



I PLAN  
PEAK  
ADVANTAGE

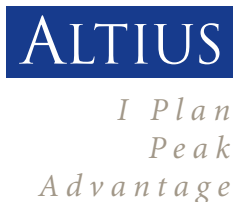
ENROLLMENT GUIDE  
AND  
OUTLINE OF COVERAGE



*Taking Health Plans to New Levels*



**ALTIUS**  
HEALTH PLANS



## Welcome

### It's all about choice.

*Altius Health Plans is excited to offer Peak Advantage as an additional option for individuals and families.*

*This document contains specific information for the Altius Peak Advantage plan. Please refer to "The Individuals and Families" booklet for information on Peak and Peak Traditional plans.*

*It is important to read all of the material thoroughly and follow the enrollment guidelines beginning on this page. For your convenience, the application is in the middle of this booklet so that it can be removed. Please keep the remaining information for your reference.*

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

*We look forward to serving your health care needs.*

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## Enrollment Guidelines

### Getting Started...

We have outlined a few tips to help guide you through the evaluation and application process. It is important to note that the oldest member of your family is considered the "applicant" for the health plan. Keep this in mind when reviewing the premium rates associated with your plan choice.

### Review

Choosing the right health plan deserves careful consideration. Careful review can prevent surprises later on. It is important that you do not cancel any current coverage until you are officially notified by Altius that your application has been approved. It is understandable that you may have questions or concerns and they should be directed to your Altius-appointed agent or broker. They 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

You get to choose the plan option that works best for you. Altius now offers four different plan designs for I Plan subscribers. This booklet contains information on two Peak Advantage options while "The I Plan - Health Care Coverage for Individuals and Families" booklet will cover our other plans. Peak Advantage works differently than other plans you may be used to. We have tried to anticipate your questions but feel free to contact your Altius-appointed agent or broker if you need additional information. All Altius I Plans are open-access, which means that you don't need to choose a Primary Care Physician (PCP) and you don't need a referral to see a specialist.

### Complete & Sign Your Application

The application is located in the center of this booklet. Read and answer each question or 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 approval process. Misrepresentation or omission of material fact may cause your application to be declined.

### Calculate Your Premium

First, refer to the Premium Rate Sheet that has been inserted separately into this booklet. Make sure that the effective dates on the Premium Rate Sheet correspond with your anticipated effective date. If not, contact your Altius-appointed agent or broker for the correct Premium Rate Sheet.

Next, be sure to use the corresponding age band for the oldest family member. These rates reflect the monthly premium for the indicated plan design and deductible level.

## Premium Calculation Worksheet

### Step 1. Select a Plan:

- Peak Advantage 15-10 with \$500 Pharmacy Deductible
- Peak Advantage 20-20 with \$500 Pharmacy Deductible
- Peak Advantage 15-10 with NO Pharmacy Deductible
- Peak Advantage 20-20 with NO Pharmacy Deductible

### Step 2. Determine your Monthly Premium:

- Find your plan on the Premium Rate Sheet
- Locate the Age of the oldest person applying for coverage
- Find the rate of the number of people in your family applying for coverage.

Enter that rate here                      \$ \_\_\_\_\_

Step 3. For 24-Hour Coverage, (optional) ADD \$25                      \$ \_\_\_\_\_  
(If you are not selecting 24-Hour Coverage enter -0-)

24-Hour Coverage is for owners, partners or sole proprietors who are not required by law to be covered under Workers' Compensation Insurance. 24-Hour Coverage includes job-related claims or illnesses that would normally be excluded from your Individual Health Plan coverage. 24-Hour Coverage is not Workers' Compensation Insurance and does not include disability income or life insurance benefits.

### Step 4. Total Monthly Premium

- Add the amounts from Step 2 and Step 3                      \$ \_\_\_\_\_

This is the amount to be sent in with your application. Once underwriting has reviewed your application, any adjustments to your total monthly premium will be submitted to you for your acceptance before your policy will be effective.

#### **Note:**

- Payment does not guarantee acceptance of coverage. If your application is rejected, your original check will be returned to you.
- Premium rates are based on the age of the oldest family member. The application must be written with the oldest family member as the applicant.
- Premiums will increase in the month of the applicant's (subscriber's) birthday when they move from one age band to another.
- Your rates will be adjusted if your family has more than six (6) members.

### Choose Your Method of Payment:

For your convenience Altius offers two ways to pay your premiums. You need to indicate your preference on your application in Section XIII.

#### **Monthly Automatic**

**Withdrawal** from a checking or savings account at your financial institution. Your monthly premium will be automatically paid by a direct payment withdrawal from your account. First month's premium, made payable by a personal check to Altius Health Plans Inc. is due with the submission of the application. Subsequent month's premiums including any adjustments made to your monthly rate will then be subject to the Automatic Withdrawal process. Any difference between your approved monthly premium rate and the amount submitted with your application will be added to the first Monthly Automatic Withdrawal amount. All other withdrawals will be consistent with your approved monthly premium rate.

**Six-Month Prepayment.** Submit a personal check made payable to Altius Health Plans Inc. for the entire six-month premium amount. Once your application has been evaluated, underwriting will calculate the amount of premium due for the remainder of the first six-month period. If applicable, Altius will notify you of the outstanding amount required for your first six months of premium. A personal check for that amount will need to be submitted to Altius Health Plans Inc. within ten (10) days or the requested effective date may be adjusted by Underwriting. Altius will then bill you sixty (60) days prior to the end of each six-month period for the next premium installment. If you choose to terminate your Individual Health Plan prior to the end of the six-month period, Altius will



Enrollment Guidelines

refund any unused premium to you less a \$50 administrative fee. Personal checks only, please. Your employer cannot pay any portion of your premium, either directly or through reimbursement.

Submit Your Application to Altius:

You may submit your application to Altius through your Altius-appointed agent or broker, or directly to Altius Health Plans at the following address:

Altius Health Plans  
Underwriting  
Individual Health Plan  
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 and must be submitted to receive credit for your Pre-Existing Condition Waiting Period. (Refer to page 9 of this booklet under the heading “Pre-Existing Conditions” for more information.) If you are currently covered with Altius Health Plans, this is not necessary.

