



enrollment book

HEALTH CARE COVERAGE FOR INDIVIDUALS AND FAMILIES

Welcome to Altius One

Thank you for choosing Altius One as an option for your individual health insurance needs. We realize that evaluating health plans can be a daunting task; that is why we have prepared this book to help you select the Altius One plan that works best for you.

It is important to read all of the material thoroughly and follow the application guidelines beginning on page 6. For your convenience we've included a detachable application at the end of this book. Please keep this book for your information and reference.

QUESTIONS?

Please contact your Altius appointed agent or broker, or call the Altius Customer Service Department at (801) 323-6200 or toll free at (800) 377-4161.

We look forward to serving your health care needs.

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Why Choose Altius?

We work hard to be the people you'll like, and the health insurance you'll love. Here are just a few of the advantages you'll find with Altius One:

With the click of a mouse...

www.altiushealthplans.com you can -

- View your claims information online
- Print claims information
- Print a copy of your ID card
- Order new cards for you and your family
- Change personal information
- View authorizations and eligibility
- Find providers and facilities through MapQuest®
- Connect to health related articles and websites
- Contact us

Altius WellBeing

- My ePHIT Personal Health Improvement is a nutritional, fitness, and life skills tool:
- Personalized Fitness Plans-Your goals, your plan
- Interactive Meal Planner-Track daily food servings, choose from more than 7,500 food items
- Online Coaches-Certified coaches answer your nutrition, fitness and lifestyle questions
- Resource Library-Online library of thousands of articles. Connect to local events in your area
- Start improving your *WellBeing* with our Health Risk Assessment (HRA). The HRA analyzes your response to questions about your health history and lifestyle, lets you know what conditions you may be at risk for, and offers suggestions on how to reduce or eliminate your risk
- KidsHealth – Keeping kids healthy and happy can be challenging. Access a library of parenting and health information written for three distinct audiences: parents, kids, and teens
- Health Information is available to our members in a one-stop-shopping format!

These four components of *WellBeing* can be found on the Altius website within *My Online Services*. Login to *My Online Services*, then click on the *WellBeing* link and you will find a wealth of wellness information—provided just for you!



ACCREDITED
HEALTH UTILIZATION
MANAGEMENT

NATIONAL

ACCREDITATION

We have received URAC Health Utilization Management accreditation. URAC is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

- **Top-rated providers and facilities you know and trust.** Our providers and facilities have received among the highest marks for health care quality (Healthgrades.com).
- **Willingness to challenge “the way things have always been.”** Altius looks for creative plan designs to provide choices and, therefore, cost control, to members.
- **Excellent Customer Service.** Altius One members can expect to talk to a helpful customer service representative in less than 30 seconds on average.
- **Pro-active case and disease management services that save you money.** We provide and monitor results of these services in-house. Programs are proven to help people stay healthy and recover faster — so you save money and increase productivity.

Altius One Plan Products

- Open Access-No referral required
- Network of over 3,800 Providers, 36 Hospitals and Facilities
- Plus option with greater provider selection by allowing a non-participating provider benefit
- Coverage for chiropractic services
- Three-tier prescription benefit
- Worldwide urgent / emergency care coverage

Service

- You are supported by the Altius Health Plans excellent Customer Service Department 801-323-6200 or toll free at 1-800-377-4161
- Our most recent customer survey indicated 90% of members are satisfied with Altius Health Plans
- 8 out of 10 would recommend Altius to a friend or family member (Random survey of 400 Altius members, conducted by Valley Research, Spring of 2006)

AltiusExtra

ALTIVS EXTRA A program available to Altius members at no additional cost, which offers a wide variety of goods and services that are not covered by your Altius One plan.

Value-Added Benefits

“AltiusExtra” is a way for you to get more from your health plan. You and your family can access sizable discounts on a wide variety of goods and services that may not be covered by your Altius health plan. In addition to ongoing discounts, many of the providers who participate in AltiusExtra offer specials and drawings for free services throughout the year.

For current discounts and special offers, go online or call Altius Customer Service. To receive AltiusExtra discounts, simply show the participating provider your Altius member ID card. Some vendors list a specific contact person to see for the discount. Check online.

Our “AltiusExtra” website is continually updated with the latest providers, pricing, and special offers for Altius members. There is no additional cost for this program, but you can bank on the savings! Just visit www.altius-extra.com to select the location and programs you are interested in.

Monarch  **Dental**



Beltone
Helping the world hear better

 **Miracle-Ear®**


HOOPES VISION

 **EyeMasters**

SHOPKO®

 **University Health Care**
Moran Eye Center

 **Safe Beginnings**



ALTIVS EXTRA

www.altius-extra.com



submitting your application

Getting Started

We have outlined a few tips to help guide you through the evaluation and application process. If along the way you have questions or concerns, your Altius-appointed agent or broker can help you. Your agent or broker can provide you with additional information regarding these plans, help you determine which plan and options are best for your particular needs, and assist you with the application process. However, your Altius-appointed agent or broker does not have authority to waive any application requirements or to approve or modify any coverage.

Complete & Sign Your Application

The application is located at the back of this book. Read and answer each question and section thoroughly. If accepted, this application will be incorporated by reference into your policy. Incomplete applications will delay the underwriting process. Misrepresentation or omission of material fact may cause your application to be declined.

Calculate Your Premium

You can calculate your monthly premium by obtaining a current Altius One Premium Rate Sheet from your Altius appointed agent or broker, or visit www.altiushealthplans.com to generate an online quote.

Choose Your Method of Payment

For your convenience Altius offers two ways to pay your premiums. You need to indicate your preference on Section III of the Supplemental Application Form. You may only change your method of payment on your annual renewal date.

- **Monthly Automatic Withdrawal** is the no stamps, no envelopes, no additional administration fee, and less hassle method of payment. Your monthly premium will be automatically paid by a direct payment withdrawal from your checking or savings account at your financial institution.
- **Monthly Billing.** With this option you will be billed at the address you provide on your application on a monthly basis. If you choose the monthly billing option, a \$5 administration fee will be added to your monthly bill. You will be responsible to notify Altius of any changes to your mailing address. Altius must receive your payment, including your monthly statement, no later than the first of each month. Altius is not responsible for problems within the postal delivery system.

NOTE Your employer cannot pay any portion of your premium, either directly or through reimbursement.

submitting your application CONTINUED

Submit Your Application

You may submit your application to Altius through your Altius-appointed agent or broker, or send it directly to Altius Health Plans by facsimile, email, or mail.

IMPORTANT

NOTE Coverage is not in effect until Altius Health Plans approves your application and determines an effective date. We strongly suggest that you carefully consider the impact of changing coverage, and do not cancel any current coverage until Altius Health Plans officially notifies you of approval. We reserve the right to reject coverage for any individual.

Facsimile:

Altius One
801-323-6100

email:

altiusone@ahplans.com

Mail:

Altius Health Plans
Altius One
10421 South Jordan Gateway #400
South Jordan, UT 84095

Your application package should include:

- ☐ 1. Your Completed Application
- ☐ 2. Certificate of Creditable Coverage. This certificate, sometimes referred to as a HIPAA letter, is provided by your previous health insurance carrier. We encourage you to submit certificate(s) of creditable coverage with your application. Although Altius does not need your certificate(s) for approval, submission of evidence of creditable coverage, such as a certificate, is required in order to receive credit for your Pre-Existing Condition exclusion period. (Refer to page 21 of this book under the heading “Pre-Existing Conditions” for more information.) Please indicate on your application if you are currently covered with Altius Health Plans. A certificate of creditable coverage is not necessary if you are currently covered with Altius Health Plans or for individuals under age 19.
- ☐ 3. Completed payment option information (see Section III of the Supplemental Application Form). Be sure to sign the payment page and include a voided check or savings deposit slip for the Monthly Automatic Withdrawal payment.



Platinum

Benefits Summary Comparison

1. Calendar Year Deductible - Individual/Family
Does not apply to OOP Max. Cumulative across benefit levels

2. Out-of-Pocket Maximum

3. Lifetime Maximum

4. Pre-Existing Condition Limitation –
Not applicable to members under age 19

Outpatient Services

5. Preventive Care Services – When provided in conjunction with a preventive diagnosis, as determined by Altius, including annual adult physical examinations, well child care, family planning, routine immunizations, minor diagnostic laboratory tests, and colonoscopies. Some services you receive during a preventive office visit may not qualify as Preventive Care Services and will be subject to applicable deductibles, copays, and/or coinsurance.

