

MAJOR MEDICAL OUTLINE OF COVERAGE



Read and Know Your Policy

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance policy and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Altius Health Plans. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Major Medical Expense Coverage

Major medical expense coverage is designed to provide, to persons insured, comprehensive 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 deductibles, copayments, coinsurance provisions or other limitations and exclusions that may be set forth in the policy.

Summary of Covered Services

For specific benefit coverage levels, see your plan on the Altius One Benefits Summary Comparison. The medical benefits brochure in your policy contains detailed benefit information. Benefits listed below are subject to all applicable limitations, exclusions, and requirements of the policy.

Inpatient Services

- > Facility Services: daily hospital room and board, miscellaneous hospital services, and medically necessary supplies
- > Professional Services: such as inpatient physician visits, surgeons, anesthesiologists, radiologists and pathologists

Maternity Services (All options except QHDHP)

Coverage is provided for the subscriber or the subscriber's spouse only. This benefit is subject to a separate deductible per pregnancy as outlined in the Altius One Benefits Summary Comparison. Benefit includes:

- > Facility services: hospital, birthing center, observation
- > Professional Services: prenatal care, delivery, anesthesia, post-natal care, and related lab and radiology services

The benefit for pre-natal care is determined by the coverage in effect at the time of delivery. If pre-natal care is billed by a provider who does not perform the delivery, the benefit for such care is determined by the coverage in effect at the time of the last pre-natal visit with that provider.

Complications of pregnancy are covered under regular medical benefits for all members enrolled under the policy.

In accordance with Utah law, this policy provides for payment of an adoption indemnity benefit of \$4,000 for a child placed for adoption within 90 days of birth. The benefit amount is subject to the same deductibles and coinsurance amounts that apply to maternity services. Because the maternity deductible under this policy exceeds the indemnity benefit amount, no benefit is payable.

Outpatient Services

- > Office Visits: preventive services including annual adult physical examinations, well child care, and limited vaccinations and immunizations; specialist visits and consultations; diagnostic services such as lab and x-ray; therapeutic services including limited therapeutic injections; eye exams
- > Outpatient Facility and Ancillary Services: surgical facility services; observation; other diagnostic and therapeutic services such as lab, radiology, chemotherapy, radiation therapy, dialysis, cardiovascular services, infusion therapy, endoscopy, and pulmonary services
- > Outpatient Professional Services: surgery and anesthesia; services provided in an outpatient facility as outlined above
- > Emergency Room Services
- > Emergency Room Supplemental Accident Benefit: first-dollar coverage up to the limit



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specified in your medical benefits brochure for care provided in an emergency room due to accidental injury. This benefit does not apply to QHDHP options

- Urgent Care
- Ambulance and Emergency Transportation

Maximum Dollar Amount for Covered Charges

- \$2 million lifetime maximum for all services provided under the policy. The \$2 million lifetime maximum is cumulative across benefit levels and is further limited to \$1 million for services received through non-participating providers.
- Lifetime maximum includes all benefits paid on your behalf under any previous plan, policy, contract, or agreement issued by Altius. Your benefits will be exhausted once this lifetime maximum is met
- \$200,000 annual maximum for services received through non-participating providers

Other Benefits

- Medical Supplies, including oxygen
- Medically necessary nutritional formulas
- Injectable or Implantable Medications: coinsurance amounts may differ for preferred and non-preferred injectable or implantable medications
- Prescription Drugs: includes birth control pills, insulin, and specific diabetic testing supplies and insulin syringes. Copays, when applicable, differ for preferred generic, preferred brand, and non-preferred drugs. If you receive a brand name drug when a preferred generic equivalent can be substituted, you will pay the difference in cost between the generic and the brand name drug, in addition to any applicable deductible, and/or the generic copay. Regular benefits apply if a preferred generic cannot be substituted

The following benefits are limited by dollar amount or number of days or visits as outlined in the Benefits Summary Comparison:

- Dental Care Benefits for accidental injury to sound natural teeth
- Infertility Diagnostic Procedures
- Outpatient Rehabilitation, Physiotherapy Services
- Chiropractic Services
- Skilled Nursing Facility Services
- Home Health Care
- Durable Medical Equipment Supplies: durable medical equipment, corrective appliances, and prosthetic devices
- TMJ services
- Transplant Services

All services must be received while the policy is in force.

Deductible and Out-of-Pocket Maximum

After your coinsurance totals the out-of-pocket maximum amounts stated in the Altius One Benefits Summary Comparison in any calendar year, you do not have to pay any more for certain covered services for the remainder of that calendar year. Payments for non-covered services and payments for charges that exceed eligible medical expenses do not apply to the out-of-pocket maximum.

