

ALTIUS PEAK PLUS PLAN
PP97600-25S-R5_15_35150A-C90 NSC

Weber State University July 1, 2009	Participating Providers	Non-Participating Providers
DEDUCTIBLE, OUT-OF-POCKET & LIMITS		
Plan Year Deductible – (Individual / Family) Does not apply to Out-of-Pocket Maximum. Cumulative across benefit levels.	\$600 / \$1,800	\$600 / \$1,800
Out-of-Pocket Maximum – (Individual / Family) Fixed dollar copays do not apply. Cumulative across benefit levels.	\$1,500 / \$3,000	\$1,500 / \$3,000
Lifetime Maximum – Cumulative across benefit levels.	\$2,000,000	\$2,000,000
Pre-Existing Condition Limitation	None	None
OUTPATIENT SERVICES		
	YOU PAY	
Preventive Care Services – Including annual adult physical examinations, well child care and routine immunizations. Some services you receive during a preventive office visit may not qualify as Preventive Care Services and will be subject to applicable deductibles, copays, and/or coinsurance.	You Pay Nothing	30%* AD
Office Visits – Primary Care	\$25	30%* AD
Office Visits – Specialty Care	\$35	30%* AD
After-Hours Care / Urgent Care – Care received in a physician's office or urgent care facility.	\$45	\$90
Chiropractic Office Visits – Limited to 20 visits per member, per plan year.	\$35	Participating Providers Only
Eye Exams – Optometrist	\$25	30%* AD
Major Diagnostic Laboratory Tests and Radiology – Including, but not limited to CT scans and MRIs.	10%* AD	30%* AD
Minor Diagnostic Laboratory Tests and X-Rays – Including, but not limited to mammograms and chest X-rays.	You Pay Nothing	30%* AD
Outpatient Hospital / Facility Services – Including, but not limited to, outpatient surgery, observation, chemotherapy, radiation therapy, dialysis, cardiovascular services, infusion therapy, endoscopy, and pulmonary services. Includes physician charges. Cardiac rehabilitation and pulmonary rehabilitation limited to a combined benefit of 18 outpatient facility visits per member, per plan year.	10%* AD	30%* AD
Physiotherapy Services at a Provider's Office – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 20 provider's office and/or outpatient facility visits of each type per member, per plan year.	\$35	30%* AD
Physiotherapy Services at an Outpatient Facility – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 20 provider's office and/or outpatient facility visits of each type per member, per plan year.	10%* AD	30%* AD
EMERGENCY CARE		
	YOU PAY	
Emergency Room Care – When medically necessary, as determined by Altius. Includes all services provided in an Emergency Room setting. Inpatient benefit applies when admitted. Outpatient hospital benefit applies when transferred to an operating room.	\$150	\$250
Urgent Care – When medically necessary, as determined by Altius.	\$45	\$90
Ambulance / Paramedics – (including Air Ambulance) When medically necessary, as determined by Altius.	\$100 per incident	Participating Benefit Applies

Copays apply to each visit. Medical services with fixed copays are not subject to deductible. Deductibles do not apply to the out-of-pocket maximum.

Altius pays non-participating providers based on Eligible Medical Expenses. You are responsible for the difference between billed charges and your Eligible Medical Expenses in addition to your share of coinsurance. This difference does not apply to the out-of-pocket maximum. Altius Customer Service 1-800-377-4161 www.altiushealthplans.com

* Applies to out-of-pocket maximum (OOPM), AD = after deductible, APD = after Pharmacy Deductible, AMHD = after Mental Health Deductible PPCMPOS3102 Rev.12-07

