

WELCOME TO ALTIUS ONE

YOUR INDIVIDUAL / FAMILY HEALTH INSURANCE SOLUTION



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 4. 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.

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.

Table of Contents

Welcome	1
Questions?	1
Why Choose Altius?	2
AltiusExtra	3
Submitting Your Application	4
Build Your Health Plan	6
Choose Your Plan Deductible / Coinsurance & Copay Option	7
Choose a Pharmacy Deductible	8
Calculate Your Premium	9
Benefits Summary Comparison (Standard)	10
FlexChoice	14
Benefits Summary Comparison (QHDHP)	18
Provider Directory	20
General Information	21
Major Medical Outline of Coverage	23
General Limitations and Exclusions	27
Premiums	31
Renewal	31
Notice of Privacy Practices	32
Altius One Health Plan Application	35

*Altius Health Plans for
Individuals and Families*



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.



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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:

- **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 (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)

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:
 - 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!

ALTIUS **EXTRA**



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.

Overview of the "AltiusExtra" Services:

- **Cosmetic Dentistry:** Advances in teeth whitening technology along with the cost savings available through AltiusExtra mean a brighter smile is more attainable and affordable than ever before.



- **Cosmetic Dermatology:** Cosmetic Dermatology offers new ways to help skin look better.
- **Cosmetic Surgery:** Thanks to new techniques in surgery and anesthesia, many procedures are easier, less painful, and recovery is faster.
- **Health Club Membership:** The health clubs participating with AltiusExtra offer discounts on individual and family memberships.



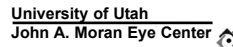
- **Hearing Aids:** State-of-the-art hearing aids are smaller and less noticeable than ever before and are available at a discount for Altius members.



- **LASIK Vision Correction Surgery:** AltiusExtra has contracted with multiple LASIK centers to provide more choice and greater convenience at competitive prices.



- **Massage Therapy:** Therapeutic massage is an enjoyable, non-invasive way to improve health, fitness, and general wellness.
- **Optical Discounts:** 10-30% discounts on prescription and non-prescription eyewear and other products from participating Altius optical providers such as these:



- **Safe Beginnings:** Enhancing your child's safety and health just got easier! Safe Beginnings lets you shop online or through their mail order catalog. As an Altius One member, you'll receive a 20% discount on most Safe Beginnings products.



- **Weight Management Services:** This easy-to-use system gradually trains your body to become metabolically efficient at releasing and burning stored fat. Altius members receive a 10% discount on the THINK LIGHT System.



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.altiushealthplans.com, click on Members, then on the AltiusExtra logo. Select the location and programs you are interested in.

AltiusExtra:

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.

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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.

Select Your Plan & Deductible Options

Altius offers 5 different plans with a variety of plan options that allow you to customize your Altius One plan to meet your personal needs. Simply follow the Build Your Health Plan steps in the next section and contact your Altius-appointed agent or broker.

Complete & Sign Your Application

The application is located at the end of this book. Read and answer each question and section thoroughly. Remember that the oldest family member is considered to be the "applicant" and should sign the application. 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, and following the Calculate Your Premium steps on pages 9 and 17. It is important to note that the oldest member of your family is considered the "applicant" for the health plan.

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

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Choose Your Method of Payment

For your convenience Altius offers two ways to pay your premiums. You need to indicate your preference on Section XI of the application. 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.

First Month's Payment

After Altius has approved your application, Altius or your Altius appointed agent or broker will inform you of the amount of your first month's payment. If you selected the Monthly Billing method, you must submit a personal check made payable to Altius Health Plans Inc. in order for your policy to become effective.

If you selected the Monthly Automatic Withdrawal method, you can submit a check for the first month's premium or sign an authorization for Altius to draft your first premium.

Send checks to the following address:

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

SUBMITTING YOUR APPLICATION

-CONTINUED-



Submit Your Application to Altius

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.

Facsimile:

Altius One
801-323-6100

email:

altiusone@ahplans.com

Mail:

Altius Health Plans
Underwriting Department
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 25 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. If you are currently covered with Altius Health Plans, a certificate of creditable coverage is not necessary.

- 3. Completed payment option information (see Section XI of the Application). Be sure to sign the payment page and include a voided check or savings deposit slip for the Monthly Automatic Withdrawal payment.

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.

*Altius Health Plans for
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BUILD YOUR HEALTH PLAN -STEP 1-

Your Altius One Plan Options

Follow these simple steps to build an Altius One plan that will work well for you and your family's health care needs.

- 1** Select a Plan Design:
Standard or QHDHP
- 2** Choose Your Plan Deductible / Coinsurance & Copay Option
- 3** Select an Annual Pharmacy Deductible (Standard Only)
- 4** Calculate Your Premium

1 Select a Plan Design

Altius One offers you 2 plan designs: 1) Standard plans include Peak Plus and Peak Plus Traditional; and 2) a Qualified High Deductible Health Plan (QHDHP) called FlexChoice. Each Altius One plan design offers you the following:

- Open access, which means that you don't choose a primary care physician and you don't need a referral to see a specialist!
- Altius premier network with over 3,800 providers and 36 hospitals.
- Plus option with greater provider selection by allowing a non-participating provider benefit.

The plan you select will affect your monthly premium. Read through each plan description carefully to choose the plan that will best meet your health care needs. Refer to page 10 for a Standard benefit plan comparison or Page 18 for a QHDHP plan comparison.

Peak Plus 80% or 70% Plan

- Peak Plus 80% Plan has \$15/\$30 office visits, 80% coverage after deductible for hospitalization, and is the only plan that offers a \$0 deductible option for participating providers.
- Peak Plus 70% Plan has \$25/\$40 office visits, 70% coverage after deductible for hospitalization when using participating providers.
- Fixed copays on many services help you control your out-of-pocket costs all year long.
- Deductible does not apply to services such as preventive care, office visits, and urgent care when using participating providers.

Peak Plus Traditional Plan

- Services such as office visits have fixed copays, once the deductible is met.
- Most services are covered at 80% after the deductible for participating providers.
- This plan is perfect for those who want to keep their monthly premiums as low as possible and assume responsibility for a larger portion of their day-to-day medical expenses.

Peak Plus 100% or 80% QHDHP

- Covered services paid at 100% or 80% after deductible is met for participating providers.
- Certain preventive care services paid at 100% or 80% prior to meeting your deductible.
- Three-tier prescription coverage after the deductible is met on the 80% plan.
- All out-of-pocket costs for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.