Deductible and out-of-pocket limits are cumulative. This means that when you pay toward a deductible or out-of-pocket limit on one level, it applies to the other level at the same time. The maximum limits for services received through non-participating providers represent the total maximum deductible and out-of-pocket expenses you will pay for applicable covered services in any calendar year.

The following expenses DO NOT apply to the Out-of-Pocket Maximum (Not applicable to QHDHP options):

- Deductibles
- Fixed copay amounts
- Coinsurance for the following benefits:
 - Durable medical equipment and medical supplies
 - TMJ services
 - Accident-related dental services
 - Infertility services
- Prescription drugs

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Benefit Accumulation

Unless noted otherwise on the Altius One Benefits Summary Comparison, 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 1st, except for benefits limited per condition rather than per year.

If you are a current member and you re-apply for coverage on a different plan, your deductible will start over regardless of the date your new plan coverage begins.

Prior Authorization of Services

Prior authorization is required for certain services in order to verify that the service to be provided is medically necessary and appropriate for the treatment of your medical condition and to initiate the involvement of the Altius Utilization staff (or designee) in the management of your care. In addition, the process is helpful for both providers and members because the Altius Utilization staff can verify your status as an Altius member and also verify that the service to be provided is a covered benefit.

For a list of services that require prior authorization, please call our Customer Service department at 801-323-6200 or 1-800-377-4161, or visit our website at www.altiushealthplans.com. A complete list is also included in your policy.

Pre-Existing Conditions

A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received within six months before the date we receive your completed application. A condition may be defined as pre-existing whether physical or mental, and regardless of its cause. A condition indicated by genetic information is not considered a pre-existing condition unless a physician has made an actual diagnosis of the condition.

Coverage is excluded for the care and treatment of pre-existing conditions until 12 months after you apply. Acceptance under this

policy does not imply any waiver of pre-existing condition exclusion periods. See the policy for details.

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 revised or terminated.

Pre-Existing Condition Exclusion Period

If you or your dependents are considered newly covered, the first 12 months after we receive your completed application is referred to as a pre-existing condition exclusion period. This means that if you have a medical condition before your policy becomes effective, coverage for that condition will be excluded until 12 months after you apply. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending the day before we receive your completed application. The pre-existing condition exclusion does not apply to a child who is enrolled in the policy within 30 days after birth, adoption, or placement for adoption.

If you had health insurance before you applied for coverage with Altius, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion period, unless your previous coverage was terminated more than 63 days prior to the date we received your completed application.

To reduce your pre-existing condition exclusion period, you should give us a copy of any certificates of creditable coverage you have. If, after making reasonable efforts, you are unable to obtain a certificate from your previous insurance carrier or plan, we will help you. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.



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All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

Customer Service
Altius Health Plans
10421 South Jordan Gateway #400
South Jordan, UT 84095
801-323-6200

12-Month Exclusion of Selected Diagnoses and Procedures

Benefits for the following list of selected diagnoses and procedures are excluded during the first 12 months of coverage, regardless of whether or not they are related to a pre-existing condition. However, if a member qualifies for pre-existing condition exclusion period credit, the credit will also apply to these conditions and services:

Diagnoses

- Amenorrhea
- Cataracts
- Congenital Deformities (*except as required by Utah Code Section 31A-22-610*)
- Cystocele
- Dysmenorrhea
- Enterocele
- Infertility
- Rectocele
- Urethrocele
- Uterine Prolapse
- Varicose Veins

Procedures

- Allergy Testing and Treatment (*for 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

These diagnoses and procedures will not be excluded when treatment is provided on an emergency basis.

Other Limitations

- Physiotherapy services (occupational, physical and speech) are limited to services that will significantly improve the member's condition, as determined by Altius.
- Altius reserves the right to include only one manufacturer's product on the Altius formulary when the same or similar drug (that is, a drug with the same active ingredient), supply, or equipment is made by two or more different manufacturers. The product or products not listed on the Altius formulary will be excluded from coverage.
- Altius reserves the right to include only one dosage or form of a drug on the Altius formulary when the same drug is available in different dosages or forms (for example, dissolvable tablets, capsules, etc.), from the same or different manufacturers. The product or products in other forms or dosages that are not listed on the Altius formulary will be excluded from coverage.
- Implantable contraceptive capsules such as Norplant and Implanon are limited to one implantation and removal during the maximum implantation period of the product, as determined by the product manufacturer.
- Neuropsychological evaluation and treatment is limited to those services that diagnose or treat an underlying medical condition and is covered only when there is clinically significant brain dysfunction.
- Accident-related dental services are covered only when required as a result of an accidental injury to sound, natural teeth. Dental services must be received within two years following the accidental injury.

