



INTRODUCTION Thank you for considering SelectHealthSM. This packet has been designed to help you choose the Individual 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.

TABLE	INTRODUCTION	1
— of —	ENROLLMENT GUIDELINES	2
CONTENTS	PLAN AND NETWORK OPTIONS	3
	SELECTING AN HMO/PLUS PLAN	5
	HMO/PLUS BENEFIT SUMMARY	6
	HMO/PLUS PREMIUM CALCULATION WORKSHEET	7
	HMO/PLUS 80/20 COINSURANCE PREMIUM RATES	8
	HMO/PLUS 70/30 COINSURANCE PREMIUM RATES	11
	HEALTHSAVESM	14
	SELECTING A HEALTHSAVE PLAN	17
	HEALTHSAVE BENEFIT SUMMARY	18
	HEALTHSAVE PREMIUM CALCULATION WORKSHEET	20
	HEALTHSAVE PREMIUM RATES	21
	DENTAL PLANS	22
	GENERAL INFORMATION	24
	WHY SELECT US?	26
	SELECT LIVING[®]	27
	MAJOR MEDICAL OUTLINE OF COVERAGE	28
	NOTICE OF PRIVACY STATEMENT	32
	PROVIDER DIRECTORY INFORMATION	37
	GLOSSARY OF TERMS	38



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 \$6,500 deductible per pregnancy.
- 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 Utah County</p> <p>EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES: 84013 84626 84633 84651 84653 84655 84660</p>	 <p>28 PARTICIPATING HOSPITALS</p> <p>3,000+ PARTICIPATING PHYSICIANS</p> <p>COUNTIES: Beaver, 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 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, \$2,500, and \$5,000. 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	✓		
\$5,000	✓		

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 Per Person	Rx Out-of-Pocket Per Person	Medical Deductible Single/Family	Medical Out-of-Pocket Single/Family	Rx Deductible & Out-of-Pocket Per Person
DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM OPTIONS							
Deductible included in the out-of-pocket maximum	\$250/\$750 \$500/\$1,500 \$1,000/\$2,500 \$2,500/\$5,000 \$5,000/\$10,000	\$2,500/\$5,000 \$3,000/\$6,000 \$3,500/\$7,000 \$4,000/\$8,000 \$6,500/\$13,000	\$100 ² \$200 ² \$400 ² \$1,000 ² \$2,000 ²	\$4,000 \$4,000 \$4,000 \$4,000 \$4,000	\$500/\$1,500 \$750/\$2,250 \$1,500/\$3,500 \$3,000/\$6,000 \$6,000/\$12,000	\$4,500/\$9,000 \$5,000/\$10,000 \$5,500/\$11,000 \$6,000/\$12,000 \$9,000/\$18,000	See "Participating Benefits" See "Participating Benefits" See "Participating Benefits" See "Participating Benefits" 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 \$6,500 per pregnancy 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, 2009. 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			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	96	174	259	84	152	227	76	137	205	66	120	179	53	96	144
20 - 24	101	192	278	88	168	244	80	152	220	70	132	192	56	107	154
25 - 29	115	220	346	101	192	302	91	174	273	79	152	238	64	122	192
30 - 34	130	248	422	113	217	369	102	196	334	89	171	291	72	137	234
35 - 39	145	267	480	127	233	420	114	211	379	100	184	331	80	148	266
40 - 44	172	307	561	150	269	491	136	243	444	119	212	387	95	170	312
45 - 49	200	379	633	175	332	554	158	299	500	138	262	437	111	210	352
50 - 54	235	451	691	206	395	605	186	356	546	162	311	477	130	250	384
55 - 59	278	557	758	244	487	663	220	440	599	192	384	523	154	309	421
60 - 64	340	662	873	297	579	764	268	523	690	234	457	603	189	368	485



select: med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	104	189	282	91	165	246	82	149	223	72	130	194	58	105	156
20 - 24	110	209	303	96	183	265	87	165	239	76	144	209	61	116	168
25 - 29	125	239	376	110	209	329	99	189	297	86	165	259	69	133	208
30 - 34	141	269	459	123	235	402	111	213	363	97	186	317	78	149	255
35 - 39	158	290	522	138	254	456	124	229	412	109	200	360	87	161	289
40 - 44	187	334	610	163	292	534	148	264	482	129	230	421	104	185	339
45 - 49	217	412	689	190	361	602	171	326	544	150	284	475	120	229	382
50 - 54	256	490	751	224	429	657	202	387	593	176	338	518	142	272	417
55 - 59	303	605	824	265	529	721	239	478	651	209	417	569	168	336	457
60 - 64	369	720	949	323	630	831	292	569	750	255	497	655	205	399	527



