based on the plan term and do not start over if your plan term spans a new year (e.g., November to February.)

PREVENTIVE CARE

Services such as annual wellness exams with associated tests, well-child visits, immunizations, and cancer screenings. These services are not covered with Transition plans. Care provided for the diagnosis or monitoring of illness based on symptoms you experience is not considered preventive and will apply to the appropriate medical benefit.

PRIMARY CARE PROVIDER (PCP)

A general provider or doctor who attends to common medical problems and provides preventive care and health maintenance. A PCP practices internal medicine, geriatrics, family medicine, pediatrics, or obstetrics and gynecology.

SECONDARY CARE PROVIDER (SCP)

A provider or doctor who specializes in a specific area of care such as orthopedics or cardiology.



General Information

USING YOUR BENEFITS

Carry your SelectHealth ID Card and use participating Select Care providers and facilities to avoid being billed for excess charges. We also encourage you to maintain a relationship with a participating Primary Care Provider (PCP) who attends to common medical problems, coordinates care, and provides health maintenance.

Emergency Care

If you have an emergency, call 911 or go to the nearest hospital.

Urgent Care

If you have an illness or injury that is not life threatening but needs medical attention within 24 hours, call your provider. If the provider is unavailable, you may use one of the following services:

- Call Member Advocates at 801-442-4993 (Salt Lake area) or 800-515-2220. They can help you get an immediate appointment with another provider
- Go to an Intermountain InstaCare facility
- Go to an Intermountain ExpressCare clinic
- Call an Intermountain KidsCare facility to schedule a same-day appointment
- If you are outside of the service area and need urgent care, go to any provider or hospital. You can save money on out-of-area services by using a MultiPlan or PHCS provider. To find one, call 800-922-4362 or visit multiplan.com

PREAUTHORIZATION

Select Care providers will preauthorize certain medical services on your behalf by calling us directly. You are responsible to preauthorize certain services when using nonparticipating providers. Otherwise, benefits will be reduced, and the amounts you are required to pay will not apply to the maximum coinsurance. Refer to the Member Payment Summary and Contract you will receive upon enrollment for specific information.

GENERAL PROVISIONS

These plans are designed to provide coverage for hospital, medical, and surgical expenses incurred as a result of a

covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care. Coverage is subject to any deductible, coinsurance, or other limitations that may be set forth in your Contract.

Please refer to this section and the “Benefit Summary” and “General Limitations & Exclusions” sections within this packet for more information. Once you receive your Contract (upon enrollment), you will have ten days to review it before acceptance. If you decide to cancel within the ten-day review period, you may do so by notifying us in writing. You will receive a full refund of your premium, minus a \$20 processing fee. No premium refunds are available after the ten-day review period. If your premium is refunded during the ten-day examination period, the Contract shall be void as if no coverage had been issued.



ELIGIBILITY

You and your dependents may apply for coverage if a) you meet the eligibility guidelines discussed in this packet and on the application, and b) you are a full-time resident of Utah. Plans are sold on a temporary or short-term basis. If your employer is paying any portion of your premium either directly or through reimbursement, it constitutes a group plan, and you are not eligible for coverage.

ELIGIBLE FAMILY DEPENDENTS

Eligible family dependents include your lawful spouse who is not legally separated from you, and your unmarried child(ren), stepchild(ren), legally adopted child(ren), or child placed for adoption, from birth to age 26, provided that they are dependent upon you for at least 50 percent of their financial support. (Financial dependency is not required for otherwise eligible children up to the age of 19.) Once SelectHealth has accepted your application, you will not be able to add or remove dependents during the plan term. A limited exception exists to add a newborn child or child placed for adoption. Remember, pregnant women, expecting fathers, and persons who have applied for or are anticipating an adoption are not eligible under the Transition plan.

RATING METHODOLOGY

Premiums are based on an adjusted community rate methodology and vary depending on age and family status.

PREMIUMS

Single and Monthly Payment Options

Subject to the provisions of the Contract, the premiums will remain the same until the end of the term of the Contract, unless federal or state law or regulations mandate that SelectHealth modify benefits under the Contract.

Premiums are due and payable on the first day of each month at our office in Murray, Utah.

Monthly Payment Option Only

If the subscriber has a birthday that moves him or her into the next age band, rates will increase the following month. The age bands are as follows: 0 to 19 years, 20 to 24 years, 25 to 29 years, 30 to 34 years, 35 to 39 years, 40 to 44 years, 45 to 49 years, 50 to 54 years, 55 to 59 years, 60 to 64 years, 65 to 69 years, 70 to 74 years, 75 to 79 years, 80 to 84 years, and 85 years of age or older.

PLAN AND DEDUCTIBLE CHANGES

Once you are enrolled, no changes to your plan will be allowed. After the end of the plan term, you may reapply for a second plan term with different benefits.

TERMINATION

Your coverage will not terminate for health reasons; however, your coverage may terminate automatically for any of the following:

- Nonpayment of premiums;
- Commission of fraud or intentional misrepresentation of material fact; or
- You no longer reside, live, or work in the service area.