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INPATIENT SERVICES		
YOU PAY		
Inpatient Hospital / Facility Services	10%* AD	30%* AD
Inpatient Physiotherapy Services – Physical, occupational and speech therapy provided on an inpatient basis. Limited to 60 days per member per plan year for all therapy types combined.	10%* AD	30%* AD
Physician, Surgeon, Assistant Surgeon, Anesthesiologist	10%* AD	30%* AD
Organ Transplant Services – Organ and tissue transplant services, including, but not limited to, cornea, kidney, heart, lung, heart-lung, liver, pancreas, and bone marrow transplants and related services. All transplant services are limited to a lifetime maximum of \$500,000. Office visits and other services related to organ transplant may have an additional copay.	10%* AD	Participating Providers Only
MATERNITY SERVICES		
YOU PAY		
Pre-Natal and Post-Natal Care – Professional Services – Routine pre-natal office visits, delivery (including surgeon and assistant surgeon), and post-natal care. Regular benefits apply for complications of pregnancy.	10%* AD	30%* AD
Inpatient Hospital / Facility Services	10%* AD	30%* AD
Adoption Indemnity Benefit – Indemnity benefit for a child placed for adoption with the subscriber within 90 days of birth. The maximum benefit amount is \$4,000, and will be reduced by any applicable deductible, copay, and/or coinsurance.	10%* AD	Participating Benefit Applies
INJECTABLE OR IMPLANTABLE MEDICATIONS		
YOU PAY		
Injectable or Implantable Medications – Non-Facility – Injectable or implantable medications received in a physician's office or through a home health provider. (Preferred / Non-Preferred)	10%* / 20%*	30%* AD / 40%* AD
Injectable or Implantable Medications – Pharmacy (Preferred / Non-Preferred)	10%* / 20%*	Participating Providers Only
PRESCRIPTION DRUGS		
YOU PAY		
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.		
Deductible – You must satisfy a Pharmacy deductible before these benefits are paid. This deductible is separate from your regular medical deductible. (Per Individual, per plan year)	\$50	Participating Providers Only
Prescription Drugs – Up to a 30-day supply. This benefit also includes the following injectable medications when provided by an Altius participating pharmacy: insulin, Imitrex, Symlin, Byetta, glucagon, Lovenox, and epinephrine kits (such as Epi-Pen).	Preferred Generic: \$5 Preferred Brand: \$15 Non-Preferred: \$35	Participating Providers Only
Prescription Drugs Mail Order – 90-day supply of maintenance medication.	Preferred Generic: \$10 Preferred Brand: \$30 Non-Preferred: \$70	Participating Providers Only
MENTAL HEALTH / SUBSTANCE ABUSE		
YOU PAY		
Deductible – (Individual / Family) You must satisfy a plan year deductible before these benefits are paid. This deductible is separate from your regular medical deductible.	\$600 / \$1,800	Participating Providers Only
Inpatient Services	10% AMHD	Participating Providers Only
Outpatient Services	\$35	Participating Providers Only
Out-of-Pocket Maximum – (Individual / Family) This is separate from your medical out-of-pocket maximum. Deductibles and outpatient copays do not apply.	\$1,500 / \$3,000	Participating Providers Only