select: care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	115	208	310	100	182	271	91	164	245	79	143	214	64	115	172
20 - 24	120	230	333	105	201	291	95	181	263	83	158	230	67	127	185
25 - 29	138	263	413	120	230	361	109	208	326	95	181	285	76	146	229
30 - 34	155	296	505	136	259	442	122	234	399	107	204	348	86	164	280
35 - 39	173	319	574	152	279	502	137	252	453	120	220	396	96	177	318
40 - 44	205	367	671	180	321	587	162	290	530	142	253	463	114	204	373
45 - 49	239	453	757	209	397	663	189	358	598	165	313	523	132	252	420
50 - 54	281	539	826	246	472	723	222	426	653	194	372	570	156	299	459
55 - 59	333	666	907	291	582	793	263	526	716	230	459	626	185	369	503
60 - 64	406	792	1,044	355	693	914	321	626	825	280	546	721	225	439	580



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
Under 20	109	197	294	98	177	264
20 - 24	114	218	316	103	195	283
25 - 29	131	249	392	117	224	352
30 - 34	147	281	479	132	252	430
35 - 39	164	303	544	147	271	488
40 - 44	195	348	637	175	312	571
45 - 49	226	430	719	203	386	644
50 - 54	267	512	784	239	459	703
55 - 59	316	632	860	283	566	771
60 - 64	385	751	991	346	674	889

select:med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	117	212	316	106	193	288
20 - 24	123	234	339	112	213	309
25 - 29	140	268	421	128	244	383
30 - 34	158	302	514	144	275	469
35 - 39	177	325	585	161	296	532
40 - 44	209	374	684	191	341	623
45 - 49	243	462	772	222	421	703
50 - 54	286	549	842	261	501	767
55 - 59	339	678	924	309	618	841
60 - 64	414	807	1,064	377	735	969

select:care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	130	235	350	116	210	313
20 - 24	136	259	376	122	232	336
25 - 29	156	297	467	139	266	418
30 - 34	175	335	571	157	299	510
35 - 39	196	361	649	175	322	580
40 - 44	232	415	759	208	371	679
45 - 49	270	512	856	241	458	766
50 - 54	318	610	934	284	545	835
55 - 59	376	752	1,025	336	673	916
60 - 64	459	895	1,180	411	800	1,056



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
Under 20	122	220	329	109	198	295	102	185	276
20 - 24	128	243	353	115	218	317	107	205	297
25 - 29	146	279	438	131	250	393	123	234	368
30 - 34	164	314	535	147	282	481	138	264	450
35 - 39	184	338	608	165	304	546	155	285	512
40 - 44	218	389	712	196	350	639	183	327	599
45 - 49	253	481	803	227	431	721	213	404	675
50 - 54	298	572	876	268	513	786	251	481	737
55 - 59	353	706	961	317	633	863	297	594	808
60 - 64	431	840	1,107	387	754	994	362	706	931



select:med+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	131	236	353	119	216	322	109	198	295
20 - 24	137	261	379	125	238	345	115	219	317
25 - 29	157	299	470	143	273	429	131	250	394
30 - 34	176	337	575	161	307	524	148	282	481
35 - 39	197	363	653	180	331	596	165	304	547
40 - 44	234	418	764	213	381	697	196	350	640
45 - 49	272	516	862	248	471	786	228	432	722
50 - 54	320	614	941	292	560	858	268	514	788
55 - 59	379	758	1,032	345	691	941	317	634	864
60 - 64	462	901	1,189	422	822	1,084	387	755	995



select:care+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	145	262	391	130	235	350	120	218	325
20 - 24	152	290	420	136	259	376	126	241	349
25 - 29	174	332	522	156	297	467	144	276	433
30 - 34	196	374	638	175	335	571	162	310	529
35 - 39	219	403	725	196	361	649	182	334	602
40 - 44	259	464	848	232	415	759	215	385	704
45 - 49	301	573	957	270	512	856	250	475	794
50 - 54	355	681	1,044	318	610	934	295	566	866
55 - 59	420	841	1,145	376	752	1,025	349	698	951
60 - 64	513	1,000	1,319	459	895	1,181	426	830	1,095