If we do not receive your premium or we are unable to collect premiums from your checking or savings account, you will be notified. You may cancel your Contract during the ten-day examination period. If you wish to cancel your Contract after the examination period, you must give us 30 days advance written notice.

GENERAL LIMITATIONS AND EXCLUSIONS

Plan Term

Unless otherwise noted on your Member Payment Summary, plan benefits are calculated on a plan term basis regardless of when you are enrolled. Deductibles, maximum coinsurance, and limited benefits start over each plan term.

Claims After One Year

Claims are denied if submitted more than one year after the services were provided unless notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims can be made only if the supporting information is submitted within one year after the claim was first processed by SelectHealth unless the additional information relating to the claim was filed as soon as reasonably possible.

When SelectHealth is the secondary payer, coordination of benefits will be performed only if the supporting information is submitted to SelectHealth within one year after the claim was processed by the primary plan unless the information was provided as soon as reasonably possible.



Excess Charges

SelectHealth will not cover any charges from providers and facilities that exceed the allowed amount. You are responsible to pay for excess charges from nonparticipating providers and facilities, and these charges do not apply to your maximum coinsurance.

Medical Necessity

To qualify for benefits, covered services must be medically necessary. Medical necessity is determined by the SelectHealth medical director or another physician designated by SelectHealth. A recommendation, order, or referral from a provider or facility, including participating providers and facilities, does not guarantee medical necessity.

Noncovered Services and Complications

When a noncovered service is performed as part of the same operation or process as a covered service, only charges relating to the covered service will be considered. Allowed amounts may be calculated and fairly apportioned to exclude any charges related to the noncovered service.

Excluded Services

Unless otherwise noted in your Member Payment Summary, the following services or conditions resulting from specified activities are excluded:

Abortions, selected types of
Acupuncture and acupressure

Administrative charges, administrative examinations and services, for nonmedical purposes

Adenoid/Tonsil Surgery

Adoption

Allergy tests, treatment, and services, selected types of

Amenorrhea, treatment of

Anesthesia, selected types of

Attention-Deficit and Hyperactivity Disorder (ADHD)

Axillary Hyperhidrosis

Bariatric Surgery

Biofeedback and Neurofeedback

Bunionectomy

Cancer Therapy, selected types of

Carpal Tunnel Surgery

Cataracts, treatment of

Claims After One Year

Complementary and Alternative Medicine (CAM)

Complications of Noncovered Services

Congenital Deformities, treatment of

Custodial Care

Cystocele, treatment of

Dental, Mouth, and Jaw, including TMJ

Dental Anesthesia

Dependent Maternity Services

Dry Needling

Duplication of Coverage

Dysmenorrhea, treatment of





Educational and Nutritional Training, selected types of
Enterocole, treatment of
Exercise Equipment and Fitness Training
Experimental or Investigational Treatments and Services
Eye Surgery, refractive
Felony, Riot, Insurrection
Food Supplements
Gene Therapy
Genetic Testing
Habilitation Therapy Services
Hearing Aids, selected types of
Hernia Repair
Home Health Aides
Hysterectomy, except in cases of malignancy
Illegal Activities, selected types of
Immunizations, selected types of
Infertility Services, selected types of
Injections, selected types of
Intentional, Self-inflicted Illness or Injury
Joint Replacement
Mammoplasty, Reduction
Maternity, except for complications
Methadone Therapy
Miscellaneous Medical Supplies (MMS), selected types of
Morton's Neuroma, surgical treatment of

Myringotomy/Tympanotomy, with or without tubes inserted
Nasal Septal Repair, except for injuries after effective date of coverage
Noncovered Service in Conjunction with a Covered Service
Organ Transplants/Implants
Orthotics
Osteoperosis Screening
Pain Management Services, selected types of
Pervasive Developmental Disorder
Pre-existing Conditions
Preventive Care, including routine physicals, mammograms, annual gynecological exams, and associated diagnostic tests
Prescription Drugs, Injectable Drugs, and Specialty Medications
Psychiatric, Mental Health, or Alcohol/Substance Abuse
Reconstructive, Corrective, and Cosmetic Services, selected types of
Rehabilitation Therapy Services, selected types of
Related Provider Services
Respite Care
Rest Cures
Retained Hardware Removal
Robot-Assisted Surgery
Routine Eye Exams and Eye Care
Sexual Dysfunction
Shipping and Handling
Sleep problems/Disorders
Smoking or Nicotine Cessation Programs
Sterilization Procedures
Telephone and E-mail Consultations
Temporomandibular Joint (TMJ) and Orthognathic
Terrorism or Nuclear Release
Travel-Related Expenses
Treatment and Services Received Outside the United States
Unproven Interventions and Therapies
Urethrocele, treatment of
Uterine Prolapse, treatment of
Varicose Veins, treatment of
Vision Aids, selected types of
War, related Services