6. Primary Care (PCP)

7. Specialists (SPC)

8. After Hours & Urgent Care

9. Chiropractic Care –
10 visits per member per calendar year

10. Major Diagnostic Services

11. Minor Lab/X-ray (including mammograms)

12. Physiotherapy at Provider's Office –
10 total provider/facility visits per type, per member/calendar year

13. Physiotherapy at Facility –
10 total provider/facility visits per type, per member/calendar year

Emergency Care

14. Emergency Room Care

15. Ambulance

Inpatient/Outpatient Hospital

16. Hospitals and Surgical Centers

17. Physician, Surgeon, Anesthesiologist

18. Organ Transplant Services

19. Inpatient Physiotherapy Services –
Limited to 30 days per member/calendar year

Maternity Services (Subscriber and Spouse Only)

20. Deductible

21. Prenatal and Postnatal Care

22. Inpatient Hospital/Facility Services

80%		70%	
Par	Non-Par	Par	Non-Par
Deductible Options ^a	2 x Par	Deductible Options ^a	2 x Par
OOP Maximum Options ^b	OOP Maximum Options ^b	OOP Maximum Options ^b	OOP Maximum Options ^b
Unlimited	Unlimited	Unlimited	Unlimited
12 Months	12 Months	12 Months	12 Months
Outpatient Services			
You Pay Nothing	40% AD	You Pay Nothing	50% AD
\$20	40% AD	\$30	50% AD
\$40	40% AD	\$60	50% AD
\$40	40% AD	\$60	50% AD
\$40	Par Only	\$60	Par Only
20% AD	40% AD	30% AD	50% AD
You Pay Nothing	40% AD	You Pay Nothing	50% AD
\$40	40% AD	\$60	50% AD
20% AD	40% AD	30% AD	50% AD
Emergency Care			
\$200	\$200	\$200	\$200
20% AD	Par Benefit Applies	30% AD	Par Benefit Applies
Inpatient/Outpatient Hospital			
20% AD	40% AD	30% AD	50% AD
20% AD	40% AD	30% AD	50% AD
20% AD	Par Only	30% AD	Par Only
20% AD	40% AD	30% AD	50% AD
Maternity Services (Subscriber and Spouse Only)			
Maternity benefits have a Separate \$7,500 Deductible per occurrence		Maternity benefits have a Separate \$7,500 Deductible per occurrence	
You Pay Nothing AMD	40% AMD	You Pay Nothing AMD	50% AMD
You Pay Nothing AMD	40% AMD	You Pay Nothing AMD	50% AMD

All Plans

- Generic Equivalent Defined: 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 plus the generic copay/coinsurance and/or any applicable deductible. Regular benefits apply if a preferred generic cannot be substituted.
- Deductibles and Out-of-Pocket Maximums are cumulative across Par and Non-Par.
- Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.

This summary is for illustrative purposes only. For complete benefit disclosure, refer to the Medical Benefits Brochure in the policy or call Customer Service at 1-800-377-4161.

Gold

Silver

Plan Selection

☐ Platinum ☐ Gold ☐ Silver

^ADeductible Options

Individual/Family
☐ \$500/\$1,000 ☐ \$1,000/\$2,000
☐ \$2,000/\$4,000 ☐ \$5,000/\$10,000

^BOut of Pocket Maximum Options

Linked to Coinsurance	^B Individual/ Family Par	Individual/ Family Non-Par
80%/60% →	\$2,500/\$5,000 →	\$3,750/\$7,500
70%/50% →	\$4,000/\$8,000 →	\$6,000/\$12,000

	80%		70%		70%	
	Par	Non-Par	Par	Non-Par	Par	Non-Par
1.	Deductible Options ^A	2 x Par	Deductible Options ^A	2 x Par	Deductible Options ^A	2 x Par
2.	OOP Maximum Options ^B	OOP Maximum Options ^B	OOP Maximum Options ^B	OOP Maximum Options ^B	OOP Maximum Options ^B	OOP Maximum Options ^B
3.	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
4.	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
5.	You Pay Nothing	40% AD	You Pay Nothing	50% AD	You Pay Nothing	50% AD
6.	\$20	40% AD	\$30	50% AD	\$30	50% AD
7.	\$40 AD	40% AD	\$60 AD	50% AD	\$60 AD	50% AD
8.	\$40	40% AD	\$60	50% AD	\$60	50% AD
9.	\$40 AD	Par Only	\$60 AD	Par Only	\$60 AD	Par Only
10.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
11.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
12.	\$40 AD	40% AD	\$60 AD	50% AD	\$60 AD	50% AD
13.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
14.	\$200 AD	\$200 AD	\$200 AD	\$200 AD	\$200 AD	\$200 AD
15.	20% AD	Par Benefit Applies	30% AD	Par Benefit Applies	30% AD	Par Benefit Applies
16.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
17.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
18.	20% AD	Par Only	30% AD	Par Only	30% AD	Par Only
19.	20% AD	40% AD	30% AD	50% AD	30% AD	50% AD
20.	Maternity benefits have a Separate \$7,500 Deductible per occurrence		Maternity benefits have a Separate \$7,500 Deductible per occurrence		Maternity benefits have a Separate \$7,500 Deductible per occurrence	
21.	You Pay Nothing AMD	40% AMD	You Pay Nothing AMD	50% AMD	You Pay Nothing AMD	50% AMD
22.	You Pay Nothing AMD	40% AMD	You Pay Nothing AMD	50% AMD	You Pay Nothing AMD	50% AMD

Acronyms

- AD—After Deductible
- AMD—After Maternity Deductible
- BD—Before Deductible

- Non-Par—Non-Participating Provider Benefit
- OOP—Out-of-Pocket
- OV—Office Visit

- Par—Participating Provider Benefit
- PCP—Primary Care Physician
- SPC—Specialty Care Physician



Platinum

Benefits Summary Comparison CONT'D

	80%		70%	
	Par	Non-Par	Par	Non-Par
Prescription Drugs				
23. Pharmacy Deductible (Rx)	<input type="checkbox"/> No Deductible <input type="checkbox"/> \$250 Individual <input type="checkbox"/> \$500 Individual <input type="checkbox"/> \$1,000 Individual	Par Only	<input type="checkbox"/> No Deductible <input type="checkbox"/> \$250 Individual <input type="checkbox"/> \$500 Individual <input type="checkbox"/> \$1,000 Individual	Par Only
24. Pharmacy Drugs (Rx) (Preferred Generic/Preferred Brand/Non-Preferred)	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Par Only	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Par Only
Injectable or Implantable Medications				
25. Injectable Meds – Non-Facility (Preferred/Non-Preferred)	20%/30%	40%/50% AD	20%/30%	40%/50% AD
26. Injectable Meds from a Pharmacy (Preferred/Non-Preferred)	20%/30%	Par Only	20%/30%	Par Only
Allergy Conditions				
27. Serum	20% AD	40% AD	30% AD	50% AD
28. Testing & Treatment	\$40	40% AD	\$60	50% AD
29. Injections	You Pay Nothing	40% AD	You Pay Nothing	50% AD
Other Benefits				
30. Durable Medical Equipment	50%	50%	50%	50%
31. Prosthetic Limbs	50% (20% for \$500 deductible plan)	50%	50%	50%
32. Home Health Care – 30 visits per member/calendar year	50% AD	50% AD	50% AD	50% AD
33. Hospice Care	20% AD	40% AD	30% AD	50% AD
34. Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20% AD	40% AD	30% AD	50% AD
35. Infertility Services – Evaluation, testing, and diagnostic services; \$750 per member/ calendar year, up to a lifetime maximum of \$5,000	50% AD	Par Only	50% AD	Par Only
36. Medical Supplies	50%	50%	50%	50%
37. Neuropsychological Testing	50% AD	50% AD	50% AD	50% AD
38. Skilled Nursing Facility – 30 days per member/calendar year	50% AD	50% AD	50% AD	50% AD
39. Sterilization Procedures – Physician's office	\$40	40% AD	\$60	50% AD
40. Sterilization Procedures – Outpatient facility	20% AD	40% AD	30% AD	50% AD
41. Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnosis services; lifetime maximum of \$1,000	50% AD	50% AD	50% AD	50% AD
42. Eye Exams – Optometrist	\$20	40% AD	\$30	50% AD
Mental Health and Substance Abuse	No Coverage	No Coverage	No Coverage	No Coverage

All Plans

- Generic Equivalent Defined: 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 plus the generic copay/coinsurance and/or any applicable deductible. Regular benefits apply if a preferred generic cannot be substituted.
- Deductibles and Out-of-Pocket Maximums are cumulative across Par and Non-Par.
- Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.