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			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	92	167	249	81	147	219	74	134	200	65	118	176	52	95	142
20 - 24	97	184	267	85	162	236	78	148	215	68	130	189	55	105	152
25 - 29	111	211	332	97	186	292	89	170	267	78	149	234	63	120	189
30 - 34	125	238	406	110	210	357	100	192	327	88	168	286	71	135	231
35 - 39	139	256	461	123	226	406	112	206	371	98	181	325	79	146	262
40 - 44	165	295	540	145	260	475	133	238	434	117	208	381	94	168	307
45 - 49	192	364	609	169	321	536	154	293	490	135	257	430	109	207	346
50 - 54	226	433	664	199	382	585	182	349	534	159	306	469	128	246	377
55 - 59	267	535	729	236	471	642	215	431	586	189	378	514	152	304	414
60 - 64	326	636	839	288	561	739	263	512	675	230	449	592	186	362	477

select: med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	100	181	271	88	160	238	81	146	218	71	128	191	57	103	154
20 - 24	105	201	291	93	177	256	85	161	234	74	142	205	60	114	165
25 - 29	120	230	361	106	202	318	97	185	290	85	162	255	68	130	205
30 - 34	135	259	441	119	228	389	109	208	355	96	183	311	77	147	251
35 - 39	151	279	501	133	245	442	122	224	403	107	197	354	86	158	285
40 - 44	179	321	586	158	283	517	144	258	472	127	226	414	102	182	333
45 - 49	209	396	662	184	349	583	168	319	532	147	279	467	118	225	376
50 - 54	246	471	722	216	415	636	198	379	581	173	333	509	140	268	410
55 - 59	291	581	792	256	512	698	234	468	637	205	410	559	165	330	450
60 - 64	355	692	912	313	609	804	286	557	734	250	488	644	202	393	518

select: care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX			\$5,000 MEDICAL/\$2,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	110	200	298	97	176	262	89	161	240	78	141	210	63	113	169
20 - 24	116	221	320	102	194	282	93	177	257	82	156	226	66	125	182
25 - 29	132	253	397	117	222	350	106	203	319	93	178	280	75	144	226
30 - 34	149	285	485	131	251	427	120	229	390	105	201	342	85	162	276
35 - 39	167	307	551	147	270	486	134	247	444	118	216	389	95	174	313
40 - 44	197	353	645	174	311	568	159	284	519	139	249	455	112	201	367
45 - 49	229	436	728	202	384	641	185	351	586	162	307	514	130	248	414
50 - 54	270	518	794	238	457	699	217	417	639	191	366	560	154	295	451
55 - 59	320	640	871	282	563	767	257	515	701	226	451	615	182	363	495
60 - 64	390	761	1,004	344	670	884	314	612	808	276	537	708	222	432	570



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
Under 20	104	187	280	92	167	249
20 - 24	109	207	300	97	185	268
25 - 29	124	237	373	111	211	332
30 - 34	140	267	456	125	238	406
35 - 39	156	288	518	139	257	462
40 - 44	185	331	606	165	295	540
45 - 49	215	409	683	192	365	609
50 - 54	254	487	746	226	434	665
55 - 59	300	601	818	268	536	729
60 - 64	367	715	942	327	637	840



select:med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	111	201	300	101	182	272
20 - 24	117	222	322	106	201	292
25 - 29	133	255	400	121	231	363
30 - 34	150	287	489	136	260	443
35 - 39	168	309	556	152	280	504
40 - 44	199	356	650	180	322	589
45 - 49	231	439	734	209	398	665
50 - 54	272	523	801	247	473	725
55 - 59	322	645	878	292	584	796
60 - 64	394	767	1,012	356	695	916



select:care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	123	223	333	110	199	296
20 - 24	130	247	358	115	219	318
25 - 29	148	282	444	132	251	395
30 - 34	167	318	543	148	283	483
35 - 39	186	343	617	166	305	548
40 - 44	221	395	722	196	351	642
45 - 49	257	487	814	228	433	724
50 - 54	302	580	888	269	516	790
55 - 59	358	715	975	318	636	867
60 - 64	437	851	1,123	388	757	998