3. **Completed Payment Selection Form**

This is found in section XII of the Application. Be sure to include a voided check or savings deposit slip for the Monthly Automatic Withdrawal payment.

**4. Check for First Month’s Premium**

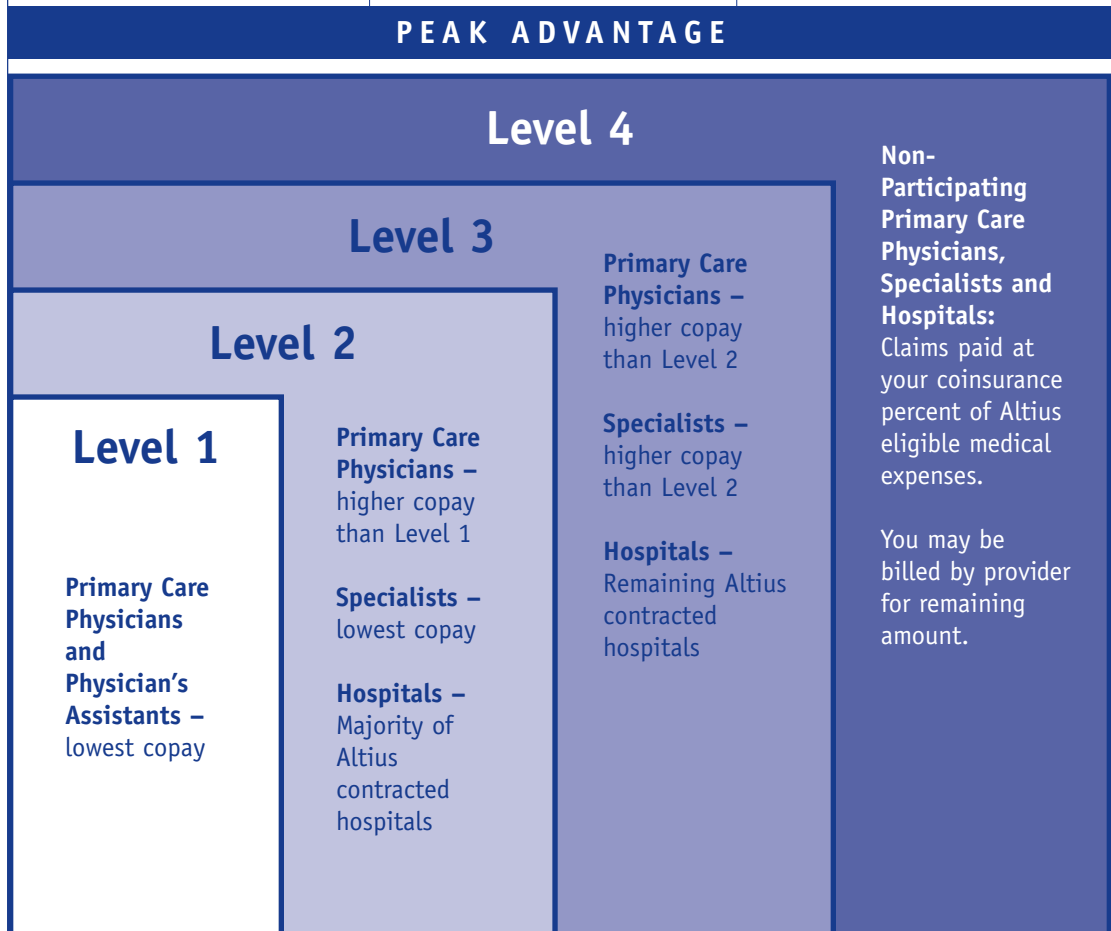
Again, your employer cannot pay any portion of your premium either directly or through reimbursement. Please submit personal checks only. Make checks payable to Altius Health Plans Inc.

**Important Note:**

Coverage is not in effect until your application is approved and Altius Health Plans 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.



I Plan  
Peak  
Advantage



## HOW IS PEAK ADVANTAGE DIFFERENT?

### What is the 'Advantage?'

Being a smart health care consumer is virtually impossible unless your health plan gives you power to choose. And, does that ability to choose really mean anything to you personally? Peak Advantage puts you in the driver's seat. As a consumer, you now have the advantage. You have the ability to compare physicians, facilities, and their cost to you. After all, it's your health. It's your money. With Peak Advantage, it is now your choice!

### How does the Plan work?

The main component of the Peak Advantage Plan is the way our providers are listed. You will notice that every provider in the directory has a designation of Level 1, 2, 3, or 4. The chart on the facing page demonstrates

which types of providers are in each level. Levels are also indicated on the benefit description.

When you go to a provider, your claim will be paid according to the benefit indicated by that provider's level, as listed in the Peak Advantage provider directory in this booklet. For example, if you visit a Primary Care Provider designated as a Level 1 provider, you will pay the Level 1 office visit copay. If you are hospitalized at a Level 2 hospital, you will be responsible for Level 2 benefits, coinsurance after deductible.

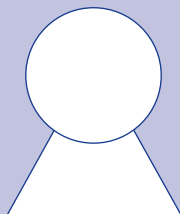
So, because the providers are grouped into levels, the benefits are set for each level:

**Level 1** represents the lowest copays and coinsurance.

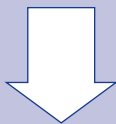
**Level 2 and Level 3** will have higher copays and coinsurance.

**Level 4** reflects the highest copays and coinsurance for non-contracted providers. Claims are paid at your coinsurance percent of Altius eligible medical expenses. You may be billed by provider for remaining amount.

This represents the most expensive option of the plan, but members are still free to make their own choice for each health care situation.

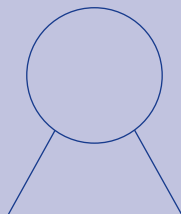


**Level 1  
Provider**

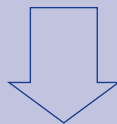


**Level 1  
Benefit**

Lowest  
copays and  
coinsurance

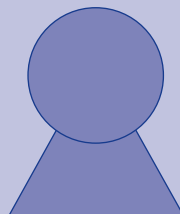


**Level 2  
Provider**

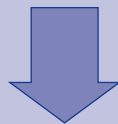


**Level 2  
Benefit**

Copays and  
coinsurance  
higher than  
Level 1



**Level 3  
Provider**



**Level 3  
Benefit**

Copays and  
coinsurance  
higher than  
Level 2



**Level 4  
Provider**

Non-Participating



**Level 4  
Benefit**

Copays and  
coinsurance  
higher than  
Level 3

Why Choose  
Altius?