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BUILD YOUR HEALTH PLAN

-STEP 2 STANDARD-



Choose Your Plan Deductible / Coinsurance & Copay Option

Find the plan you chose in Step 1. Select the Peak Plus or Peak Plus Traditional deductible. The option you choose affects your monthly premium and your annual out-of-pocket costs.

Peak Plus 80% Plan

Medical Deductible -Participating Providers-	Medical Deductible -Non-Participating Providers-
<input type="checkbox"/> \$0 Individual / \$0 Family	\$250 Individual / \$500 Family
<input type="checkbox"/> \$250 Individual / \$500 Family	\$500 Individual / \$1,000 Family
<input type="checkbox"/> \$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family
<input type="checkbox"/> \$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family
Out-of-Pocket Maximum -Participating Providers-	Out-of-Pocket Maximum -Non-Participating Providers-
<input type="checkbox"/> \$2,500 Individual / \$5,000 Family	\$3,750 Individual / \$7,500 Family

Deductible means the amount of eligible medical expenses a member is responsible to pay out-of-pocket before Altius begins to pay the costs or provide the services listed in the member's medical benefits brochure.

Deductibles are based on a calendar year.

Peak Plus 70% Plan

Medical Deductible -Participating Providers-	Medical Deductible -Non-Participating Providers-
<input type="checkbox"/> \$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family
<input type="checkbox"/> \$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Maximum -Participating Providers-	Out-of-Pocket Maximum -Non-Participating Providers-
<input type="checkbox"/> \$3,500 Individual / \$7,000 Family	\$5,250 Individual / \$10,500 Family

Peak Plus Traditional Plan

Medical Deductible -Participating Providers-	Medical Deductible -Non-Participating Providers-
<input type="checkbox"/> \$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family
<input type="checkbox"/> \$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family
<input type="checkbox"/> \$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Maximum -Participating Providers-	Out-of-Pocket Maximum -Non-Participating Providers-
<input type="checkbox"/> \$2,500 Individual / \$5,000 Family	\$3,750 Individual / \$7,500 Family

*Altius Health Plans for
Individuals and Families*



BUILD YOUR HEALTH PLAN -STEP 3 STANDARD-



Choose a Pharmacy Deductible

Find the plan you chose in Step 1 and select a pharmacy deductible option. The pharmacy deductible you choose also affects your monthly premium. Deductibles are based on a calendar year. The pharmacy deductible applies to all prescription levels before any coinsurance or copay applies.

Peak Plus 80% Plans

Pharmacy Deductible	
<input type="checkbox"/>	No Deductible
<input type="checkbox"/>	\$250 Individual
<input type="checkbox"/>	\$500 Individual
<input type="checkbox"/>	\$1,000 Individual

The **pharmacy deductible** is separate from your medical deductible. If your plan has a pharmacy deductible, you must satisfy the pharmacy deductible before the pharmacy benefits are paid.

Peak Plus 70% Plans

Pharmacy Deductible	
<input type="checkbox"/>	No Deductible
<input type="checkbox"/>	\$250 Individual
<input type="checkbox"/>	\$500 Individual
<input type="checkbox"/>	\$1,000 Individual

Peak Plus Traditional Plan

Pharmacy Deductible	
<input type="checkbox"/>	No Deductible
<input type="checkbox"/>	\$250 Individual
<input type="checkbox"/>	\$500 Individual
<input type="checkbox"/>	\$1,000 Individual

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Individuals and Families*

BUILD YOUR HEALTH PLAN

-STEP 4 STANDARD-



4

Calculate Your Premium

Begin by writing down your plan selections from Steps 1-3 on the table below. Next, obtain a current Altius One Premium Rate Sheet from your Altius appointed agent or broker, or from our website at www.altiushealthplans.com (in the Member Information section, click on Forms and Printed Materials).

Locate Your Monthly Premium

	Write Your Selection	Premium
> Plan design selection - Step ①		\$ _____
> Plan deductible / coinsurance & copay option - Step ②		
> Pharmacy deductible - Step ③		
> Age group of each adult applying; Applicant must be the oldest family member		
> Male, Female, Child (up to 3 children)		

Remember!

Choosing the automatic withdrawal payment method means there is no additional administration fee.

Total Estimated Monthly Premium

This is the estimated amount of your monthly premium. Once underwriting has reviewed your application, any adjustments to your final monthly premium will be submitted to you for your acceptance before your policy will be effective.

Note:

- > Premium rates are based on age and gender. The application must be written with the oldest applying family member as the applicant.
- > Premium may be adjusted for family size.
- > Premium adjustments due to changes in age will be effective at renewal.

*Altius Health Plans for
Individuals and Families*



BENEFITS SUMMARY COMPARISON

	Peak Plus 80% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers
Calendar Deductible – Individual/Family Does not apply to out-of-pocket maximum	<input type="checkbox"/> \$0 / \$0 <input type="checkbox"/> \$250 / \$500 <input type="checkbox"/> \$500 / \$1,000 <input type="checkbox"/> \$1,000 / \$2,000	\$250 / \$500 \$500 / \$1,000 \$1,000 / \$2,000 \$2,000 / \$4,000
Out-of-Pocket Maximum – Individual/Family	\$2,500 Individual / \$5,000 Family	\$3,750 Individual / \$7,500 Family
Annual Benefit Maximum	None	\$200,000
Lifetime Maximum*	\$2 Million	\$1 Million
Pre-Existing Condition Limitation	12 Months	12 Months
Outpatient Services	You Pay	You Pay
Office Visits – Primary/Preventive Care, Eye Exams	\$15	40% AD
Office Visits – Specialists	\$30	40% AD
After Hours & Urgent Care	\$30	40% AD
Chiropractic Care – 10 visits per member/calendar year	\$30	Participating Providers Only
Major Lab/Radiology	20% AD	40% AD
Minor Lab/X-ray	20% AD	40% AD
Mammograms	You Pay Nothing	40% AD
Physiotherapy at Provider's Office – 10 total provider/facility visits per type, per member/calendar year	\$30	40% AD
Physiotherapy at Facility – 10 total provider/facility visits per type, per member/calendar year	20% AD	40% AD
Emergency Care	You Pay	You Pay
Emergency Room Care	20% AD	20% AD
Emergency Room Supplemental Accident – Limited to \$1,000 per member/calendar year	You Pay Nothing	You Pay Nothing
Urgent Care	\$30	40% AD
Ambulance	20% AD	Participating Benefit Applies
Inpatient/Outpatient Hospital	You Pay	You Pay
Inpatient Hospital / Facility Services	20% AD	40% AD
Outpatient Hospital / Facility Services	20% AD	40% AD
Additional Professional Services – Billed by facility	20% AD	40% AD
Additional Professional Services – Billed by professional	20% AD	40% AD
Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	20% AD	40% AD
Organ Transplant Services	20% AD	Participating Providers Only
Maternity Services (Subscriber/Spouse Only)	You Pay	You Pay
Deductible	Maternity benefits have a Separate \$7,500 Deductible per occurrence	
Pre-Natal and Post-Natal Care	You Pay Nothing After Maternity Deductible	40% After Maternity Deductible
Inpatient Hospital / Facility Services	You Pay Nothing After Maternity Deductible	40% After Maternity Deductible