This summary is for illustrative purposes only. For complete benefit disclosure, refer to the Medical Benefits Brochure in the policy or call Customer Service at 1-800-377-4161.

Gold

Silver

	80%		70%	
	Par	Non-Par	Par	Non-Par
23.	<div><input type="checkbox"/> No Deductible</div> <div><input type="checkbox"/> \$250 Individual</div> <div><input type="checkbox"/> \$500 Individual</div> <div><input type="checkbox"/> \$1,000 Individual</div>	Par Only	<div><input type="checkbox"/> No Deductible</div> <div><input type="checkbox"/> \$250 Individual</div> <div><input type="checkbox"/> \$500 Individual</div> <div><input type="checkbox"/> \$1,000 Individual</div>	Par Only
24.	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Par Only	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Par Only
25.	20%/30%	40%/50% AD	20%/30%	40%/50% AD
26.	20%/30%	Par Only	20%/30%	Par Only
27.	20% AD	40% AD	30% AD	50% AD
28.	\$40 AD	40% AD	\$60 AD	50% AD
29.	You Pay Nothing	40% AD	You Pay Nothing	50% AD
30.	50%	50%	50%	50%
31.	50%	50%	50%	50%
32.	50% AD	50% AD	50% AD	50% AD
33.	20% AD	40% AD	30% AD	50% AD
34.	20% AD	40% AD	30% AD	50% AD
35.	50% AD	Par Only	50% AD	Par Only
36.	50%	50%	50%	50%
37.	50% AD	50% AD	50% AD	50% AD
38.	50% AD	50% AD	50% AD	50% AD
39.	\$40 AD	50% AD	\$60 AD	50% AD
40.	20% AD	50% AD	30% AD	50% AD
41.	50% AD	50% AD	50% AD	50% AD
42.	\$20	50% AD	\$30	50% AD
No Coverage		No Coverage	No Coverage	No Coverage

70%	
Par	Non-Par
N/A	N/A
\$15 / \$30 / \$60 Preferred Generic prescriptions before medical deductible; all other prescriptions after medical deductible	Par Only
20%/30%	40%/50% AD
20%/30%	Par Only
30% AD	50% AD
\$60 AD	50% AD
You Pay Nothing	50% AD
50%	50%
50%	50%
50% AD	50% AD
30% AD	50% AD
30% AD	50% AD
50% AD	Par Only
50%	50%
50% AD	50% AD
50% AD	50% AD
\$60 AD	50% AD
30% AD	50% AD
50% AD	50% AD
\$30	50% AD
No Coverage	

Acronyms

- AD—After Deductible
- AMD—After Maternity Deductible
- BD—Before Deductible

- Non-Par—Non-Participating Provider Benefit
- OOP—Out-of-Pocket
- OV—Office Visit

- Par—Participating Provider Benefit
- PCP—Primary Care Physician
- SPC—Specialty Care Physician



NetCare

Benefits Summary Comparison

	Low Deductible Option	High Deductible Option
	Par Only	Par Only
1. Calendar Deductible – Individual/Family Applies to out-of-pocket maximum	\$2,000 / \$6,000	\$4,000 / \$12,000
2. Out-of-Pocket Maximum – Individual/Family	\$5,000 / \$15,000	\$10,000 / \$30,000
3. Lifetime Maximum	Unlimited	Unlimited
4. Pre-Existing Condition Limitation – Not applicable to members under age 19	12 Months	12 Months
Outpatient Services		
5. Preventive Care Services – When provided in conjunction with a preventive diagnosis, as determined by Altius, including annual adult physical examinations, well child care, family planning, routine immunizations, minor diagnostic laboratory tests, and colonoscopies. Some services you receive during a preventive office visit may not qualify as Preventive Care Services and will be subject to applicable deductibles, copays, and/or coinsurance.	You Pay Nothing	You Pay Nothing
6. Office Visits – Primary Care	\$25 AD ^A	\$25 AD ^A
7. Office Visits – Specialists	\$50 AD	\$50 AD
8. After Hours & Urgent Care	\$50 AD ^B	\$50 AD ^B
9. Chiropractic Care – 10 visits per member/calendar year	\$50 AD	\$50 AD
10. Major Diagnostic Services	30% AD	30% AD
11. Minor Lab/X-ray (including mammograms)	30% AD ^C	30% AD ^C
12. Physiotherapy at Provider's Office – 10 total provider/facility visits per type, per member/calendar year	\$50 AD	\$50 AD
13. Physiotherapy at Facility – 10 total provider/facility visits per type, per member/calendar year	30% AD	30% AD
Emergency Care		
14. Emergency Room Care	\$200 Par/Non-Par AD	\$200 Par/Non-Par AD
15. Urgent Care	\$50 AD ^B	\$50 AD ^B
16. Ambulance	30% AD	30% AD
Inpatient/Outpatient Hospital		
17. Inpatient Hospital / Facility Services	30% AD	30% AD
18. Outpatient Hospital / Facility Services	30% AD	30% AD
19. Additional Professional Services – Billed by facility	30% AD	30% AD
20. Additional Professional Services – Billed by professional	30% AD	30% AD
21. Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	30% AD	30% AD
22. Organ Transplant Services	30% AD	30% AD
23. Inpatient Physiotherapy Services – Limited to 30 days per member/calendar year	30% AD	30% AD
Maternity Services		
	No Coverage	No Coverage

NetCare CONT'DBenefits Summary Comparison CONT'D

	Low Deductible Option	High Deductible Option
	Par Only	Par Only
Prescription Drugs**		
24. Prescription Drugs – 30 day supply	Preferred Generic: \$15 Preferred Brand: 50% (\$25 min./\$100 max.) Non-Preferred: 50% (\$50 min./\$200 max.)	Preferred Generic: \$15 Preferred Brand: 50% (\$25 min./\$100 max.) Non-Preferred: 50% (\$50 min./\$200 max.)
Injectable or implantable Medications		
25. Injectable or implantable Medications – Facility	30% AD	30% AD
26. Injectable or implantable Medications – Non-Facility	30% AD ^c	30% AD ^c
27. Injectable or implantable Medications – Pharmacy	30% AD	30% AD
Allergy Conditions		
28. Testing & Treatment	\$50 AD	\$50 AD
29. Serum	30% AD	30% AD
30. Injections	30% AD	30% AD
Other Benefits		
31. Accident Related Dental Services – \$1,000 lifetime maximum	30% AD	30% AD
32. Durable Medical Equipment (DME)	30% AD ^c	30% AD ^c
33. Home Health Care – 30 visits per member/calendar year	30% AD	30% AD
34. Hospice Care	30% AD	30% AD
35. Implantable Contraceptives and Intra-Uterine Devices (IUDs)	30% AD	30% AD
36. Infertility Services – Evaluation, testing, and diagnostic services; \$750 per member/calendar year, up to a lifetime maximum of \$5,000	30% AD	30% AD
37. Medical Supplies	30% AD ^c	30% AD ^c
38. Neuropsychological Testing	30% AD	30% AD
39. Skilled Nursing Facility – 30 days per member/calendar year	30% AD	30% AD
40. Sterilization Procedures – Physician's office	\$50 AD	\$50 AD
41. Sterilization Procedures – Outpatient facility	30% AD	30% AD
42. Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services; lifetime maximum of \$1,000	30% AD	30% AD
Mental Health and Substance Abuse	No Coverage	No Coverage

- This summary is for illustrative purposes only. For complete benefit disclosure, refer to the medical benefits brochure in the policy or call Customer Service 1-800-377-4161.

AD = After Deductible

^a Deductible does not apply to the first four visits per member, per calendar year

^b Deductible does not apply to the first two Urgent Care facility visits per member, per calendar year

^c Deductible does not apply if billed by a Primary Care provider as part of the first four visits per member, per calendar year

** 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. This difference does not apply to your out-of-pocket maximum. Regular benefits apply if a preferred generic cannot be substituted.

qualified high deductible health plan QHDHP

With Altius One's Qualified High Deductible Health Plan, you receive:

- A **Qualified High Deductible Health Plan (QHDHP)**, a major medical plan designed to provide protection against catastrophic loss. A QHDHP is a health plan that satisfies certain requirements with respect to deductibles and out-of-pocket expenses which are indexed annually for inflation.
- A **Health Savings Account (HSA)**, a triple tax-advantaged savings vehicle that can be used to help you pay for qualified health care expenses not reimbursed by your QHDHP. Administration of an HSA account through Altius' preferred vendor is included in your premium, but you are free to use any other HSA fund administrator of your choice.
- **Financial Tools**, that allow you to forecast your health care costs and research average costs for specific medical procedures.
- **Clinical Decision Support Tools**, that provide you access to nurse advisor services and the online resources and information you need to choose the health care professionals, services, and products that are best suited for you and your family.

