



INTRODUCTION Thank you for considering SelectHealthSM. This packet has been designed to help you choose the individual health plan coverage that's right for you.

Please read all of the materials carefully and follow the enrollment guidelines summarized on the next page before submitting your application to us.

We realize that choosing health plan coverage can seem difficult. We want to help make the process as easy as possible. If you have any questions about the information in this packet, please 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, give us a call.

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Enrollment Guidelines

Following these guidelines will help make it easier for you to select and apply for your individual plan.

REVIEW

Carefully review all of the materials in this packet. Your agent can provide you with additional information regarding these plans, help you determine which plan and options are best for your particular needs, and assist you with the enrollment process.

However, your agent does not have the authority to waive any enrollment requirements or to approve or modify any coverage.

To help you better understand your coverage, a Glossary of Terms is provided on page 36.

SELECT YOUR PLAN AND BENEFIT OPTIONS

The following selections must be made as you enroll for coverage:

- Plan option – HMO/Plus product or HealthSaveSM product
- Provider network – Select Value[®], Select Med Plus[®], or Select Care PlusSM

Before submitting your application, make sure you have completed the “Plan Information” section on the Individual Plans Application Form.

COMPLETE AND SIGN YOUR APPLICATION

The application must be completed and signed by the oldest family member. Your spouse’s signature is also required if he or she is applying for coverage.

When completing the application, please read and answer each question or section. Incomplete applications will delay the approval process.

CALCULATE YOUR PREMIUM

Calculate your first month’s premium. Refer to the appropriate Premium Calculation Worksheet and Premium Rates. Premiums are based on the age of the applicant (oldest family member applying for coverage).

SELECT YOUR METHOD OF PAYMENT

There are two methods you can choose from to submit your monthly premium: (1) the preauthorized banking withdrawal method, which automatically withdraws the premium from your checking account; or (2) the online billing and payment method where you receive your monthly statement by e-mail and make your payment by electronic check or credit card. Make your payment selection by completing the Payment Selection Form attached to the application.

NOTE: *Please keep the Payment Selection Form attached to your application when you submit it to your agent or SelectHealth.*

MAIL

Send the following forms to your agent or mail them to us at the address listed below:

SelectHealth
Individual Plans Dept., N1-765
P.O. Box 30192
Salt Lake City, UT 84130-0192

1. Completed Application

2. Certificate(s) of Creditable Coverage

This certificate is provided by your previous health insurance carrier and must be submitted to receive credit for you and your family members’ pre-existing condition waiting period. This is not necessary if you are currently covered with SelectHealth.

3. Completed Payment Selection Form

If you have selected the preauthorized banking withdrawal method, be sure to include a voided check or savings account information. You do not need to submit the first month’s premium with the application. All premiums will be drafted from your authorized bank account upon approval of your application. If you have selected the online billing and payment method, be sure to include your credit card information or a personal check made payable to SelectHealth for your first month’s premium.

Your employer cannot pay any portion of your premium either directly or through reimbursement. Please submit personal checks or personal credit card information only.

IMPORTANT NOTE: *Coverage is not in effect until your application is approved and an effective date is determined by SelectHealth. We strongly suggest that you carefully consider the impact of changing coverage, and do not cancel any current coverage until you are officially notified by us of approval. We reserve the right to decline coverage for any individual. Payment does not guarantee acceptance of coverage. If your application is declined for coverage, your original check will be promptly returned to you.*



Plan and Network Options

When selecting individual plan coverage, you have a choice of plan products and provider networks. We want to help you understand your options.

PLAN OPTIONS

We offer two plan designs for individuals: (1) Standard HMO/Plus products, and (2) a High Deductible Health Plan (HDHP) called HealthSave, which is designed to be used with a Health Savings Account (HSA). Both plan designs use the same provider and facility networks and cover the same medical services. However, there are important differences between the two products, which are outlined below.

HMO/PLUS

- Deductible options start as low as \$250.
- You can select from additional copay and coinsurance options.
- Maternity and adoption services are covered after a separate \$5,000 deductible.
- Additional benefit levels are available, which allows you the option to waive the deductible for office visits and prescription drugs.

For more information on HMO/Plus plans, please see page 5.

HEALTHSAVE

- Deductible options start at \$1,500 for single coverage and \$3,000 for family coverage.
- One deductible applies to all family members; the entire family deductible must be met before benefits are paid.
- One deductible applies to all covered medical, Rx, and mental health services.
- Higher deductible amounts allow you to save premium dollars.
- These products are designed to use with an HSA, so you can save tax-free money for qualified medical expenses.

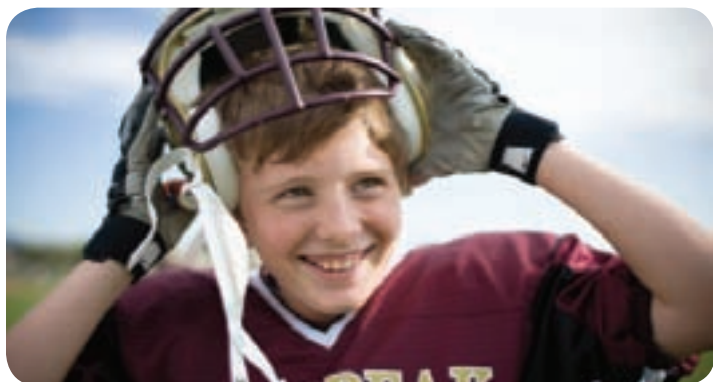
For more information on HealthSave plans, please see page 14.

PROVIDER NETWORK OPTIONS

You may choose from one of three provider networks based on your ZIP code. Select the network that best meets the healthcare needs of you and your family. Note that by selecting a larger provider network, you will pay a higher monthly premium.

HMO plans such as Select Value require the use of participating providers (unless there is an emergency). A participating provider is a provider or facility that is contracted under a SelectHealth network.

Select Med Plus and Select Care Plus are HMO plans with a point-of-service feature. This means that you may use both participating and nonparticipating providers (i.e., go out of network) for most services. Coverage is different for nonparticipating services. Please refer to the HMO/Plus Benefit Summary on page 6 for detailed benefit information.



TURN
THE PAGE
for our
NETWORK
OPTIONS





PROVIDER NETWORK OPTIONS

 <p>19 PARTICIPATING HOSPITALS</p> <p>1,100+ PARTICIPATING PHYSICIANS</p> <p>COUNTIES: Davis, Salt Lake, Weber, and parts of Summit and Utah</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84017 84024 84033 84036 84055 84061 84013 84626 84633 84651 84653 84655 84660</p>	 <p>28 PARTICIPATING HOSPITALS</p> <p>3,000+ PARTICIPATING PHYSICIANS</p> <p>COUNTIES: Cache, Davis, Duchesne, Iron, Juab, Millard, Morgan, Salt Lake, Sanpete, Sevier, Summit, Utah, Wasatch, Washington, Weber, and parts of Box Elder, Garfield, Piute, Tooele, Uintah, and Wayne</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84008 84034 84035 84078 84079 84083 84313 84329 84712 84716 84717 84718 84723 84726 84734 84736 84759 84764 84776</p>	 <p>34 PARTICIPATING HOSPITALS</p> <p>3,700+ PARTICIPATING PHYSICIANS</p> <p>COUNTIES: Beaver, Cache, Davis, Duchesne, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Uintah, Utah, Wasatch, Washington, Wayne, Weber, and parts of Box Elder and Tooele</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84034 84083 84313 84329</p>
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COST

ACCESS



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 amounts, 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.

Deductible Option	Base-Level	Mid-Level (Office Deductible Waiver)	High-Level (Office and Rx Deductible Waiver)
\$250	✓	✓	✓
\$500	✓	✓	✓
\$1,000	✓		✓
\$2,500	✓		

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/Plus 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).



HMO/Plus Benefit Summary

This table is for comparison purposes only and does not replace the Member Payment Summary. Please refer to the Contract and Member Payment Summary that you will receive upon approval of your application for detailed benefit information.