- Deductibles, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
 - Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.
 - * Lifetime Maximum is limited to a combined maximum of \$2 million across all levels.
- AD = After Deductible

Peak Plus 70% Plan Open Access Plan	
Participating Providers	Non-Participating Providers
<input type="checkbox"/> \$1,000 / \$2,000 <input type="checkbox"/> \$2,000 / \$4,000	\$2,000 / \$4,000 \$4,000 / \$8,000
\$3,500 Individual / \$7,000 Family	\$5,250 Individual / \$10,500 Family
None	\$200,000
\$2 Million	\$1 Million
12 Months	12 Months
You Pay	You Pay
\$25	50% AD
\$40	50% AD
\$40	50% AD
\$40	Participating Providers Only
30% AD	50% AD
30% AD	50% AD
You Pay Nothing	50% AD
\$40	50% AD
30% AD	50% AD
You Pay	You Pay
30% AD	30% AD
You Pay Nothing	You Pay Nothing
\$40	50% AD
30% AD	Participating Benefit Applies
You Pay	You Pay
30% AD	50% AD
30% AD	50% AD
30% AD	50% AD
30% AD	50% AD
30% AD	50% AD
30% AD	Participating Providers Only
You Pay	You Pay
Maternity benefits have a Separate \$7,500 Deductible per occurrence	
You Pay Nothing After Maternity Deductible	50% After Maternity Deductible
You Pay Nothing After Maternity Deductible	50% After Maternity Deductible

Peak Plus Traditional Open Access Plan	
Participating Providers	Non-Participating Providers
<input type="checkbox"/> \$500 / \$1,000 <input type="checkbox"/> \$1,000 / \$2,000 <input type="checkbox"/> \$2,000 / \$4,000	\$1,000 / \$2,000 \$2,000 / \$4,000 \$4,000 / \$8,000
\$2,500 Individual / \$5,000 Family	\$3,750 Individual / \$7,500 Family
None	\$200,000
\$2 Million	\$1 Million
12 Months	12 Months
You Pay	You Pay
\$20 AD	40% AD
\$35 AD	40% AD
\$35 AD	40% AD
\$35 AD	Participating Providers Only
20% AD	40% AD
20% AD	40% AD
You Pay Nothing	40% AD
\$35 AD	40% AD
20% AD	40% AD
You Pay	You Pay
20% AD	20% AD
You Pay Nothing	You Pay Nothing
\$35 AD	40% AD
20% AD	Participating Benefit Applies
You Pay	You Pay
20% AD	40% AD
20% AD	40% AD
20% AD	40% AD
20% AD	40% AD
20% AD	40% AD
20% AD	40% AD
20% AD	Participating Providers Only
You Pay	You Pay
Maternity benefits have a Separate \$7,500 Deductible per occurrence	
You Pay Nothing After Maternity Deductible	40% After Maternity Deductible
You Pay Nothing After Maternity Deductible	40% After Maternity Deductible

- 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.



BENEFITS SUMMARY COMPARISON
 –CONTINUED–

	Peak Plus 80% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers
Prescription Drugs⁺	You Pay	You Pay
Pharmacy Deductible	<input type="checkbox"/> No Deductible <input type="checkbox"/> \$250 Individual <input type="checkbox"/> \$500 Individual <input type="checkbox"/> \$1,000 Individual	Participating Providers Only
Prescription Drugs – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Participating Providers Only
Injectable or implantable Medications	You Pay	You Pay
Injectable or implantable Medications – Facility	20% AD	40% AD
Injectable or implantable Medications – Non-Facility (Preferred / Non-Preferred)	20% / 30%	40% AD / 50% AD
Injectable or implantable Medications – Pharmacy (Preferred / Non-Preferred)	20% / 30%	Participating Providers Only
Allergy Conditions	You Pay	You Pay
Testing & Treatment	\$30	40% AD
Serum	20% AD	40% AD
Injections	You Pay Nothing	40% AD
Other Benefits	You Pay	You Pay
Accident Related Dental Services – \$1,000 lifetime maximum	50% AD	Participating Benefit Applies
Durable Medical Equipment (DME) – \$5,000 per member/calendar year	50% AD	50% AD
Home Health Care - 30 visits per member/calendar year	50% AD	50% AD
Home Hospice	20% AD	40% AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20%	40% AD
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
Medical Supplies	50% AD	50% AD
Neuropsychological Testing	50% AD	50% AD
Skilled Nursing Facility – 30 days per member/calendar year	50% AD	50% AD
Sterilization Procedures – Physician’s office	\$30	40% AD
Sterilization Procedures – Outpatient facility	20% AD	40% AD
Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services; lifetime maximum of \$1,000	50% AD	50% AD
Mental Health and Substance Abuse	No Coverage	No Coverage

- Deductibles, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
 - Deductibles, fixed dollar copays, and certain services DO NOT apply to the Out-of-Pocket Maximum.
 - † 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, any applicable deductible, and/or the generic copay. Regular benefits apply if a preferred generic cannot be substituted.
- AD = After Deductible

Peak Plus 70% Plan Open Access Plan	
Participating Providers	Non-Participating Providers
You Pay	You Pay
<input type="checkbox"/> No Deductible <input type="checkbox"/> \$250 Individual <input type="checkbox"/> \$500 Individual <input type="checkbox"/> \$1,000 Individual	Participating Providers Only
\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Participating Providers Only
You Pay	You Pay
30% AD	50% AD
30% / 40%	50% AD / 60% AD
30% / 40%	Participating Providers Only
You Pay	You Pay
\$40	50% AD
30% AD	50% AD
You Pay Nothing	50% AD
You Pay	You Pay
50% AD	Participating Benefit Applies
50% AD	50% AD
50% AD	50% AD
30% AD	50% AD
30%	50% AD
50% AD	Participating Providers Only
50% AD	50% AD
50% AD	50% AD
50% AD	50% AD
50% AD	50% AD
\$40	50% AD
30% AD	50% AD
50% AD	50% AD
No Coverage	No Coverage