What is different about a Qualified High Deductible Health Plan?

- Just as the name implies, these plans have higher deductibles and out-of-pocket maximums. Most benefits are paid only after the deductible has been met.
- If you have family coverage, the entire family deductible must be met before benefits are paid.
- Certain preventive care services will be paid with no cost share prior to the deductible being met. After the annual deductible is met, all eligible medical expenses will be paid according to your benefit level.
- All out-of-pocket costs for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.

- After your deductible is met, covered prescriptions are available for a copay (on the 80% plan). Altius has a three-tier prescription benefit - preferred generic; preferred name-brand; non-preferred medications. On the 100% plan, prescriptions are covered at 100% of eligible medical expenses after deductible.
- Once the out-of-pocket maximum has been reached, all covered services will be covered 100% for the remainder of the calendar year.

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a consumer-owned, tax-advantaged savings vehicle. It is created to help pay for the qualified medical expenses of the account beneficiary who is covered under a high deductible health plan. HSAs can assist in paying for your medical care now as well as provide a good way to save for future medical expenses. You have complete control regarding how much money you contribute, subject to regulatory limitations. You also decide whether to pay for medical expenses from the account or to save it for future use. Unspent balances remain in your account, accumulating tax-free earnings. Before you can set up an HSA you must be enrolled in a qualified high deductible health plan.

HSAs are "triple tax-advantaged" accounts.

In most cases, HSAs allow tax-free contributions by you, tax-free growth of interest or investment earnings, and tax-free disbursements of principal and interest to pay for qualified medical expenses. Plus, you can pick from a variety of HSA investment options that are managed by Altius' preferred vendor. Contributions to your HSA are tax deductible, and individuals over age 55 can make "catch-up" contributions to their accounts and still enjoy the same tax advantages.

qualified high deductible health plan QHDHP CONTINUED

You choose what to spend your money on.

You can use the funds to pay for any qualified medical expense including dental, vision, or other qualified alternative medicine services. HSA funds can be used to pay your health insurance deductible, any coinsurance and copayments for medical services, or prescriptions.

What is a qualified medical expense?

“Qualified medical expenses” are expenses paid by the account beneficiary, his or her spouse, or dependents, for medical care as determined by Section 213(d) of the Internal Revenue Service Code, but only to the extent the expenses are not reimbursed by insurance or otherwise. The qualified medical expenses must be incurred only after the HSA has been established and are generally those deemed medically necessary. For a complete listing of qualified medical expenses, you can call the IRS at (800) 829-3676 and request Publication 502, or visit the IRS website at www.irs.gov to access this publication.

How can expenses be paid using the funds in my HSA?

You have access to the funds in your account in two ways if you choose Altius’ preferred vendor to administer your HSA account:

- **Debit Card.** You have direct access to your account through a VISA® debit card. This card can be used to pay for prescriptions, over-the-counter medications, or other qualified medical expenses not reimbursed by your Altius Qualified High Deductible Health Plan.

- **Direct Reimbursement.** After you pay for a qualified medical expense, you can submit a written request for repayment. A check will be generated from your account and mailed to you.

How do I learn more about HSAs?

Refer to the materials provided by Altius’ preferred vendor. This material is included in a separate booklet that answers questions regarding fund eligibility, setting up your personal Health Savings Account, managing your account, investment options, and more.

What if I don’t plan on establishing an HSA? Can I still apply for Altius’ QHDHP?

Yes. Even if you aren’t interested in establishing an HSA at this time, you can still choose to apply for Altius’ Qualified High Deductible Health Plan. The Altius QHDHP has been designed to meet the requirements of a health plan that can be partnered with an HSA; but establishing an HSA is a personal choice and is not required to apply for this plan. Administration of an HSA account through Altius’ preferred vendor is included in your premium, regardless of whether you open an HSA or choose to use someone other than the Altius preferred HSA vendor.

If you choose the Altius preferred HSA vendor, please mark the appropriate box on the front page of the application when submitting it for approval.



Benefits Summary Comparison

QHDHP 80%

QHDHP 100%

	Par	Non-Par	Par	Non-Par
1. Calendar Deductible – Single/Family Applies to out-of-pocket maximum	\$1,500 Single / \$3,000 Fam \$2,000 Single / \$4,000 Fam	\$3,000 Single / \$6,000 Fam \$4,000 Single / \$8,000 Fam	\$3,000 Single / \$6,000 Fam \$5,000 Single / \$10,000 Fam	\$6,000 Single / \$12,000 Fam \$10,000 Single / \$20,000 Fam
1A. Calendar Deductible – Single/Family Applies to out-of-pocket maximum	\$1,200 Single / \$2,400 Family	\$2,400 Single / \$4,800 Family	Not Available	Not Available
2. Out-of-Pocket Maximum – Single/Family	\$5,000 Single / \$10,000 Family	\$10,000 Single / \$20,000 Family	\$3,000 Single / \$6,000 Fam \$5,000 Single / \$10,000 Fam	\$9,000 Single / \$15,000 Fam \$15,000 Single / \$25,000 Fam
2A. Out-of-Pocket Maximum – Single/Family	\$3,600 Single / \$7,200 Family	\$7,200 Single / \$14,400 Family	Not Available	Not Available
3. Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
4. Pre-Existing Condition Limitation – Not applicable to members under age 19	12 Months	12 Months	12 Months	12 Months
Outpatient Services				
5. Designated Preventive Care Services – Certain office visits and services are not subject to deductible, copays, and/or coinsurance when provided in conjunction with a preventive diagnosis as determined by Altius in accordance with Section 223 of the Internal Revenue Code.	You Pay Nothing	40% AD	You Pay Nothing	20% AD
6. Office Visits – Primary Care	20% AD	40% AD	You Pay Nothing AD	20% AD
7. Office Visits – Specialists	20% AD	40% AD	You Pay Nothing AD	20% AD
8. After Hours & Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
9. Chiropractic Care – 10 visits per member/calendar year	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
10. Major Diagnostic Services	20% AD	40% AD	You Pay Nothing AD	20% AD
11. Minor Lab/X-ray (including mammograms)	20% AD	40% AD	You Pay Nothing AD	20% AD
12. Physiotherapy at Provider's Office – 10 total provider/facility visits per type, per member/calendar year	20% AD	40% AD	You Pay Nothing AD	20% AD
13. Physiotherapy at Facility – 10 total provider/facility visits per type, per member/calendar year	20% AD	40% AD	You Pay Nothing AD	20% AD
Emergency Care				
14. Emergency Room Care	20% AD	20% AD	You Pay Nothing AD	You Pay Nothing AD
15. Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
16. Ambulance	20% AD	Participating Benefit Applies	You Pay Nothing AD	Participating Benefit Applies
Inpatient/Outpatient Hospital				
17. Inpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
18. Outpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
19. Additional Professional Services – Billed by facility	20% AD	40% AD	You Pay Nothing AD	20% AD
20. Additional Professional Services – Billed by professional	20% AD	40% AD	You Pay Nothing AD	20% AD
21. Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	20% AD	40% AD	You Pay Nothing AD	20% AD
22. Organ Transplant Services	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
23. Inpatient Physiotherapy Services – Limited to 30 days per member/calendar year	20% AD	40% AD	You Pay Nothing AD	20% AD
Maternity Services	No Coverage	No Coverage	No Coverage	No Coverage

- This summary is for illustrative purposes only. For complete benefit disclosure, refer to the medical benefits brochure in the policy or call Customer Service 1-800-377-4161.

*Deductibles and Out-of-Pocket Maximums are cumulative across all levels.

