INTRODUCTION SelectHealth Kids℠ plans are designed to provide children with the comprehensive coverage they need at a price parents can afford.

This packet will help you choose the plan that is right for your child. Please review these materials carefully. Your SelectHealth-appointed insurance agent can provide you with additional information 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 coverage. To help you better understand your coverage, a Glossary of Terms is provided on page 24.

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 agent. If you need help finding an agent, give us a call.

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Kids Plans

SelectHealth's Kids plans have been specifically tailored for children who are not currently covered under a family or Individual plan. Major differences between Kids and Individual plans include the following:

- There is **no supplemental accident benefit** offered with Kids plans.
- Kids plans **do not cover infertility, maternity, or adoption**.
- An **Rx deductible does not apply** to Kids plans; however, the **pharmacy benefit is limited to $500** per year.

Eligibility

The following eligibility guidelines apply to Kids plans:

- Children must be full-time residents of Utah.
- Kids plans are designed to cover single children only; a separate application is required for each child.
- An infant may be covered after his or her two-week checkup.
- The maximum age for coverage on this plan is 17. At the time of plan renewal after the child turns age 18, his or her coverage will transition to the most similar Individual plan.
- Plans are not sold on a temporary or short-term basis; the minimum length of coverage is six months.

IMPORTANT NOTE: *Coverage is not in effect until the 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 child's application is declined for coverage, your original check will be promptly returned to you.*

Building Your Plan

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

1. Select a provider network
2. Select a plan level
3. Choose your deductible
4. Calculate your premium
5. Complete your application

STEP 1. SELECT A PROVIDER NETWORK

Select the network that best meets the healthcare needs of your child. You may choose from three networks based on the ZIP code where your child resides. These networks are Select Value®, Select Med Plus®, or Select Care Plus℠. Note that by selecting the larger provider network, you will pay a higher monthly premium.

The Select Value Kids plan requires the use of participating providers (unless there is an emergency). A participating provider is a provider or facility that is contracted with the Select Value network. A complete list can be found at www.selecthealth.org.

The Select Med Plus and Select Care Plus Kids plans offer 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 services rendered by nonparticipating providers.

PROVIDER NETWORK OPTIONS

11 PARTICIPATING HOSPITALS

1,200+ PARTICIPATING PHYSICIANS & PRACTITIONERS

COUNTIES:
Davis, Salt Lake, Weber, and parts of Utah County

EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES:
84013 84626 84633 84651
84653 84655 84660

38 PARTICIPATING HOSPITALS

3,500+ PARTICIPATING PHYSICIANS & PRACTITIONERS

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

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

42 PARTICIPATING HOSPITALS

4,700+ PARTICIPATING PHYSICIANS & PRACTITIONERS

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

EXCLUDED ZIP CODES WITHIN THE ABOVE COUNTIES:
84034 84083 84313
84329

In an effort to offer even more provider options to our members, Select Care products now have access to the University of Utah Hospital and provider network.

LOWER COST
LESS PROVIDER ACCESS

HIGHER COST
MORE PROVIDER ACCESS

STEP 2. SELECT A PLAN LEVEL

Base-Level Plan:

The medical deductible applies to most services.

High-Level Plan:

The high-level plan includes a medical deductible waiver. This means the medical deductible is waived for certain services, such as participating provider office or urgent care visits.

STEP 3. CHOOSE YOUR DEDUCTIBLE

Deductibles are based on a calendar year. The deductible applies to all services before any copay or coinsurance applies, unless you select the high-level plan. Be sure the deductible you select is available for your benefit level. Out-of-pocket maximums include your annual deductible amount.

Deductible/ Out-of-Pocket Maximum	Base-Level Plan	High-Level Plan
$150/$2,000		✓
$500/$2,000	✓	✓
$1,000/$3,000	✓	✓

STEP 4. CALCULATE YOUR PREMIUM

Please note the following important information about Kids plan premiums:

- Premium rates are based on the age of the child. Initial premium increases may be assessed based on underwriting review.
- Premiums are subject to adjustment each January 1 (if the original effective date is January 1 through June 30) or each July 1 (if the original effective date is July 1 through December 31).
- Premiums will decrease on the first of the month following the birthday on which the child turns seven.
- Premium rates are effective January 1, 2010.

Please use the information on page 7 to calculate your premiums.

STEP 5. COMPLETE YOUR APPLICATION

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

The application must be completed and signed by the parent or guardian of any child younger than age 16. Applicants who are age 16 and older may sign their own application.

Send

Send the following to the address shown below:

1. **Completed Application**
2. **Certificate of Creditable Coverage**, if applicable. If the applicant is not currently covered with SelectHealth, you will need to include a Certificate(s) of Creditable Coverage with the application. This certificate is provided by the previous health insurance carrier and must be submitted to receive credit for the child's pre-existing condition waiting period.
3. **Premium Payment.** You may choose one of two methods for submitting the 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. If you choose the online billing method, you will receive the 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 included with the application. Please keep the Payment Selection Form with your application when you submit it to your agent or SelectHealth.