Peak Plus Traditional Open Access Plan	
Participating Providers	Non-Participating Providers
You Pay	You Pay
<input type="checkbox"/> No Deductible <input type="checkbox"/> \$250 Individual <input type="checkbox"/> \$500 Individual <input type="checkbox"/> \$1,000 Individual	Participating Providers Only
\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Pharmacy Deductible	Participating Providers Only
You Pay	You Pay
20% AD	40% AD
20% / 30%	40% AD / 50% AD
20% / 30%	Participating Providers Only
You Pay	You Pay
\$35 AD	40% AD
20% AD	40% AD
You Pay Nothing	40% AD
You Pay	You Pay
50% AD	Participating Benefit Applies
50% AD	50% AD
50% AD	50% AD
20% AD	40% AD
20% AD	40% AD
50% AD	Participating Providers Only
50% AD	50% AD
50% AD	50% AD
50% AD	50% AD
50% AD	50% AD
\$35 AD	40% AD
20% AD	40% AD
50% AD	50% AD
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.



Altius FlexChoice is a consumer driven health care strategy that aims to help you control health care costs while also providing you with more choice and personal control over your health care coverage.

With Altius One's FlexChoice, 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 according to your coinsurance coverage prior to the deductible being met. Not all office visit services are included in the preventive care services definition, but

those that do qualify will be paid according to your benefit level. 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.

-QHDHP CONTINUED-



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.

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.

How do I get started?

First, review these materials, select a plan, and complete the Altius One application included at the end of this book. After you have been approved by Altius underwriting and your enrollment is accepted, refer to the HSA enrollment packet provided by Altius' preferred HSA vendor. To set up your personal Health Savings Account, follow the enrollment instructions. Remember, you must be enrolled in a qualified high deductible health plan before you can set up an HSA.

*Altius Health Plans for
Individuals and Families*



SELECT A PLAN -STEP 2 QHDHP-



Choose Your Plan Deductible / Coinsurance & Copay Option

You have two Altius One QHDHPs from which to choose. Each plan has a different coinsurance and deductible. The plan you select will affect your monthly premium. To choose the plan that will best meet your health care needs, carefully read through each plan description. For a benefit-by-benefit plan comparison, refer to the QHDHP Benefits Summary on page 18.

Peak Plus 80% QHDHP

- **Deductible** - \$2,650 Single / \$5,250 Family Participating, \$5,300 Single / \$10,500 Family Non-Participating
- **Out-of-Pocket Maximum** - \$5,000 Single / \$10,000 Family Participating, \$10,000 Single / \$20,000 Family Non-Participating
- Covered services paid at 80% after deductible is met for participating providers.
- Certain preventive care services paid at 80% prior to meeting your deductible.
- Three-tier prescription coverage after deductible is met.
- All eligible expenses for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.
- Maternity coverage is not included.

Peak Plus 100% QHDHP

- **Deductible** - \$5,000 Single / \$10,000 Family Participating, \$10,000 Single / \$20,000 Family Non-Participating
- **Out-of-Pocket Maximum** - \$5,000 Single / \$10,000 Family Participating, \$15,000 Single / \$25,000 Family Non-Participating
- Deductible and out-of-pocket maximum amounts are the same. This means that after you meet your deductible, your out-of-pocket maximum is met as well.
- Covered services paid at 100% after deductible/out-of-pocket maximum is met for participating providers.
- Certain preventive care services paid at 100% prior to meeting your deductible.
- All eligible expenses for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.
- Maternity coverage is not included.

Deductible means the amount of eligible medical expenses a member is responsible to pay out-of-pocket before Altius begins to pay the costs or provide the services listed in the member's medical benefits brochure.

Deductibles are based on a calendar year.

Out-of-Pocket Maximum means the dollars you pay out-of-pocket for eligible medical expenses in the calendar year. When eligible out-of-pocket expenses paid by a member or family reach the dollar amount specified by the plan during a calendar year, then no further out-of-pocket expenses will be required for the remainder of that calendar year.

*Altius Health Plans for
Individuals and Families*

CALCULATE YOUR PREMIUM -STEP 3 QHDHP-



Calculate Your Premium

Begin by writing down your plan selections from Steps 1 and 2 on the table below. Next, obtain a current Altius One Premium Rate Sheet from your Altius appointed agent or broker, or from our website at www.altiushealthplans.com (in the Member Information section, click on Forms and Printed Materials).

Locate Your Monthly Premium

	Write Your Selection	Premium
> Plan design selection ①		
> Plan deductible / coinsurance ②		
> Age group of each adult applying; Applicant must be the oldest family member		
> Male, Female, Child (up to 3 children)		\$ _____

Remember!

Choosing the automatic withdrawal payment method means there is no additional administration fee.

Total Estimated Monthly Premium

This is the estimated amount of your monthly premium. Once underwriting has reviewed your application, any adjustments to your final monthly premium will be submitted to you for your acceptance before your policy will be effective.

Note:

- > Premium rates are based on age and gender. The application must be written with the oldest applying family member as the applicant.
- > Premium may be adjusted for family size.
- > Premium adjustments due to changes in age will be effective at renewal.