AD = After Deductible

QHDHP 80%

QHDHP 100%

Benefits Summary Comparison CONT'D

	Par	Non-Par		Par	Non-Par
Prescription Drugs**					
24. Prescription Drugs – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$15 / \$30 / \$60 After Medical Deductible	Participating Providers Only		You Pay Nothing AD	Participating Providers Only
Injectable or implantable Medications					
25. Injectable or implantable Medications – Facility	20% AD	40% AD		You Pay Nothing AD	20% AD
26. Injectable or implantable Medications – Non-Facility (Preferred / Non-Preferred)	20% AD / 30% AD	40% AD/50% AD		You Pay Nothing AD	20% AD/30% AD
27. Injectable or implantable Medications – Pharmacy (Preferred / Non-Preferred)	20% AD / 30% AD	Participating Providers Only		You Pay Nothing AD	Participating Providers Only
Allergy Conditions					
28. Testing & Treatment	20% AD	40% AD		You Pay Nothing AD	20% AD
29. Serum	20% AD	40% AD		You Pay Nothing AD	20% AD
30. Injections	20% AD	40% AD		You Pay Nothing AD	20% AD
Other Benefits					
31. Accident Related Dental Services – \$1,000 lifetime maximum	50% AD	Participating Benefit Applies		You Pay Nothing AD	Participating Benefit Applies
32. Durable Medical Equipment (DME)	50% AD	50% AD		You Pay Nothing AD	50% AD
33. Home Health Care – 30 visits per member/calendar year	50% AD	50% AD		You Pay Nothing AD	50% AD
34. Hospice Care	20% AD	40% AD		You Pay Nothing AD	20% AD
35. Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20% AD	40% AD		You Pay Nothing AD	20% AD
36. Infertility Services – Evaluation, testing, and diagnostic services; \$750 per member/ calendar year, up to a lifetime maximum of \$5,000	50% AD	Participating Providers Only		You Pay Nothing AD	Participating Providers Only
37. Medical Supplies	50% AD	50% AD		You Pay Nothing AD	50% AD
38. Neuropsychological Testing	50% AD	50% AD		You Pay Nothing AD	50% AD
39. Skilled Nursing Facility – 30 days per member/calendar year	50% AD	50% AD		You Pay Nothing AD	50% AD
40. Sterilization Procedures – Physician's office	20% AD	40% AD		You Pay Nothing AD	20% AD
41. Sterilization Procedures – Outpatient facility	20% AD	40% AD		You Pay Nothing AD	20% AD
42. Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services; lifetime maximum of \$1,000	50% AD	50% AD		You Pay Nothing AD	50% AD
Mental Health and Substance Abuse	No Coverage	No Coverage		No Coverage	No Coverage

** 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. This difference does not apply to your deductible or out-of-pocket maximum. Regular benefits apply if a preferred generic cannot be substituted.



UTAH

provider directory

Provider Directory Information

To find the most current information about Altius participating providers visit Provider Search online. Simply go to www.altiushealthplans.com, click “Locate a Provider” at the top of the page, then on “Search for a Provider Online”. Using Provider Search you can find information about primary care physicians, specialists, hospitals, urgent care centers, and much more.

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 and NetCare)

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, postnatal care, and related lab and radiology services

The benefit for prenatal care is determined by the coverage in effect at the time of delivery. If prenatal 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 prenatal 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
- Urgent Care
- Ambulance and Emergency Transportation

major medical outline of coverage CONTINUED

Maximum Dollar Amount for Covered Charges

- No general maximum dollar amount applies. See the Benefits Summary Comparison and the medical benefits brochure in your policy for dollar limits that may apply to certain benefits.

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
- Inpatient/Outpatient Rehabilitation, Physiotherapy Services
- Chiropractic Services
- Skilled Nursing Facility Services
- Home Health Care
- TMJ 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 (Not applicable to NetCare options).

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

- Deductibles
- Fixed copay amounts
- Coinsurance for the following benefits:
 - Durable medical equipment, corrective appliances, and prosthetic devices (except coinsurance for prosthetic limbs under the \$500 deductible option 80% Platinum Plan)
 - Medical supplies
 - TMJ services
 - Accident-related dental services
 - Infertility services
- Prescription drugs

major medical outline of coverage CONTINUED

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 policy, your deductible will start over regardless of the date your new plan coverage begins. If you change deductible options on the same policy, your deductible will not start over.

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.

If you are 19 years of age or older, 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 19 years of age or older 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 members under age 19.

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 pre-existing 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.

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

major medical outline of coverage CONTINUED

12-Month Exclusion of Selected Diagnoses and Procedures (Not Applicable to Members Under Age 19)

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
- Enterocoele
- 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 medically necessary services for conditions resulting from illness or injury where therapy can be provided in a short-term rehabilitation program that is likely to 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.
- 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 medications, including those that are administered by a medical professional, are covered only when they are purchased through designated specialty pharmacies. To obtain a current list of these medications, visit the Altius website or call customer service.

major medical outline of coverage CONTINUED

Point of Service Limitation (Except NetCare Options)

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 experimental or investigational or illegal are excluded. 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, home health care, 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 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 (All options except Netcare)

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.

major medical outline of coverage CONTINUED

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.
- 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; prescription medications that have an over-the-counter equivalent or alternative, unless otherwise specified in the Altius formulary; 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 for shift work sleep disorder; medications or nutritional supplements for weight loss, or for weight gain for non-medical conditions.
- Replacement of lost, stolen, or damaged prescription drugs.
- Immunizations required exclusively for foreign travel.
- For NetCare plan members, services rendered by providers or facilities that, at the time of service, are not participating in the member's network are excluded. This exclusion does not apply to: (1) emergency care; (2) out-of-area urgent care; (3) professional services such as lab, radiology, and anesthesiology when otherwise covered and related to a service that Altius determines to be payable; or (4) providers or facilities that Altius (or designee) has authorized in advance to render services.
- 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 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 prenatal, delivery and postnatal treatments or procedures), except for medically necessary treatment and procedures for complications of pregnancy. (QHDHP and NetCare options only)
- Hospital charges for routine newborn nursery care. (QHDHP and NetCare 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.

major medical outline of coverage CONTINUED

- 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 up to three months of age; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
- Treatment of hyperhidrosis (perspiration/sweating) or sialorrhea (drooling).
- Autopsy procedures.
- Health education services not closely related to the care and treatment of an illness or injury, except as specifically recommended by the USPSTF and provided within USPSTF guidelines.
- Services provided by an athletic trainer or a personal trainer.
- 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.
- 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.
- Helmet therapy for benign positional plagiocephaly.
- 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 and vision therapy.
- 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

major medical outline of coverage CONTINUED

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.
- Physiotherapy services (occupational, physical and speech) for psychosocial and/or developmental delays, including, but not limited to speech therapy for stuttering.
- Physiotherapy services (occupational, physical, and speech) for work hardening or for recreational purposes, including, but not limited to sports or vocal performance.
- Services for the treatment of isolated sensory processing dysfunction or sensory integration disorder. This exclusion does not apply to the initial assessment for diagnosis of the condition or to the medical management of an underlying medical illness which may be contributing to the condition.
- Mental health services and substance abuse services.
- Substance abuse maintenance therapy, such as methadone clinics and similar clinics and services.
- Recreational therapy, wilderness therapy, or residential treatment programs.
- 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.
- 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 voluntary 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 treatment of obstructive sleep apnea or 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 determined medically necessary by Altius for treatment of obstructive sleep apnea or 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,

major medical outline of coverage CONTINUED

massage therapy and biofeedback.

- Injury or illness resulting from voluntary participation 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: 18-19 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.



notice of privacy practices EFFECTIVE 4/14/03 (Revised 01/01/11)

Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Coventry Health Care is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully. If you have any questions, please call the Member Services number on the back of your membership identification card.

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.cvty.com. You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Coventry provides to your particular health benefit plan.

B. What Types of Personal Information Do We Collect?

To best service your benefits, we need information about you. This information may come from you, your employer, or other payors or health benefits plan sponsors, and our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment and Health Care Operations?

To properly service your benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

Treatment: We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.

Payment: We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.

notice of privacy practices CONTINUED

Health Care Operations: We may use and share your personal information as part of our operations in servicing your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination. We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of a Coventry company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care, or to inform you about a disease management program.

We may also share your personal information with providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits.

E. What Other Ways Do We Use or Share Your Information?

We may also use or share you personal information for the following:

Medical home / accountable care organizations:

Coventry may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your health.

Health care oversight and law enforcement: To comply with federal or state oversight agencies. These may include your state Department of Insurance or the U.S. Department of Labor.

Legal proceedings: To comply with a court order or other lawful process.

Treatment options: To inform you about treatment options or health-related benefits or services.

Plan sponsors: To permit the sponsor of your health benefit plan to service the benefit plan and your benefits. Please see your employer's plan documents for more information.

Research: To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

Others involved in your health care: We may share certain personal information with a relative, such as your spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.

Personal representatives: We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.

Business associates: To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

Other situations: We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

notice of privacy practices CONTINUED

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

G. Rights Established by Law

Requesting restrictions: You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.

Confidential communications: You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.

Access and copies: You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.

Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.