   Your employer may not pay any portion of a child's premium either directly or through reimbursement. Please submit personal checks or personal credit card information only.

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

Kids Plans Benefit Summary

The purpose of this table is for comparison only. It 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 Select Value, Select Med Plus, and Select Care Plus	NONPARTICIPATING BENEFITS Select Med Plus and Select Care Plus Only
DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM OPTIONS	Deductible/Out-of-Pocket Maximum $150/$2,000 $500/$2,000 $1,000/$3,000	Deductible/Out-of-Pocket Maximum $500/$4,000 $750/$5,000 $1,500/$6,000
COINSURANCE AND COPAYS		
Coinsurance (inpatient, outpatient)[3]	20% after deductible	40% after deductible
Office Visit (PCP or SCP)[2]	$20 copay 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"
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		
Immunizations	Covered 100%	Not covered
Elective Immunizations	20%	Not covered
OUTPATIENT SERVICES		
Intermountain InstaCare℠	$30 after deductible[1]	Not applicable
Intermountain KidsCare℠	$20 after deductible[1]	Not applicable
Diagnostic Tests, Minor	Covered 100%, after deductible[1]	40% after deductible
Diagnostic Tests, Major	20% after deductible	40% after deductible
Physical, Speech, and Occupational Therapy (Up to 20 visits per calendar year)	$20 after deductible	40% after deductible
MENTAL HEALTH AND CHEMICAL DEPENDENCY[4] Inpatient limited to ten days/calendar year Outpatient limited to 25 visits/calendar year	50% after deductible	50% after deductible
MISCELLANEOUS SERVICES		
Maternity and Adoption	Not covered	Not covered
Infertility	Not covered	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; $500 annual maximum plan payment	Tier 1: $10 Tier 2: 25% Tier 3: 50%	Tier 1: $10 Tier 2: 25% Tier 3: 50%

BENEFIT SUMMARY FOOTNOTES:

1. Medical deductible waived when you select a high-level plan.
2. PCP (Primary Care Provider); SCP (Secondary Care Provider).
3. Coinsurance applies to inpatient and outpatient services, ambulance, home health, durable medical equipment, injectable drugs, and allergy treatment.
4. Mental health and chemical dependency costs are not applied to the out-of-pocket maximum.

Premium Rates

MONTHLY PREMIUMS

select:value Kids

PLAN LEVEL	AGE	$150 DEDUCTIBLE	$500 DEDUCTIBLE	$1,000 DEDUCTIBLE
Base-Level Plan	0 to 6	N/A	$86	$77
Base-Level Plan	7 to 18	N/A	$71	$64
High-Level Plan	0 to 6	$101	$93	$87
High-Level Plan	7 to 18	$84	$77	$72

select:med+ Kids

PLAN LEVEL	AGE	$150 DEDUCTIBLE	$500 DEDUCTIBLE	$1,000 DEDUCTIBLE
Base-Level Plan	0 to 6	N/A	$93	$84
Base-Level Plan	7 to 18	N/A	$78	$70
High-Level Plan	0 to 6	$109	$101	$94
High-Level Plan	7 to 18	$91	$84	$79

select:care+ Kids

PLAN LEVEL	AGE	$150 DEDUCTIBLE	$500 DEDUCTIBLE	$1,000 DEDUCTIBLE
Base-Level Plan	0 to 6	N/A	$102	$92
Base-Level Plan	7 to 18	N/A	$85	$77
High-Level Plan	0 to 6	$120	$111	$104
High-Level Plan	7 to 18	$100	$92	$87

SelectHealth Dental for Kids

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

	OPTIONS 1 AND 2		OPTION 3	
BENEFITS	**PARTICIPATING**	**NONPARTICIPATING**	**PARTICIPATING**	**NONPARTICIPATING**
DEDUCTIBLE	**$50**		**$50**	
ANNUAL MAXIMUM PLAN PAYMENT	**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**	

***If you were previously (or are currently) enrolled on a SelectHealth dental plan with no break in coverage, you may be eligible to waive or credit the waiting periods.**

MONTHLY PREMIUM RATES

Age	Option 1 $750 Annual Maximum 100% Preventive Care	Option 2 $1,000 Annual Maximum 100% Preventive Care	Option 3 $1,500 Annual Maximum 90% Preventive Care
18 and younger	$16	$17	$17

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 for dependents younger than age 15; limited to permanent molars and bicuspids without decay or restorations. Sealant repair/replacement is not covered within 36 months of application
- **Space maintainers** - Covered for dependents younger than age 15
- **Fluoride** - Covered for dependents younger than 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

PARTICIPATING PROVIDERS

Please carry your child's SelectHealth ID Card and use participating providers and facilities. If you do not, your child's claims may be denied. You are encouraged to have your child maintain a relationship with a participating doctor who focuses on primary care services (Primary Care Provider).