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
Under 20	116	209	312	103	187	279	97	176	263
20 - 24	121	231	336	108	207	300	102	195	283
25 - 29	139	265	417	124	237	372	117	223	351
30 - 34	156	299	509	139	266	454	132	251	429
35 - 39	175	322	579	156	287	516	147	271	487
40 - 44	207	370	677	185	331	604	174	312	570
45 - 49	241	457	764	215	408	682	203	385	643
50 - 54	283	544	833	253	485	744	239	458	702
55 - 59	336	671	914	300	599	816	283	565	770
60 - 64	410	798	1,053	366	713	940	345	673	887

select: med+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	124	225	335	113	204	304	104	189	281
20 - 24	130	248	360	118	225	327	109	208	302
25 - 29	149	284	447	135	258	406	125	239	375
30 - 34	168	321	547	152	291	496	141	269	458
35 - 39	188	345	621	170	313	563	157	290	521
40 - 44	222	398	727	202	360	659	186	333	609
45 - 49	258	491	820	234	445	743	217	411	688
50 - 54	304	584	894	276	529	811	255	490	750
55 - 59	360	721	981	327	653	890	302	604	823
60 - 64	440	857	1,130	399	777	1,025	369	719	948

select: care+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
Under 20	138	249	372	123	222	331	115	207	309
20 - 24	145	276	400	129	245	356	120	229	332
25 - 29	165	316	496	147	281	442	138	262	413
30 - 34	186	356	606	166	317	540	155	296	504
35 - 39	208	383	689	185	341	613	173	319	573
40 - 44	247	441	806	220	393	718	205	367	670
45 - 49	287	544	910	255	485	810	238	453	756
50 - 54	338	648	992	301	577	883	281	539	825
55 - 59	400	799	1,089	356	712	969	332	665	905
60 - 64	488	951	1,254	434	847	1,116	406	791	1,043



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.

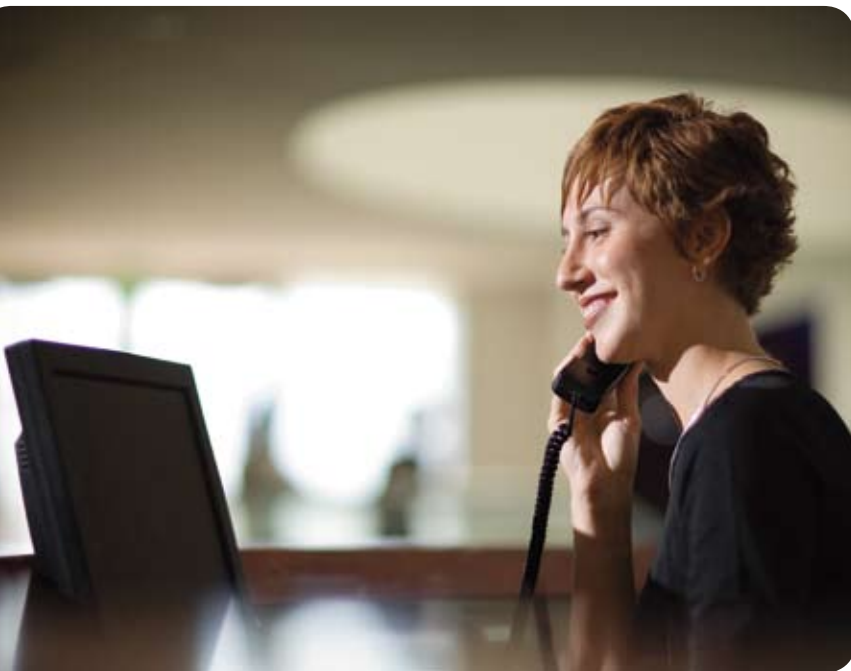
HSA SERVICES

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 Deductible (\$5,000 Single/\$10,000 Family Out-of-Pocket Maximum*)

\$2,500 Single/\$5,000 Family Deductible (\$3,500 Single/\$7,000 Family Out-of-Pocket Maximum*)

\$2,700 Single/\$5,400 Family Deductible (\$5,000 Single/\$10,000 Family Out-of-Pocket Maximum*)

\$5,000 Single/\$10,000 Family Deductible (\$5,000 Single/\$10,000 Family Out-of-Pocket Maximum*)

*Deductible is included in the out-of-pocket maximum.