BENEFITS	PARTICIPATING BENEFITS <i>HMO & Plus plans</i>				NONPARTICIPATING BENEFITS <i>Plus plans only</i>		
	Medical Deductible Single/Family	Medical Out-of-Pocket Single/Family	Rx Deductible Single	Rx Out-of-Pocket Single	Medical Deductible Single/Family	Medical Out-of-Pocket Single/Family	Rx Deductible & Out-of-Pocket Single
DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM OPTIONS							
Deductible included in the out-of-pocket maximum	\$250/\$750	\$2,500/\$5,000	\$100 ²	\$4,000	\$500/\$1,500	\$4,500/\$9,000	See "Participating Benefits"
	\$500/\$1,500	\$3,000/\$6,000	\$200 ²	\$4,000	\$750/\$2,250	\$5,000/\$10,000	See "Participating Benefits"
	\$1,000/\$2,500	\$3,500/\$7,000	\$400 ²	\$4,000	\$1,500/\$3,500	\$5,500/\$11,000	See "Participating Benefits"
	\$2,500/\$5,000	\$4,000/\$8,000	\$1,000 ²	\$4,000	\$3,000/\$6,000	\$6,000/\$12,000	See "Participating Benefits"
COINSURANCE AND COPAY OPTIONS							
80/20 Coinsurance Option							
Coinsurance (e.g., inpatient, outpatient) ⁴		20% after deductible				40% after deductible	
Office Visit (PCP/SCP) ³		\$15/\$25 after deductible ¹				40% after deductible	
Participating Emergency Room Visit		\$100 after deductible				See "Participating Benefits"	
Nonparticipating Emergency Room Visit		\$200 after deductible				See "Participating Benefits"	
70/30 Coinsurance Option							
Coinsurance (e.g., inpatient, outpatient) ⁴		30% after deductible				50% after deductible	
Office Visit (PCP/SCP) ³		\$25/\$35 after deductible ¹				50% after deductible	
Participating Emergency Room Visit		\$125 after deductible				See "Participating Benefits"	
Nonparticipating Emergency Room Visit		\$250 after deductible				See "Participating Benefits"	
STANDARD BENEFITS							
Lifetime Maximum Plan Payment	\$2,500,000				\$1,000,000		
Maximum Annual Out-of-Network Payment	N/A				\$500,000		
Pre-Existing Conditions							
Waived (entirely or partly) for qualifying pre-existing condition credit		Not covered for first 12 months				Not covered for first 12 months	
Professional Services							
Adult and Pediatric Immunizations		Covered 100%				Not covered	
Elective Immunizations		Participating coinsurance				Not covered	
Outpatient Services							
Intermountain InstaCare SM /Urgent Care		SCP copay amount, after deductible ¹				Nonparticipating coinsurance, after deductible	
Intermountain KidsCare SM		PCP copay amount, after deductible ¹				Not applicable	
Diagnostic Tests, Minor		Covered 100%, after deductible ¹				Nonparticipating coinsurance, after deductible	
Diagnostic Tests, Major		Participating coinsurance, after deductible				Nonparticipating coinsurance, after deductible	
Physical, Speech, and Occupational Therapy 20 visits per calendar year		SCP copay amount, after deductible				Nonparticipating coinsurance, after deductible	
Mental Health and Chemical Dependency							
Not applied to the out-of-pocket maximum		50% after deductible				50% after deductible	
Inpatient limited to 10 days/calendar year							
Outpatient limited to 25 visits/calendar year							
Supplemental Accident (per person/calendar year)						First \$1,000 covered at 100%	
Miscellaneous Services							
Maternity and Adoption (not applied to out-of-pocket)		Covered at 100%, after \$5,000 calendar year maternity deductible				Not covered	
Infertility (limited to \$1,500/calendar year; \$5,000/lifetime)		50% after deductible				Not covered	
Chiropractic		Not covered				Not covered	
Prescription Drugs							
Up to a 30-day supply for covered medications; generic substitution required; same benefit applies to 90-day maintenance home delivery supply		Tier 1: \$10 after Rx deductible ² Tier 2: 25% after Rx deductible ² Tier 3: 50% after Rx deductible ²				Tier 1: \$10 after Rx deductible ² Tier 2: 25% after Rx deductible ² Tier 3: 50% after Rx deductible ²	

BENEFIT SUMMARY FOOTNOTES:

1. Medical deductible waived when you select a mid- or high-level plan.
2. Rx deductible also waived when you select a high-level plan.
3. PCP (Primary Care Provider); SCP (Secondary Care Provider).
4. Coinsurance applies to inpatient and outpatient services, ambulance, home health, durable medical equipment, injectable drugs, and allergy treatment.



HMO/Plus Premium Calculation Worksheet

STEP 1. MONTHLY PREMIUM OF PLAN AND OPTIONS SELECTED

(Write down the options you have selected as described on page 5)

Provider Network (Select Value, Select Med Plus, Select Care Plus) _____

Plan Level (base, mid, high) _____

Deductible (applicable to the plan level selected) _____

Coinsurance/Copay (80%/20%-\$15/\$25 or 70%/30%-\$25/\$35) _____

Based on your selections, turn to the applicable rate page and find the rate associated with the age of the applicant, which must be the oldest family member, and the tier (single, two-party, family) **ENTER RATE** \$ _____

+

STEP 2. FAMILY SIZE ADJUSTMENT

If your family size is seven to nine: add 15% **ENTER ADJUSTMENT** \$ _____

Family sizes 10+: determined by underwriting

=

STEP 3. TOTAL MONTHLY PREMIUM AMOUNT

If you choose the online billing payment method, send a personal check in this amount for the first month's premium with your application **ENTER AMOUNT** \$ _____

If you choose to pay with the preauthorized banking withdrawal method, you do not need to submit the first month's premium with your application. All premiums will be drafted from your authorized bank account upon approval of your coverage.

NOTE:

- Premium rates are based on the age of the applicant (oldest family member applying for coverage). The application must be written with the oldest family member as the applicant. Initial premium increases may be assessed based on underwriting review.
- Premiums under these plans are subject to adjustment each January 1 (if your original effective date is January 1 through June 30) or each July 1 (if your original effective date is July 1 through December 31).
- Premiums will increase on the first of the month following the birthday on which a subscriber moves from one age band to another. Refer to "Major Medical Outline of Coverage," "Premiums" section on page 29 for information on age bands.
- Premium rates are effective January 1, 2008. If you are age 65 or older and are not eligible for Medicare, contact us for premiums.



HMO/PLUS 80/20 COINSURANCE PREMIUM RATES

HMO/Plus 80/20 Coinsurance Base-Level Option Premium Rates

Deductible applies to all services first.



select: value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	84	153	228	75	135	202	68	122	182	60	108	161
20 - 24	89	169	245	79	150	217	71	135	196	63	119	173
25 - 29	101	193	304	90	171	269	81	155	243	71	136	214
30 - 34	114	218	372	101	193	329	91	174	297	80	154	262
35 - 39	128	235	422	113	208	374	102	188	338	90	166	298
40 - 44	151	270	494	134	239	437	121	216	395	107	191	348
45 - 49	176	334	558	156	295	493	141	267	446	124	235	393
50 - 54	207	397	608	183	351	538	166	318	487	146	280	429
55 - 59	245	490	667	217	434	591	196	392	534	173	345	471
60 - 64	299	583	769	265	516	680	239	466	615	211	411	542



select: med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	92	166	248	81	147	219	73	133	198	65	117	175
20 - 24	96	184	266	85	163	236	77	147	213	68	129	188
25 - 29	110	210	331	98	186	293	88	168	264	78	148	233
30 - 34	124	237	404	110	210	358	99	190	323	87	167	285
35 - 39	139	255	459	123	226	406	111	204	367	98	180	324
40 - 44	164	294	537	145	260	475	132	235	430	116	207	379
45 - 49	191	363	606	169	321	536	153	290	485	135	256	427
50 - 54	225	432	661	199	382	585	180	345	529	159	304	466
55 - 59	266	533	725	236	471	642	213	426	580	188	375	511
60 - 64	325	634	836	288	561	740	260	507	669	229	447	589



select: care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	101	183	273	89	162	241	81	146	218	71	129	192
20 - 24	106	202	293	94	179	259	85	162	234	75	142	207
25 - 29	121	231	364	107	205	322	97	185	291	85	163	256
30 - 34	136	261	444	121	231	393	109	208	356	96	184	313
35 - 39	153	281	505	135	249	447	122	225	404	108	198	356
40 - 44	181	323	591	160	286	523	145	259	473	127	228	417
45 - 49	210	399	667	186	353	590	168	319	533	148	281	470
50 - 54	247	475	727	219	420	644	198	380	582	174	335	513
55 - 59	293	586	798	259	519	706	234	469	638	207	413	563
60 - 64	358	697	919	316	617	814	286	558	735	252	491	648



HMO/Plus 80/20 Coinsurance Mid-Level Option Premium Rates

No deductible for office visits. Deductible applies to Rx.

select:value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	96	173	259	87	157	235
20 - 24	101	192	278	91	174	252
25 - 29	115	220	345	104	199	313
30 - 34	129	247	422	117	224	383
35 - 39	145	266	479	131	242	435
40 - 44	172	307	561	156	278	509
45 - 49	199	379	633	181	343	574
50 - 54	235	451	690	213	409	626
55 - 59	278	556	757	252	504	687
60 - 64	339	661	872	308	600	791

select:med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	103	186	278	95	172	256
20 - 24	108	206	298	100	190	275
25 - 29	123	236	370	114	217	341
30 - 34	139	266	453	128	245	417
35 - 39	155	286	515	143	264	474
40 - 44	184	329	602	170	303	555
45 - 49	214	407	679	197	375	626
50 - 54	252	484	741	232	446	683
55 - 59	298	597	813	275	550	749
60 - 64	364	710	937	336	654	863

select:care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	114	207	308	103	187	279
20 - 24	120	228	331	108	207	299
25 - 29	137	261	411	124	236	372
30 - 34	154	295	502	139	266	454
35 - 39	172	317	571	156	287	516
40 - 44	204	365	668	185	330	604
45 - 49	238	451	754	215	408	682
50 - 54	280	537	822	253	485	744
55 - 59	331	662	902	299	599	816
60 - 64	404	788	1,039	366	713	940



HMO/PLUS 80/20 COINSURANCE PREMIUM RATES

HMO/Plus 80/20 Coinsurance High-Level Option Premium Rates

No deductible for office visits. No deductible for Rx.



select:value

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	107	194	289	97	176	263	91	165	246
20 - 24	112	214	311	102	194	282	96	182	265
25 - 29	129	245	386	117	223	350	109	209	328
30 - 34	145	276	471	131	251	428	123	235	401
35 - 39	162	298	536	147	270	486	138	254	456
40 - 44	192	343	627	174	311	569	163	292	534
45 - 49	223	423	707	202	384	642	190	360	602
50 - 54	262	503	771	238	457	700	224	429	657
55 - 59	311	621	846	282	564	768	265	529	721
60 - 64	379	739	975	344	671	885	323	629	830



select:med+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	115	208	310	106	192	286	98	176	263
20 - 24	121	230	333	111	212	308	102	195	283
25 - 29	138	263	414	127	243	382	117	223	351
30 - 34	155	297	506	143	274	467	132	252	429
35 - 39	174	320	575	160	295	530	147	271	488
40 - 44	206	368	673	190	339	620	175	312	570
45 - 49	239	454	759	221	419	700	203	385	644
50 - 54	282	540	828	260	498	764	239	458	702
55 - 59	333	667	908	308	615	838	283	566	770
60 - 64	407	793	1,046	375	732	965	345	673	887



select:care+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	128	231	344	116	209	312	107	194	290
20 - 24	134	255	370	121	231	335	113	215	311
25 - 29	153	292	459	139	265	416	129	246	386
30 - 34	172	329	561	156	298	508	145	277	472
35 - 39	193	355	638	174	321	578	162	298	536
40 - 44	228	408	746	207	370	676	192	343	627
45 - 49	265	504	842	240	456	762	223	424	708
50 - 54	313	600	919	283	543	832	263	504	772
55 - 59	370	740	1,008	335	670	913	311	622	847
60 - 64	452	880	1,161	409	797	1,051	380	740	976