Accounting of disclosures: You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

i For purposes of this notice, the pronouns “we,” “us” and “our” and the name “Coventry” refers to Coventry Health Care, Inc. and its licensed affiliated companies, including, but not limited to, Altius Health Plans, Inc.; Cambridge Life Insurance Company; Carelink Health Plans, Inc.; Coventry Health Care of Delaware, Inc.; Coventry Health Care of Florida, Inc.; Coventry Health Plan of Florida, Inc.; Coventry Health Care of Georgia, Inc.; Coventry Health Care of Iowa, Inc.; Coventry Health Care of Nebraska, Inc.; Coventry Health Care of Pennsylvania, Inc.; Coventry Health Care of Louisiana, Inc.; Coventry Health and Life Insurance Company; Coventry Health Care of Kansas, Inc.; Coventry Health Care National Accounts, Inc.; Coventry Summit Health Plan, Inc.; First Health Life & Health Insurance Company; First Health Services Corp.; Group Dental Services, Inc.; Group Health Plan, Inc.; HealthAmerica Pennsylvania, Inc.; HealthAssurance Pennsylvania, Inc.; HealthCare USA of Missouri, L.L.C.; Kansas Health Plan, Inc.; Mercy Health Plans; MHP, Inc.; MHNet Specialty Services, LLC; MHNet of Florida, Inc.; MHNet Life and Health Insurance Company; Mental Health Associates, Inc.; Mental Health Network of New York IPA, Inc.; OmniCare Health Plan, Inc.; PersonalCare Insurance of Illinois, Inc.; Preferred Benefits Administrator, Inc.; Preferred Health Care, Inc.; Preferred Health Systems, Inc.; Preferred Health Systems Insurance Company; Preferred Plus of Kansas, Inc.; Southern Health Services, Inc.; and WellPath Select, Inc. These entities abide by the privacy practices described in this Notice.

ii Under various laws, different requirements can apply to different types of information. Therefore we use the term “health information” to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term “personal information” to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.



UTAH INDIVIDUAL HEALTH INSURANCE APPLICATION

A. APPLICANT INFORMATION

Name (Last) _____ (First) _____ (MI) _____

Marital Status ☐ Legally Married ☐ Single ☐ Divorced ☐ Widowed ☐ Domestic Partner

Mailing Address _____ Apt. _____ City _____ State _____ Zip _____

Street Address _____ Apt. _____ City _____ State _____ Zip _____

Home (or other) Phone (_____) _____ Business Phone (_____) _____

Driver's License Number: _____ Email Address: _____

Does any listed proposed insured live, reside, work or attend school outside the state of Utah at any time during the year? ☐ Yes ☐ No If yes, % of time _____

Please check one of the following boxes: ☐ New Application ☐ Dependent Addition ☐ Re-apply

B. APPLICANT AND DEPENDENT INFORMATION (attach separate sheet if necessary)

In the section below, list yourself and all eligible family members to be included under the policy.

	Social Security # (for internal use only)	Name (Last, First, MI)	Date of Birth	Age	M/F	Weight	Height
Self						lbs.	
Spouse						lbs.	
Dependent						lbs.	
Dependent						lbs.	
Dependent						lbs.	
Dependent						lbs.	

Eligible family members include spouse, natural child, stepchild, adopted child, child placed for adoption, and child for whom you are appointed as legal guardian by the court. To be eligible for coverage, children must be under the age of 26, unmarried, and dependent upon you for 50 percent of their financial support. Financial dependency is not required for court-ordered child coverage. Any dependent not listed will not be considered for coverage.

C. CURRENT/PRIOR COVERAGE INFORMATION

Please indicate for EACH person listed on this application any health care coverage, including Medicare or Medicaid, in effect within 24 months prior to the proposed effective date of this policy. Each person applying for coverage must be listed below. If no health care coverage was in effect within the past 24 months, please indicate NONE. If coverage is provided for a dependent from a previous marriage or relationship, please attach a copy of the court documentation that shows who is responsible for the dependent(s)' health care coverage so that the insurer can determine whose coverage is primary.

Enrolling Individual's Name (Non-Medicare)	Insurer (Including policyholder name, insurer name and phone number)	Date of Coverage Month/Day/Year	Will the individual continue this coverage?	Type of Coverage (Check all that apply)
Self		From To	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical
Spouse			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical
Dependent			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical
Dependent			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical
Dependent			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical
Dependent			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Dental <input type="checkbox"/> Medical

If you were previously insured on a group plan, have you exhausted your COBRA rights? ☐ Yes ☐ No ☐ NA

If COBRA was not an option for you, have you exhausted your Utah mini-COBRA rights? ☐ Yes ☐ No ☐ NA

Have you ever been or are you currently insured through HIPUtah? ☐ Yes ☐ No

If "Yes" Date Started _____ Date Ended _____

If "Yes" Date Started _____ Date Ended _____

If "Yes" Date Started _____ Date Ended _____

Note: If you have had health care coverage within the last 63 days, your Pre-Existing Condition (PEC) waiting period limitation may be partially or completely waived. To determine if this applies to you, you must provide proof of prior coverage, such as a Certificate of Creditable Coverage from your previous insurer. Submission of prior coverage information does not automatically waive any PEC limitation. However, you will be subject to an automatic PEC Waiting Period of up to 12 months until we receive evidence of prior coverage.

D. EMPLOYMENT INFORMATION

Employer _____ Group Insurer _____ Job Title _____ Hrs/Week _____

Spouse's Employer _____ Spouse's Group Insurer _____ Spouse's Job Title _____ Hrs/Week _____

1. Is any employer reimbursing or paying for any portion of this policy? ☐ Yes ☐ No

2. Are you self-employed? ☐ Yes ☐ No If self employed, do you have any full or part-time employees? ☐ Yes ☐ No

E. HEALTH STATEMENT

IF ANY OF THE BELOW CONDITIONS OR QUESTIONS ARE CHECKED "YES" PROVIDE DETAILS IN SECTIONS G. & H. ON THE FOLLOWING PAGE.

The federal Genetic Information Nondiscrimination Act prohibits health insurers from requesting, requiring, purchasing, or collecting "genetic information" for underwriting purposes. "Genetic information" includes your genetic tests, the genetic tests of your family members, and the manifestation of a disease or disorder in family members not covered by the policy. Genetic information can also include requests for, or receipt of, genetic services, or participation in clinical research which includes genetic services. **Do not report genetic information on this form.** However, information about manifested diseases or conditions of anyone applying for coverage is not considered genetic information and is to be reported on this form, even if the disease or condition is caused by or associated with genetics.