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> <td>Opt. 2</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$2,500</td> <td>\$3,500</td> </tr> <tr> <td>Family:</td> <td>\$5,000</td> <td>\$7,000</td> </tr> <tr> <td>Opt. 3</td> <td></td> <td></td> </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			Single:	\$2,500	\$3,500	Family:	\$5,000	\$7,000	Opt. 3			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> <td>Opt. 2</td> <td></td> <td></td> </tr> <tr> <td>Single:</td> <td>\$3,000</td> <td>\$5,500</td> </tr> <tr> <td>Family:</td> <td>\$6,000</td> <td>\$11,000</td> </tr> <tr> <td>Opt. 3</td> <td></td> <td></td> </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			Single:	\$3,000	\$5,500	Family:	\$6,000	\$11,000	Opt. 3			Single:	\$3,200	\$7,000	Family:	\$6,400	\$14,000
Opt. 1	Deductible	Out-of-Pocket Maximum																																																						
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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, 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, 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, \$2,500/\$5,000, \$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, 2009. 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			\$2,500 Single/\$5,000 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	SINGLE	2-PARTY	FAMILY
Under 20	70	116	182	67	108	179	63	100	169	53	77	153
20 - 24	73	128	196	70	119	192	66	111	181	55	85	165
25 - 29	83	146	242	80	136	238	75	126	225	63	97	204
30 - 34	93	164	296	90	153	290	84	142	274	71	109	248
35 - 39	104	176	336	100	165	330	94	153	311	79	118	282
40 - 44	123	203	393	118	190	385	111	176	364	93	135	330
45 - 49	142	250	443	137	233	435	128	216	410	107	166	372
50 - 54	167	297	483	161	277	474	150	257	447	126	198	405
55 - 59	197	365	529	190	342	520	178	317	490	149	243	444
60 - 64	241	434	609	231	406	598	216	376	565	181	289	511



AGE	\$1,500 SINGLE/\$3,000 FAMILY			\$2,500 Single/\$5,000 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	SINGLE	2-PARTY	FAMILY
Under 20	75	125	198	73	117	195	68	109	184	57	84	166
20 - 24	79	138	213	76	129	209	71	120	197	60	93	179
25 - 29	90	158	263	87	148	259	81	137	244	68	106	221
30 - 34	101	178	321	97	166	316	91	154	298	76	119	270
35 - 39	113	191	365	109	179	358	102	166	338	85	128	306
40 - 44	133	220	427	128	206	419	120	191	395	101	147	358
45 - 49	154	271	481	149	254	472	139	235	446	117	181	404
50 - 54	182	322	524	175	301	515	163	279	486	137	215	440
55 - 59	214	397	575	206	371	565	193	344	533	162	264	483
60 - 64	261	472	662	251	441	650	235	409	613	197	314	556



AGE	\$1,500 SINGLE/\$3,000 FAMILY			\$2,500 Single/\$5,000 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	SINGLE	2-PARTY	FAMILY
Under 20	83	138	218	80	129	214	75	120	202	63	92	183
20 - 24	87	152	234	84	142	229	78	132	217	66	102	196
25 - 29	99	174	289	95	163	284	89	151	268	75	116	243
30 - 34	111	195	353	107	183	347	100	169	327	84	130	297
35 - 39	124	210	401	119	197	394	111	182	372	94	140	337
40 - 44	146	242	469	141	226	460	132	210	434	110	161	394
45 - 49	170	298	529	163	279	519	153	258	490	128	198	444
50 - 54	199	354	577	192	331	566	179	307	534	150	236	484
55 - 59	236	437	632	227	408	621	212	378	586	178	290	531
60 - 64	287	519	728	276	485	715	258	449	675	216	345	611



SelectHealth Dental[®] for Individuals and Families

Here are just a few reasons to make SelectHealth your dental carrier:

- > Competitive rates
- > Flexible plan designs
- > Access to any dentist
- > Excellent local customer service
- > Simplified administration by combining with SelectHealth medical coverage

BENEFITS	OPTIONS 1 AND 2		OPTION 3	
	PARTICIPATING	NONPARTICIPATING	PARTICIPATING	NONPARTICIPATING
DEDUCTIBLE (Individual/Family)	\$50/\$150		\$50/\$150	
ANNUAL MAXIMUM PLAN PAYMENT (Individual)	Option 1 \$750 Option 2 \$1,000		Option 3 \$1,500	
PREVENTIVE AND DIAGNOSTIC Oral exams, cleanings, fluoride, X-rays	Plan pays 100%	Plan pays 80%	Plan pays 90%	Plan pays 70%
BASIC Fillings, oral surgeries	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
MAJOR Crowns, bridges, dentures, implants, endodontics, periodontics	Plan pays 50% after deductible	Plan pays 40% after deductible	Plan pays 50% after deductible	Plan pays 40% after deductible
ORTHODONTICS	Not covered		Not covered	
WAITING PERIODS Upon initial enrollment, waiting periods must be met before benefits are paid. Waiting periods differ based on the type of service.				
Preventive and Diagnostic	No waiting period		No waiting period	
Basic	6 months		6 months	
Major	12 months		12 months	
Missing Tooth	36 months		36 months	