**ALTIUS**

*I Plan  
Peak  
Advantage*

## WHY CHOOSE ALTIUS FOR INDIVIDUAL COVERAGE?

### ALTIUS I PLAN PRODUCTS

- Open Access—No referral required
- “Premier Network” of over 2900 Providers
- 24-Hour coverage offering
- Includes coverage for chiropractic services
- Three-tier prescription benefit
- Worldwide urgent / emergency care coverage
- Full range of benefits

### SERVICE

- You are supported by Altius Health Plans excellent Customer Service Department (801) 323-6200 or toll free at (800) 377-4161
- Our 2002 customer survey indicated 92% of members are satisfied with Altius Health Plans
- ...and, **8 out of 10 would recommend Altius to a friend or family member.** (\*Random survey of 400 Altius members, conducted by Valley Research, June 2002.)

### WITH THE CLICK OF A MOUSE

#### [altiushealthplans.com](http://altiushealthplans.com)

- View your claims online
- Print claim “Explanation of Benefits”
- Print a copy of your ID card
- Order new cards for you and your family
- Change personal information
- Find providers and facilities
- Connect to health related articles and websites
- Contact us

### ALTIUS EXTRA DENTAL

- Discount dental program at **no additional charge!**
- No hassles
- All dental services are discounted an average of 20–45%
- Immediate savings
- Over 130 dentists
- No paperwork or red tape
- Just call and make an appointment!

### My ePHIT

- Altius provides access to an internet based health and wellness program—**at no additional charge!**
- **Personalized Fitness Plans**—Your goals, your plan
- **Interactive Meal Planner**—Track daily food servings, choose from over 7500 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
- **Prizes and Rewards**—Earn and redeem points when you work the My ePHIT program. Become eligible for major prize drawings
- **Shopping, Shopping**—Take advantage of savings on vitamins, nutritional supplements, sports and exercise related items and equipment
- **Access through the Altius website at [altiushealthplans.com](http://altiushealthplans.com) and click on the My ePHIT tour icon**

## 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 are not covered by your Altius Health Plans medical plan.

In addition to ongoing discounts, many of the providers who participate in AltiusExtra offer specials throughout the year. These specials offer superior value and some may include drawings for free services.

Our “AltiusExtra” web site is continually updated with the latest providers, pricing and special offers for Altius members. There is no cost to this program but you can bank on the savings! Just visit [www.altiushealthplans.com](http://www.altiushealthplans.com) and click on “AltiusExtra” then select the programs you are interested in.

### NO COMPUTER? NO PROBLEM!

Just complete and mail the mailer that you will receive with your Altius I.D. card, or contact customer service and we will send you a copy of all the information from our web site. The computer is the quickest way to view the most updated information, but

isn’t required to participate in the AltiusExtra program.

### OVERVIEW OF THE “ALTIUSEXTRA” SERVICES:

- **Optical Discounts:** 10-30% discounts on prescription and non-prescription eyewear and other products from participating Altius optical providers.
- **Lasik Vision Eye Surgery:** AltiusExtra has contracted with multiple LASIK centers to provide more choice and greater convenience at competitive prices.
- **Vitamins, Minerals and Nutritional Supplements:** A complete line of quality vitamins and minerals at significantly discounted prices delivered right to your door!
- **Hearing Aids:** These state-of-the-art hearing aids are smaller and less noticeable than ever before and available at significant discounts for Altius members. For more information call Beltone at 1-800-BEL-TONE.
- **Smoking Cessation:** Express Scripts/Value Rx offers an 18% discount on CQ Nicoderm patches. You

can also participate in a personalized stop smoking program called “Committed Quitters.”

- **Cosmetic Dentistry:** Advances in teeth whitening technology along with the cost savings available with AltiusExtra, a brighter smile is more attainable and affordable than ever before.
- **Cosmetic Surgery:** There is virtually no part of the body that can’t be enhanced and improved by cosmetic surgery. Thanks to new techniques in surgery and anesthesia, many procedures are easier, less painful, and recovery is faster.
- **Massage Therapy:** Therapeutic massage is an enjoyable, non-invasive way to improve health, fitness, and general wellness.
- **Health Club Membership:** The health clubs participating with AltiusExtra offer discounts on individual and family memberships.
- **Cosmetic Dermatology:** Cosmetic Dermatology offers new ways to help skin look better.

## THE 10-15 OPTION

- **10—Stands for 10%**—your coinsurance portion for Level 1
- **15—Stands for \$15**—your office visit copay when you see Level 1 providers
- **See pages 8 and 9 for more details**
- **Lower out-of-pocket cost**  
The 10-15 plan is more expensive monthly, but will help keep your day-to-day expenses as low as possible. If you don't mind paying a



higher premium, you can make sure you have more affordable office visit copays and coinsurance at the time you access services.

- **Better coverage at Non-Participating Providers**  
With a list of 2900 providers, most people can find a provider to suit their needs. But occasionally, people need to see other providers. The 10-15 option provides a better benefit when this occurs over our 20-20 option.

- **Standard \$500 Pharmacy Deductible—OR NOT!**  
After the first \$500 of prescription expenses, all future prescriptions are a fixed copay for the remainder of the year. Although leaving the deductible in place will save premium dollars, Altius provides the option of removing it. Refer to the Premium Rate Sheet and the Premium Calculation Worksheet on page 3.