*Altius Health Plans for
Individuals and Families*



BENEFITS SUMMARY COMPARISON

	Peak Plus QHDHP 80% Plan Open Access Plan		Peak Plus QHDHP 100% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Calendar Deductible – Single/Family Applies to out-of-pocket maximum	\$2,650 Single / \$5,250 Family	\$5,300 Single / \$10,500 Family	\$5,000 Single / \$10,000 Family	\$10,000 Single / \$20,000 Family
Out-of-Pocket Maximum – Single/Family	\$5,000 Single / \$10,000 Family	\$10,000 Single / \$20,000 Family	\$5,000 Single / \$10,000 Family	\$15,000 Single / \$25,000 Family
Annual Benefit Maximum	None	\$250,000	None	\$250,000
Lifetime Maximum*	\$2 Million	\$2 Million	\$2 Million	\$2 Million
Pre-Existing Condition Limitation	12 Months	12 Months	12 Months	12 Months
Outpatient Services	You Pay	You Pay	You Pay	You Pay
Designated Preventive Care Services – Certain office visits and services are not subject to deductible when provided in conjunction with a preventive diagnosis as determined by Altius in accordance with Section 223 of the Internal Revenue Code.	Deductible Does Not Apply You Pay Applicable Coinsurance	40% AD	You Pay Nothing	20% AD
Office Visits – Primary Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Office Visits – Specialists	20% AD	40% AD	You Pay Nothing AD	20% AD
After Hours & Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Chiropractic Care – 10 visits per member/calendar year	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Major Lab/Radiology	20% AD	40% AD	You Pay Nothing AD	20% AD
Minor Lab/X-ray (including mammograms)	20% AD	40% AD	You Pay Nothing AD	20% AD
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
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	You Pay	You Pay	You Pay	You Pay
Emergency Room Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Urgent Care	20% AD	40% AD	You Pay Nothing AD	20% AD
Ambulance	20% AD	Participating Benefit Applies	You Pay Nothing AD	Participating Benefit Applies
Inpatient/Outpatient Hospital	You Pay	You Pay	You Pay	You Pay
Inpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
Outpatient Hospital / Facility Services	20% AD	40% AD	You Pay Nothing AD	20% AD
Additional Professional Services – Billed by facility	20% AD	40% AD	You Pay Nothing AD	20% AD
Additional Professional Services – Billed by professional	20% AD	40% AD	You Pay Nothing AD	20% AD
Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon	20% AD	40% AD	You Pay Nothing AD	20% AD
Organ Transplant Services – Lifetime maximum of \$250,000 per member.	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
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, Lifetime Maximums, and Out-of-Pocket Maximums are cumulative across all levels.
AD = After Deductible



BENEFITS SUMMARY COMPARISON
-CONTINUED-

	Peak Plus QHDHP 80% Plan Open Access Plan		Peak Plus QHDHP 100% Plan Open Access Plan	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Prescription Drugs[†]	You Pay	You Pay	You Pay	You Pay
Prescription Drugs – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$15 / \$30 / 50% w/ \$60 Non-Preferred Minimum After Medical Deductible	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Injectable or implantable Medications	You Pay	You Pay	You Pay	You Pay
Injectable or implantable Medications – Facility	20% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Injectable or implantable Medications – Non-Facility (Preferred / Non-Preferred)	20% AD / 30% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Injectable or implantable Medications – Pharmacy (Preferred / Non-Preferred)	20% AD / 30% AD	Participating Providers Only	You Pay Nothing AD	Participating Providers Only
Allergy Conditions	You Pay	You Pay	You Pay	You Pay
Testing & Treatment	20% AD	40% AD	You Pay Nothing AD	20% AD
Serum	20% AD	40% AD	You Pay Nothing AD	20% AD
Injections	20% AD	40% AD	You Pay Nothing AD	20% AD
Other Benefits	You Pay	You Pay	You Pay	You Pay
Accident Related Dental Services – \$1,000 lifetime maximum	50% AD	Participating Benefits Applies	You Pay Nothing AD	Participating Benefits Applies
Durable Medical Equipment (DME) – \$5,000 per member/calendar year	50% AD	50% AD	You Pay Nothing AD	50% AD
Home Health Care - 30 visits per member/calendar year	50% AD	50% AD	You Pay Nothing AD	50% AD
Home Hospice	20% AD	40% AD	You Pay Nothing AD	20% AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs)	20% AD	40% AD	You Pay Nothing AD	20% AD
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
Medical Supplies	50% AD	50% AD	You Pay Nothing AD	50% AD
Neuropsychological Testing	50% AD	50% AD	You Pay Nothing AD	50% AD
Skilled Nursing Facility – 30 days per member/calendar year	50% AD	50% AD	You Pay Nothing AD	50% AD
Sterilization Procedures – Physician's office	20% AD	40% AD	You Pay Nothing AD	20% AD
Sterilization Procedures – Outpatient facility	20% AD	40% AD	You Pay Nothing AD	20% AD
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.



PROVIDER DIRECTORY

Provider Directory Information

We offer you access to our premier network of providers, which gives you a choice of 3,800 participating providers and 36 participating hospitals in Utah. In fact over 86% of the hospitals in Utah are Altius participating facilities. You also have the protection of worldwide coverage for urgent or emergency care.

The most current Altius provider directory is available online at www.altiushealthplans.com/ProviderSearch.asp.

At this site you can search for primary care physicians, specialists, hospitals, or urgent care centers.

You can also contact your Altius appointed agent or broker for participating provider information.

As an Altius One plan member, you will receive a complete listing of Altius participating providers, preferred drug list, and your Altius WellBeing brochure.

GENERAL INFORMATION



General Provisions

These plans are designed to provide coverage for 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, in-hospital medical services, and out-of-hospital care and services. Coverage is subject to any deductibles, copayments, coinsurance provisions, or other limitations or exclusions which may be set forth in the policy.

Please refer to the medical benefits brochure included in the policy, limitations and exclusions list, and general information within this book for additional information.

Once you receive the policy (after you are enrolled), you will have ten days to review it before acceptance. If you decide to cancel within the ten day review period, you may do so by notifying us in writing at Altius Health Plans, Underwriting - Altius One, 10421 South Jordan Gateway, #400, South Jordan, Utah 84095, and you will receive a full refund of your premium. No premium refunds are available after the ten day review period. If your premium is refunded, the policy shall be void as if coverage had not been issued.

Eligibility

You and your dependents may apply for coverage under this policy if you live, work or reside in the Altius Utah service area, you are under 65 years of age, and you are not eligible for Medicare. Remember that if your employer is paying any portion of your premium either directly or through reimbursement, it constitutes a group plan, and you are not eligible for coverage under this policy.

Eligible Dependents

Eligible dependents include your legal spouse and your unmarried children, step-children, children placed for adoption, or legally adopted children, from birth to age 26, provided that they are dependent upon you for at least 50% of their financial support.

Unless otherwise required by a court order, Qualified Medical Support Order (QMSO), National Medical Support Notice (NMSN), or other administrative order, eligibility is limited to dependents who live, work, or reside continuously in our Utah service area.

Rating Methodology

Premiums are based on an adjusted community rate methodology and vary according to gender, age, and family status. Medical underwriters will make an initial evaluation of the health status of individuals and dependents to determine whether any surcharge to published premiums is necessary. Coverage may be declined on a particular individual or dependent at the time of initial evaluation.