HMO/Plus 70/30 Coinsurance Base-Level Option Premium Rates

Deductible applies to all services first.

select:value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	81	147	219	72	131	195	66	120	179	59	106	159
20 - 24	85	162	235	76	145	210	69	132	192	62	117	170
25 - 29	97	186	292	87	166	260	79	152	238	70	134	211
30 - 34	110	209	357	98	187	318	89	171	291	79	152	258
35 - 39	123	226	406	109	201	362	100	184	331	89	163	294
40 - 44	145	260	475	129	231	423	118	212	387	105	188	344
45 - 49	169	321	536	150	286	477	138	261	437	122	232	388
50 - 54	199	382	585	177	340	521	162	311	476	144	276	423
55 - 59	235	471	641	210	420	571	192	384	523	170	341	464
60 - 64	287	560	739	256	499	658	234	457	602	208	405	534

select:med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	88	160	238	79	142	212	72	130	194	64	116	172
20 - 24	93	176	256	83	157	228	76	144	209	67	128	185
25 - 29	106	202	318	94	180	283	86	165	259	77	146	230
30 - 34	119	228	388	106	203	346	97	186	316	86	165	281
35 - 39	133	245	441	119	219	393	109	200	360	96	177	319
40 - 44	158	282	516	141	252	460	129	230	421	114	204	373
45 - 49	184	349	582	164	311	519	150	284	475	133	252	421
50 - 54	216	415	635	193	370	566	176	338	518	156	300	460
55 - 59	256	512	697	228	456	621	209	417	568	185	370	504
60 - 64	312	609	803	278	542	715	255	496	654	226	440	581

select:care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	97	176	262	86	157	234	79	143	214	70	127	190
20 - 24	102	194	282	91	173	251	83	158	229	74	140	204
25 - 29	116	222	349	104	198	311	95	181	285	84	161	253
30 - 34	131	250	427	117	223	381	107	204	348	95	181	309
35 - 39	147	270	485	131	240	432	119	220	396	106	195	351
40 - 44	174	311	568	155	277	506	142	253	463	126	225	411
45 - 49	202	383	641	180	342	571	165	312	522	146	277	463
50 - 54	238	456	699	212	406	623	194	372	570	172	330	506
55 - 59	282	563	767	251	502	683	229	459	625	204	407	555
60 - 64	344	670	883	306	597	787	280	546	720	249	484	639



HMO/PLUS 70/30 COINSURANCE PREMIUM RATES

HMO/Plus 70/30 Coinsurance Mid-Level Option Premium Rates

No deductible for office visits. Deductible applies to Rx.



select: value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	91	165	246	82	149	222
20 - 24	96	182	264	86	164	238
25 - 29	109	209	328	99	188	296
30 - 34	123	235	401	111	212	362
35 - 39	138	253	456	124	229	411
40 - 44	163	292	533	147	263	481
45 - 49	190	360	602	171	325	543
50 - 54	223	428	656	201	386	592
55 - 59	264	529	720	238	477	649
60 - 64	323	629	830	291	567	748



select: med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	98	177	264	90	162	242
20 - 24	103	196	284	94	179	260
25 - 29	117	224	352	108	205	323
30 - 34	132	253	431	121	231	395
35 - 39	148	272	489	135	249	448
40 - 44	175	313	573	160	287	525
45 - 49	204	387	646	186	354	592
50 - 54	240	460	705	220	421	646
55 - 59	284	568	773	260	520	708
60 - 64	346	675	891	317	619	816



select: care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	109	197	293	98	177	264
20 - 24	114	217	315	103	195	283
25 - 29	130	249	391	117	224	352
30 - 34	147	280	478	132	252	430
35 - 39	164	302	543	147	271	488
40 - 44	194	347	635	175	313	571
45 - 49	226	429	717	203	386	645
50 - 54	266	510	782	239	459	703
55 - 59	315	630	858	283	566	771
60 - 64	384	749	988	346	674	889



HMO/Plus 70/30 Coinsurance High-Level Option Premium Rates

No deductible for office visits. No deductible for Rx.

select:value

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	102	184	275	92	166	248	87	157	235
20 - 24	107	204	295	97	184	267	91	174	252
25 - 29	122	233	367	110	211	331	104	199	313
30 - 34	138	263	448	124	237	405	117	224	382
35 - 39	154	283	509	139	256	460	131	242	434
40 - 44	182	326	596	165	294	538	156	278	508
45 - 49	212	402	672	191	363	607	181	343	573
50 - 54	250	479	733	225	432	662	213	408	626
55 - 59	295	591	805	267	533	726	252	504	686
60 - 64	361	703	927	326	634	837	308	599	791

select:med+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	109	198	295	100	182	271	93	168	251
20 - 24	115	219	317	105	201	291	98	186	269
25 - 29	131	250	394	120	230	361	111	213	334
30 - 34	148	282	481	135	259	441	125	240	409
35 - 39	165	304	547	151	279	501	140	258	464
40 - 44	196	350	640	180	321	587	166	297	543
45 - 49	227	432	722	209	396	662	193	367	613
50 - 54	268	514	787	246	471	722	228	436	669
55 - 59	317	634	864	291	582	792	269	539	734
60 - 64	387	755	995	355	692	913	329	641	845

select:care+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	121	220	328	109	198	295	102	185	276
20 - 24	127	243	352	115	218	317	107	204	296
25 - 29	146	278	437	131	250	393	123	234	368
30 - 34	164	313	534	147	282	481	138	264	449
35 - 39	183	337	607	165	304	546	154	284	511
40 - 44	217	388	710	196	350	639	183	327	598
45 - 49	252	479	801	227	431	721	212	403	674
50 - 54	297	570	874	268	513	786	250	480	735
55 - 59	352	704	959	317	634	863	296	592	807
60 - 64	430	837	1,104	387	754	994	362	705	930



HealthSave

Consumers are increasingly interested in plans that allow them more control over their healthcare dollars. High Deductible Health Plans (HDHP), used in conjunction with a Health Savings Account (HSA), are at the forefront of the consumer driven healthcare movement. Over three million Americans have already switched to HSA-based health coverage. With HSA plans, you combine comprehensive healthcare coverage with the ability to develop equity through a tax-advantaged savings account.

The purpose of this section is to help you become familiar with HealthSave, SelectHealth's HDHP, and how it works with an HSA.

THE BASICS

There are two components required for you to create an HSA-based health coverage plan: a qualified HDHP and an HSA.

High Deductible Health Plan

Your HealthSave plan is the HDHP insurance component of this arrangement. In order for you to properly set up an HSA, your health plan has to be a "qualified" HDHP that includes, but is not limited to, the following characteristics:

- A minimum deductible amount set by the U.S. Treasury Department for single or family coverage. This amount may vary from one year to the next.
- A maximum out-of-pocket limit set by the U.S. Treasury Department for single or family coverage. This amount may vary from one year to the next.
- One deductible applies to all services including medical, mental health, and prescription drug coverage.
- Deductible can be waived for preventive care.

As the name implies, deductibles for qualified HDHPs are higher than many other plans. If you have unexpectedly high medical expenses during the year, your HDHP will be a safety net to provide medical coverage for you and your family.

Health Savings Account

The HSA is a tax-advantaged account used to pay medical expenses funded by contributions from you on a pre-tax basis. Money can be withdrawn from the HSA to pay for qualified medical expenses.

By selecting HealthSave, subscribers are eligible to set up an HSA provided they meet the following qualifications:

- Not also covered by any other health plan that is not an HDHP (with exceptions for plans providing certain limited types of coverage such as accident or specific disease policies, etc) and;
- Not entitled to benefits under Medicare and;
- May not be claimed as a dependent on another person's tax return.

HOW HEALTHSAVE WORKS WITH YOUR HSA

Here are some of the key components for using your HSA.

General

- Set up an HSA with your HSA vendor.
- Contribute to your HSA up to specified limits on a pre-tax basis.
- The money in the HSA account can be used to pay your share of the deductible or coinsurance amounts until you reach your out-of-pocket maximum.
- If you do not use the money in the account, it rolls over to the next year and continues to build.
- This is your money to use as you wish. However, if this money is not used for qualified medical expenses, it will be subject to income tax plus a ten percent penalty before the age of 65. After age 65, this money is treated as retirement income. If it is not used for qualified medical expenses, it will only be subject to income tax without the penalty.

When you need to fill a prescription

- Present your SelectHealth ID Card at the pharmacy.
- The pharmacist will charge you the discounted purchase price.
- If you have money in your HSA, you can pay for your prescription by swiping your HSA debit card.



- The pharmacy sends SelectHealth the claim to be applied toward the deductible or coinsurance that you owe, if any.
- If you do not have money in your HSA, you need to purchase your prescription using another form of payment. Hold onto the receipt. When you do have funds in your HSA in the future, contact your HSA vendor for reimbursement.

When you go to the doctor

- Present your SelectHealth ID card for proof of insurance.
- You may use your HSA debit card if the doctor charges a copay for the visit.
- The doctor sends the bill to SelectHealth.
- SelectHealth processes your claim showing your responsibility, if any.
- If you have money in your HSA, pay the bill from your account. There are several methods to choose from, including payment via the Internet, automatic payment by the HSA vendor directly from your account, HSA vendor-supplied debit card, and other methods through conventional mail.
- If you don't have money in your HSA, you need to pay your provider directly.
- You can be reimbursed later when you have the funds available in your HSA.





HealthEquity®

HealthEquity is SelectHealth's preferred HSA vendor. Although HealthSave can be used with any qualified vendor, consider what HealthEquity has to offer before you decide.