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- A determination by Altius that a service is infertility-related may be based on medical records or other documented evidence, and is not dependent on whether Altius actually receives a claim with a diagnosis of infertility.
- Certain injectable or implantable medications, including those that are administered by a medical professional, are covered only when they are purchased through designated vendors. To obtain a current list of these medications and vendors, visit the Altius website or call customer service.

Point of Service Limitation

Plans that include coverage for services received through both participating and non-participating providers are known as Point-of-Service (POS) plans. If the number of claims Altius receives from non-participating-providers for all of its POS plans exceeds 10% of Altius' total claims in a year, then all services from non-participating providers may be suspended and will not be covered for the remainder of that year. Services from participating providers will remain covered, subject to the terms and conditions of the policy. We will give you 30 days notice before suspending any benefits under this policy.

General Limitations and Exclusions

Accepted Medical Practice

Services determined by Altius to be inconsistent with accepted medical practice or 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 government 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 effect on patients' health outcomes, are also excluded.

Claims After One Year

Claims are denied if submitted to Altius 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 Altius 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. When this policy is secondary coverage, coordination of benefits claims will be denied if submitted to Altius more than one year 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.

Excess Charges

Amounts exceeding eligible medical expenses are excluded. You are not responsible for excess charges for covered services from participating providers. However, you are responsible for excess charges for covered services from non-participating providers.

Limited Benefits

Normally covered services that exceed benefit limits specified on the Altius One Benefits Summary Comparison (e.g., dollars, days, visits, etc.) are excluded and not applied to out-of-pocket maximums. This includes, but is not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, transplants, etc.

Medically Unnecessary Services

Medically unnecessary services and supplies, as determined by Altius, are excluded.

Non-Covered Services & Complications

Expenses related to non-covered services, including pre- and post-operative evaluation, diagnostic testing, and complications resulting from non-covered services, supplies, and/or medications are excluded. When a non-covered procedure is performed as part of the same operation or process as a covered



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service, only eligible medical expenses relating to the covered service will be eligible for benefits. Eligible medical expenses may be calculated to exclude any charges related to the non-covered service.

Non-Participating Providers

Altius One plans include coverage for services received through both participating and non-participating providers. However, certain services are covered only when you use participating providers. Refer to the Altius One Benefits Summary Comparison and medical benefits brochure for details.

No Presumption of Coverage

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

Services Outside of the United States

Services provided outside of the United States of America and its territories are excluded, except as required for an emergency or urgent condition.

Excluded Services

Unless noted otherwise in the medical benefits brochure in your policy, the following services are excluded:

- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy, and cost effectiveness and approved by Altius.
- Experimental or investigational treatment, procedures, tests, equipment, or facilities, or any health care service which is still undergoing evaluation and review and is not accepted as standard treatment in the medical community.
- Services, drugs, and supplies that are not medically necessary, as determined by Altius.
- Medication amounts in excess of maximum quantity and/or dosage levels indicated by the drug manufacturer and the FDA.
- Experimental medications; medications for non-approved FDA indications or non-

approved indications determined by Altius Health Plans; over-the-counter medications and products, except those specifically listed in the Altius formulary and those for which coverage is required by law; medications for athletic and mental performance; compounding fees; non-covered ingredients used in a compounded medication; medications for cosmetic indications; hair growth products and medications; homeopathic medications; hypodermic needles; medications for the treatment of sexual dysfunction and/or impotence; medications for the treatment of infertility; skin patches for motion sickness; medications for the treatment of nail fungus; progesterone cream and suppositories; smoking cessation products including any medications prescribed for smoking cessation; medications required exclusively for foreign travel; oral vitamins (except prescription prenatal vitamins); medications or nutritional supplements for weight loss, or for weight gain for non-medical conditions.