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ALLERGY CONDITIONS		
	YOU PAY	
Testing and Treatment	\$35	30%* AD
Serum	10%* AD	30%* AD
Injections	You Pay Nothing	30%* AD
OTHER BENEFITS		
	YOU PAY	
Accident Related Dental Services – Dental services required as the result of an accidental injury. Services include, but are not limited to, crowns, caps, bridges, and root canals. Limited to a combined lifetime maximum of \$1,000 per member.	50% AD	Participating Benefit Applies
Durable Medical Equipment (DME) – Including corrective appliances, foot orthotics and prosthetic devices.	20%	50%
Home Health Care – Limited to a combined benefit of 60 visits per member, per plan year.	10%* AD	30%* AD
Hospice Care – Care for a terminally ill member through a licensed hospice agency.	10%* AD	30%* AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs) – Includes charges for insertion and removal.	10%*	30%* AD
Infertility Services – Evaluation, testing, and diagnostic services. Includes services that are provided for the purpose of ruling out infertility. Limited to \$750 per member, per plan year, up to a lifetime maximum of \$5,000.	50% AD	Participating Providers Only
Medical Supplies – Disposable medical supplies and accessories as determined medically necessary by Altius.	20%	50%
Neuropsychological Testing	50%* AD	50%* AD
Skilled Nursing Facility – Limited to a combined benefit of 60 days per member, per plan year.	10%* AD	30%* AD
Sterilization Procedures – Services received at a physician's office.	\$35	30%* AD
Sterilization Procedures – Services received at an outpatient facility.	10%* AD	30%* AD
Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services. Limited to a combined lifetime maximum of \$1,000.	50% AD	50% AD
GENERAL INFORMATION		
Plan Year Deductible – You must satisfy an individual or family deductible each plan year before certain benefits will be provided under this benefit plan. Deductibles do not apply to benefits with "fixed" copays and deductibles do not count towards the out-of-pocket maximum.		
Lifetime Maximum – The 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.		
Out-of-Pocket Maximum – Fixed dollar copays and deductibles do not apply. When you or your family fulfill out-of-pocket maximums during a plan year, then no further out-of-pocket expenses will be required for the remainder of that plan year. This provision does not apply to any payments for benefits with fixed copays, prescription drugs, dental services (even when necessitated by accidental injury), durable medical equipment, infertility services, TMJ services, charges that exceed eligible medical expenses, non-covered services, or mental health services (which may have a separate out-of-pocket maximum). You are required to keep receipts for out-of-pocket expenses and furnish such proof to the Altius Claims Department when you reach your maximum.		
Pre-Existing Condition Limitation – Coverage is excluded for the care and treatment of pre-existing conditions (excluding pregnancy), unless you have been continuously covered under a benefit plan with a health insurance carrier prior to your enrollment date with Altius Health Plans. Previous coverage may be used in satisfying all or part of the pre-existing condition waiting period requirement, except under the following circumstance: The previous health care coverage was terminated more than 63 days prior to your enrollment date of coverage with Altius Health Plans. Your enrollment date is your first day of coverage under your Altius plan or, if your employer has a pre-enrollment waiting period, the first day of the waiting period.		
Securing Benefits and Payment for Services Through Altius In order for a medical service to be eligible for coverage, it must be defined as a covered benefit and properly coordinated through Altius. Prior authorization is required for certain services (excluding emergency care) in order to verify that the services to be provided are covered by your benefit plan and are medically necessary and appropriate. It is your responsibility to determine that providers and facilities have obtained prior authorization from Altius prior to receiving care. If prior authorization from Altius is not obtained, coverage may be denied.		

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Limitations & Exclusions

The following benefits are limited under this benefit plan:

- 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.
- 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 web site or call customer service.
- Unilateral cochlear implants are covered only for those members who meet all of the following criteria: member has been diagnosed with bilateral profound sensorineural hearing loss; member has a functioning auditory nerve; member is less than 18 years old; member has the cognitive ability to communicate effectively with restored hearing; hearing cannot be restored adequately with conventional hearing aids; and member and family are willing and able to participate in post-implant rehabilitation.

The following are excluded from coverage under this benefit plan:

- Services provided outside the United States of America and its territories, except as required for an emergency or urgent condition.
- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy and cost effectiveness and approved by Altius.
- Experimental or investigational treatment, procedures, tests, equipment, or facilities, or any health care service which is still undergoing evaluation and review.
- Services, drugs, and supplies that are not medically necessary, as determined by Altius.
- Medication amounts in excess of maximum quantity and/or dosage levels indicated by the drug manufacturer and the FDA.
- Experimental medications; medications for non-approved FDA indications or non-approved indications determined by Altius Health Plans; over-the-counter medications and products, except those specifically listed in the Altius formulary and those for which coverage is required by law; prescription medications that have an over-the-counter equivalent, unless otherwise specified in the Altius formulary; medications for athletic and mental performance; compounding fees; non-covered ingredients used in a compounded medication; medications for cosmetic indications; hair growth products and medications; homeopathic medications; hypodermic

