



Major Medical Outline of Coverage

SelectHealth
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READ YOUR CONTRACT

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

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

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

MAJOR MEDICAL EXPENSE COVERAGE

Contracts of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductible, copay provisions, or other limitations that may be set forth in the Contract.

SUMMARY OF BENEFITS

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

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

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

Professional Office Visits

- The member pays a copay after the medical deductible.

Maximum Dollar Amount for Covered Charges

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

OTHER BENEFITS OF THE CONTRACT FOR A COVERED MEMBER

Facility Services to Include the Following:

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

Inpatient Services to Include the Following:

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

Outpatient Services to Include the Following:

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

Professional Services to Include the Following:

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

Miscellaneous Services to Include the Following:

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

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



GENERAL LIMITATIONS AND EXCLUSIONS

Accepted Medical Practice

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

Calendar Year

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

Claims After One Year

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

Excess Charges

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

Limited Benefits

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

Medical Necessity

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

Noncovered Services and Complications

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

No Presumption of Coverage

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

Excluded Services

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

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



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

PRE-EXISTING CONDITIONS (PEC)

Limited Coverage of Pre-existing Conditions

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

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

Definition of Pre-Existing Condition

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

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

Pre-Existing Condition Waiting Period

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

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

Limited Coverage of Selected Services

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

Diagnoses

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



Rectocele
Sleep Problems/Disorders
Urethrocele
Uterine Prolapse
Varicose Veins

Procedures

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

RENEWAL

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

PREMIUMS

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

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

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