- Replacement of lost, stolen, or damaged prescription drugs.
- The following specific medications: Adoxa, ammonium lactate, Avita, Axid oral solution, Daytrana, Doryx, Dynacin tablets, Fortamet, generic doxycycline monohydrate tablets, generic minocycline tablets, Glumetza, ketotifen, Lac Hydrin, Minocin combo pack, Potaba, quinine sulfate, ranitidine capsules, Renova, Sarafem, Solodyn, Subutex, Symbyax, Tretin-X, Vaniqua, and Zaditor.
- Nasal spray immunizations, such as FluMist.
- Immunizations required exclusively for foreign travel.
- Food supplements, food substitutes, medical foods, and formulas when taken orally, except when related to inborn errors of amino acid or urea cycle metabolism.
- Infertility treatment.
- In-vitro fertilization, GIFT, ZIFT, artificial insemination, and similar services. This includes any related services such as

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- prescription medications, embryo transport, collection, and preparation costs.
- Reversal of elective sterilization.
 - Amniocentesis and ultrasonography for sex determination.
 - Predictive genetic testing.
 - Predictive diagnostic testing and screenings, and other preventive services performed in the absence of illness or injury, other than those procedures or tests specifically recommended by Altius, the United States Preventive Services Task Force (USPSTF), the Centers for Disease Control (CDC), and local government public health authorities. Preventive services performed more often than, or outside of the guidelines of Altius, the USPSTF, CDC, and local government health authorities, are excluded.
 - Maternity care (including pre-natal, delivery and post-natal treatments or procedures), except for medically necessary treatment and procedures for complications of pregnancy. (QHDHP options only)
 - Hospital charges for routine newborn nursery care. (QHDHP options only)
 - Elective home delivery for childbirth.
 - Procedures, services, drugs, and supplies related to elective abortions, except when the life of the woman would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest, or to prevent the birth of a child that would be born with grave defects.
 - Gastric bypasses, "mini" gastric bypasses, stomach stapling, gastric balloons, jejunal bypasses, gastric banding, gastroplasty, partial or total gastrectomy, Gastric Restrictive procedure, Biliopancreatic Diversion Duodenal Switch (BPD-DS), and directly associated professional medical and/or inpatient or outpatient facility services. Reversal of and/or complications from these surgeries are also excluded.
 - Sex change operations or related health care services.
 - Treatment, services, devices, and supplies related to sexual dysfunction. This exclusion does not apply to implantation of a penile prosthesis or use of an external device for impotence caused by an organic disease such as diabetes mellitus or hypertension, or caused by surgery for genitourinary cancer.
 - Services, supplies, or treatment in connection with cosmetic or reconstructive procedures which alter appearance but do not restore or improve impaired physical function, or which are performed for psychological or emotional purposes. This exclusion does not apply to: (1) reconstructive surgery required as the result of an accidental injury, infection, or cancer. Services must be rendered (or a planned, staged series of services, as specifically documented in the member's medical record, must be initiated) within 12 months of the cause or onset of the injury, infection, or cancer; (2) circumcision for a newborn child; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
 - Treatment of hyperhidrosis.
 - Autopsy procedures.
 - Health education services not closely related to the care and treatment of an illness or injury.
 - Telephone consultations, electronic mail communication, and communication services that do not require direct face-to-face contact between the patient and the provider.
 - Charges for failure to keep a scheduled appointment.
 - Interest or finance charges, except as specifically required by law.
 - Prolotherapy (the use of injections to strengthen tendons and ligaments).
 - Services for crossmatching and/or harvesting organs when the organ recipient is not an Altius member.
 - Transplants/implants and related services, except as herein provided.
 - Routine foot care. This exclusion does not apply to members with severe diabetes.
 - Treatment of weak, strained or imbalanced feet.