needles; impotence medications; medications for the treatment of infertility; skin patches for motion sickness; brand name 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, Allegra ODT, ammonium lactate, Amrix, Avita, Axid oral solution, Doryx, doxycycline monohydrate tablets, Dynacin tablets, Fortamet, Glumetza, ketotifen, Lac Hydrin, Minocin combo pack, minocycline tablets, Potaba, quinine sulfate, ranitidine capsules, Renova, Sarafem, Solodyn, Soma 250 mg., Symbiyax, Tretin-X, Vaniqua, and Zaditor.
- 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 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.
- 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.
- 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. 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.
- 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 required as the result of an accidental injury, infection, or cancer. Services must be rendered (or a planned, staged series of services, as specifically documented in the member's medical record, must be initiated) within 12 months of the cause or onset of the injury, infection, or cancer; (2) circumcision for a newborn child up to three months of age; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
- Treatment of hyperhidrosis.
- Autopsy procedures.
- Health education services not closely related to the care and treatment of an illness or injury.
- Services provided by an athletic trainer or a personal trainer.
- Telephone consultations, electronic mail communication, and communication services that do not require direct face-to-face contact between the patient and the provider.
- Charges for failure to keep a scheduled appointment.
- Interest or finance charges, except as specifically required by law.

- Prolotherapy (the use of injections to strengthen tendons and ligaments).
- Services for crossmatching and/or harvesting organs when the organ recipient is not an Altius member.
- Routine foot care. This exclusion does not apply to members with severe diabetes.
- Treatment of weak, strained or imbalanced feet.
- Foot orthotics, wedges or shoe inserts, unless herein provided. 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, cochlear implants for members 18 years of age and older and hearing aids, including the fitting of such devices and related hearing examinations.
- Routine periodic servicing, repairs, batteries and accessories for any hearing aid device.
- Visual training aids.
- Eyeglasses, contact lenses, and examinations 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.
- Services related to the treatment of sensory processing dysfunction or sensory integration disorder. This exclusion does not apply to the initial assessment for diagnosis of the condition or to the medical management of an underlying medical illness which may be contributing to the condition.

- Psychotherapy, counseling or other services in connection with marital or family problems; social, occupational, religious, or other social maladjustments; conduct disorders; chronic adjustment disorders; psychosexual disorders; chronic organic brain syndromes; personality disorders; developmental disorders; learning disabilities; or mental retardation. This exclusion does not apply to the initial assessment for diagnosis of the condition, nor to the medical management of an underlying medical illness which may be contributing to the disability.
- Electrosleep or electronarcosis therapy, rapid detoxification programs, and milieu therapy.
- Psychiatric treatments or services performed in the absence of a psychiatric diagnosis.
- Treatment for mental disorders that are irreversible or for which there is little or no reasonable expectation for improvement.
- 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 or would be provided under any workers' compensation, employer's liability, or occupational disease law. When the employer is required by law to have such coverage, this exclusion applies whether or not such coverage is in effect.
- 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 benefit plan.
- 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.
- Recreational therapy, wilderness therapy, or residential treatment programs.
- Injury or illness sustained when in the act of an illegal activity.
- Services for which a provider waives the member's copay, coinsurance, and/or deductible.
- Services provided by a member of the patient's immediate family or household.

- 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. When a non-covered procedure is performed as part of the same operation or process as a covered service, then only eligible charges relating to the covered service will be covered.
- Pre-existing conditions during the pre-existing condition waiting period, when applicable.
- Benefits and services not specified as covered in the Group Service Agreement.