Effective Date of Coverage

Coverage for you and the dependents listed on your application will become effective on the 1st of the month following the review and approval of your application by the Altius Health Plans Underwriting Department.

Plan & Deductible Changes

All requests for plan changes are subject to underwriting approval and will only be considered at renewal. The Altius Health Plans Underwriting Department will determine the effective date of any change.

Termination

Your policy cannot be terminated for health reasons. However, your coverage will be automatically terminated:

- > If you commit fraud or misrepresent or omit a material fact;
- > If you no longer reside, live or work in the Altius Utah Service Area;
- > For nonpayment of premium. If we do not receive your premium or we are unable to collect premium from your savings / checking account, you will be notified. If the situation is not resolved within 30 days from the date the premium was due, your policy will be terminated as of the last date for which the premium was paid in full.



GENERAL INFORMATION -CONTINUED-

If you choose to voluntarily terminate coverage, Altius Health Plans must receive your notification in writing at least 30 days prior to the termination date. Please send notifications to:

Altius Health Plans
Underwriting Department -
Altius One
10421 South Jordan Gateway, #400
South Jordan, Utah 84095

Industries & Occupations

Some industries may be excluded or subject to premium adjustments upon underwriting review. This may include occupations that require individuals to spend significant time outside the Altius Utah service area.

*Altius Health Plans for
Individuals and Families*

MAJOR MEDICAL OUTLINE OF COVERAGE



Read and Know Your Policy

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

Major Medical Expense Coverage

Major medical expense coverage is designed to provide, to persons insured, comprehensive coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayments, coinsurance provisions or other limitations and exclusions that may be set forth in the policy.

Summary of Covered Services

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

Inpatient Services

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

Maternity Services (All options except QHDHP)

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

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

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

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

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

Outpatient Services

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

*Altius Health Plans for
Individuals and Families*



MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

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

- Urgent Care
- Ambulance and Emergency Transportation

Maximum Dollar Amount for Covered Charges

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

Other Benefits

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

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

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

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

Deductible and Out-of-Pocket Maximum

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

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

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

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

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 plan, your deductible will start over regardless of the date your new plan coverage begins.

Prior Authorization of Services

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

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

Pre-Existing Conditions

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

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

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

Note: If medical records or claims for you and/or your dependents document the presence of a pre-existing condition that was not fully disclosed on the health questionnaire, your coverage may be revised or terminated.

Pre-Existing Condition Exclusion Period

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

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

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



MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

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

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

12-Month Exclusion of Selected Diagnoses and Procedures

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

Diagnoses

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

Procedures

- Allergy Testing and Treatment (*for seasonal allergies*)
- Bunionectomy
- Carpal Tunnel Surgery
- Hysterectomy (*except in cases of malignancy*)
- Joint Replacement
- Mammoplasty (*reduction*)
- Morton's Neuroma (*surgical treatment of*)
- Myringotomy/Tympanotomy (*with or without tubes insertion*)
- Nasal Septal Repair (*except injuries after effective date of coverage*)

- Retained Hardware Removal
- Sleep Studies
- Sterilization
- Tonsillectomy/Adenoidectomy

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

Other Limitations

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

MAJOR MEDICAL OUTLINE OF COVERAGE

-CONTINUED-



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

Point of Service Limitation

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

General Limitations and Exclusions

Accepted Medical Practice

Services determined by Altius to be inconsistent with accepted medical practice or illegal are excluded. This includes any service which is not generally recognized by the U.S. medical community as conforming to accepted medical practice, and any service for which required government approval has not been granted at the time the service is provided, including services which are investigational, experimental, or research in nature. Procedures, devices, drugs, or "biologics" for which there is insufficient evidence to determine their likely effect on patients' health outcomes, are also excluded.

Claims After One Year

Claims are denied if submitted to Altius more than one year after services were rendered unless you can show that notice was given or proof of loss was filed as soon as reasonably possible. Adjustments or corrections to claims are denied if submitted to Altius more than one year after claims were first processed unless you can show that the additional information relating to the claim was filed as soon as reasonably possible. When this policy is secondary coverage, coordination of benefits claims will be denied if submitted to Altius more than one year after the date the claim was first processed by the primary carrier, unless you show that notice was given or proof of loss was filed as soon as reasonably possible.

Excess Charges

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

Limited Benefits

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

Medically Unnecessary Services

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

Non-Covered Services & Complications

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

*Altius Health Plans for
Individuals and Families*



MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

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

Non-Participating Providers

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

No Presumption of Coverage

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

Services Outside of the United States

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

Excluded Services

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

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

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

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

MAJOR MEDICAL OUTLINE OF COVERAGE

-CONTINUED-



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

*Altius Health Plans for
Individuals and Families*



MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

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

MAJOR MEDICAL OUTLINE OF COVERAGE

-CONTINUED-



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

Premiums

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

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

Renewal

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

*Altius Health Plans for
Individuals and Families*



NOTICE OF PRIVACY PRACTICES EFFECTIVE 5/24/04

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 information¹ 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.altiushealthplans.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 Altius 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. We collect enrollment and other information. This information may come from you, your employer, or other health benefits plan sponsor, 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.

Health Care Operations: We may use and share your personal information as part of our operations in servicing your benefits.

*Altius Health Plans for
Individuals and Families*

NOTICE OF PRIVACY PRACTICES

-CONTINUED-



Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, 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 ratemaking; securing and servicing reinsurance policies; or in the sale, transfer or merger of Altius, its parent company, subsidiaries, or affiliates, 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:

Health care oversight and law enforcement: to comply with federal or state oversight agencies. These may include your state Department of Insurance or the US 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 plan to service your benefits. Please see your plan documents for more information.

Research: to researchers where 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 website. 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 worker's compensation; for national security and as required by law.

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. If you



NOTICE OF PRIVACY PRACTICES -CONTINUED-

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.

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 6 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 File a Complaint or Receive More Information

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. 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 "Altius " refer to Altius Health Plans Inc. and its parent, Coventry Health Care, Inc., and licensed affiliated companies, including HealthAmerica Pennsylvania, Inc., HealthAssurance Pennsylvania, Inc., Group Health Plan, Inc., Southern Health Services, Inc.; Carelink Health Plans, Inc.; HealthCare USA of Missouri, L.L.C.; WellPath Select, Inc.; Coventry Health Care of Delaware, 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. These entities will 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.



ALTIUS ONE HEALTH PLAN APPLICATION

Please complete this form in its entirety. Any false statements or omission of facts can result in denial of claims and cancellation or termination of your policy from the date of enrollment.