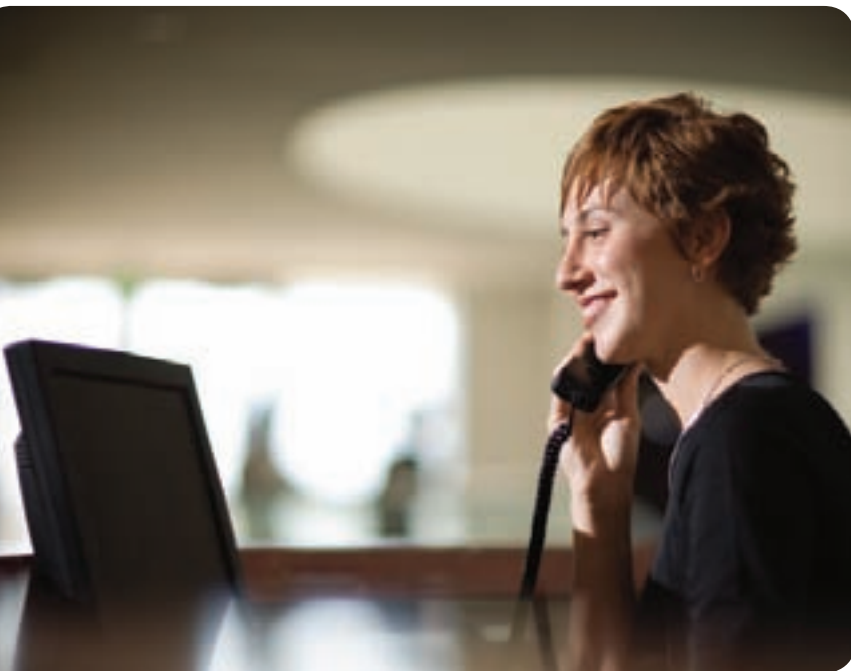
HSA SERVICES

HealthEquity has many tools available online and by phone, including the following:

- 24 hours, seven days a week HSA customer service line
- 24 hours, seven days a week HSA customer nurse hotline
- Internet resources:
 - HSA balance information
 - Transaction history
 - Reimbursement requests
 - Pricing of basic medical procedures
 - Medical self-diagnostic tools and a medical library



Enrollment is quick and easy with this vendor. An HSA will automatically be set up for you with HealthEquity when you check the box on page 2 of your Application indicating that you choose this option. Keep in mind that an administrative fee for HealthEquity is included in your premium regardless of whether you choose to use this vendor.





Selecting a HealthSave Plan

Follow these steps to create the HealthSave plan that's right for you:

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



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 ANNUAL DEDUCTIBLES AND CORRESPONDING OUT-OF-POCKET MAXIMUMS

\$1,500 Single/\$3,000 Family

\$2,700 Single/\$5,400 Family

\$5,000 Single/\$10,000 Family

If you are insuring only yourself, you will enroll on a "single" plan. If you are insuring yourself and one or more family members, you will enroll on a "family" plan. The HealthSave feature has one deductible for all medical, pharmacy, and mental health services.

The deductible must be met each calendar year before benefits are paid. On a family plan, the entire family deductible must be met before benefits are paid for any family member. There is no per-person deductible on the family plan.* All out-of-pocket expenses for covered services will apply to the out-of-pocket maximum.

*PREVENTIVE CARE: Covered preventive care services (e.g., immunizations, well-child visits) are eligible for plan benefits before the deductible is met.

STEP 3. DETERMINE HSA VENDOR

SelectHealth's preferred HSA vendor is HealthEquity. You may choose to utilize this vendor; however, you are not required to do so. An administrative fee is included in your premium amount regardless of whether you choose to use the preferred vendor. As with most HSA vendors, a nominal fee will also be charged if you choose to terminate the account once it has been established. This option is located on page 2 of the Individual Plans Application Form. Please refer to this page for detailed information.

STEP 4. CALCULATE YOUR PREMIUM

Now that you have created your plan, use the HealthSave Premium Calculation Worksheet on page 20 to calculate your monthly premium. Begin by turning to the rate page listing the deductible level you have selected. Next, refer to your provider network. Your rate will be based on the age of the applicant (the oldest family member applying for coverage) and your coverage tier (single, two-party or family).



HealthSave Benefit Summary – 80%/20% Coinsurance Plans

This table is for comparison purposes only and does not replace the Member Payment Summary. Please refer to the Contract and Member Payment Summary for detailed benefit information.

BENEFITS	PARTICIPATING BENEFITS <i>HMO & Plus plans</i>	NONPARTICIPATING BENEFITS^{1,2} <i>Plus plans only</i>																																				
LIFETIME MAXIMUM PLAN PAYMENT	\$2,500,000	\$1,000,000																																				
PRE-EXISTING CONDITIONS Waived (entirely or partly) for qualifying pre-existing condition credit	Not covered for first 12 months	Not covered for first 12 months																																				
DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS Deductible included in the out-of-pocket maximum	<table border="1"> <thead> <tr> <th>Opt. 1</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$1,500</td> <td>\$5,000</td> </tr> <tr> <td>Family:</td> <td>\$3,000</td> <td>\$10,000</td> </tr> <tr> <th>Opt. 2</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> <tr> <td>Single:</td> <td>\$2,700</td> <td>\$5,000</td> </tr> <tr> <td>Family:</td> <td>\$5,400</td> <td>\$10,000</td> </tr> </tbody> </table>	Opt. 1	Deductible	Out-of-Pocket Maximum	Single:	\$1,500	\$5,000	Family:	\$3,000	\$10,000	Opt. 2	Deductible	Out-of-Pocket Maximum	Single:	\$2,700	\$5,000	Family:	\$5,400	\$10,000	<table border="1"> <thead> <tr> <th>Opt. 1</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$2,000</td> <td>\$7,000</td> </tr> <tr> <td>Family:</td> <td>\$4,000</td> <td>\$14,000</td> </tr> <tr> <th>Opt. 2</th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> <tr> <td>Single:</td> <td>\$3,200</td> <td>\$7,000</td> </tr> <tr> <td>Family:</td> <td>\$6,400</td> <td>\$14,000</td> </tr> </tbody> </table>	Opt. 1	Deductible	Out-of-Pocket Maximum	Single:	\$2,000	\$7,000	Family:	\$4,000	\$14,000	Opt. 2	Deductible	Out-of-Pocket Maximum	Single:	\$3,200	\$7,000	Family:	\$6,400	\$14,000
Opt. 1	Deductible	Out-of-Pocket Maximum																																				
Single:	\$1,500	\$5,000																																				
Family:	\$3,000	\$10,000																																				
Opt. 2	Deductible	Out-of-Pocket Maximum																																				
Single:	\$2,700	\$5,000																																				
Family:	\$5,400	\$10,000																																				
Opt. 1	Deductible	Out-of-Pocket Maximum																																				
Single:	\$2,000	\$7,000																																				
Family:	\$4,000	\$14,000																																				
Opt. 2	Deductible	Out-of-Pocket Maximum																																				
Single:	\$3,200	\$7,000																																				
Family:	\$6,400	\$14,000																																				
INPATIENT SERVICES Medical, Surgical, Emergency Admissions, Hospice Skilled Nursing Facility Physical, Speech, and Occupational Therapy	You pay 20% after deductible	You pay 40% after deductible																																				
PROFESSIONAL SERVICES Office Visits–PCP ³ Office Visits–SCP ³ Immunizations Elective Immunizations	You pay \$15 after deductible You pay \$25 after deductible Covered 100% You pay 20%	You pay 40% after deductible (\$15 min copay) You pay 40% after deductible (\$25 min copay) Not covered Not covered																																				
PREVENTIVE CARE (Deductible waived) Office Visits–PCP ³ Office Visits–SCP ³	You pay \$15 You pay \$25	Not covered Not covered																																				
OUTPATIENT SERVICES Participating Emergency Room Visit Nonparticipating Emergency Room Visit Intermountain InstaCare Facility/Urgent Care Intermountain KidsCare Facility (See preventive care if services are preventive) Diagnostic Tests, Minor Diagnostic Tests, Major Physical, Speech, and Occupational Therapy	You pay \$100 after deductible You pay \$200 after deductible You pay \$25 after deductible You pay \$15 after deductible Covered 100% after deductible You pay 20% after deductible You pay \$25 after deductible	See “Participating Benefits” See “Participating Benefits” You pay 40% after deductible Not available You pay 40% after deductible You pay 40% after deductible You pay 40% after deductible (\$25 min. copay)																																				
MENTAL HEALTH & CHEMICAL DEPENDENCY Inpatient limited to 10 days/calendar year Outpatient limited to 25 visits/calendar year	You pay 50% after deductible	You pay 50% after deductible																																				
MISCELLANEOUS SERVICES Infertility (limited to \$1,500/calendar year; \$5,000/lifetime) Maternity and Adoption Chiropractic	You pay 50% after deductible Not covered Not covered	Not covered Not covered Not covered																																				
SUPPLEMENTAL ACCIDENT	Not available	Not available																																				
PRESCRIPTION DRUGS Up to a 30-day supply for covered medications; generic substitution required; same copay/coinsurance applies to 90-day maintenance home delivery supply	Tier 1: You pay \$10 after deductible Tier 2: You pay 25% after deductible Tier 3: You pay 50% after deductible	Tier 1: You pay \$10 after deductible Tier 2: You pay 25% after deductible Tier 3: You pay 50% after deductible																																				

BENEFIT SUMMARY FOOTNOTES:

1. Precertification for nonparticipating providers is required for all inpatient services, durable medical equipment with purchase price of more than \$750, home health nursing services, and pain management/pain clinic services. If you fail to precertify, benefits are reduced to 50 percent and will not be applied to the out-of-pocket maximum.
2. The following services are not covered when provided by a nonparticipating provider: preventive care, immunizations, infertility, allergy tests, and allergy treatments.
3. PCP (Primary Care Provider); SCP (Secondary Care Provider).



HealthSave Benefit Summary – 100% Plans

This table is for comparison purposes only and does not replace the Member Payment Summary. Please refer to the Contract and Member Payment Summary for detailed benefit information.