ALTIVS HEALTH PLANS
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South Jordan, UT 84095 • 800-365-1334
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Lifetime Maximum – Cumulative across benefit levels.	\$2,000,000	\$2,000,000
Pre-Existing Condition Limitation	None	None
OUTPATIENT SERVICES		
	YOU PAY	
Preventive Care Services – Including annual adult physical examinations, well child care and routine immunizations. Some services you receive during a preventive office visit may not qualify as Preventive Care Services and will be subject to applicable deductibles, copays, and/or coinsurance.	You Pay Nothing	30%* AD
Office Visits – Primary Care	\$25	30%* AD
Office Visits – Specialty Care	\$35	30%* AD
After-Hours Care / Urgent Care – Care received in a physician’s office or urgent care facility.	\$45	\$90
Chiropractic Office Visits – Limited to 20 visits per member, per plan year.	\$35	Participating Providers Only
Eye Exams – Optometrist	\$25	30%* AD
Major Diagnostic Laboratory Tests and Radiology – Including, but not limited to CT scans and MRIs.	10%* AD	30%* AD
Minor Diagnostic Laboratory Tests and X-Rays – Including, but not limited to mammograms and chest X-rays.	You Pay Nothing	30%* AD
Outpatient Hospital / Facility Services – Including, but not limited to, outpatient surgery, observation, chemotherapy, radiation therapy, dialysis, cardiovascular services, infusion therapy, endoscopy, and pulmonary services. Includes physician charges. Cardiac rehabilitation and pulmonary rehabilitation limited to a combined benefit of 18 outpatient facility visits per member, per plan year.	10%* AD	30%* AD
Physiotherapy Services at a Provider's Office – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 20 provider's office and/or outpatient facility visits of each type per member, per plan year.	\$35	30%* AD
Physiotherapy Services at an Outpatient Facility – Physical, occupational and speech therapy provided on an outpatient basis. Limited to a combined benefit of 20 provider's office and/or outpatient facility visits of each type per member, per plan year.	10%* AD	30%* AD
EMERGENCY CARE		
	YOU PAY	
Emergency Room Care – When medically necessary, as determined by Altius. Includes all services provided in an Emergency Room setting. Inpatient benefit applies when admitted. Outpatient hospital benefit applies when transferred to an operating room.	\$150	\$250
Urgent Care – When medically necessary, as determined by Altius.	\$45	\$90
Ambulance / Paramedics – (including Air Ambulance) When medically necessary, as determined by Altius.	\$100 per incident	Participating Benefit Applies

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Physician, Surgeon, Assistant Surgeon, Anesthesiologist	10%* AD	30%* AD
Organ Transplant Services – Organ and tissue transplant services, including, but not limited to, cornea, kidney, heart, lung, heart-lung, liver, pancreas, and bone marrow transplants and related services. All transplant services are limited to a lifetime maximum of \$500,000. Office visits and other services related to organ transplant may have an additional copay.	10%* AD	Participating Providers Only
MATERNITY SERVICES YOU PAY		
Pre-Natal and Post-Natal Care – Professional Services – Routine pre-natal office visits, delivery (including surgeon and assistant surgeon), and post-natal care. Regular benefits apply for complications of pregnancy.	10%* AD	30%* AD
Inpatient Hospital / Facility Services	10%* AD	30%* AD
Adoption Indemnity Benefit – Indemnity benefit for a child placed for adoption with the subscriber within 90 days of birth. The maximum benefit amount is \$4,000, and will be reduced by any applicable deductible, copay, and/or coinsurance.	10%* AD	Participating Benefit Applies
INJECTABLE OR IMPLANTABLE MEDICATIONS YOU PAY		
Injectable or Implantable Medications – Non-Facility – Injectable or implantable medications received in a physician’s office or through a home health provider. (Preferred / Non-Preferred)	10%* / 20%*	30%* AD / 40%* AD
Injectable or Implantable Medications – Pharmacy (Preferred / Non-Preferred)	10%* / 20%*	Participating Providers Only
PRESCRIPTION DRUGS YOU PAY		
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.		
Deductible – You must satisfy a Pharmacy deductible before these benefits are paid. This deductible is separate from your regular medical deductible. (Per Individual, per plan year)	\$50	Participating Providers Only
Prescription Drugs – Up to a 30-day supply. This benefit also includes the following injectable medications when provided by an Altius participating pharmacy: insulin, Imitrex, Symlin, Byetta, glucagon, Lovenox, and epinephrine kits (such as Epi-Pen).	Preferred Generic: \$5 Preferred Brand: \$15 Non-Preferred: \$35	Participating Providers Only
Prescription Drugs Mail Order – 90-day supply of maintenance medication.	Preferred Generic: \$10 Preferred Brand: \$30 Non-Preferred: \$70	Participating Providers Only
MENTAL HEALTH / SUBSTANCE ABUSE YOU PAY		
Deductible – (Individual / Family) You must satisfy a plan year deductible before these benefits are paid. This deductible is separate from your regular medical deductible.	\$600 / \$1,800	Participating Providers Only
Inpatient Services	10% AMHD	Participating Providers Only
Outpatient Services	\$35	Participating Providers Only
Out-of-Pocket Maximum – (Individual / Family) This is separate from your medical out-of-pocket maximum. Deductibles and outpatient copays do not apply.	\$1,500 / \$3,000	Participating Providers Only