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

- Adding Dependent
 - New Application
 - Renewal with changes
- Requested Effective Date: _____

I - APPLICANT INFORMATION

Name: Last: _____ First: _____ MI: _____ Occupation: _____
 Street Address: _____ E-mail Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____
 Spouse's Occupation: _____ Applicant's Daytime Phone: (____) _____
 Marital Status: Divorced Married Single Widowed

II - COVERAGE OPTIONS

Peak Qualified High Deductible Health Plan
 80% 100%

Are you electing Altius One FlexChoice preferred Health Savings Account (HSA) vendor?
 Yes No

- Peak Plus 70% Deductible Option:
 - \$1,000
 - \$2,000
- Peak Plus 80% Deductible Option:
 - \$0
 - \$250
 - \$500
 - \$1,000
- Peak Plus Traditional (Deductible First) Deductible Option:
 - \$500
 - \$1,000
 - \$2,000

Pharmacy Deductible Options

- No Deductible
- \$250 Individual Deductible
- \$500 Individual Deductible
- \$1000 Individual Deductible

III - MEMBERS TO BE ENROLLED

To be eligible for coverage, children must be under 26, unmarried, and dependent upon you for 50% of their support. (Financial dependency not required for court-ordered dependent coverage.) ANY DEPENDENT NOT LISTED WILL NOT BE CONSIDERED FOR COVERAGE.

Social Security Number	Indicate Relationship	Last Name	First Name	MI	Birth Date	Age	M	F	Other Coverage		
									Medical	Rx	Medicare
									(Circle Y or N)		
	Applicant								Y or N	Y or N	Y or N
									Y or N	Y or N	Y or N
									Y or N	Y or N	Y or N
									Y or N	Y or N	Y or N
									Y or N	Y or N	Y or N
									Y or N	Y or N	Y or N

IV - CURRENT & PRIOR INSURANCE COVERAGE

Do you or your dependent(s) have other health insurance? Yes No

If Yes: Name of Carrier: _____ Phone #: (____) _____ Policy #: _____
 Policy Holder's Name: _____ Effective Date of Coverage: _____ End Date: _____

Name(s) of covered dependents: _____

If this 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 insurance so that Altius can determine whose coverage is Primary.

If No: When was the last date that you were insured?: _____ Have you had prior coverage with Altius? Yes No

If you have had health care coverage within the last 63 days, your Pre-Existing Condition (PEC) exclusion 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 carrier.

◆ Submission of prior coverage information does not automatically waive any Pre-Existing Condition Limitation. However, you will be subject to an automatic 12-month Pre-Existing Condition Exclusion Period until we receive evidence of prior coverage.

For Office Use Only			
Agent/Broker _____	Effective Date _____	Tier _____	Premium _____
PEC _____	Payment Option: <input type="checkbox"/> Automatic withdrawal		<input type="checkbox"/> Monthly billing

V - HEALTH INFORMATION

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 Altius of any change in health status while the application is pending.

Respond to the following questions

- | | <u>Yes</u> | <u>No</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you, your spouse or any eligible child (whether or not proposed for insurance) missed her last menstrual period?
Date of last menstrual cycle _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or your spouse financially responsible for an unborn child, or do you anticipate adopting a child in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To the best of your knowledge, has any applicant been denied health or life insurance or been issued a modified or rated policy? | <input type="checkbox"/> | <input type="checkbox"/> |

Within the past 12 MONTHS has any applicant:

- | | <u>Yes</u> | <u>No</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4. Consulted or received treatment from a doctor, chiropractor, counselor, therapist, or other health care provider, including routine & wellness care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Had a health condition, problem, or disorder for which medical advice or treatment has not been sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Been prescribed or taken any prescription or over-the-counter medications, drugs, or shots (including immunizations, birth control, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following:

- | | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7. Physical, neurological, or neuromuscular impairments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Recurring headaches, migraines, head injury, epilepsy, seizures, or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Mental health counseling, psychotherapy, depression, stress, anxiety, mental health disorder, or chemical imbalance that required consultation or medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Acne, psoriasis, eczema, growths (except warts), abnormal moles, abnormal birthmarks, or any other skin disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Eyes, ears, nose, sinus, or throat disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Jaw disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Allergies, hay fever, or adverse drug reactions and side effects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. RSV, reactive airway disease, lung disease, or any other respiratory system disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Thyroid disorder, goiter, or any other lymph system disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Breast lumps, breast augmentation, or breast reduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Chest pain, high blood pressure, high cholesterol, irregular heart beat, or any other heart condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Back, neck, spinal, or joint disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Connective tissue disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Hemophilia, anemia, blood or bleeding disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Obesity, bulimia, anorexia, or any other eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Kidney stones, jaundice, nephritis, or any other disorder of the liver, kidneys, or pancreas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Hemorrhoids, polyps, or any other rectal disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Impotence, prostate or testicular disorder, or abnormal PSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Ulcers, hernias, chronic diarrhea, diverticulitis, diverticulosis, irritable bowel syndrome, reflux, GERD, or any other gallbladder or digestive disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Bladder or urinary disorder, or incontinence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Sexually transmitted diseases? | <input type="checkbox"/> | <input type="checkbox"/> |

List the height, current weight, and last year's weight for the applicant and spouse.

Within the past 5 YEARS has any applicant been diagnosed with, treated for, or had any of the following:

- | | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 28. Irregular bleeding, abnormal Pap smear/test, endometriosis, recurring pelvic pain, or pelvic inflammatory disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Infertility, fertility evaluation or treatment (including medication), miscarriage, complications related to pregnancy (including premature births), or any other disorder of the reproductive system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Varicose veins, or any other circulatory disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Foot, knee, or bone disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Fracture or dislocation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Tobacco use (chewing or smoking)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Condition for which hospitalization, tests, consultation, evaluation, surgery, or medication have been advised, but not completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Inability to work or to perform routine daily functions for more than 2 weeks (other than pregnancy)? | <input type="checkbox"/> | <input type="checkbox"/> |

Within the past 10 YEARS has any applicant been diagnosed with or treated for any of the following:

- | | <u>Yes</u> | <u>No</u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 36. Alcohol use/abuse, been advised to reduce/limit alcohol use, or attended Alcoholics Anonymous (or similar program) for his/her own alcohol consumption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Ankylosing spondylitis, neuropathy, osteogenesis imperfecta, osteoporosis, herniated and/or ruptured disc, spinal bifida, kyphosis, scoliosis, spinal stenosis, spondylolisthesis, or spondylolysis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Colitis, colostomy, or ileostomy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Crohn's disease, lupus, gout, arthritis, fibromyalgia, or scleroderma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cysts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Drug dependency, abuse, or misuse of prescribed or non-prescribed drugs such as opiates, stimulants, depressants, and/or hallucinogens? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Hospitalization or surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Stomach stapling, gastric bypass, or any surgical services for obesity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Tuberculosis, asthma, sleep apnea, pleurisy, COPD, sarcoidosis, or emphysema? | <input type="checkbox"/> | <input type="checkbox"/> |

Has any applicant EVER been diagnosed with or treated for any of the following:

- | | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 45. Bipolar affective disorder, manic depression, schizophrenia, chronic organic brain syndrome, or psychotic disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Birth defect, premature birth, development or learning disability, mental impairment, Down syndrome, or autism? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Cancer (including skin cancer) or tumors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Cirrhosis or hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Diabetes (type I or II)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Heart murmur, heart attack, bypass surgery, blood clot, stroke, heart surgery, or coronary artery disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Immune system diseases, human immunodeficiency virus (HIV) acquired immune deficiency syndrome (AIDS), or AIDS related complex (ARC)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Joint replacement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Multiple sclerosis, muscular dystrophy, cerebral palsy, Lou Gehrig's disease (ALS), Parkinson's disease, Alzheimer's disease, or dementia? | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>Height</u>	<u>Current Weight</u>	<u>Last Year's Weight</u>
APPLICANT:	____ ft ____ in	____ lbs	____ lbs
SPOUSE:	____ ft ____ in	____ lbs	____ lbs

IX - AUTHORIZATION & ACKNOWLEDGEMENT

I hereby apply for coverage with Altius Health Plans (Altius) for the persons listed on this application (collectively referred to as Applicants). When incorporated with the policy, this application and the medical benefits brochure become part of the policy. Once fully signed and executed, Altius and I agree to the terms set forth in the policy. 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 by Altius, that no benefits will be provided for any services which begin before the coverage is effective, and that benefits will not extend beyond the termination of either my coverage or the policy.

CONSENT AT ENROLLMENT: I authorize 1) all health providers and insurers to furnish Altius, and 2) all health providers and Altius to furnish all insurers and health providers records concerning Applicants for whom information is requested for any purpose required for the coverage of benefits including, but not limited to, the coordination of payments with other insurers or in connection with the provision of medical care. I understand that I or my authorized representative may receive a copy of this form containing this authorization for disclosure of information. A photographic copy of this authorization shall be valid as the original. For claim adjudication purposes, this authorization is valid for the duration of my coverage for health benefits through Altius. For purposes of collecting information for an insurance policy application, policy reinstatement, or a request for change in policy benefits, this authorization shall remain valid for 30 months from the date the authorization is signed.

I hereby declare that to the best of my knowledge and belief, the information given on this application, including the Health information in Sections V-VIII of this application is correctly recorded, true and complete. I understand that material omissions or 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 Altius Health Plans. I understand that no agent or Altius representative is allowed to permit me to answer any questions inaccurately, untruthfully or incompletely, and I represent that such did not occur. I understand that it is my continuing responsibility to report to Altius changes in the eligibility of any Applicants who become members.

By signing this application, I agree on behalf of all Applicants that Altius may use or disclose to third parties the information contained on this application and individually identifiable health information relating to the Applicants for purposes of administering my health insurance benefits including treatment, payment, or health care operations, as those terms are explained in detail in the Altius Notice of Privacy Practices and to the extent permitted by law. My consent includes agreement for the use or disclosure of health information that may include diagnosis, prognosis, treatment, and payment information related to physical and/or mental illness, including substance abuse, Acquired Immune

Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV). By signing this form, I also agree on behalf of myself and the other Applicants, to the extent permitted by law, health care providers, insurers, claims administrators, employers, and others may disclose the Applicants' personal information including individually identifiable health information that may include diagnosis, prognosis, treatment, and payment information related to physical and/or mental illness including substance abuse, AIDS, ARC, or HIV to Altius for administration of health insurance benefits including treatment, payment, or health care operations purposes and other purposes permitted by law.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE:

According to information you have furnished, you may intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by Altius. 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 that you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. 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 policy.
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 policy and replace it with new coverage, 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 Altius to deny any future claims and to refund your premium as though your 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 understand the coverage for which I am applying excludes certain conditions/procedures for twelve months, regardless of whether or not they are pre-existing. I also understand that the coverage 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 Altius receives my completed application, according to the pre-existing conditions limitations provisions of the policy. Both exclusion periods will be reduced by my prior creditable coverage, if applicable. I understand that this application will become part of the policy.

X - SIGNATURE

I have read and agree to the statements above.

Signature: _____

Date Signed: _____

XI - PAYMENT OPTION

Is any employer reimbursing or paying for any portion of this plan? Yes No
Are you self-employed? Yes No
If self-employed, do you have any part- or full-time employees? Yes No

Method of Payment

Please choose one of the following premium payment options:

Monthly Automatic Withdrawal (complete Section XII)

Monthly Billing (a \$5 administrative fee will be added to your monthly billing statement)

Your first payment is due when your application is approved. You will receive a monthly billing statement by mail.
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.

XII - 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. When this happens, 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.

XIII - AGENT/BROKER AGREEMENT

I understand and agree that in acting as the agent/broker 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 authorizing me to sell and service health insurance contracts.
3. I must be an Altius-appointed broker or agent to sell Altius One plans.
4. I have no authority to do the following: make, alter, interpret, or change an application or contract in the name of Altius Health Plans Inc.; or waive any of the terms or conditions of the contract.
5. I have no authority to assign effective dates or to effect membership changes.
6. Cancellation of this Health Care Agreement by either the subscriber or Altius Health Plans will terminate the Agency Agreement.

Agent/Broker Name: _____ Agency: _____

Phone Number: (_____) _____ Date Signed: _____

Fax Number: (_____) _____ Email: _____

Agent/Broker Signature: _____

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

Applicant Signature: _____ **Date:** _____

XIV - CHECKLIST

Send the following completed forms:

- Application
- Certificate of Creditable Coverage (This certificate is provided by your 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 X

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
Underwriting Department — Altius One
10421 South Jordan Gateway, Suite 400
South Jordan, UT 84095

www.altiushealthplans.com