## ALTIUS I PLAN PEAK ADVANTAGE 10-15 Option

Benefit Summary	Level 1 Participating Providers	Level 2 Participating Providers	Level 3 Participating Providers	Level 4 Non-Participating Providers
<b>DEDUCTIBLE, OUT-OF-POCKET &amp; LIMITS</b>				
		<b>YOU PAY</b>		
<b>Coinsurance</b>	10%	20%	30%	40%
<b>Calendar Deductible</b> Does not apply to Out-of-Pocket Maximum	\$250 Individual / \$500 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
<b>Out-Of-Pocket Maximum</b> (Fixed dollar copays do not apply)	\$1,000 Individual / \$2,000 Family	\$2,000 Individual / \$4,000 Family	\$3,000 Individual / \$6,000 Family	\$4,000 Individual / \$8,000 Family
<b>Annual Maximum</b>	None	None	None	\$200,000
<b>Lifetime Maximum</b>	\$2,000,000			\$1,000,000
<b>Pre-Existing Condition Limitation</b>	12 Months			
<b>OUTPATIENT SERVICES</b>				
		<b>YOU PAY</b>		
<b>Office Visits – Primary and Specialty Care –</b> Including annual adult physical examinations, well child care, preventive and post-exposure immunizations and vaccines, eye exams, and hearing screenings.	\$15	\$25	\$35	40%* AD
<b>After-Hours Care/Urgent Care –</b> Care received in a physician's office or urgent care facility	\$25	\$35	\$45	40%* AD
<b>Chiropractic Office Visits –</b> Limited to a combined benefit of 10 visits per member, per calendar year. (Prior authorization through CHP, Treatment plan required after 1st visit).	\$25			Participating Providers Only
<b>MAJOR Diagnostic Laboratory Test and X-Rays –</b> Including, but not limited to CAT scans and MRI's.	10%* AD	20%* AD	30%* AD	40%* AD
<b>MINOR Diagnostic Laboratory Test and X-Rays –</b> Including, but not limited to Mammograms and chest X-rays.	You Pay Nothing			40%* AD
<b>Physiotherapy Services at a Provider's Office –</b> Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 10 visits of each type per member, per calendar year.	\$15	\$25	\$35	40%* AD
<b>Physiotherapy Services at a Facility –</b> Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 10 visits of each type per member, per calendar year.	Providers for this benefit begin at Level 2	20%* AD	30%* AD	40%* AD
<b>EMERGENCY CARE</b>				
		<b>YOU PAY</b>		
<b>Emergency Room Care –</b> When medically necessary, as determined by Altius. Includes all services provided in an Emergency Room setting; copay waived if admitted.	Providers for this benefit begin at Level 2	\$75	\$100	\$150
<b>Ambulance/Paramedics</b> (including Air Ambulance)	20%* After Level 2 Deductible			
<b>PHARMACY BENEFITS</b>				
		<b>YOU PAY</b>		
<b>Injectable Medications – Facility –</b> Injectable medications provided inpatient or outpatient through a hospital, surgical center, skilled nursing facility, or other facility setting.	Facility Benefit Level			40%*
<b>Injectable Medications – Non-Facility –</b> Injectable medications received at a physician's office, or home health provider	20%*			40%*
<b>Injectable Medications – Pharmacy</b>	20%*			Participating Providers Only
<b>Prescription Drugs –</b> Up to a 30-day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$10 / \$25 / \$50 After \$500 Deductible per Family per Calendar Year			Participating Providers Only
<b>INPATIENT / OUTPATIENT HOSPITAL SERVICES</b>				
		<b>YOU PAY</b>		
<b>Inpatient Hospital / Facility Services</b>	Providers for this benefit begin at Level 2	20%* AD	30%* AD	40%* AD
<b>Outpatient Hospital / Facility Services –</b> Including, but not limited to, outpatient surgery, short stay surgical facilities for appropriate procedures, observation, chemotherapy, radiation therapy, dialysis, cardiovascular services, infusion therapy, endoscopy, and pulmonary services.	Providers for this benefit begin at Level 2	20%* AD	30%* AD	40%* AD

Medical services with fixed copays are not subject to deductible. Pharmacy and maternity have separate deductibles that do not apply to the out-of-pocket maximum. \*Applies to out-of-pocket maximum (OOPM). AD = after deductible. Altius Customer Service 1-800-377-4161 [www.altiushealthplans.com](http://www.altiushealthplans.com)  
All services are not available at all levels, based on provider preference and assignment.

## ALTIUS I PLAN PEAK ADVANTAGE 10-15 Option

Benefit Summary - Continued	Level 1 Participating Providers	Level 2 Participating Providers	Level 3 Participating Providers	Level 4 Non-Participating Providers
<b>INPATIENT/OUTPATIENT HOSPITAL SERVICES - CONTINUED</b>				
<b>YOU PAY</b>				
<b>Additional Professional Services – Billed by facility.</b> Anesthesia and facility based professional fees associated with inpatient / outpatient services such as radiologist, pathologist, hospitalist, etc.	Providers for this benefit begin at Level 2	20%* AD	30%* AD	40%* AD
<b>Additional Professional Services – Billed by professional–</b> Anesthesia and facility based professional fees associated with inpatient / outpatient services such as radiology, pathology, etc.	20%* After Level 2 Deductible			40%* AD
<b>Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon</b>	10%* AD	20%* AD	30%* AD	40%* AD
<b>Organ Transplant Services</b>	Providers for this benefit begin at Level 2	20%* AD	30%* AD	Participating Providers Only
<b>MATERNITY SERVICES (Subscribers &amp; Spouse Only)</b>				
<b>YOU PAY</b>				
<b>Deductible</b>	Maternity benefits have a <b>SEPARATE \$5,000 Deductible</b> that must be met each occurrence before benefits are paid.			
<b>Pre-Natal and Post-Natal Care –</b> Obstetrician or Certified Nurse Midwife– Routine pre-natal office visits, delivery (including surgeon and assistant surgeon), and post-natal care.	100% After Maternity Deductible			40%* After Maternity Deductible
<b>Inpatient Hospital / Facility Services</b>	100% After Maternity Deductible			40%* After Maternity Deductible
<b>MENTAL HEALTH / SUBSTANCE ABUSE</b>				
<b>Not Covered</b>				
<b>ALLERGY CONDITIONS</b>				
<b>YOU PAY</b>				
<b>Testing and Treatment</b>	\$15	\$25	\$35	Participating Providers Only
<b>Serum</b>	10%* AD	20%* AD	30%* AD	Participating Providers Only
<b>Injections</b>	You Pay Nothing			Participating Providers Only
<b>OTHER BENEFITS</b>				
<b>YOU PAY</b>				
<b>Accident Related Dental Services –</b> Dental services required as the result of an accidental injury, including, but not limited to, crowns, caps, bridges, and root canals. Limited to a combined lifetime maximum of \$1,000 per member.	50% After Level 2 Deductible			50% AD
<b>Durable Medical equipment (DME) –</b> Corrective appliances, prosthetic devices. Limited to a combined benefit of \$5,000 per member, per calendar year.	20%			50%
<b>Home Health Care –</b> Limited to a combined benefit of 30 visits per member, per calendar year.	10%* AD	20%* AD	30%* AD	40%* AD
<b>Home Hospice –</b> Outpatient care for a terminally ill member. (Inpatient Hospice covered at inpatient hospital/physician services benefit level)	10%* AD	20%* AD	30%* AD	40%* AD
<b>Infertility Services –</b> Authorized diagnostic procedures. Limited to a combined benefit of \$1,500 per member, per calendar year, up to a lifetime maximum of \$5,000.	50% AD	50% AD	60% AD	Participating Providers Only
<b>Medical Supplies –</b> Disposable medical supplies and accessories – No annual limit.	20%			50%
<b>Neuropsychological Testing</b>	50%* After Level 2 Deductible			Participating Providers Only
<b>Skilled Nursing Facility –</b> Limited to a combined benefit of 30 days per member, per calendar year.	10%* AD	20%* AD	30%* AD	Participating Providers Only
<b>Temporomandibular Joint Dysfunction (TMJ) –</b> Testing and diagnostic services. Limited to a combined lifetime maximum of \$1,000.	50% After Level 2 Deductible			Participating Providers Only