EACH QUESTION MUST BE CHECKED "YES" OR "NO." This health statement must be complete or the application will be returned. Inaccurate health information may result in the policy being cancelled retroactively. It is your responsibility to notify the insurer of any change in health status while application is pending.							
Respond to the following questions:		YES	NO	Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following (cont.):		YES	NO
1	Pregnancy/Adoption: Are you, your spouse, or any dependent family member pregnant or financially responsible for an unborn child, or do you anticipate adopting a child in the next 12 months?			21	Female Reproductive Conditions/Disorders: Irregular bleeding, abnormal Pap smear/test, endometriosis, recurring pelvic pain, pelvic inflammatory disease, or any other disorder of the reproductive system?		
2	Pregnancy/Fertility Related Treatment: Are you, your spouse, or any dependent family member being treated for infertility, fertility evaluation or treatment (including medication), or miscarriage, complications related to pregnancy (including premature births)?			22	Digestive Conditions/Disorders: Ulcers, hernias, chronic diarrhea, diverticulitis, diverticulosis, irritable bowel syndrome, reflux, GERD, any other gallbladder or digestive disorder, hemorrhoids, polyps, or any other rectal disorder?		
3	Last Menstrual Period: Have you, your spouse or any dependent (whether or not proposed for insurance) missed her last menstrual period? If yes, provide date of last menstrual cycle on the following page.			23	Nervous, Mental and Behavioral: Mental health counseling, psychotherapy, depression, stress, anxiety, attention deficit hyperactivity disorder (ADHD), mental health disorder, or chemical imbalance that required consultation or medication?		
Within the past 12 MONTHS has any applicant:		YES	NO	Within the past 10 YEARS has any applicant been diagnosed with or treated for any of the following:		YES	NO
4	Prescriptions/Medications/Immunizations: Been prescribed or taken any prescription or over-the-counter medications, drugs, or shots (including immunizations, birth control, etc.)?			24	Gout, arthritis, Rheumatoid arthritis, fibromyalgia, or scleroderma?		
5	Conditions Requiring Follow Up Medical Consult/Treatment: Do you, your spouse or any dependent family member have a condition for which hospitalization, tests, consultation, evaluation, surgery, or medication have been advised, but not completed?			25	Musculoskeletal Conditions/Disorders: Ankylosing spondylitis, neuropathy, osteogenesis imperfecta, osteoporosis, herniated and/or ruptured disc, spina bifida, kyphosis, scoliosis, spinal stenosis, spondylolisthesis, spondylosis, or other musculoskeletal disorder?		
6	Medical Consult/Treatment: Consulted or received treatment from a doctor, chiropractor, counselor, therapist, or other health care provider, including routine & wellness care?			26	Digestive Conditions/Disorders: Crohn's disease, Colitis, colostomy, ileostomy, or other digestive disorder?		
7	Conditions Requiring Initial Medical Consult/Treatment: Had a health condition, problem, disorder, or any other medical or mental health conditions not listed for which medical or mental health advice or treatment has not been sought?			27	Alcohol or Drug Use/Abuse: been advised to reduce/limit alcohol use, or attended Alcoholics Anonymous (or similar program) for his/her own alcohol consumption, drug dependency, abuse, or misuse of prescribed or non-prescribed drugs such as opiates, stimulants, depressants, and/or hallucinogens?		
Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following:		YES	NO	28	Eating Disorders/Obesity Treatment: including bulimia, anorexia, or obesity and any surgical services for obesity.		
8	Urinary, bladder, incontinence, kidney or liver conditions or disorders: Kidney stones, jaundice, nephritis, or any other disorder of the liver, kidneys, or pancreas?			29	Respiratory Conditions/Disorders: RSV, reactive airway disease, tuberculosis, asthma, sleep apnea, pleurisy, COPD, sarcoidosis, or emphysema?		
9	Neurological Disorders: Recurring headaches, migraines, head injury, epilepsy, seizures, convulsions, or other neurological disorder?			30	Tobacco use (chewing or smoking)? Quit Date: _____		
10	Metabolic and Endocrine Conditions/Disorders: Lupus, thyroid disorder, goiter, or any other lymph system disorder?			Has any applicant EVER been diagnosed with or treated for any of the following:		YES	NO
11	Eyes, ears, nose, sinus, or throat conditions/disorders or any other respiratory system disorder, including allergies or hay fever?			31	Birth Defects/Congenital Abnormalities: premature birth, development or learning disability, mental impairment, Down syndrome, or autism spectrum disorder?		
12	Skin Conditions/Disorders: Acne, psoriasis, eczema, growths (except warts), abnormal moles, abnormal birthmarks, or any other skin disorder?			32	Nervous, Mental and Behavioral: Bipolar affective disorder, manic depression, schizophrenia, chronic organic brain syndrome, or psychotic disorder?		
13	Breast Conditions/Disorders: Breast lumps, breast augmentation, or breast reduction?			33	Transplant or Implanted Device: Any organ or tissue transplant, pacemaker, or other implanted device?		
14	Heart Conditions/Disorders: Chest pain, high blood pressure, high cholesterol, irregular heart beat, or any other heart condition?			34	Heart and Circulatory Conditions/Disorders: Heart murmur, heart attack, bypass surgery, angioplasty/stent, blood clot, stroke, heart surgery, coronary artery disease, or congestive heart failure?		
15	Back, neck, bone, joint or spinal disorder: bone or joint disorders (including foot, knee, jaw, fracture, dislocation, or joint replacement)?			35	Brain/Nervous System Conditions/Disorders: Multiple sclerosis, muscular dystrophy, cerebral palsy, Lou Gehrig's disease (ALS), Parkinson's disease, Alzheimer's disease, or dementia?		
16	Blood Conditions/Disorders: Hemophilia, anemia, blood, or bleeding disorder?			36	Diabetes (type I or II), insulin resistance?		
17	Male Reproductive Conditions/Disorders: Impotence, prostate or testicular disorder, abnormal PSA, or other reproductive disorder?			37	Immune System Conditions/Disorders: Immune system diseases, human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or AIDS related complex (ARC)?		
18	Circulatory System Conditions/Disorders: Varicose veins, or any other circulatory disorder?			38	Cancer/Tumors: (including skin cancer or melanoma) or tumors?		
19	Hospitalization/Surgery: Have you, your spouse, or any dependent family member been hospitalized or had surgery?			39	Urinary/Liver Conditions/Disorders: Cirrhosis, hepatitis, or renal failure?		
20	Sexually transmitted diseases?			OTHER MEDICAL INFORMATION		YES	NO
				40	Any medical condition or treatment that you are unsure of where it fits in above? _____		

F. DISABILITY INFORMATION

Are you or any dependent(s) disabled? ☐ Yes ☐ No If yes, indicate first and last name(s). _____

Reason for disability: _____

Is the disabled dependent unable to perform routine daily functions for two weeks or more? ☐ Yes ☐ No

Have you or any dependent(s) filed workers' compensation claims or disability claims within the last five years? ☐ Yes ☐ No

If so, what is the status of the claims? _____

G. ADDITIONAL INFORMATION (Attach a separate sheet for additional information if necessary)

Question #	Name of Individual	Diagnosis, illness, injury, treatment received, testing, medical attention, medications, future treatments	Start Date mm/dd/yy	End Date mm/dd/yy	Remaining symptoms or problems	Name & phone of physician or hospital	
						Name	Phone #

H. PRESCRIPTION INFORMATION WITHIN LAST 12 MONTHS (Attach a separate sheet for additional information if necessary)

Question #	Name of individual	Name of Medication	Dosage	Start Date mm/dd/yy	End Date mm/dd/yy	Reason for medication	Name & phone of physician or hospital	
							Name	Phone #

I. ACKNOWLEDGMENT & SIGNATURE

I hereby apply to be enrolled with my listed dependents, if applicable, for coverage. When incorporated with the policy, this application will become part of the policy. Once fully signed and executed, insurer and I agree to terms set forth in the policy. In connection with both this application and any coverage that may be obtained, I am acting as agent and/or as natural guardian for my spouse and other dependents. I agree to act on behalf of myself and my dependents. I understand that coverage is dependent upon my satisfaction of applicable underwriting criteria. I also understand that no coverage will be in force until each person listed above is approved; that no benefits will be provided for any services which begin before the policy is effective; and that except as expressly provided in the policy, benefits will not extend beyond the termination of either my coverage or the policy.

CONSENT AT ENROLLMENT. I understand that no producer or insurer representative is allowed to permit me to answer any question inaccurately, untruthfully, or incompletely, and I represent that such did not occur. I understand that it is my continuing responsibility to report to the insurer changes in the eligibility of any applicants who become enrolled.

I understand that the data obtained by the use of this authorization will only be used to determine eligibility for coverage and for future benefit administration. I understand that my choice of health care providers whose services will be covered may be restricted by the policy, and I agree that coverage for any services that are obtained without or contrary to required preauthorization/precertification requirements in the policy may be denied. I understand the policy for which I am applying may limit or exclude certain conditions, regardless of whether or not they are pre-existing. I also understand that the policy may limit or exclude conditions for which a family member or I have received, or have been recommended to receive, any medical advice, diagnosis, care, or treatment during the six months immediately preceding the date I apply for coverage, according to the pre-existing conditions limitation provisions of the policy.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE. According to information furnished, you may intend to lapse or otherwise terminate existing accident and health insurance and replace it with a new policy. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have (pre-existing conditions), may not be immediately or fully covered under the new plan. This could result in a denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present coverage.
2. You may wish to secure the advice of your present insurer or its producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present coverage and replace it with a new policy, be certain to truthfully and completely answer all questions on the application concerning your medical/health history.
4. Failure to include all material medical information on an application may provide a basis for the insurer to deny any future claims and to refund your premium as though the policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

I hereby declare that to the best of my knowledge and belief, the information given on this application, including the health information on pages two and three of this application, is correctly recorded, true, and complete. I understand that material omissions or intentional misrepresentations regarding information provided on this application could cause an otherwise covered service to be denied and/or could void any coverage issued. **If I subsequently become aware of information different from that provided in this application, I agree to provide that additional information promptly to the insurer. A change of information prior to the effective date of the policy may void an offer to provide coverage.**

I understand there may not be participating providers in all specialty fields.

I understand that credit for prior coverage will be based upon the information contained in this application and/or proof of prior coverage, such as a Certificate of Creditable Coverage that I have obtained from my prior health care insurer(s) and provided to the insurer.

If any information provided is false or incomplete, the insurer may without advance notice pursue any remedies available under state or federal law, including but not limited to: declaring the policy null and void and canceling the policy retroactive to its original effective date; or imposing the pre-existing condition waiting period and denying claims that are pre-existing, subject to credit for prior coverage.