For a complete and current directory of participating Primary, Secondary, and Ancillary providers, as well as pharmacies and facilities, please 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.

Once your child becomes a member, a complete Provider & Facility Directory, containing all participating facilities and providers for the plan you have selected, will be sent to you.

EMERGENCY CARE

If your child has an emergency, call 911 or go to the nearest hospital. You will pay a lower copay at a participating emergency room.

URGENT CARE

If your child has 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;
- 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 an eligible accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care. Coverage is subject to any deductible, copay provisions, or other limitations that may be set forth in the Contract.

After your child is enrolled, you will receive the Contract and 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.

GUARANTEED ISSUE GUIDELINES

Your child is guaranteed coverage* with no pre-existing condition exclusion if he or she meets the following requirements:

- Satisfied all other eligibility and continuation requirements under the contract;
- Has an aggregate of 18 months of creditable coverage, the most recent of which was under a group, governmental, or church plan;
- Was eligible for COBRA or a similar state program, and you elected and exhausted coverage;
- Is not eligible for coverage under a group health plan, Medicare, or Medicaid and does not have other coverage; or
- Was not terminated from your most recent coverage for non-payment of premium or fraud.

**Coverage is guaranteed after your child is certified as insurable by the Utah Comprehensive Health Insurance Pool. Such coverage may or may not be with SelectHealth.*

FAMILY DEPENDENTS

Family dependents are not allowed on a Kids plan. If your child would like to add a dependent to a plan, he or she will be given the option to enroll on the most similar, or a less generous, Individual plan. This change must be made within 31 days of a birth, adoption, or placement for adoption. The added dependent will be subject to current eligibility and underwriting guidelines.

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 applicants to determine whether any surcharge to published premiums is necessary. Coverage may be declined on a particular child at the time of initial evaluation.

EFFECTIVE DATE OF COVERAGE

Coverage will become effective on the 1st or the 16th of the month as determined by our underwriting department.

RENEWALS

Premiums under these plans are subject to adjustment effective each January 1 (if the original effective date is January 1 through June 30) or July 1 (if the 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 the plan, follow the instructions on the Kids 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

At the time of renewal after a child turns age 18, his or her coverage will transition to the most similar Individual plan design available, provided there is no break in coverage. SelectHealth will notify each member in writing within 30 days of this change. This transition will take place automatically unless coverage is terminated by you or the child.

Coverage will not be terminated for health reasons; however, it will automatically terminate for any of the following:

- Nonpayment of premium;
- Commission of fraud or intentional misrepresentation of material fact;
- The child no longer resides, lives, or works in the service area; or
- The selected plan is terminated.

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 the Contract during the ten-day examination period. If you wish to cancel the Contract after the examination period, you must give us 30 days advance written notice.

Why Select Us?

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

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

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

Behavioral Health Advocates℠

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.

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 2009 issue of Modern Healthcare magazine.*

Intermountain Medical Center® occupies a 100-acre campus and is located at 5300 South State Street in Murray. It is the largest hospital in the Intermountain West.

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.

**NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's healthcare.*

Select Living®

WE WANT YOU TO LIVE WELL, so we provide a number of resources to supplement our health plan benefits. From member discounts to disease management, the Select Living® program is designed to help you maintain and enjoy a healthy, happy lifestyle.

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 your member discount, simply present your ID Card at participating locations. For more information, visit www.selecthealth.org/discounts.

CARE/DISEASE MANAGEMENT

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

Our disease management programs offer educational materials, newsletters, follow-up phone calls, and additional support. Care/disease management covers these areas:

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

SELECTHEALTH HEALTHY BEGINNINGS®

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 tests.

Get Connected with my health

***MY HEALTH* IS YOUR ONLINE SOURCE** for personal health and benefit plan information. Log in at www.selecthealth.org/myhealth to access tools designed to help you manage your health plan, make informed decisions, and improve your health.

The *My Health* web site helps you get connected to your healthcare and health insurance information using the following tools and resources:

MANAGE YOUR SELECTHEALTH PLAN

Coverage and Claims – View your plan coverage information, claim details, Explanations of Benefits, and amounts paid year to date.

Plan Information – Update your SelectHealth plan information, including address, dependent information, enrollment, and more.

Pharmacy Tools – Access your pharmacy benefit information, claims, prescription history, and lower-cost alternatives.

Compare SelectHealth Plans – Compare options and estimate your yearly anticipated healthcare costs based on plan selection and how often you use your plan.