*Altius Health Plans for
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- Foot orthotics, wedges or shoe inserts. This exclusion does not apply to foot orthotics or shoe inserts for members with severe diabetes.
- Corrective appliances, prostheses, artificial aids and durable medical equipment, including supplies and accessories, are excluded when determined to be primarily for convenience, comfort, non-therapeutic purposes, or in the absence of illness or injury.
- Routine periodic servicing, such as cleaning and regulating, of durable medical equipment, corrective appliances, and prostheses is not covered. Replacement is not covered unless the existing device has become inoperable through normal wear and tear and cannot be repaired, or replacement is prescribed by a physician because of a change in the member's physical condition.
- All shipping, handling, or postage charges, except as incidentally provided without a separate charge.
- Any devices used to aid hearing, including, but not limited to, hearing aids and cochlear implants, including the fitting of such devices and related hearing examinations.
- Visual training aids.
- Eyeglasses, contact lenses, and examination for contact lenses. This exclusion does not apply to: (1) the first pair of contact lenses or eyeglasses following the initial diagnosis of aphakia or the surgical removal or surgical replacement of an organic lens; or (2) hydrophilic contact lenses used as a corneal bandage to treat conditions involving the cornea.
- Eye surgeries performed primarily to correct refractive errors. Examples include, but are not limited to: PRK (photorefractive keratectomy), LASIK (laser-assisted in-situ keratomileusis), RL (refractive lensectomy), ICRS (intracorneal ring segments), Intacs, phakic intraocular lenses (unless related to post-cataract surgery), and astigmatism correction (Limbal Relaxing Procedure). This exclusion does not apply to cornea transplants.
- Non-emergency follow-up care provided in an emergency room.
- Charges for transportation, including ambulance, unless determined medically necessary by Altius.
- Travel expenses, including hotel, motel and other non-medical room and board.
- Private hospital rooms, unless medically necessary.
- Hospital take-home drugs and personal, comfort, or convenience items.
- Private duty nursing.
- Custodial care, domiciliary care, rest cures, and independent living training.
- Home health services requested for the convenience of the patient or family that do not require the training and technical skills of a nurse.
- Hospice services that are not reasonable and necessary for palliation or management of a terminal illness.
- Vocational testing and treatment.
- Speech therapy services for psychosocial and/or developmental delays, such as but not limited to, childhood stuttering.
- Mental health services and substance abuse services.
- Substance abuse maintenance therapy, such as methadone clinics and similar clinics and services.
- Evaluation, testing, and treatment provided by public or private schools.
- Charges in connection with a work-related injury or sickness for which coverage is provided any workers' compensation, employer's liability, or occupational disease law.
- Services, supplies, or treatment for which coverage is provided under any motor vehicle no-fault plan. When the member is required by law to have no-fault insurance, this exclusion applies to charges up to the minimum coverage required by law whether or not such coverage is in effect.
- Expenses for which the member has no legal responsibility to pay or for which the member would not ordinarily be charged in the absence of coverage under this policy.

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- Care for military service connected disability to which the member is legally entitled, and for which facilities are reasonably available to the member.
- Care or treatment of an illness or injury caused by war or any act of war (whether declared or undeclared), hostilities, or active participation in a riot or civil insurrection.
- Care for conditions which state or local law requires to be treated in a public facility.
- Services and treatments provided in connection with, or to comply with, involuntary admissions, police detentions, and similar arrangements.
- Examinations and services obtained for administrative purposes, such as treatment, care, reports or appearances obtained for, or pursuant to, legal proceedings, court orders, employment, continuing or obtaining insurance coverage, governmental licensure, travel, or military services.
- Oral surgery, including but not limited to orthognathic surgery, and any services related to the treatment of Temporomandibular Joint Syndrome (TMJ), unless determined medically necessary by Altius for direct treatment of an invasive tumor or acute traumatic injury. This exclusion does not apply to diagnosis and evaluation of TMJ dysfunction.
- Dental or orthodontic splints or dental prostheses, unless necessitated by accidental injury.
- Services related to the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth, unless herein provided or necessitated by accidental injury.
- Acupuncture or acupressure.
- Holistic and homeopathic treatments.
- Alternative medicine programs such as hypnosis, massage therapy and biofeedback.
- Injury or illness sustained when the member is a voluntary participant in an illegal activity.
- Intentionally self-inflicted injuries or illnesses.
- Services for which a provider waives the member's copay, coinsurance, and/or deductible.
- Pre-existing conditions during the pre-existing condition exclusion period, when applicable.
- Services provided by a member of the patient's immediate family or household.
- Benefits and services not specified as covered in this Outline of Coverage or in the Policy.

Premiums

Subject to the provisions of your policy, the premium will remain the same until your first renewal date. If federal or state law or regulations mandate that we modify benefits under this policy, we may modify the premium accordingly. We may unilaterally modify the premium after the initial term upon 45 days advance written notice to you. Premium adjustments due to age changes will be effective on your renewal date.

The age bands are as follows: 0-5 years, 6-14 years, 15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, 45-49 years, 50-54 years, 55-59 years, 60-64 years, and age 65+. Premiums are due and payable on the first day of each month.

Renewal

Subject to all the terms and conditions of the policy, your policy is effective as of the date determined by Altius, as stated on your application. Unless either formally terminated or otherwise renegotiated, your policy will be renewed automatically each year. Your annual renewal date will be the first day of the month in which your original policy was issued. We may only terminate your coverage for the reasons stated in the policy. We may exercise our specifically reserved right under the policy to change the premiums, benefits, exclusions, limitations, and/or services set forth in the policy with 45 days written notice.

*Altius Health Plans for
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