Medical services with fixed copays are not subject to deductible. Pharmacy and maternity have separate deductibles that do not apply to the out-of-pocket maximum. \*Applies to out-of-pocket maximum (OOPM). AD = after deductible. Altius Customer Service 1-800-377-4161 [www.altiushealthplans.com](http://www.altiushealthplans.com)  
All services are not available at all levels, based on provider preference and assignment.



## THE 20-20 OPTION

**ALTIUS**

*I Plan  
Peak  
Advantage*

- **20—Stands for 20%**—your coinsurance portion for Level 1
- **20—Stands for \$20**—your office visit copay when you see Level 1 providers
- **See pages 11 and 12 for more details**
- **Lower monthly premium**  
The 20-20 option premiums are lower than the 10-15 option, whereas copays and coinsurance amounts will be higher than the 10-15 option at the time you actually need care.

- **Standard \$500 Pharmacy Deductible**  
This option contributes to the low premium cost. After the first \$500 of prescription expenses, all future prescriptions are a fixed copay for the remainder of the calendar year. If you prefer, the deductible can be removed for an increase in premium. Refer to the Premium Rate Sheet and the Premium Calculation Worksheet on page 3 for instructions.

- **Great coverage when you need it**  
It's important to know that you can be protected in the event of a serious medical situation. Both Peak Advantage options offer a full range of benefits.

## ALTIUS I PLAN PEAK ADVANTAGE 20-20 Option

Benefit Summary	Level 1 Participating Providers	Level 2 Participating Providers	Level 3 Participating Providers	Level 4 Non-Participating Providers
<b>DEDUCTIBLE, OUT-OF-POCKET &amp; LIMITS</b>		<b>YOU PAY</b>		
<b>Coinsurance</b>	20%	30%	40%	50%
<b>Calendar Deductible</b> <small>Does not apply to out-of-pocket maximum</small>	\$250 Individual / \$500 Family	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
<b>Out-Of-Pocket Maximum</b> (Fixed dollar copays do not apply)	\$2,000 Individual / \$4,000 Family	\$3,000 Individual / \$6,000 Family	\$4,000 Individual / \$8,000 Family	\$5,000 Individual / \$10,000 Family
<b>Annual Maximum</b>	None	None	None	\$200,000
<b>Lifetime Maximum</b>	\$2,000,000			\$1,000,000
<b>Pre-Existing Condition Limitation</b>	12 Months			
<b>OUTPATIENT SERVICES</b>		<b>YOU PAY</b>		
<b>Office Visits - Primary and Specialty Care -</b> <small>Including annual adult physical examinations, well child care, preventive and post-exposure immunizations and vaccines, eye exams, and hearing screenings.</small>	\$20	\$30	\$40	50%* AD
<b>After-Hours Care / Urgent Care</b> – Care received in a physician’s office or urgent care facility	\$30	\$40	\$50	50%* AD
<b>Chiropractic Office Visits</b> – Limited to a combined benefit of 10 visits per member, per calendar year. (Prior authorization through CHP, Treatment plan required after 1st visit).	\$30			Participating Providers Only
<b>MAJOR Diagnostic Laboratory Test and X-Rays</b> – Including, but not limited to CAT scans and MRI’s.	20%* AD	30%* AD	40%* AD	50%* AD
<b>MINOR Diagnostic Laboratory Test and X-Rays</b> – Including, but not limited to Mammograms and chest X-rays.	You Pay Nothing			50%* AD
<b>Physiotherapy Services at a Provider’s Office</b> – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 10 visits of each type per member, per calendar year.	\$20	\$30	\$40	50%* AD
<b>Physiotherapy Services at a Facility</b> – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 10 visits of each type per member, per calendar year.	Providers for this benefit begin at Level 2 ⚡	30%* AD	40%* AD	50%* AD
<b>EMERGENCY CARE</b>		<b>YOU PAY</b>		
<b>Emergency Room Care</b> – When medically necessary, as determined by Altius. Includes all services provided in an Emergency Room setting; copay waived if admitted.	Providers for this benefit begin at Level 2 ⚡	\$75	\$100	\$150
<b>Ambulance / Paramedics</b> (including Air Ambulance)	30%* After Level 2 Deductible			
<b>PHARMACY BENEFITS</b>		<b>YOU PAY</b>		
<b>Injectable Medications – Facility</b> – Injectable medications provided inpatient or outpatient through a hospital, surgical center, skilled nursing facility, or other facility setting.	Facility Benefit Level			50%*
<b>Injectable Medications – Non-Facility</b> – Injectable medications received at a physician’s office, or home health provider	30%*			50%*
<b>Injectable Medications – Pharmacy</b>	30%*			Participating Providers Only
<b>Prescription Drugs</b> – up to a 30-day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$10 / \$25 / \$50 After \$500 Deductible per Family per Calendar Year			Participating Providers Only
<b>INPATIENT / OUTPATIENT HOSPITAL SERVICES</b>		<b>YOU PAY</b>		
<b>Inpatient Hospital / Facility Services</b>	Providers for this benefit begin at Level 2 ⚡	30%* AD	40%* AD	50%* AD
<b>Outpatient Hospital / Facility Services</b> – Including, but not limited to, outpatient surgery, short stay surgical facilities for appropriate procedures, observation, chemotherapy, radiation therapy, dialysis, cardiovascular services, infusion therapy, endoscopy, and pulmonary services.	Providers for this benefit begin at Level 2 ⚡	30%* AD	40%* AD	50%* AD

