

HMO/Plus Group Application (For new and renewing groups)

Employer applies to SelectHealth for group health coverage as outlined below.

A. COMPANY INFORMATION

Company Name _____

Street Address _____

City, State, ZIP _____

Company Ph# (_____) _____

Business Type Corporation Sole Proprietorship Partnership Nonprofit LLC

Nature of Business _____

B. PLAN SERVICE AREA

The service area for each plan is listed below:

Select Value[®]

The Select Value service area includes the following counties: Davis, Salt Lake, Weber and parts of Utah County. However, not all ZIP codes within these counties are included. As of January 2010, the following ZIP codes are NOT part of the Select Value service area: 84013, 84626, 84633, 84651, 84653, 84655, and 84660.

Select Med[®]/Select Med Plus[®]

The Select Med Plus service area includes the following 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. However, not all ZIP codes within these counties are included. As of January 2010, the following ZIP codes are NOT part of the Select Med Plus service area: 84008, 84034, 84035, 84078, 84079, 84083, 84313, 84329, 84712, 84716, 84717, 84718, 84723, 84734, 84736, 84759, 84764, and 84776.

Select CareSM/Select Care PlusSM

The Select Care Plus service area includes the following 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. However, not all ZIP codes within these counties are included. As of January 2010, the following ZIP codes are NOT part of the Select Care Plus service area: 84034, 84083, 84313, and 84329.

C. EMPLOYEE RECONCILIATION

_____ Number of full-time employees*

_____ Number of employees enrolling

_____ Number of ineligible employees (part-time, etc.)

_____ Number of employees waiving due to other group coverage

_____ Number of employees waiving without other coverage

_____ Number of employees currently in a new hire waiting period

* Owners, officers, partners, and all other employees who work no less than thirty hours per week on a regular basis wherein an employer/employee relationship exists and where taxes are deducted from a salary. Independent contractors, leased, part-time, temporary, and retired employees are not eligible.

D. MONTHLY PREMIUM

On or before the first day of each month, the employer shall pay SelectHealth the premium per the rate schedule.

E. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

Mandatory employee eligibility and enrollment requirements that the employer must satisfy as a condition to the initial and continued effectiveness of this contractual arrangement are as follows:

1. *New Hire Eligibility Period:

Effective date will be the first of the month following

1 month 2 months 3 months (Following the date of hire)

Options below are available ONLY for groups of five or more enrolling employees.

6 months 9 months 12 months

Dual waiting periods for separate classes (classes determined by employer) _____ / _____

- Combination of any two of the six waiting periods listed above (one month to 12 months)

*The New Hire Eligibility Period can only be changed twice: once at renewal and once outside of the renewal period.

2. Employer Monthly Contribution

Employer must contribute an amount equivalent to at least 50 percent of the lowest single coverage monthly Premium. The employer contribution must be consistent for all employee classes.

3. Minimum Number of Employees

A minimum of two employees must be approved for group eligibility at all times. For the determination of a group of two, the spouse of the employee will not be considered as an eligible employee. *Dual Option Only:* A minimum of ten employees must be approved for group eligibility at all times.

Required minimum Employee enrollment

- Employers with up to 14 enrolling employees - 100 percent must participate
- Employers with 15 or more enrolling employees - 75 percent must participate

Employees waiving coverage due to other group coverage will not be counted toward participation.

4. Dependent Age Limitations

Unmarried dependent children are eligible for coverage up to age 19. Unmarried, financially dependent children who rely on the member for more than 50 percent of their total support are eligible for coverage up to age 26.

5. Termination of Coverage

Employee and dependent(s) coverage will terminate as of the end of the month in which termination of eligibility occurs.

6. Leave of Absence

Eligible employees are granted a leave of absence by the employer for up to sixty days.

7. Employee Status

A person may only be considered an employee if the employer withholds and pays to the government Social Security and Medicare taxes and income tax withholding on the employee's wages.

F. DURATION OF GROUP HEALTH INSURANCE CONTRACT

If SelectHealth's minimum employee participation and employer contribution requirements are satisfied, the Group Health Insurance Contract and its terms shall commence on the effective date for a term of twelve months.

G. MEMBER PAYMENT SUMMARY

In addition to any other applicable premium, members shall pay the copay/coinsurance amount per occurrence on the attached Member Payment Summary. "Not Covered" on the Member Payment Summary indicates that the service is not covered regardless of any other statement of coverage in Exhibit A or otherwise.

H. PRE-EXISTING CONDITIONS

If applicable, Pre-Existing Conditions (PEC) will not be covered for newly covered plan members as described in the attached Group Health Insurance Contract, Member Payment Summary, and Employer Plan Coverage List.

I. SIGNATURE & PRODUCER COMPENSATION DISCLOSURE

When a separate Employer Plan Coverage List is countersigned by SelectHealth and attached to this document, then this document, the Employer Plan Coverage List, and the Group Health Insurance Contract (including the Member Payment Summary) become the agreement between SelectHealth and employer. In case of discrepancies, the Employer Plan Coverage List and the Group Health Insurance Contract will prevail over this document.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the employer and its employees and is subject to the above criteria as well as properly completed member applications. Employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Member applications must be submitted to and approved by SelectHealth's Underwriting department before the proposed effective date. Otherwise, SelectHealth may delay the effective date of issue of this Contract.

This Group Application must be signed by employer and received by SelectHealth before the Group Health Insurance Contract can be finalized.

Company Name _____

Owner, sign here _____

Owner, print name here _____

Date _____