BENEFITS	PARTICIPATING BENEFITS <i>HMO & Plus plans</i>	NONPARTICIPATING BENEFITS^{1,2} <i>Plus plans only</i>																		
LIFETIME MAXIMUM PLAN PAYMENT	\$2,500,000	\$1,000,000																		
PRE-EXISTING CONDITIONS Waived (entirely or partly) for qualifying pre-existing condition credit	Not covered for first 12 months	Not covered for first 12 months																		
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS Deductible included in the out-of-pocket maximum	<table border="1"> <thead> <tr> <th></th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$5,000</td> <td>\$5,000</td> </tr> <tr> <td>Family:</td> <td>\$10,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Deductible	Out-of-Pocket Maximum	Single:	\$5,000	\$5,000	Family:	\$10,000	\$10,000	<table border="1"> <thead> <tr> <th></th> <th>Deductible</th> <th>Out-of-Pocket Maximum</th> </tr> </thead> <tbody> <tr> <td>Single:</td> <td>\$7,500</td> <td>\$7,500</td> </tr> <tr> <td>Family:</td> <td>\$15,000</td> <td>\$15,000</td> </tr> </tbody> </table>		Deductible	Out-of-Pocket Maximum	Single:	\$7,500	\$7,500	Family:	\$15,000	\$15,000
	Deductible	Out-of-Pocket Maximum																		
Single:	\$5,000	\$5,000																		
Family:	\$10,000	\$10,000																		
	Deductible	Out-of-Pocket Maximum																		
Single:	\$7,500	\$7,500																		
Family:	\$15,000	\$15,000																		
INPATIENT SERVICES Medical, Surgical, Emergency Admissions, Hospice Skilled Nursing Facility Physical, Speech, and Occupational Therapy	Covered 100% after deductible	Covered 100% after deductible																		
PROFESSIONAL SERVICES Office Visits-PCP ³ Office Visits-SCP ³ Immunizations Elective Immunizations	Covered 100% after deductible Covered 100% after deductible Covered 100% Covered 100%	Covered 100% after deductible Covered 100% after deductible Not covered Not covered																		
PREVENTIVE CARE (Deductible waived) Office Visits-PCP ³ Office Visits-SCP ³	You pay \$15 You pay \$25	Not covered Not covered																		
OUTPATIENT SERVICES Participating Emergency Room Visit Nonparticipating Emergency Room Visit Intermountain InstaCare Facility/Urgent Care Intermountain KidsCare Facility (See preventive care if services are preventive) Diagnostic Tests, Minor Diagnostic Tests, Major Physical, Speech, and Occupational Therapy	Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible	See "Participating Benefits" See "Participating Benefits" Covered 100% after deductible Not available Covered 100% after deductible Covered 100% after deductible Covered 100% after deductible																		
MENTAL HEALTH & CHEMICAL DEPENDENCY Inpatient limited to 10 days/calendar year Outpatient limited to 25 visits/calendar year	Covered 100% after deductible	Covered 100% after deductible																		
MISCELLANEOUS SERVICES Infertility (limited to \$1,500/calendar year; \$5,000/lifetime) Maternity and Adoption Chiropractic	Covered 100% after deductible Not covered Not covered	Not covered Not covered Not covered																		
SUPPLEMENTAL ACCIDENT	Not available	Not available																		
PRESCRIPTION DRUGS Up to a 30-day supply for covered medications; generic substitution required; same copay/coinsurance applies to 90-day maintenance home delivery supply	Tier 1: Covered 100% after deductible Tier 2: Covered 100% after deductible Tier 3: Covered 100% after deductible	Tier 1: Covered 100% after deductible Tier 2: Covered 100% after deductible Tier 3: Covered 100% after deductible																		

BENEFIT SUMMARY FOOTNOTES:

1. Precertification for nonparticipating providers is required for all inpatient services, durable medical equipment with purchase price of more than \$750, home health nursing services, and pain management/pain clinic services. If you fail to precertify, benefits are reduced to 50 percent and will not be applied to the out-of-pocket maximum.
2. The following services are not covered when provided by a nonparticipating provider: preventive care, immunizations, infertility, allergy tests, and allergy treatments.
3. PCP (Primary Care Provider); SCP (Secondary Care Provider).



HealthSave Premium Calculation Worksheet

STEP 1. MONTHLY PREMIUM OF PLAN AND OPTIONS SELECTED

(Write down the options you have selected as described on page 17)

Provider Network (Select Value, Select Med Plus, Select Care Plus) _____

Deductible (\$1,500/\$3,000, \$2,700/\$5,400, \$5,000/\$10,000) _____

Based on your selections, turn to the applicable rate page and find the rate associated with the age of the applicant, which must be the oldest family member, and the tier (single, two-party, family) **ENTER RATE** \$ _____

+

STEP 2. FAMILY SIZE ADJUSTMENT

If your family size is seven to nine; add 15% **ENTER ADJUSTMENT** \$ _____

Family sizes 10+: determined by underwriting

=

STEP 3. TOTAL MONTHLY PREMIUM AMOUNT

If you choose the online billing payment method, send a personal check in this amount for the first month's premium with your application **ENTER AMOUNT** \$ _____

If you choose to pay with the preauthorized banking withdrawal method, you do not need to submit the first month's premium with your application. All premiums will be drafted from your authorized bank account upon approval of your coverage.

NOTE:

- Premium rates are based on the age of the applicant (oldest family member applying for coverage). Initial premium increases may be assessed based on underwriting review.
- Premiums under these plans are subject to adjustment each January 1 (if your original effective date is January 1 through June 30) or each July 1 (if your original effective date is July 1 through December 31).
- Premiums will increase on the first of the month following the birthday on which a subscriber moves from one age band to another. Refer to "Major Medical Outline of Coverage," "Premiums" section on page 29 for information on age bands.
- Premium rates are effective January 1, 2008. If you are age 65 or older and are not eligible for Medicare, contact us for premiums.



HealthSave Premium Rates

Deductible applies to all services except preventive care.



AGE	\$1,500 SINGLE/\$3,000 FAMILY			\$2,700 SINGLE/\$5,400 FAMILY			\$5,000 SINGLE/\$10,000 FAMILY		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	62	103	163	56	90	151	47	69	137
20 - 24	65	114	175	59	99	162	50	76	147
25 - 29	74	130	216	67	113	201	56	87	182
30 - 34	83	146	264	75	127	245	63	98	222
35 - 39	93	157	300	84	137	278	70	105	252
40 - 44	110	181	350	99	157	324	83	121	294
45 - 49	127	223	395	114	193	366	96	149	331
50 - 54	149	265	430	134	229	399	113	176	361
55 - 59	176	326	472	159	283	437	133	217	396
60 - 64	215	387	543	193	336	504	162	258	456



AGE	\$1,500 SINGLE/\$3,000 FAMILY			\$2,700 SINGLE/\$5,400 FAMILY			\$5,000 SINGLE/\$10,000 FAMILY		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	67	112	177	61	97	164	51	75	149
20 - 24	71	124	190	64	107	176	54	83	159
25 - 29	81	141	235	73	123	218	61	94	197
30 - 34	90	159	287	81	138	266	68	106	241
35 - 39	101	171	325	91	148	302	76	114	273
40 - 44	119	196	380	107	170	353	90	131	319
45 - 49	138	242	429	124	210	397	104	161	360
50 - 54	162	287	468	146	249	433	122	191	393
55 - 59	191	354	513	172	307	475	144	236	431
60 - 64	233	421	591	210	365	547	176	280	496



AGE	\$1,500 SINGLE/\$3,000 FAMILY			\$2,700 SINGLE/\$5,400 FAMILY			\$5,000 SINGLE/\$10,000 FAMILY		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	74	123	194	67	107	180	56	82	163
20 - 24	78	136	208	70	118	193	59	91	175
25 - 29	88	155	258	80	135	239	67	104	217
30 - 34	99	174	315	89	151	292	75	117	265
35 - 39	111	188	358	100	163	332	84	125	300
40 - 44	131	216	418	118	187	388	99	144	351
45 - 49	152	266	472	136	230	437	114	177	396
50 - 54	178	316	514	160	274	476	134	210	432
55 - 59	210	389	564	189	337	523	159	259	473
60 - 64	256	463	649	231	401	602	193	308	545



General Information

CARRY YOUR ID CARD and use participating providers and facilities to ensure the highest possible benefits are applied to your claims. You are encouraged to maintain a relationship with a participating physician who focuses on primary care services (Primary Care Provider).

See your plan's Provider & Facility Directory for a list of participating providers or visit www.selecthealth.org. If you need help finding a provider, call SelectHealth Member Advocates® at 801-442-4993 (Salt Lake area) or 800-515-2220.

EMERGENCY CARE

If you have an emergency, call 911 or go to the nearest hospital. You will pay a lower copay at a participating emergency room. You will pay a higher copay at a nonparticipating emergency room.

URGENT CARE

If you have an illness or injury that is not life-threatening but needs medical attention within 24 hours, call a participating 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 (located in select Smith's grocery stores);
- Call an Intermountain KidsCare facility to schedule a same-day appointment; or
- 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 Beech Street® provider. To find one, call 800-233-2478 or visit www.beechstreet.com.

PRENOTIFICATION

Participating providers will prenotify certain medical services on your behalf by calling us directly.

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 through participating providers 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, copay provisions, or other limitations that may be set forth in the Contract.

Please refer to the "Benefit Summaries," "General Limitations & Exclusions," and "General Information" sections within this packet for more information. After you receive the Contract (after you are enrolled), 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. No premium refunds are available after the ten-day review period. If your premium is refunded, the Contract shall be void as if no coverage had been issued.

ELIGIBILITY

You and your dependents may apply for coverage if you are a full-time resident of Utah, and you are not eligible for Medicare. Individual Plans are not sold on a temporary or short-term basis. For short-term coverage, please contact SelectHealth or your broker to apply for a TransitionSM plan. 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.

GUARANTEED ISSUE GUIDELINES

You are guaranteed coverage* with no pre-existing condition exclusion if you have met the following requirements:

- Satisfy all other eligibility and continuation requirements under your contract;
- Have an aggregate of 18 months of creditable coverage, the most recent of which was under a group, governmental, or church plan;
- Were eligible for COBRA or a similar state program, and you elected and exhausted such coverage;
- Are not eligible for coverage under a group health plan, Medicare, or Medicaid and do not have other coverage; or
- Were not terminated from your most recent coverage for nonpayment of premium or fraud.

