



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.

Plan Term

Unless otherwise noted on your Member Payment Summary, plan benefits are calculated on a plan term basis regardless of when you are enrolled. Deductibles, maximum coinsurance, and limited benefits start over each plan term.

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.

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 maximum coinsurance.

Limited Benefits

Normally covered services that exceed benefit limits specified on the Member Payment Summary (e.g., dollars, days, visits) are excluded and not applied to the maximum coinsurance, including, but not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, 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, 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
Adenoid/Tonsil Surgery
Adoption
Allergy Tests, Treatment, and Services, selected types of
Appointments Not Kept, charges for
Axillary Hyperhidrosis
Bariatric Surgery
Biofeedback
Birth Centers and Home Childbirth
Cancer Therapy, when investigational or experimental
Chemical Dependency
Chronic Pain Management, including medications
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
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
General Anesthesia, in a doctor's office
Genetic Testing
Habilitation Therapy Services
Hearing Aids (including cochlear implants)
Hernia Repair
Home Health Aides and Services
Illegal Activities, injuries while committing
Immunizations
Infertility Services and Treatment
Injections, selected types of
Intentional, Self-inflicted Illness or Injury
Joint Replacement

Maternity, except for complications
Mental Health
Miscellaneous Medical Supplies (MMS), selected types of
Neuropsychological Testing, except for covered medical services
Obesity-Selected Services
Organ Transplants/Implants
Orthotics
Osteoporosis Screening
Pre-existing Conditions
Prescription Drugs
Preventive Care, including routine physicals, annual gynecological exams, and associated diagnostic tests
Provider Household Services
Psychiatric, Mental Health, or Alcohol/Substance Abuse
Rehabilitation Therapy Services, selected types of
Respite Care
Routine Eye Exams and Eye Care
Sexual Dysfunction
Shipping and Handling
Smoking or Nicotine Cessation Programs
Sterilization Procedures
Telephone Consultations
Terrorism or Nuclear Release
Transportation Services, medically unnecessary
Treatment and Services Received Outside the United States
Unproven Interventions and Therapies
Varicose Veins
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. See the Contract for details. Acceptance under this plan does not imply any waiver of pre-existing condition exclusions.

Definition of Pre-Existing Condition

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 physician.

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 and is not renewable. You may reapply one time for a second plan term. After a second plan term, you must wait six months before you will be eligible to apply for a Transition plan again.

PREMIUMS

Single and Monthly Payment Options

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 this Contract, SelectHealth may modify the premiums accordingly.

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

Monthly Payment Option Only

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.