If the policy contains a voluntary arbitration provision: ANY MATTER IN DISPUTE BETWEEN YOU AND THE INSURER MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR, A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE INSURER. THE INSURER SHALL BEAR THE COSTS OF ARBITRATION, FILING FEES, ADMINISTRATIVE FEES AND ARBITRATOR FEES. OTHER EXPENSES OF ARBITRATION, INCLUDING, BUT NOT LIMITED TO: ATTORNEY FEES, EXPENSES OF DISCOVERY, WITNESSES, STENOGRAPHER, TRANSLATORS, AND SIMILAR EXPENSES, WILL BE BORNE BY THE PARTY INCURRING THOSE EXPENSES. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW, AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

I further certify that all information completed on this form is true, correct and complete and acknowledge the policy is subject to cancellation or other action permissible at law, if any completed information is found to be false or incorrect.

I attest that all information on this form is accurate. I have read the Acknowledgment of this document and agree to its terms. I have also completed an authorization to disclose protected health information, if such form accompanies this application.

Applicant Signature _____ Date _____
(A faxed signature shall be valid as an original signature.)

Spouse Signature _____ Date _____
(Required if applying for coverage. A faxed signature shall be valid as an original signature.)

Requested Effective Date _____ (Coverage is not in force until the insurer approves your application and determines the effective date.)

J. PRODUCER AGREEMENT AND COMPENSATION DISCLOSURE (If applicable)

I understand and agree that in acting as the producer for this applicant:

1. The application was completed by the applicant.
2. I am in possession of a valid license issued by the State of Utah that authorizes me to sell and service health insurance;
3. I have no authority to: a) make, alter, interpret, or discharge an application or policy in the name of a insurer; or b) waive any of the terms or conditions of the policy.
4. I have no authority to assign effective dates or to effect member changes.

Producer Name _____ License # _____ Agency _____ Phone (____) _____

Producer Signature _____ Date Signed _____

(A faxed signature shall be valid as an original signature.)

Producer Compensation Disclosure:

(Compensation includes commissions, fees, awards, overrides, bonuses, contingent commissions, loans, stock options, gifts, prizes, or any other form of valuable consideration.)

I have received written disclosure that the producer will receive compensation from the insurer or a third party administrator for the placement of insurance, including the amount or type of compensation.

Applicant Signature _____ Date _____



ALTIVS ONE HEALTH PLAN APPLICATION

SUPPLEMENTAL FORM



10421 South Jordan Gateway, Suite 400
South Jordan, Utah 84095

I - APPLICANT INFORMATION

Name _____ SSN _____ Requested Effective Date _____

II - UTAH COVERAGE OPTIONS

☐ **Peak Plus Platinum**

☐ 80% ☐ 70%

Deductible Option:

☐ \$250 ☐ \$500
☐ \$1,000 ☐ \$2,000
☐ \$5,000

☐ **Peak Plus Gold**

☐ 80% ☐ 70%

Deductible Option:

☐ \$250 ☐ \$500
☐ \$1,000 ☐ \$2,000
☐ \$5,000

☐ **Peak Plus Silver (70%)**

Deductible Option:

☐ \$500 ☐ \$1,000
☐ \$2,000 ☐ \$5,000

Peak Plus Qualified High Deductible Health Plan

☐ 80% ☐ 100%

☐ \$1,200 ☐ \$3,000
☐ \$1,500 ☐ \$5,000
☐ \$2,000

Are you electing the Altius One preferred
Health Savings Account (HSA) vendor?

☐ Yes ☐ No

☐ **NetCare (70%)**

Deductible Option:

☐ \$2,000
☐ \$4,000

Pharmacy Deductible Options (Platinum and Gold)

☐ No Deductible ☐ \$500 Individual Deductible
☐ \$250 Individual Deductible ☐ \$1,000 Individual Deductible

If any employer is reimbursing or paying for any portion of this plan, you are not eligible to apply for an Altius One policy.

For Office Use Only

Agent/Broker _____ Effective Date _____ Tier _____ Premium _____
PEC _____ Payment Option ☐ Automatic withdrawal ☐ Monthly billing

(CONTINUED)

III - METHOD OF PAYMENT

Please choose one of the following premium payment options:

- ☐ Monthly Automatic Withdrawal (complete Section IV)
- ☐ Monthly Billing (a \$5 administrative fee will be added to your monthly billing statement)

Payment is due on the first day of each month.

A \$25 service charge will be assessed if your check is returned or we cannot deduct the premium amount from your account due to insufficient funds.

IV - MONTHLY AUTOMATIC WITHDRAWAL

If you choose to pay by monthly automatic withdrawal, please attach your voided check or savings deposit slip here. Please complete the following:

I (we) authorize Altius Health Plans to initiate debit entries to my (our) ☐ Checking Account ☐ Savings Account

I (we) understand that debit entries will be submitted to my (our) account on or about the 10th of each month, regardless of my (our) Policy's effective date. I further understand that if my application is approved or accepted after the date coverage is to become effective, the first premium withdrawal may not occur until the 10th of the following month. The first premium withdrawal will be twice the normal monthly amount to pay for both the first and second months of coverage.

Account Holder's Signature _____ Date _____

MONTHLY AUTOMATIC WITHDRAWAL

PLEASE ATTACH A VOIDED CHECK OR
VOIDED SAVINGS DEPOSIT SLIP HERE

Do not use a deposit slip for a checking withdrawal.
Checking deposit slips do not always contain the necessary routing information.

Important Note:

Coverage is not in effect until Altius Health Plans approves your application and determines an effective date.
We strongly suggest that you carefully consider the impact of changing coverage, and do not cancel any current coverage until you are officially notified by Altius Health Plans Inc. of approval. We reserve the right to reject coverage for any individual.

If you do not have an agent, please sign below and one will be assigned to you.

Applicant Signature _____ Date Signed _____

V - CHECKLIST

Send the following completed forms:

- ☐ Utah Individual Health Insurance Application
- ☐ Altius One Application Supplemental Form
- ☐ Certificate of Creditable Coverage (This certificate is provided by you previous health insurance carrier and should be submitted to receive credit for your Pre-Existing Condition Exclusion Period. If you are currently covered with Altius Health Plans, this is not necessary.)
- ☐ Voided check for Monthly Automatic Withdrawal option
- ☐ Signature on Section VII

You may submit your application to Altius through your Altius-appointed agent or broker, or directly to Altius Health Plans by facsimile, email, or mail.

Facsimile:

Altius One
801-323-6100

Email:

altiusone@ahplans.com

Mail:

Altius Health Plans
Altius One
10421 South Jordan Gateway, Suite 400
South Jordan, UT 84095

VI - AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I, for myself and any of my dependents who are under the age of 18 and who are applying for coverage hereunder, hereby make the following authorizations:

I authorize any physician, medical professional, hospital, clinic, pharmacy, pharmacy benefits manager or other pharmacy related services organization, health plan, insurance company, claims administrator, employer, governmental agency or other person or firm, to disclose to Altius Health Plans Inc. (Altius) or its authorized representatives, my (or my dependents') personal information, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care or treatment provided to me, including without limitation, information relating to autoimmune deficiency syndrome (AIDS), human immunodeficiency virus (HIV), or the use of drugs or alcohol. I also authorize the release of information relating to mental illness.

In addition, I authorize Altius to review and research its own records for information. I understand my authorization is voluntary and that such information will be used by Altius for the purpose of evaluating my Application for health insurance. Further, I understand that my authorization is required for Altius to consider my Application and to determine whether or not an offer of coverage will be made. No action will be taken on my Application without my signed authorization. I understand information obtained with my authorization may be re-disclosed by Altius as permitted or required by law and may no longer be protected by the federal privacy laws. I understand that I or any authorized representative will receive a copy of this authorization upon request.

I authorize Altius to use or disclose the information I provide in this Application (or that Altius has or receives from third parties) for purposes of administering my health insurance benefits. This authorization is valid from the date signed until revoked by me in writing (which I may do at any time) or such shorter period required by law. Any revocation will not affect the activities of Altius prior to the date such revocation is received by Altius.

VII - SIGNATURE

I have read and agree to the statements above.

APPLICANT'S SIGNATURE

DATE

SPOUSE'S SIGNATURE (If applying for coverage)

DATE

DEPENDENT APPLICANT SIGNATURE*

*Required age 18 and over

DATE

DEPENDENT APPLICANT SIGNATURE*

DATE