**Coverage is guaranteed after you are certified as insurable by the Utah State Health Insurance Pool. Such coverage may or may not be with SelectHealth.*



ELIGIBLE FAMILY DEPENDENTS

Eligible family dependents include your 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.) Newborns, legal adoptees, or children placed with you for adoption must be enrolled within 31 days of birth, adoption, or placement for adoption.

RATING METHODOLOGY

Premiums are based on a modified community rate methodology and will vary based on the premium provisions as defined in the Utah Insurance Code. Medical underwriters may make an evaluation of the health status of individuals and dependents to determine whether any surcharge to published premiums is necessary. Coverage may be declined on a particular individual or dependent at the time of initial evaluation. Certain industries and occupations may have an additional rate increase.

EFFECTIVE DATE OF COVERAGE

Coverage for you and your family dependents listed on the application will become effective on the first or sixteenth of the month as determined by our underwriting department.

RENEWALS

Premiums under these plans are subject to adjustment effective each January 1 (if your original effective date is January 1 through June 30) or July 1 (if your original effective date is July 1 through December 31). You will be notified at least 30 days prior to any adjustment. These plans are guaranteed renewable based on the terms stated in your Contract.

PLAN AND DEDUCTIBLE CHANGES

To request changes to your plan, follow the instructions on your Individual Plans Change Form (Change Form). This form is included in your Contract folder. All requests for plan changes are subject to underwriting approval. The effective date of any change will be determined by our underwriting department.

TERMINATION

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

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

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.





Why Select Us?

AT SELECTHEALTH, we know you have many options when choosing a health coverage partner. Here are just some of the reasons why we may be your best option.

EXCEPTIONAL SERVICE

Health insurance doesn't have to be complicated. We can help you with everything from finding the right doctor to understanding your benefits.

Member Services

Representatives answer members' questions and help resolve their concerns. Member Services is available extended hours—weekdays from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

SelectHealth Member Advocates®

Member Advocates help members find the right doctor for their needs. They are available weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. and can assist with the following:

- Appointment scheduling, including urgent conditions
- Finding the closest facility or doctor with the nearest available appointment

Behavioral Health AdvocatesSM

Representatives help members find the most appropriate mental health provider for their needs. Behavioral Health Advocates are available weekdays from 8:00 a.m. to 6:00 p.m.

NATIONAL ACCREDITATION

SelectHealth was the first commercial health plan in Utah to receive "Excellent" Accreditation status by the National Committee for Quality Assurance (NCQA)*. In rating a health plan, NCQA examines how well a plan helps its members do the following:

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



Results show that NCQA-accredited plans like SelectHealth outperform nonaccredited plans in all measures of clinical care and member satisfaction.

Our "Excellent" Accreditation status illustrates our commitment to helping members stay healthy and providing the highest quality care when they are sick.

ONLINE TOOLS

My Health is your online source for personal health and plan information. Log in to connect to your claims, coverage, decision support tools, and personalized health and wellness information. Get connected at www.selecthealth.org/myhealth.

FLEXIBILITY IN OFFERINGS

You want choices. SelectHealth offers them. Our wide variety of networks, products, and features allow you to create a truly customized plan that will work for you.

INTEGRATED WITH INTERMOUNTAIN HEALTHCARE

You can be part of what *Modern Healthcare* magazine recognized as one of "the nation's most-integrated health networks."* Our integration with Intermountain Healthcare® allows us to focus on improving the quality of care, while striving to reduce overall medical costs.

**A study was conducted by Verispan, announced in the February 2007 issue of Modern Healthcare magazine.*

OUT-OF-AREA COVERAGE

When you're traveling, it's nice to know you're covered. SelectHealth offers the Beech Street network for members when they travel outside of Utah.





Select Living®

WE WANT OUR MEMBERS TO LIVE WELL, so we provide a number of wellness resources to supplement our health plan benefits. From member discounts to smoking cessation programs, the Select Living program is designed to help you maintain and enjoy a healthy, happy lifestyle. For more information on the following programs and services, visit www.selecthealth.org/wellness or call Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038.

MEMBER DISCOUNTS

We know our members are more likely to embrace a healthy lifestyle when it costs less. The following table outlines discounts we offer to members through partnerships with numerous vendors:

Eyewear	Up to 35 percent off
LASIK Eye Surgery	Up to 10 percent off
Spas and Fitness Centers	Varied discounts
Vitamins and Nutritional Supplements	Up to 40 percent off
Chiropractic Services, Massage Therapy, Acupuncture Services	Up to 25 percent off
Hearing Aids	Up to 15 percent off
Drug education materials	Up to \$80 off

To receive the discounts mentioned above, members simply present their SelectHealth ID Card. For more detailed information about these discounts or to find participating locations, visit www.selecthealth.org/discounts.

CARE/DISEASE MANAGEMENT

Helping our members maintain healthy lives is a top priority. Trained registered nurse care managers are available to assist our members with various health concerns and can help coordinate services between providers and patients.

Our disease management programs provide members with educational materials, newsletters, follow-up phone calls, and additional support. The program covers the following areas:

SELECTHEALTH HEALTHY BEGINNINGS®

Pregnancy is a special time. Our prenatal program provides support and resources for expectant mothers. In addition to pregnancy education materials, the program includes a risk assessment screening and provides high-risk case management when needed.

SMOKING CESSATION PROGRAMS

One of the most significant things a person can do to improve overall health is to quit smoking. We offer two programs that can help. Free & Clear® allows members to progress at their own pace from home. SmokeBreakers® is a group program offered at several Intermountain Healthcare hospitals.

PREVENTIVE CARE

Regular preventive care exams can help members maintain optimal health and detect and treat concerns early. We provide information, schedules, and reminder calls and mailings to help members seek the appropriate examinations, immunizations, and treatments.

ONLINE WELLNESS RESOURCES

We like our members to have important health information at their fingertips. Information on all of these programs, as well as additional wellness tools, can be found online at www.selecthealth.org/wellness.

NOTE: *These benefits and services may not be available to all employers or regions. To confirm your benefits, call your sales representative.*



Major Medical Outline of Coverage

SelectHealth
4646 W. Lake Park Blvd.
P.O. Box 30192
Salt Lake City, UT 84130-0192

READ YOUR CONTRACT

Read your Contract carefully. This outline of coverage provides a very brief description of the important features of your Contract. This is not the Contract, and only the actual Contract provisions will control.

The Contract sets forth in detail the rights and obligations of both you and SelectHealth. It is, therefore, very important that you read your Contract carefully.

If you are approved for coverage, you will receive an ID Card and a Contract, which will explain benefits, limitations, exclusions, and managed care provisions in detail. Please refer to your Contract for your covered benefits listed on a Member Payment Summary.

MAJOR MEDICAL EXPENSE COVERAGE

Contracts of this category are designed to provide, to persons insured, coverage for major 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, subject to any deductible, copay provisions, or other limitations that may be set forth in the Contract.

SUMMARY OF BENEFITS

Benefits are subject to all of the applicable exclusions, limitations and requirements of the Contract.

Daily Hospital Room and Board, Miscellaneous Hospital Services, Surgical Services, Anesthesia Services, and In-hospital Medical Services

- Coinsurance exists for individual plan members. SelectHealth pays the remaining percent after the medical deductible.

Professional Office Visits

- The member pays a copay after the medical deductible.

Maximum Dollar Amount for Covered Charges

- The lifetime maximum plan payment is listed on your Member Payment Summary. A separate maximum payment applies for infertility services.

OTHER BENEFITS OF THE CONTRACT FOR A COVERED MEMBER

Facility Services to Include the Following:

- Medical, surgical, emergency, detoxification, and skilled nursing facility services.

Inpatient Services to Include the Following:

- Medical, surgical, and emergency admissions, maternity services (limited), and skilled nursing facilities.

Outpatient Services to Include the Following:

- Outpatient and ambulatory surgical facility; emergency room (ER); Intermountain InstaCare facilities; and other services, such as chemotherapy, radiation therapy, dialysis, and diagnostic testing (major and minor).

Professional Services to Include the Following:

- Office services; provider office visits and minor surgery; major surgery; infertility (selected services); other professional services, such as medical, surgical, and anesthesiology; psychiatric; and rehabilitation therapy.

Miscellaneous Services to Include the Following:

- Ambulance (ground and air); durable medical equipment; home health, hospice care, injectable drugs; outpatient private nurse; miscellaneous medical supplies; allergy tests, allergy treatment; preventive care; and prescription drugs.

For benefit coverage levels, see your Member Payment Summary, which is included as part of your Contract. All eligible charges must be incurred while the Contract is in force.



GENERAL LIMITATIONS AND EXCLUSIONS

Accepted Medical Practice

Services determined by SelectHealth to be inconsistent with accepted medical practice or services that are illegal are excluded. This includes any service which is not generally recognized by the U.S. medical community as conforming to accepted medical practice, and any service for which required governmental approval has not been granted at the time the service is provided, including services which are investigational, experimental, or research in nature. Procedures, devices, drugs, or “biologics” for which there is insufficient evidence to determine their likely effects on patients’ health outcomes are also excluded.

Calendar Year

Unless otherwise noted on your Member Payment Summary, plan benefits are calculated on a calendar year basis regardless of when you are enrolled. Out-of-pocket maximums and limited benefits start over on January 1.

Claims After One Year

Claims are denied if submitted to SelectHealth more than one year after services were rendered unless you can show that notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims are denied if submitted to SelectHealth more than one year after claims were first processed, unless you can show that the additional information relating to the claim was filed as soon as reasonably possible. Where SelectHealth is secondary coverage, coordination of benefit’s claims will be denied if submitted to SelectHealth more than three years after the date the claim was first processed by the primary carrier unless you show that notice was given or proof of loss was filed as soon as reasonably possible. If it is discovered that SelectHealth is primary when they were believed to be secondary, and claims were submitted within the filing deadline to the other carrier first, SelectHealth will consider claims up to three years from the date of service.