Medical services with fixed copays are not subject to deductible. Pharmacy and maternity have separate deductibles that do not apply to the out-of-pocket maximum. \*Applies to out-of-pocket maximum (OOPM). AD = after deductible. Altius Customer Service 1-800-377-4161 [www.altiushealthplans.com](http://www.altiushealthplans.com)  
All services are not available at all levels, based on provider preference and assignment.

**ALTIUS I PLAN PEAK ADVANTAGE  
20-20 Option**

<b>Benefit Summary - Continued</b>	<b>Level 1</b> Participating Providers	<b>Level 2</b> Participating Providers	<b>Level 3</b> Participating Providers	<b>Level 4</b> Non-Participating Providers
<b>INPATIENT/OUTPATIENT HOSPITAL SERVICES - CONTINUED</b>				
<b>YOU PAY</b>				
<b>Additional Professional Services – Billed by facility.</b> Anesthesia and facility based professional fees associated with inpatient / outpatient services such as radiologist, pathologist, hospitalist, etc.	Providers for this benefit begin at Level 2	30%* AD	40%* AD	50%* AD
<b>Additional Professional Services – Billed by professional–</b> Anesthesia and facility based professional fees associated with inpatient / outpatient services such as radiology, pathology, etc.	30%* After Level 2 Deductible			50%* AD
<b>Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon</b>	20%* AD	30%* AD	40%* AD	50%* AD
<b>Organ Transplant Services</b>	Providers for this benefit begin at Level 2	30%* AD	40%* AD	Participating Providers Only
<b>MATERNITY SERVICES (Subscribers &amp; Spouse Only)</b>				
<b>YOU PAY</b>				
<b>Deductible</b>	Maternity benefits have a <b>SEPARATE \$5,000 Deductible</b> that must be met each occurrence before benefits are paid.			
<b>Pre-Natal and Post-Natal Care –</b> Obstetrician or Certified Nurse Midwife– Routine pre-natal office visits, delivery (including surgeon and assistant surgeon), and post-natal care.	100% After Maternity Deductible			50%* After Maternity Deductible
<b>Inpatient Hospital / Facility Services</b>	100% After Maternity Deductible			50%* After Maternity Deductible
<b>MENTAL HEALTH / SUBSTANCE ABUSE</b>				
<b>Not Covered</b>				
<b>ALLERGY CONDITIONS</b>				
<b>YOU PAY</b>				
<b>Testing and Treatment</b>	\$20	\$30	\$40	Participating Providers Only
<b>Serum</b>	20%* AD	30%* AD	40%* AD	Participating Providers Only
<b>Injections</b>	You Pay Nothing			Participating Providers Only
<b>OTHER BENEFITS</b>				
<b>YOU PAY</b>				
<b>Accident Related Dental Services –</b> Dental services required as the result of an accidental injury, including, but not limited to, crowns, caps, bridges, and root canals. Limited to a combined lifetime maximum of \$1,000 per member.	50% After Level 2 Deductible			50% AD
<b>Durable Medical equipment (DME) –</b> Corrective appliances, prosthetic devices. Limited to a combined benefit of \$5,000 per member, per calendar year.	30%			50%
<b>Home Health Care –</b> Limited to a combined benefit of 30 visits per member, per calendar year.	20%* AD	30%* AD	40%* AD	50%* AD
<b>Home Hospice –</b> Outpatient care for a terminally ill member. (Inpatient Hospice covered at inpatient hospital/physician services benefit level)	20%* AD	30%* AD	40%* AD	50%* AD
<b>Infertility Services –</b> Authorized diagnostic procedures. Limited to a combined benefit of \$1,500 per member, per calendar year, up to a lifetime maximum of \$5,000.	50% AD	50% AD	60% AD	Participating Providers Only
<b>Medical Supplies –</b> Disposable medical supplies and accessories – No annual limit.	30%			50%
<b>Neuropsychological Testing</b>	50%* After Level 2 Deductible			Participating Providers Only
<b>Skilled Nursing Facility –</b> Limited to a combined benefit of 30 days per member, per calendar year.	20%* AD	30%* AD	40%* AD	Participating Providers Only
<b>Temporomandibular Joint Dysfunction (TMJ) –</b> Testing and diagnostic services. Limited to a combined lifetime maximum of \$1,000.	50% After Level 2 Deductible			Participating Providers Only

Medical services with fixed copays are not subject to deductible. Pharmacy and maternity have separate deductibles that do not apply to the out-of-pocket maximum. \*Applies to out-of-pocket maximum (OOPM). AD = after deductible. Altius Customer Service 1-800-377-4161 [www.altiushealthplans.com](http://www.altiushealthplans.com)  
All services are not available at all levels, based on provider preference and assignment.

## 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 through participating providers 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 deductible, copayment, coinsurance provisions, or other limitations or exclusions, which may be set forth in the Policy.

Please refer to the Benefit Summary limitations and exclusions list, and general information within this booklet for additional information.

Once you receive the Policy (after you are enrolled), you will have ten (10) days to review it before acceptance. If you decide to cancel within the ten (10) day review period, you may do so by notifying us in writing at Altius Health Plans, Underwriting – Individual Health Plan, 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 (10) 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 plan if you live, work or reside in the Altius 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 plan.