Copays apply to each visit. Medical services with fixed copays are not subject to deductible. Deductibles do not apply to the out-of-pocket maximum.

Altius pays non-participating providers based on Eligible Medical Expenses. You are responsible for the difference between billed charges and your Eligible Medical Expenses in addition to your share of coinsurance. This difference does not apply to the out-of-pocket maximum. Altius Customer Service 1-800-377-4161 www.altiushealthplans.com

* Applies to out-of-pocket maximum (OOPM), AD = after deductible, APD = after Pharmacy Deductible, AMHD = after Mental Health Deductible PPCMPOS3102 Rev.12-07

ALTIUS PEAK PLUS PLAN

PEO97600-25S-R5_15_35I50A-C90 NSC

Weber State University July 1, 2009	Participating Providers	Non-Participating Providers
ALLERGY CONDITIONS		
YOU PAY		
Testing and Treatment	\$35	30%* AD
Serum	10%* AD	30%* AD
Injections	You Pay Nothing	30%* AD
OTHER BENEFITS		
YOU PAY		
Accident Related Dental Services – Dental services required as the result of an accidental injury. Services include, but are not limited to, crowns, caps, bridges, and root canals. Limited to a combined lifetime maximum of \$1,000 per member.	50% AD	Participating Benefit Applies
Durable Medical Equipment (DME) – Including corrective appliances, foot orthotics and prosthetic devices.	20%	50%
Home Health Care – Limited to a combined benefit of 60 visits per member, per plan year.	10%* AD	30%* AD
Hospice Care – Care for a terminally ill member through a licensed hospice agency.	10%* AD	30%* AD
Implantable Contraceptives and Intra-Uterine Devices (IUDs) – Includes charges for insertion and removal.	10%*	30%* AD
Infertility Services – Evaluation, testing, and diagnostic services. Includes services that are provided for the purpose of ruling out infertility. Limited to \$750 per member, per plan year, up to a lifetime maximum of \$5,000.	50% AD	Participating Providers Only
Medical Supplies – Disposable medical supplies and accessories as determined medically necessary by Altius.	20%	50%
Neuropsychological Testing	50%* AD	50%* AD
Skilled Nursing Facility – Limited to a combined benefit of 60 days per member, per plan year.	10%* AD	30%* AD
Sterilization Procedures – Services received at a physician's office.	\$35	30%* AD
Sterilization Procedures – Services received at an outpatient facility.	10%* AD	30%* AD
Temporomandibular Joint Dysfunction (TMJ) – Evaluation, testing and diagnostic services. Limited to a combined lifetime maximum of \$1,000.	50% AD	50% AD
GENERAL INFORMATION		
Plan Year Deductible – You must satisfy an individual or family deductible each plan year before certain benefits will be provided under this benefit plan. Deductibles do not apply to benefits with "fixed" copays and deductibles do not count towards the out-of-pocket maximum.		
Lifetime Maximum – The 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.		
Out-of-Pocket Maximum – Fixed dollar copays and deductibles do not apply. When you or your family fulfill out-of-pocket maximums during a plan year, then no further out-of-pocket expenses will be required for the remainder of that plan year. This provision does not apply to any payments for benefits with fixed copays, prescription drugs, dental services (even when necessitated by accidental injury), durable medical equipment, infertility services, TMJ services, charges that exceed eligible medical expenses, non-covered services, or mental health services (which may have a separate out-of-pocket maximum). You are required to keep receipts for out-of-pocket expenses and furnish such proof to the Altius Claims Department when you reach your maximum.		