Excess Charges

Amounts exceeding eligible charges are excluded. You are not responsible for excess charges for covered services from participating providers and facilities. Excess charges paid to nonparticipating providers do not apply to your out-of-pocket maximum.

Limited Benefits

Normally covered services that exceed benefit limits specified on the Member Payment Summary (e.g., dollars, days, visits, etc.) are excluded and not applied to the out-of-pocket maximum, including, but not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, psychiatric services, etc.

Medical Necessity

Services, equipment, and supplies that are not medically necessary are not covered.

Noncovered Services and Complications

All related expenses, accommodations, materials, or care for noncovered services are excluded, including complications resulting directly from a noncovered service. When a noncovered procedure is performed as part of the same operation or process as a covered service, then only eligible charges relating to the covered service will be eligible for benefits. Eligible charges may be calculated to exclude any charges related to the noncovered service.

No Presumption of Coverage

There is no presumption of coverage. Services not specified as covered are excluded.

Excluded Services

Unless otherwise noted in your Member Payment Summary, the following services are excluded:

- Abortions, elective*
- Acupuncture and Acupressure*
- Administrative Charges, Administrative Examinations and Services, for nonmedical purposes*
- Allergy Tests, Treatment, and Services, selected types of*
- Appointments Not Kept, charges for*
- Axillary Hyperhidrosis*
- Biofeedback*
- Birthing Centers and Home Childbirth*
- Cancer Therapy, when investigational or experimental*
- Chiropractic*
- Complementary and Alternative Medicine*
- Cosmetic Procedures*
- Custodial Care, Long-term Care*
- Dental, Mouth, and Jaw, including TMJ*
- Developmental Delay*
- Dietary Products*
- Drugs, Medications, and Injections, selected types of*



Durable Medical Equipment (DME), selected types of
General Anesthesia, in a doctor's office
Educational and Nutritional Training, selected types of
Evaluation Visits, for noncovered diagnoses
Experimental or Investigational Treatments and Services
Eye Surgery, refractive
Felony, Riot, Insurrection
Fitness Training
Gastric Bypass
Gene Therapy
Genetic Testing, except when criteria is met
Habilitation Therapy Services
Hearing Aids
Home Health Aides and Services
Illegal Activities, injuries while committing
Infertility Services, selected types of
Injections and Immunizations, selected types of
Miscellaneous Medical Supplies (MMS), selected types of
Nonparticipating Providers, charges for (except for
 emergencies and out-of-area urgent conditions)
Obesity, selected related services
Organ Transplants/Implants, selected types of
Orthotics
Osteoporosis Screening
Pre-existing Conditions, during waiting periods
Provider Household Services
Psychiatric, Mental Health, or Alcohol/Substance Abuse,
 over and above coverage limitations noted on
 the Member Payment Summary
Rehabilitation Therapy Services, selected types of
Respite Care
Sexual Dysfunction, benefits for
Shipping and Handling
Sterilization Procedures, from nonparticipating providers
Telephone Consultations
Terrorism or Nuclear Release
Transportation Services, medically unnecessary
Unproven Interventions and Therapies
Vision Aids, selected types of
War, related services

PRE-EXISTING CONDITIONS (PEC)

Limited Coverage of Pre-existing Conditions

Pre-existing conditions, if applicable, or sickness or injury directly resulting from or related to such pre-existing conditions are not covered until you have been covered by SelectHealth for 12

months. See the Contract for details. Acceptance under these plans does not imply any waiver of pre-existing condition waiting periods.

Definition of Pre-Existing Condition

A pre-existing condition is a condition occurring or present in the six-month period prior to a member's enrollment date of coverage for which medical advice, diagnosis, care, or treatment (including prescription and over-the-counter drugs) was either received from or recommended by a provider.

NOTE: *If medical records or claims for you and/or your dependents document the presence of a pre-existing condition that was not fully disclosed on the health questionnaire, your coverage may be altered or terminated.*

Pre-Existing Condition Waiting Period

If you or your dependents are considered newly covered, the first 12 months of coverage is referred to as a pre-existing condition waiting period. You may receive credit for any portion of your pre-existing condition waiting period which was satisfied by your previous healthcare coverage. This credit may be used in satisfying all or part of your pre-existing condition waiting period requirement. Pre-existing condition waiting period credit will not apply, however, under the following circumstances:

- The previous healthcare coverage was terminated more than 63 days prior to the member's effective date of coverage with SelectHealth, or
- The benefits or services were not covered by previous healthcare coverage.

Limited Coverage of Selected Services

Services for the following lists of selected diagnoses and procedures are always denied during the first 12 months of coverage unless determined by SelectHealth to be a medically necessary emergency. However, if a member qualifies for pre-existing condition waiting period credit, this credit will also apply to the following services:

Diagnoses

- Amenorrhoea*
- Cataracts*
- Congenital Deformities* (except as required in Utah Code Section 31A-22-610)
- Cystocele*
- Dysmenorrhoea*
- Enterocoele*
- Infertility*



Rectocele
Sleep Problems/Disorders
Urethrocele
Uterine Prolapse
Varicose Veins

Procedures

Allergy Testing and Treatment, in cases of seasonal allergies
Bunionectomy
Carpal Tunnel Surgery
Hysterectomy, except in cases of malignancy
Joint Replacement
Mammoplasty, reduction
Morton's Neuroma, surgical treatment of
Myringotomy/Tympanotomy, with or without tubes insertion
Nasal Septal Repair, except injuries after effective date of coverage
Retained Hardware Removal
Sleep Studies
Sterilization
Tonsillectomy/Adenoidectomy

RENEWAL

Subject and in addition to all terms and conditions of your Contract, your Contract is issued by SelectHealth for the term stated on your application. Unless either formally terminated or otherwise renegotiated, the Contract will be renewed automatically on or about January 1 or July 1 of each year, subject to termination by either party upon 30 days written notice after the term. SelectHealth may only terminate your coverage for the reasons stated on the cover page of your Contract. SelectHealth may exercise specifically reserved rights under the Contract to change the benefits, exclusions, limitations, and/or services set forth in the Contract upon renewal with 30 days written notice.

PREMIUMS

Subject to the provisions of your Contract, the premiums will remain the same until the end of the term specified on the application. If federal or state law or regulations mandate that SelectHealth modify benefits under this Contract, SelectHealth may modify the premiums accordingly. SelectHealth may unilaterally modify the premiums after the term upon 30 days advance written notice to you.

If you have a birthday that moves you into the next age band, you will experience a rate 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.

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





Notice of Privacy Statement

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

ABOUT THIS NOTICE

This notice describes the privacy practices of SelectHealth, Inc. and SelectHealth Benefit Assurance Co., Inc. (collectively “SelectHealth”). This notice is intended for our health plan members. SelectHealth is part of Intermountain Healthcare, which is a health care delivery system, consisting of hospitals, health plans, doctors, and other practitioners that work together to provide health care. Each part of the health care system performs a different role in the delivery of health care.

For the purposes of this notice, we have defined the following terms:

- “Intermountain” refers to SelectHealth, Inc., SelectHealth Benefit Assurance Co., Inc., and IHC Health Services, Inc.
- “SelectHealth” or “we” refers to all coverage plans offered by SelectHealth, Inc. and SelectHealth Benefit Assurance Co., Inc. but does not include plans offered by other companies that contract to use the SelectHealth panel of providers.
- “Intermountain Healthcare” means the hospitals, clinics, doctor offices, and other healthcare facilities owned and operated by IHC Health Services, Inc., as well as the individuals employed by Intermountain Healthcare at these facilities.
- “Affiliated Providers” are doctors and other healthcare practitioners who are not employed by Intermountain Healthcare but either have a contractual relationship with SelectHealth or are credentialed to admit patients to an Intermountain hospital.
- “Personal Information” means your personal medical information that describes your physical or mental health or the payment for the provision of your health care as well as any other financial information that we may have collected about you.
- “Personal Representative” means an individual who has authority under law to make health care decisions on behalf of another person, e.g. a parent for a minor child.

In some situations, Intermountain Healthcare and Affiliated Providers have different privacy practices than SelectHealth because of the type of services they provide. As a result, if you are a

patient of Intermountain Healthcare or an Affiliated Provider, you may receive a separate notice of their privacy practices. To request a copy of the privacy notices of Intermountain Healthcare, please contact 1-800-442-4845; to receive a copy of the privacy notices of Affiliated Providers, please contact those providers directly.

SELECTHEALTH’S PRIVACY RESPONSIBILITIES

We are committed to protecting your privacy as described in this document. In addition, certain laws require that we maintain the privacy of your Personal Information and provide you with this notice. This notice describes our legal duties and privacy practices with respect to Personal Information. When we use or disclose Personal Information, we must abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

COLLECTION OF PERSONAL INFORMATION

We may collect Personal Information from you, health care providers, and other payers of health care. We may also collect Personal Information from governmental agencies, legal proceedings, and consumer reporting agencies.

USES AND DISCLOSURES WITH AN AUTHORIZATION

An authorization is a written document signed by you or your Personal Representative that gives us permission to use your Personal Information for a specific purpose. We will only use your Personal Information without an authorization in ways described in the next section of this notice entitled “Uses and Disclosures Permitted by Law Without an Authorization.” You may revoke an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

USES AND DISCLOSURES PERMITTED BY LAW WITHOUT AN AUTHORIZATION

Use or Disclosure by SelectHealth for Payment or Health Care Operations

SelectHealth uses Personal Information for the following routine purposes:

Payment

SelectHealth uses and discloses Personal Information for payment of health coverage premiums and to determine and fulfill its responsibility to provide you benefits—for example, to make coverage determinations, administer claims, and coordinate



benefits with other coverage you may have. SelectHealth may also disclose Personal Information to consumer reporting agencies or other individuals or companies that assist with its payment activities.