MONTHLY PREMIUM RATES*

Subscriber's Age	Option 1 - \$750 Maximum			Option 2 - \$1,000 Maximum			Option 3 - \$1,500 Maximum		
	Single	Two Party	Family	Single	Two Party	Family	Single	Two Party	Family
18 and younger	\$14	\$26	\$39	\$15	\$29	\$43	\$15	\$28	\$42
19 to 39	\$26	\$49	\$72	\$28	\$54	\$80	\$28	\$52	\$77
40 to 64	\$34	\$65	\$96	\$38	\$72	\$106	\$37	\$70	\$103
65 and older	\$39	\$74	\$109	\$43	\$81	\$120	\$42	\$79	\$116

*If your family size is seven to nine; add 15%. Family sizes 10+: determined by underwriting



ELIGIBILITY

Applicant(s) must be approved for and enrolled on a SelectHealth individual medical plan to qualify for dental coverage. When selected, dental coverage will be added to all members of the family on the medical plan.

GENERAL LIMITATIONS

SelectHealth dental plans have exclusions, limitations, and requirements that reduce or limit some of the services that are covered and the level of coverage. A partial listing of benefit limitations is found below. For a complete list of exclusions, limitations, and requirements, please contact us.

PREVENTIVE AND DIAGNOSTIC LIMITATIONS

- > **Oral examinations** - Two per year
- > **Cleanings** - Two per year
- > **X-rays** - Panoramic or complete intraoral once every 36 months; Bitewing two times per year
- > **Sealants** - Covered under age 15; limited to permanent molars and bicuspid without decay or restorations. Sealant repair/replacement is not covered within 36 months of application
- > **Space maintainers** - Covered under age 15
- > **Fluoride** - Covered under age 18, two applications per year



BASIC LIMITATIONS

- > **Fillings** - Repair or replacement is not covered within 24 months of original filling

MAJOR LIMITATIONS

- > Replacement of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use, loss of remaining teeth, or change in supporting tissue is covered only after five years from the date of placement. Repair and/or adjustment of bridges, dentures, implants, or other prosthodontic devices due to normal wear or use is covered only after six months from the date of placement. Replacement or repair due to abuse, misuse, neglect, loss, or theft is not covered
- > **Dentures** - Rebasing is covered once every 36 months. Relining is covered once every 18 months
- > **Endodontics** - Repeat procedures are not covered within 12 months of the original procedure when performed by the same provider
- > **Periodontal surgery** - One per quadrant every 36 months
- > **Periodontal debridement** - One per 36 months
- > **Periodontal scaling/root planing** - One per quadrant every 24 months
- > **Periodontal maintenance** - Two times per year in lieu of cleaning

ORTHODONTIC LIMITATIONS

- > **Orthodontic services** - Not covered



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 doctor 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 Comprehensive 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 understanding your benefits to finding the right doctor.

Member Services

Representatives can answer your questions and help resolve your concerns. Member Services is available with 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 can help you find the right doctor for your needs. They are available weekdays from 8:00 a.m. to 6:00 p.m. and can assist with the following:

- Scheduling an appointment, including care for urgent conditions
- Finding the closest facility or doctor with the nearest available appointment

Behavioral Health AdvocatesSM

Representatives help you find the most appropriate mental health provider for your 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 you stay healthy and providing the highest quality care when you are sick.

ONLINE TOOLS

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

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 2008 issue of Modern Healthcare magazine.*

OUT-OF-AREA COVERAGE

When you're traveling, it's nice to know you're covered. We offer the Beech Street® network when you 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 it's easier to embrace a healthy lifestyle when it costs less. The following table outlines discounts we offer 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, simply present your ID Card. For more detailed information or to find participating locations, visit www.selecthealth.org/discounts.

CARE/DISEASE MANAGEMENT

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

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

- Allergies and Rhinitis
- Asthma
- Cholesterol
- Congestive Heart Failure
- Depression
- Diabetes
- Hepatitis C
- High-Risk Pregnancy
- Hypertension
- Migraines
- Oncology

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 a program that can help. Free & Clear® allows members to progress at their own pace from home.

PREVENTIVE CARE

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

ONLINE WELLNESS RESOURCES

We want you to have important health information at your 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*
- 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

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.



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 45 days advance written notice to you.



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, ancillary, and dental providers, as well as pharmacies and facilities, please visit www.selecthealth.org.

As a SelectHealth member, you may request 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.





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