MAKE INFORMED DECISIONS

Hospital Compare – Compare quality ratings for our network of hospitals based on procedure and/or location.

Treatment Cost Estimator – Estimate medical costs for common conditions, procedures, and visits.

Symptom Checker – Use this tool from WebMD® to help determine if medical attention is necessary.

Insurance Tools – Watch tutorials to learn how health insurance works, if high deductible health plans are the best option for you, and how *My Health* can benefit your family.

ACCESS MEDICAL RECORDS

Thanks to our integration with Intermountain Healthcare, SelectHealth members can now access their Intermountain medical records* through the *My Health* web site. Registered members can view lab results, medications, and imaging reports. They can also track doctor's appointments and e-mail questions to participating Intermountain providers via secure messaging.

**Available only if visiting a My Health-participating Intermountain Healthcare facility.*

To sign up for a free *My Health* account, visit www.selecthealth.org/myhealth once you are enrolled on a SelectHealth plan.

IMPROVE YOUR HEALTH

My Health Score – Take a 15-minute quiz to learn valuable information about your health. This personal health assessment will immediately generate a personalized report that identifies risks and potential opportunities for improvement.

Lifestyle Centers – Get help conquering some of life's most important challenges and maintain your progress. The centers are customized for those who complete the My Health Score.

Online Health Coaching – Participate in interactive and self-paced coaching programs to help monitor and manage your specific health concerns, such as nutrition and weight loss.

Personal Health Journal – Store, manage, and maintain personal health information in a central online location. Information from the My Health Score will sync up with your journal.

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/provider.

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.

Major Medical Outline of Coverage

SelectHealth
P.O. Box 30192
Salt Lake City, UT 84130-0192

READ YOUR CONTRACT

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. 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.

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

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. 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.

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, 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; other professional services, such as medical, surgical, 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.

TRANSFER

Upon renewal of your Contract following your 18th birthday, you will be transferred to SelectHealth's individual health plan coverage. Please refer to your Contract for more information on the transfer.

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 that 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 the Member Payment Summary, plan benefits are calculated on a calendar year basis regardless of when your child is 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 allowed 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 the out-of-pocket maximum.

Limited Benefits

Normally covered services that exceed benefit limits specified on your Member Payment Summary (e.g., dollars, days, visits) 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 allowed charges relating to the covered service will be eligible for benefits. Allowed 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
Adoption
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 and orthognathic
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 except cochlear implants
Home Health Aides and Services
Illegal Activities, injuries while committing
Infertility Services
Injections and Immunizations, selected types of
Maternity
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 the child has 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 the child'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 your child document the presence of a pre-existing condition that was not fully disclosed on the health questionnaire, the child's coverage may be altered or terminated.*

Pre-Existing Condition Waiting Period

If your child is considered newly covered, the first 12 months of coverage is referred to as a pre-existing condition waiting period. The child may receive credit for any portion of his or her pre-existing condition waiting period that was satisfied by the previous healthcare coverage. This credit may be used in

satisfying all or part of the 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 child'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 your child qualifies for pre-existing condition waiting period credit, this credit will also apply to the following services:

Diagnoses

Amenorrhea
Cataracts
Congenital Deformities (except as required in Utah Code Section 31A-22-610)
Cystocele
Dymenorrhea
Enterocele
Rectocele
Sleep Problems/Disorders
Urethrocele
Uterine Prolapse
Varicose Veins

Procedures

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

RENEWAL

Subject and in addition to all terms and conditions of the Contract, the 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 the 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 laws or regulations mandate that SelectHealth modify benefits under the Contract, SelectHealth may modify the premiums accordingly. SelectHealth may unilaterally modify the premiums after the term upon 45 days advance written notice.

When a child turns age seven, he or she will experience a rate change the following month. The age bands are zero to six years and seven to 18 years.

Premiums are due and payable on the first day of each month at our main office.

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 healthcare delivery system, consisting of hospitals, health plans, doctors, and other practitioners that work together to provide healthcare. Each part of the healthcare system performs a different role in the delivery of healthcare.

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 healthcare 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 healthcare 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, healthcare providers, and other payers of healthcare. 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 Healthcare 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.

Healthcare Operations

SelectHealth uses and discloses Personal Information for its Healthcare Operations, which include internal administration, planning, and various activities that improve the quality of the healthcare 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 Healthcare 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 healthcare entity for its healthcare 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 healthcare 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 healthcare 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 healthcare.

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 healthcare 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 healthcare 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
P.O. Box 30192
Salt Lake City, UT 84130-0192
800-442-4845
E-mail: privacy@imail.org

Glossary of Terms

Coinsurance The percentage of allowed 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 allowed 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, the level of expertise required to interpret or perform the test, 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 allowed 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 allowed 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 physician who is not identified as a PCP is an SCP.

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