Pre-Existing Condition Limitation – Coverage is excluded for the care and treatment of pre-existing conditions (excluding pregnancy), unless you have been continuously covered under a benefit plan with a health insurance carrier prior to your enrollment date with Altius Health Plans. Previous coverage may be used in satisfying all or part of the pre-existing condition waiting period requirement, except under the following circumstance: The previous health care coverage was terminated more than 63 days prior to your enrollment date of coverage with Altius Health Plans. Your enrollment date is your first day of coverage under your Altius plan or, if your employer has a pre-enrollment waiting period, the first day of the waiting period.		
Securing Benefits and Payment for Services Through Altius In order for a medical service to be eligible for coverage, it must be defined as a covered benefit and properly coordinated through Altius. Prior authorization is required for certain services (excluding emergency care) in order to verify that the services to be provided are covered by your benefit plan and are medically necessary and appropriate. It is your responsibility to determine that providers and facilities have obtained prior authorization from Altius prior to receiving care. If prior authorization from Altius is not obtained, coverage may be denied.		

Copays apply to each visit. Medical services with fixed copays are not subject to deductible. Deductibles do not apply to the out-of-pocket maximum.

Altius pays non-participating providers based on Eligible Medical Expenses. You are responsible for the difference between billed charges and your Eligible Medical Expenses in addition to your share of coinsurance. This difference does not apply to the out-of-pocket maximum. Altius Customer Service 1-800-377-4161 www.altiushealthplans.com

* Applies to out-of-pocket maximum (OOPM), AD = after deductible, APD = after Pharmacy Deductible, AMHD = after Mental Health Deductible PPCMPOS3102 Rev.12-07

Limitations & Exclusions

The following benefits are limited under this benefit plan:

- 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.
- 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 web site or call customer service.
- Unilateral cochlear implants are covered only for those members who meet all of the following criteria: member has been diagnosed with bilateral profound sensorineural hearing loss; member has a functioning auditory nerve; member is less than 18 years old; member has the cognitive ability to communicate effectively with restored hearing; hearing cannot be restored adequately with conventional hearing aids; and member and family are willing and able to participate in post-implant rehabilitation.

The following are excluded from coverage under this benefit plan:

- Services provided outside the United States of America and its territories, except as required for an emergency or urgent condition.
- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy and cost effectiveness and approved by Altius.
- Experimental or investigational treatment, procedures, tests, equipment, or facilities, or any health care service which is still undergoing evaluation and review.
- Services, drugs, and supplies that are not medically necessary, as determined by Altius.
- Medication amounts in excess of maximum quantity and/or dosage levels indicated by the drug manufacturer and the FDA.
- Experimental medications; medications for non-approved FDA indications or non-approved indications determined by Altius Health Plans; over-the-counter medications and products, except those specifically listed in the Altius formulary and those for which coverage is required by law; prescription medications that have an over-the-counter equivalent, unless otherwise specified in the Altius formulary; medications for athletic and mental performance; compounding fees; non-covered ingredients used in a compounded medication; medications for cosmetic indications; hair growth products and medications; homeopathic medications; hypodermic