### Eligible Family Dependents

Eligible family dependents include your legal spouse and your eligible

unmarried children, step-children, children placed for adoption, or legally adopted children from birth to twenty-six (26) years of age, provided that they are dependent upon you for at least 50% of their financial support. If you have single or two-party coverage (and have not waived dependent coverage), newborns, legally adopted children, or children placed with you for adoption must be added within thirty (30) days of the birth, adoption, or placement. If you have family coverage, you are not affected by this thirty (30) day requirement, but all applicable application information must be submitted to Altius Health Plans before any benefits will be paid for such child. All others are subject to underwriting approval. If you decide not to enroll your eligible newborn or adopted child, or child placed for adoption, you will be responsible for any claims that were incurred during the first thirty (30) days of coverage and any additional premium you have paid will be refunded to you. Unless otherwise required by a court order, Qualified Medical Support Order (QMSO), or other administrative order, coverage for an eligible dependent living outside of the Altius Health Plans Service Area is limited to coverage for urgent and emergency care.

### 24-Hour Coverage

Owners, partners, or sole proprietors who are not required by law to be covered under Workers' Compensation Insurance may be eligible for 24-hour coverage. 24-hour coverage includes job-related claims or illnesses that would normally be excluded from your Policy. 24-Hour Coverage is not Workers' Compensation and does not include disability income or life insurance benefits. This coverage is subject to underwriting approval.

### Rating Methodology

Premiums are based on an adjusted community rate methodology and vary based on 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 your family dependents listed on the 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 health coverage 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 Plan's Service Area;
- For nonpayment of a premium; If we do not receive your premium or we are unable to collect premiums from your savings/checking account, you will be notified. If the situation is not resolved within thirty (30) days from the date the premium was due, your coverage will be terminated back to the effective date for which premiums were due.

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

Altius Health Plans  
Membership Accounting –  
Individual Health Plan  
10421 South Jordan Gateway, #400  
South Jordan, Utah 84095



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### 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 service area.

### **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 your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

#### Major Medical Expense Coverage

Policies of this category are designed to provide to persons insured, 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, copayment, coinsurance provisions or other limitations and exclusions which may be set forth in the Policy.

#### Summary of Covered Services

For specific benefit coverage levels, see your Individual Health Plan Benefit Summary which is included as part of your Policy. 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: inpatient physician visits, surgeons, anes-

thesiologists, radiologists and pathologists.

#### Maternity Services:

This benefit is subject to a separate deductible per pregnancy as outlined in your Benefit Summary. Benefit includes:

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

Complications of pregnancy are covered under regular medical benefits.

#### Outpatient Services:

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

#### Maximum dollar amount for covered charges under this Policy:

- \$2 million Lifetime Maximum for services provided under this plan.
- \$200,000 Annual Maximum on Level 4 services provided from non-participating providers.

#### Other Benefits:

- Medical Supplies, including oxygen and medically necessary nutritional formulas
- Injectable Medications
- Prescription Drugs: includes birth control pills, insulin, and specific diabetic testing supplies and insulin syringes.

The following benefits are limited by dollar amount or number of days or visits as outlined in your Benefit Summary:

- 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

All Covered Services must be incurred while the Policy is in force.

#### Deductible and 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 all other levels at the same time. The maximum limits for Level 4 represents the total maximum deductible and out-of-pocket expenses you will pay for applicable covered services in any plan year.

The following expenses DO NOT apply to the Out-of-Pocket Maximum:

- 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
- Charges that exceed eligible Medical Expenses
- Non-covered services

For benefits that do not apply to the Out-of-Pocket Maximum, you continue to pay the coinsurance stated in your Benefit Summary after you reach the Out-of-Pocket Maximum.

#### Benefit Accumulation

Unless noted otherwise on your Benefit Summary, Plan 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 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 and medications that require prior authorization, please call our Customer Service department at 801-323-6200 or 1-800-377-4161, or visit our web site at [www.altiushealthplans.com](http://www.altiushealthplans.com). A complete list is also included in your Policy.

#### Pre-Existing Conditions

Pre-existing conditions, if applicable, or sickness or injury directly resulting from or related to such pre-existing conditions, are not covered until you have been covered under this policy for twelve (12) months. See the Policy for details.

Acceptance under these Plans does not imply any waiver of pre-existing condition waiting periods.

A pre-existing condition is a condition occurring or present in the six- (6) month period prior to a Plan member's enrollment date of coverage for which medical advice, diagnosis, care or treatment (including prescription and over-the-counter drugs) was either received from or recommended by a provider.

**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 Waiting Period

If you or your dependents are considered newly covered, the first twelve (12) months of coverage is referred to as a pre-existing condition waiting period. You may receive credit for any portion of your pre-existing condition waiting period that was satisfied by your previous health care coverage. This credit may be used in satisfying all or part of your pre-existing condition waiting period requirement. You will not receive credit for previous coverage under the following circumstances:

- The previous health care coverage was terminated more than sixty-three (63) days prior to the member's effective date of coverage with Altius Health Plans Inc.
- The benefits or services were not covered by the previous health care coverage.

#### Limited Coverage of Selected Services

Services for the following list of selected diagnoses and procedures are excluded during the first 12 months of coverage, regardless of whether they are pre-existing. However, if a member qualifies for pre-existing condition waiting period credit, this credit will also apply to the following services:

##### **Diagnoses:**

- Amenorrhea
- Blepharophimosis

- Cataracts
- Congenital Deformities
- Cystocele
- Dysmenorrhea
- Enterocele
- Infertility
- Rectocele
- Urethrocele
- Uterine Prolapse
- Varicose Veins

##### **Procedures:**

- Allergy Testing and Treatment
- 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)
- Prostate Surgery (for Benign Prostatic Hypertrophy)
- 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.
- A \$150 copayment is required for insertion of implantable contraceptive capsules such as Norplant® and Implanon®. 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.



Major Medical Outline  
of Coverage:  
General Exclusions

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- Accident-related dental services are covered only when required as a result of an accidental injury to sound, natural teeth that occurs while coverage is in force. Dental services must be received within two years following the accidental injury, and the member must be continuously covered with Altius from the date of the accidental injury through the date the dental services are provided.
- Dental anesthesia will only be covered for those members who meet all of the following criteria: member is five years old or younger; dental work involves three or more teeth; and dental procedures are restoration or extraction for rampant decay. However, any member who does not meet the criteria above may still have coverage for dental anesthesia if that member has a non-dental physical condition or limitation that makes general anesthesia for dental care medically necessary.

