



MEMBER PAYMENT RESPONSIBILITY

You are responsible to pay the amounts in this column. When you use nonparticipating providers, you are also responsible for amounts exceeding the eligible charges.

CONDITIONS AND LIMITATIONS	
Lifetime Maximum Plan Payment - <i>Per Person</i>	\$250,000
Pre-Existing Conditions (PEC) ³	Not covered
DEDUCTIBLE AND MAXIMUM COINSURANCE	
YOU PAY	
Plan Term Deductible and Maximum Coinsurance Amounts	Individual/Family
<i>The amount you pay toward the individual/family deductible is not included in your maximum coinsurance</i>	
Deductible	\$250/\$750
Maximum Coinsurance - <i>Per Person</i>	\$2,500
INPATIENT FACILITY SERVICES ¹	
YOU PAY	
Inpatient facility services include medical and surgical hospital admissions, skilled nursing facilities, rehabilitation therapy, and all associated physician fees incurred while inpatient	50% after deductible
<i>Skilled nursing facility services are limited to 40 days per plan term</i>	
<i>Inpatient rehabilitation therapy services are limited to 30 days per plan term</i>	
OFFICE SERVICES ¹	
YOU PAY	
Office services include office visits, office surgeries, Intermountain InstaCare SM , and Intermountain KidsCare SM visits, diagnostic tests (X-rays, blood tests, etc.), allergy tests, allergy treatment and serum, and associated services	50% after deductible
OUTPATIENT FACILITY SERVICES ¹	
YOU PAY	
Outpatient facility services include outpatient surgeries, emergency room visits, diagnostic tests (MRIs, CT scans, etc.), outpatient rehabilitation therapy, and associated physician's fees incurred for outpatient procedures	50% after deductible
<i>Outpatient rehabilitation therapy services are limited to 20 visits per each covered therapy type (physical therapy, occupational therapy, and speech therapy) per plan term</i>	
MISCELLANEOUS SERVICES ¹	
YOU PAY	
Miscellaneous services include transportation by ambulance in the case of emergency, home health and private duty nursing, Durable Medical Equipment (DME) ⁴ , miscellaneous medical supplies, injectable drugs ² , chiropractic care, and other covered services that do not fall under the above categories	50% after deductible
<i>Chiropractic care limited to 5 visits per plan term</i>	
NONCOVERED SERVICES	
YOU PAY	
Noncovered services include, but are not limited to, maternity, adoption, preventive care, immunizations, infertility treatment and services, mental health, and chemical dependency. Prescription drugs are also excluded. Please refer to your Contract for complete coverage and exclusion information.	Not Covered
FOOTNOTES	
YOU PAY	
<p>1. When you use nonparticipating providers (providers who do not participate on the Select Care network), you are responsible to precertify the following services: Inpatient services, home health nursing services, and pain management/pain clinic services. If you fail to precertify services, benefits are reduced to 50 percent and will not be applied to your maximum coinsurance.</p> <p>2. Preauthorization is required on certain injectable drugs. Please refer to your Contract or call Member Services for more information.</p> <p>3. A Pre-Existing Condition is any condition or symptom occurring within the two-year period preceding the effective date of coverage which would cause an ordinarily prudent person to seek diagnosis, care, or treatment; or a condition or symptom occurring in the two-year period preceding the effective date of coverage for which medical advice, care, or treatment was received from, or recommended by a physician; including but not limited to prescription and over-the-counter medication recommended by a provider.</p> <p>4. Certain DME items require prior authorization for coverage. Refer to your Contract, or contact SelectHealth Member Services for additional information.</p> <p><i>All deductible/copay/coinsurance amounts are based on allowed charges and not on the provider's billed charges. You are responsible to pay for excess charges on covered services from nonparticipating providers and facilities. Excess charges are not applied to the out-of-pocket maximums. Refer to your contract or Provider & Facility Directory for more information.</i></p>	

Benefits are administered and underwritten by SelectHealth and underwritten by SelectHealth Benefit Assurance Company..

I-TRANSITION07-10 MPS 01/01/10