needles; impotence medications; medications for the treatment of infertility; skin patches for motion sickness; brand name 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, Allegra ODT, ammonium lactate, Amrix, Avita, Axid oral solution, Doryx, doxycycline monohydrate tablets, Dynacin tablets, Fortamet, Glumetza, ketotifen, Lac Hydrin, Minocin combo pack, minocycline tablets, Potaba, quinine sulfate, ranitidine capsules, Renova, Sarafem, Solodyn, Soma 250 mg., Symbiyax, Tretin-X, Vaniqua, and Zaditor.
- 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 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.
- 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.
- 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. 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.
- 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 required as the result of an accidental injury, infection, or cancer. Services must be rendered (or a planned, staged series of services, as specifically documented in the member's medical record, must be initiated) within 12 months of the cause or onset of the injury, infection, or cancer; (2) circumcision for a newborn child up to three months of age; or (3) reconstruction of the breast(s) following a medically necessary mastectomy.
- Treatment of hyperhidrosis.
- Autopsy procedures.
- Health education services not closely related to the care and treatment of an illness or injury.
- Services provided by an athletic trainer or a personal trainer.
- Telephone consultations, electronic mail communication, and communication services that do not require direct face-to-face contact between the patient and the provider.
- Charges for failure to keep a scheduled appointment.
- Interest or finance charges, except as specifically required by law.

- Prolotherapy (the use of injections to strengthen tendons and ligaments).
- Services for crossmatching and/or harvesting organs when the organ recipient is not an Altius member.
- Routine foot care. This exclusion does not apply to members with severe diabetes.
- Treatment of weak, strained or imbalanced feet.
- Foot orthotics, wedges or shoe inserts, unless herein provided. 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, cochlear implants for members 18 years of age and older and hearing aids, including the fitting of such devices and related hearing examinations.
- Routine periodic servicing, repairs, batteries and accessories for any hearing aid device.
- Visual training aids.
- Eyeglasses, contact lenses, and examinations 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.
- Services related to the treatment of sensory processing dysfunction or sensory integration disorder. This exclusion does not apply to the initial assessment for diagnosis of the condition or to the medical management of an underlying medical illness which may be contributing to the condition.

- Psychotherapy, counseling or other services in connection with marital or family problems; social, occupational, religious, or other social maladjustments; conduct disorders; chronic adjustment disorders; psychosexual disorders; chronic organic brain syndromes; personality disorders; developmental disorders; learning disabilities; or mental retardation. This exclusion does not apply to the initial assessment for diagnosis of the condition, nor to the medical management of an underlying medical illness which may be contributing to the disability.
- Electrosleep or electronarcosis therapy, rapid detoxification programs, and milieu therapy.
- Psychiatric treatments or services performed in the absence of a psychiatric diagnosis.
- Treatment for mental disorders that are irreversible or for which there is little or no reasonable expectation for improvement.
- 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 or would be provided under any workers' compensation, employer's liability, or occupational disease law. When the employer is required by law to have such coverage, this exclusion applies whether or not such coverage is in effect.
- 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 benefit plan.
- 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.
- Recreational therapy, wilderness therapy, or residential treatment programs.
- Injury or illness sustained when in the act of an illegal activity.
- Services for which a provider waives the member's copay, coinsurance, and/or deductible.
- Services provided by a member of the patient's immediate family or household.

- 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. When a non-covered procedure is performed as part of the same operation or process as a covered service, then only eligible charges relating to the covered service will be covered.
- Pre-existing conditions during the pre-existing condition waiting period, when applicable.
- Benefits and services not specified as covered in the Group Service Agreement.

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