

SHORT-TERM MEDICAL OUTLINE OF COVERAGE

SelectHealth
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BASIC HOSPITAL/MEDICAL - SURGICAL EXPENSE COVERAGE

THIS POLICY PROVIDES LIMITED BENEFITS AND SHOULD NOT BE CONSIDERED A SUBSTITUTE FOR COMPREHENSIVE HEALTH INSURANCE COVERAGE

Read your Contract carefully—This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR CONTRACT CAREFULLY!

Basic hospital/medical-surgical expense coverage is designed to provide, to persons insured, coverage for hospital and medical-surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital Services, hospital outpatient Services, surgical Services, anesthesia Services, and in-hospital medical Services, subject to any limitations, Deductibles and Copayment requirements set forth in the policy. Coverage is not provided for unlimited hospital or medical surgical expenses.

SUMMARY OF BENEFITS

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

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

Coinsurance exists for Individual Plan members. SelectHealth pays the remaining percent after the medical Deductible.

Maximum Dollar Amount for Covered Charges

The lifetime maximum plan payment is listed on your Member Payment Summary.

OTHER BENEFITS OF THE CONTRACT FOR A COVERED MEMBER

Facility Services to Include the Following:

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

Inpatient Services to Include the Following:

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

Outpatient Services to Include the Following:

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

Professional Services to Include the Following:

Office services; provider office visits and minor surgery; major surgery; other professional services, such as medical, surgical, anesthesiology; and rehabilitation therapy.

Miscellaneous Services to Include the Following:

Ambulance (ground and air); durable medical equipment; hospice care; injectable drugs; outpatient private nurse; and miscellaneous medical supplies.

GENERAL LIMITATIONS AND EXCLUSIONS

Plan Term

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

Claims After One Year

Claims are denied if submitted more than one year after the Services were provided unless notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims can be made only if the supporting information is submitted within one year after the claim was first processed by SelectHealth unless the additional information relating to the claim was filed as soon as reasonably possible.

When SelectHealth is the secondary payer, coordination of benefits will be performed only if the supporting information is submitted to SelectHealth within one year after the claim was processed by the primary plan unless the information was provided as soon as reasonably possible.

Excess Charges

These are charges from providers and facilities that exceed SelectHealth's allowed amount for covered services. You are responsible to pay for excess charges from nonparticipating providers and facilities. These charges do not apply to your maximum coinsurance.

Medical Necessity

To qualify for benefits, covered services must be medically necessary. Medical necessity is determined by SelectHealth's medical director or another physician designated by SelectHealth. A recommendation, order or referral from a provider or facility, including participating providers and facilities, does not guarantee medical necessity.



Noncovered Services and Complications

When a noncovered service is performed as part of the same operation or process as a covered service, only charges relating to the covered service will be considered. Allowed amounts may be calculated and fairly apportioned to exclude any charges related to the noncovered service.

Excluded Services

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

Abortions, selected types of
Acupuncture and Acupressure
Administrative Charges, Administrative Examinations and Services, for nonmedical purposes
Adenoid/Tonsil Surgery
Adoption
Allergy Tests, Treatment, and Services, selected types of
Amenorrhea, treatment of
Anesthesia, selected types of
Attention-Deficit and Hyperactivity Disorder
Axillary Hyperhidrosis
Bariatric Surgery
Biofeedback and Neurofeedback
Bunionectomy
Cancer Therapy, selected types of
Carpal Tunnel Surgery
Cataracts, treatment of
Claims After One Year
Complementary and Alternative Medicine (CAM)
Complications of Noncovered Services
Congenital Deformities, treatment of
Custodial Care
Cystocele, treatment of
Dental, Mouth, and Jaw, including TMJ
Dental Anesthesia
Dependent Maternity Services
Dry Needling
Duplication of Coverage
Dysmenorrhea, treatment of
Educational and Nutritional Training, selected types of
Enterocoele, treatment of
Exercise Equipment and Fitness Training
Experimental or Investigational Treatments and Services
Eye Surgery, refractive
Felony, Riot, Insurrection
Food Supplements
Gene Therapy
Genetic Testing
Habilitation Therapy Services
Hearing Aids, selected types of
Hernia Repair
Home Health Aides
Hysterectomy, except in cases of malignancy
Illegal Activities, selected types of
Immunizations, selected types of
Infertility Services, selected types of
Injections, selected types of
Intentional, Self-inflicted Illness or Injury
Joint Replacement
Mammoplasty, Reduction
Maternity, except for complications
Methadone Therapy
Miscellaneous Medical Supplies (MMS), selected types of
Morton's Neuroma, surgical treatment of
Myringotomy/Tympanotomy, with or without tubes inserted
Nasal Septal Repair, except for injuries after effective date of coverage
Noncovered Service in Conjunction with a Covered Service
Organ Transplants/Implants
Orthotics
Osteoporosis Screening

Pain Management Services, selected types of
Pervasive Developmental Disorder
Pre-existing Conditions, during Waiting Periods
Preventive Care, including routine physicals, annual gynecological exams, and associated diagnostic tests
Prescription Drugs, Injectable Drugs, and Specialty Medications
Psychiatric, Mental Health, or Alcohol/Substance Abuse
Reconstructive, Corrective, and Cosmetic Services, selected types of
Rehabilitation Therapy Services, selected types of
Related Provider Services
Respite Care
Rest Cures
Retained Hardware Removal
Robot-Assisted Surgery
Routine Eye Exams and Eye Care
Sexual Dysfunction
Shipping and Handling
Sleep problems/Disorders
Smoking or Nicotine Cessation Programs
Sterilization Procedures
Telephone and E-mail Consultations
Temporomandibular Joint (TMJ) and Orthognathic
Terrorism or Nuclear Release
Travel-Related Expenses
Treatment and Services Received Outside the United States
Unproven Interventions and Therapies
Urethrocele, treatment of
Uterine Prolapse, treatment of
Varicose Veins, treatment of
Vision Aids, selected types of
War, related Services

PRE -EXISTING CONDITIONS (PEC)

Limited Coverage of Pre-existing Conditions

Pre-existing conditions, if applicable, or sickness or injury directly resulting from or related to such preexisting conditions are not covered. See the Contract for details. Acceptance under this plan does not imply any waiver of pre-existing condition exclusions.

Definition of Pre-Existing Condition

A pre-existing condition is any condition or symptom occurring within the two-year period preceding the effective date of coverage, which would cause an ordinarily prudent person to seek diagnosis, care, or treatment; or a condition or symptom occurring in the two-year period preceding the effective date of coverage for which medical advice, care, or treatment was received from, or recommended by, a physician; including, but not limited to, prescription and over-the-counter medication recommended by a physician.

RENEWAL

Subject and in addition to all terms and conditions of your Contract, your Contract is issued by SelectHealth for the term stated on your application and is not renewable. You may reapply one time for a second plan term. After a second plan term, you must wait six months before you will be eligible to apply for a Transition plan again.



PREMIUMS

Single and Monthly Payment Options

Subject to the provisions of the Contract, the premiums will remain the same until the end of the term of the Contract, unless federal or state law or regulations mandate that SelectHealth modify benefits under the Contract.

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

Monthly Payment Option Only

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