**Point of Service (POS) Limitation**

The I Plan Peak Advantage Option is a Point-of-Service (POS) plan. If the number of claims from Non-Participating Providers received by Altius 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 would not be covered for the remainder of that year. All Covered Services from Participating Providers would remain covered. We will give you 30 days notice before suspending any benefits under this Policy.

**General Exclusions**

**Accepted Medical Practice**

Services determined by Plan 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 Plan 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 Plan 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. Where Altius Health Plans is secondary coverage, coordination of benefit claims will be denied if submitted to the Plan 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 from Non-Participating Providers.

**Limited Benefits**

Normally covered services that exceed benefit limits specified on the Benefit Summary Comparison (e.g., dollars, days, visits, etc.) are excluded and not applied to out-of-pocket maximums, including but not limited to, services exceeding benefit limits for Skilled Nursing Facilities, rehabilitation therapy, etc.

**Medically Unnecessary Services**

Medically unnecessary services and supplies as determined by Plan are excluded.

**Non-Covered Services & Complications**

All related expenses, accommodations, materials, or care for Non-Covered Services are excluded,

including complications resulting directly from a Non-Covered Service. When a non-covered procedure is performed as part of the same operation or process as a Covered Service, then 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 (certain benefits)**

Certain benefits are covered only when you use Participating Providers. Refer to your Benefit Summary 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 your Benefit Summary, the following services are excluded:

- Over the counter medications and products; oral vitamins (except prescription prenatal vitamins); medications for non-approved FDA indications or non-approved indications determined by Altius Health Plans; compounding fees; non-covered ingredients used in a compounded medication; medications for the treatment of infertility; impotence medications; homeopathic medications; hypodermic needles; progesterone cream and suppositories; smoking cessation products, including any medications prescribed for smoking cessation; skin patches for motion sickness; medications or nutritional supplements for weight loss, or for weight gain for non-medical conditions; medications required exclusively for foreign travel; medications for cosmetic

indications; hair growth products, including any medications prescribed for hair growth; medications for athletic and mental performance; medications for the treatment of nail fungus.

- The following specific medications: Aggrenox®, Potaba®, Relenza®, Sarafem®, and Tamiflu®.
- Immunizations required exclusively for foreign travel or employment.
- Infertility treatment, including, but not limited to, artificial insemination and in-vitro fertilization.
- 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 the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), and local government public health authorities. Preventive services performed more often than, or outside of the guidelines of the AAFP, AAP, CDC, and local government health authorities are excluded.
- Home delivery for childbirth.
- Procedures, services, drugs, and supplies related to elective abortions, except when the life of the mother 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.
- Surgical treatment for obesity (including morbid obesity) and/or complications therefrom, including a reversal of these surgeries.
- Sex change operations or related health care services.
- Treatment, services, devices, and

supplies related to sexual dysfunction.

- Surgery performed in order to prevent the possible onset of a condition or disease with which the member has not been diagnosed.
- 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 resulting from trauma, infection, or other diseases of the involved part; (2) circumcision for a newborn child; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
- 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 a Plan member.
- Routine foot care unless directly related to a systemic disease.
- Treatment of weak, strained or imbalanced feet including foot orthotics, wedges or shoe inserts, unless herein provided.
- 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. Coverage includes basic

supplies and equipment only; charges for upgrades or accessories that are not medically necessary are not covered. Routine periodic servicing, such as cleaning and regulating 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.
- Eyeglasses, contact lenses, examination for contact lenses and visual training aids, unless required due to surgical removal, surgical replacement, or congenital absence of an organic lens.
- Eye surgery 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 (intraocular ring segments) and phakic intraocular lenses (unless related to post-cataract surgery).
- 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
- Private duty nursing, hospital take-home drugs, and personal, comfort or convenience items.
- Custodial care, domiciliary care, rest cures, and independent living training.



Major Medical Outline  
of Coverage:  
Renewals and Premiums

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- 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 speech delay.
- Mental health services and substance abuse services.
- Evaluation, testing, and treatment provided by public or private schools.
- 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.
- Care for military service connected disability to which a 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, riot, or civil insurrection.
- Care for conditions which state or local law requires 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 pro-

- ceedings, 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.
- Services related to the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth, including dental splints and dental prostheses, unless herein provided or necessitated by accidental injury that occurs while this coverage is in force.
- Acupuncture or acupressure.
- Holistic and homeopathic treatments.
- Alternative medicine programs such as hypnosis, massage therapy and biofeedback.
- Injury or illness sustained when in the act of an illegal activity.
- Intentionally self-inflicted injuries or illnesses.
- Services provided by a member of the person's immediate family or household.
- Treatment of care for work-related illness or injury, unless 24-hour Coverage option is selected.

**Renewals**

Premium Rates under these plans are subject to change at renewal. Any changes to your premium rate will be effective at the beginning of the first month of the calendar quarter in which your original Policy was issued. You will be noti-

fied at least thirty - (30) days prior to your renewal date of any adjustments affecting rates. These plans are guaranteed renewable based on the terms stated in your Policy.

**Premiums**

Subject to the provisions of your Policy, the Premiums will remain the same until the end of the initial term specified on the Application. If Federal or State law or regulations mandate that we modify benefits under this Policy, we may modify the Premiums accordingly. We may unilaterally modify the Premiums after the initial term upon thirty- (30) day's advance written notice to you.

If you have a birthday that moves you into the next age band, you will experience a rate increase in the month in which your birthday falls.

The age bands are as follows:  
18-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, 45-49 years, 50-54 years, 55-59 years, 60-64. Premiums are due and payable on the first (1st) day of each month at our office in South Jordan, Utah. Premium payments that are pre-paid are due on the first (1st) day of the pre-payment period.

Renewal Schedule	If your original Policy effective date falls between:	Your Policy annual renewal date will be:
1st Quarter	January 1st through March 31st	January 1st
2nd Quarter	April 1st through June 30th	April 1st
3rd Quarter	July 1st through September 30th	July 1st
4th Quarter	October 1st through December 31st	October 1st

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