Finally, SelectHealth will disclose Personal Information about any dependent on a policy to the subscriber, his or her spouse, or the authorized representative of either of these people. This is limited to information necessary to understand how a claim was processed. We disclose this information to allow the subscriber and his or her spouse to manage the policy effectively. You may have rights to limit these disclosures. See the subsection “Your Right to Request Confidential Communications” in the “Your Individual Rights” section.

Health Care Operations

SelectHealth uses and discloses Personal Information for its Health Care Operations, which include internal administration, planning, and various activities that improve the quality of the health care that we pay for. For example, we may use your Personal Information to assess insurance rates and to evaluate how many of the children on our plans have received the recommended immunizations. SelectHealth may disclose Personal Information to individuals or companies that assist with Health Care Operations. However, such disclosures are only made if the person or company agrees to safeguard Personal Information as required by SelectHealth’s privacy policy.

In addition, SelectHealth may disclose Personal Information as follows:

- To another health care entity for its health care operations.
- To Affiliated Providers and Intermountain Healthcare to improve the overall Intermountain system as well as to help them better manage your care. For example, Intermountain has programs in place to manage the treatment of chronic conditions, such as diabetes or asthma, and as part of these programs, we share information with Affiliated Providers and Intermountain Healthcare to facilitate improved coordination of the care members receive for these conditions.

We may use Personal Information to identify health-related services and products that may be beneficial to your health and then contact you about these services and products.

Treatment

SelectHealth may disclose Personal Information to health care providers to support them in providing treatment.

Special Protections for Certain Types of Information

SelectHealth may request Personal Information for underwriting purposes. If the health insurance is not placed with us, we will not use or disclose this information for any other purpose. We may request an HIV/AIDS test for underwriting purposes, but only if we provide proper notice and follow other requirements of State law. If we do require an HIV/AIDS test, we will not release the results of this test unless we have specific written permission to do so. Additionally, we will not request private genetic information from asymptomatic individuals for underwriting purposes. However, we may request private genetic information in certain circumstances to determine our obligation to pay for health care services.

Disclosures to the Sponsor of Your Health Plan

SelectHealth discloses enrollment and disenrollment information to the plan sponsor of your health plan (this is usually your employer, if your health insurance is offered through your employer). SelectHealth may also share information with the plan sponsor that summarizes the claims history, expenses, or types of claims of individuals enrolled in your health plan. SelectHealth shares such summary health information with your plan sponsor for your plan sponsor to obtain premium bids from other health insurance companies or to make decisions about modifying, amending, or terminating your health plan.

SelectHealth may also share limited Personal Information with your plan sponsor. However, SelectHealth will only do so if the plan sponsor specifically requests Personal Information for the administration of your health plan and agrees in writing not to use your Personal Information for employment-related actions or decisions.

Public Health Activities

We may disclose Personal Information for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability, as required by law and public health concerns; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; and (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk to contracting or spreading a disease or condition.

**Disclosure to Relatives and Close Friends**

We may use or disclose Personal Information to a family member, other relative, a close personal friend or any other person identified by you when you are either present for or otherwise available prior to the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

Victims of Abuse, Neglect, or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your Personal Information to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose Personal Information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings

We may disclose Personal Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials

We may disclose Personal Information to the police or other law enforcement officials as required by law or in compliance with a court order.

Health or Safety

We may use and disclose Personal Information to prevent or lessen a serious and imminent threat to an individual's or the public's health or safety.

Specialized Government Functions

We may disclose to Military authorities the Personal Information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials Personal Information required for lawful intelligence, counterintelligence, and other national security activities.

Workers' Compensation

We may disclose Personal Information as necessary to comply with workers' compensation laws.

Research

We may use or disclose Personal Information without your consent or authorization for purposes of research if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

An Institutional Review Board or a Privacy Board is responsible for reviewing research that involves human subjects and for reviewing the effect of the research on the subjects' privacy rights. Either board must have at least one member on the board not affiliated with Intermountain.

Required by Law

We may use or disclose Personal Information to the extent that:

- Such use or disclosure is required by law; and
- The use or disclosure complies with and is limited to the relevant requirements of such law.

YOUR INDIVIDUAL RIGHTS**For More Information; Complaints**

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to Personal Information, you may contact our Privacy Office. Please see the last section of this notice, entitled "Privacy Office," for information on contacting our Privacy Office. You may also file written complaints with the Director of the Office of Civil Rights in the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not take action against you if you file a complaint with us or the Director.

Right to Request Additional Restrictions

You may request restrictions on our use and disclosure of Personal



Information (1) for payment and health care operations or (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

Right to Inspect and Copy Your Personal Information

You may request access to our records which (1) we use for decision-making purposes and (2) contain your Personal Information, including your enrollment, payment, claims adjudication, case, medical management records, and your billing records. You may request access in order to inspect and ask for copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you request a copy or copies of your record, you will be charged a cost-based fee for each copy. If you wish to access the Personal Information maintained by an Affiliated Provider or by Intermountain Healthcare, please contact them directly.

Right to Request Amendment to Your Records

You have the right to request an amendment to your Personal Information that SelectHealth created and used for decision-making purposes. SelectHealth will comply with your request unless we are not the originator of the information or we believe that the information that would be amended is accurate and complete or other special circumstances apply. If you wish to amend the Personal Information maintained by an Affiliated Provider or by Intermountain Healthcare, please contact them directly.

Right to Receive an Accounting of Disclosures

Upon request, you may obtain a written summary of certain disclosures of your Personal Information made by us. Your request must state a time period, which may not exceed the six years prior to the date of your request and may not include dates before April 14, 2003.

If you request an accounting more than once during a twelve month period, we will charge you a reasonable fee for each additional accounting statement.

Right to Request Confidential Communications

You have the right to receive communications about your Personal Information by alternative means or at alternative locations if the normal means/location of disclosure could endanger you. We will accommodate all reasonable written requests.

Right to Receive a Paper Copy of This Notice

If you have not already received one, you have the right to receive a paper copy of this notice. To request a paper copy of this notice, please contact our Privacy Office.

NOTE: Any Personal Representative of yours can exercise these rights related to your Personal Information.

MAINTAINING THE PRIVACY OF PERSONAL INFORMATION

We guard Personal Information by limiting access to this information to those who need it to perform assigned tasks and through physical safeguards (e.g., locked filing cabinets and password-protected computer systems).

In addition, when you or someone else acting on your behalf calls our Member Services department, the Member Services Representative may need to limit the Personal Information disclosed. This is done to help safeguard your Personal Information. The Representative may ask for information to verify the identity of the caller before disclosing any Personal Information. The amount and type of Personal Information that we can release depends on several factors:

- Who is requesting the Personal Information
- What that person's relationship is to the subject of the Personal Information
- For what purpose the Personal Information is being requested
- If the Personal Information relates to the treatment of certain conditions

We realize that these restrictions may at times seem inconvenient, but the restrictions help us maintain the privacy of your Personal Information.

EFFECTIVE DATE AND DURATION OF THIS NOTICE **Effective Date**

This notice describes the privacy practices of SelectHealth as of July 1, 2007.



Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all Personal Information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice on our Web site at www.selecthealth.org and will distribute it via our member materials. You may also obtain any new notice by contacting the Privacy Office.

PRIVACY OFFICE

You may contact the Privacy Office at:
Intermountain Privacy Office
4646 West Lake Park Blvd.
Salt Lake City, UT 84120
800-442-4845
E-mail: privacy@imail.org





Provider Directory Information

FOR A COMPLETE and current directory of participating primary, secondary, and ancillary providers, as well as pharmacies and facilities, please visit www.selecthealth.org.

As a SelectHealth member, you will receive a complete Provider & Facility Directory that contains all participating physicians, facilities, and providers for the plan you have selected. You may also contact your SelectHealth-appointed agent for participating provider information.





Glossary of Terms

Coinsurance The percentage of eligible charges payable by the member directly to a provider for covered services. Coinsurance percentages are specified on the Benefit Summary/Member Payment Summary.

Copay A fixed dollar amount payable by the member directly to a provider at the time covered services are rendered. Copay amounts are specified on the Benefit Summary/Member Payment Summary.

Deductible The portion of eligible charges payable by the member each year directly to providers for covered services before benefits are paid. Any deductible amounts paid will apply to the out-of-pocket maximum.

Diagnostic Test, Major A test that is determined to be a major diagnostic test based on several different considerations such as invasiveness, complexity, and the place of service where the test is commonly performed. Major diagnostic tests include, but are not limited to, imaging studies such as MRIs, CT scans, and PET scans; neurologic studies, such as EMGs and nerve conduction studies; cardiovascular procedures, such as coronary angiograms; gastrointestinal procedures, such as EGDs, ERCPs, and colonoscopies; and gene base testing and genetic testing.

Diagnostic Test, Minor A test that does not meet the definition of a major diagnostic test. Examples of common minor diagnostic tests include routine blood and urine tests; simple X-rays, such as chest and long bone X-rays; EKGs; echocardiograms; and sigmoidoscopies.

Excess Charges Charges from providers and facilities that exceed SelectHealth's fee schedule for covered services. The member is responsible to pay for excess charges from nonparticipating providers and facilities. These charges do not apply to the member's out-of-pocket maximum.

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

Out-of-Pocket Maximum The maximum dollar amount per year of eligible medical charges payable by the member directly to providers as deductibles, copays, and coinsurance. Except where otherwise noted on the Benefit Summary/Member Payment Summary, SelectHealth will pay 100 percent of eligible medical charges during the remainder of the year once the medical out-of-pocket maximum is satisfied.

Preventive Care Services such as annual physical exams with associated tests, well-child visits, immunizations, and cancer screenings. Care provided for the diagnosis or monitoring of illness based on symptoms the member is experiencing is not considered preventive care and will apply to the appropriate medical benefit.

Primary Care Provider (PCP) A general practitioner who attends to the member's common medical problems and provides preventive care and health maintenance. A PCP is someone who practices internal medicine, family medicine, pediatrics, or obstetrics and gynecology.

Secondary Care Provider (SCP) A provider who specializes in a specific area of care (e.g., orthopedics, cardiology). Any provider who is not identified as a PCP is an SCP.