



Thank you for your interest in "Altius Health Plans' FlexChoice" program. Altius' FlexChoice is a consumer driven health care strategy that aims to help you control health care costs while also providing you with more choice and personal control over your health care coverage.

**With Altius Health Plans' FlexChoice, you receive:**

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

**What is different about a Qualified High Deductible Health Plan?**

- Just as the name implies, these plans have higher deductibles and out-of-pocket maximums. Most benefits are paid only after the deductible has been met.
- If you have family coverage, the entire family deductible must be met before benefits are paid.
- Certain preventive care services will be paid according to your coinsurance

coverage prior to the deductible being met. Not all office visit services are included in the preventive care services definition, but those that do qualify will be paid according to your benefit level. After the annual deductible is met, all eligible medical expenses will be paid according to your benefit level.

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

**What is a Health Savings Account (HSA)?**

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

**HSAs are "triple tax-advantaged" accounts.**

In most cases, HSAs allow tax-free contributions by you, tax-free growth of interest or investment earnings, and tax-free disbursements of principal and interest to pay for

**-CONTINUED-**

qualified medical expenses. Plus, you can pick from a variety of HSA investment options that are managed by Altius' preferred vendor.

Contributions to your HSA are tax deductible, and individuals over age 55 can make "catch-up" contributions to their accounts and still enjoy the same tax advantages.

**You choose what to spend your money on.**

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

**What is a qualified medical expense?**

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

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

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

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

will be generated from your account and mailed to you.

**How do I learn more about HSAs?**

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

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

Yes. Even if you aren't interested in establishing an HSA at this time, you can still choose to apply for Altius' Qualified High Deductible Health Plan. The Altius QHDHP has been designed to meet the requirements of a health plan that can be partnered with an HSA; but establishing an HSA is a personal choice and is not required to apply for this plan. An administrative fee of \$3.75 per month is included in your premium amount, regardless of whether you open an HSA or choose to use someone other than the Altius preferred HSA vendor.

**How do I get started?**

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

## WHY CHOOSE ALTIUS FOR YOUR QHDHP?

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

- **Top-rated providers and facilities you know and trust.** Throughout Utah, our providers and facilities receive among the highest marks for health care quality (Healthgrades.com).
- **Utah's largest primary care provider panel.** Chances are your doctor is an Altius provider — because our panel includes more primary care physicians than any other plan in Utah.
- **Pro-active case and disease management services that save you money.** We provide and monitor results of these services in-house. Programs are proven to help people stay healthy and recover faster — so you save money and increase productivity.

### National Accreditation

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



**ACCREDITED**  
HEALTH UTILIZATION  
MANAGEMENT

### Service

- You are supported by Altius Health Plans excellent Customer Service Department (801) 323-6200 or toll free at (800) 377-4161
- Our most recent customer survey indicated 95% of members are satisfied with Altius Health Plans
- 8 out of 10 would recommend Altius to a friend or family member (Random survey of 400 Altius members, conducted by Valley Research, Fall of 2004)

### With the click of a mouse...

[www.AltiusHealthPlans.com](http://www.AltiusHealthPlans.com), you can -

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

### AltiusExtra Dental

- Discount dental program at no additional charge
- No hassles, no claim forms
- Dental services are discounted at an average of 20-45%
- Immediate savings
- Over 180 dentists
- Just call and make an appointment

### My ePHIT, now with FamilyPHIT

- Altius provides access to an internet-based health and wellness program for members - at no additional charge. This interactive health and wellness tool is designed for every member of your family, from small children to grandparents
- Personalized Fitness Plans-Your goals, your plan
- Interactive Meal Planner-Track daily food servings, choose from over 7,500 food items
- Online Coaches-Certified coaches answer your nutrition, fitness and lifestyle questions
- Resource Library-Online library of thousands of articles. Connect to local events in your area
- Prizes and Rewards-Earn and redeem points when you participate in the My ePHIT program. Become eligible for major prize drawings every month
- Shopping-Take advantage of savings on vitamins, nutritional supplements, sports and exercise related items and equipment
- Access My ePHIT through the Altius website

# ALTIUS EXTRA

## Value-Added Benefits

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

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

## Overview of the "AltiusExtra" Services:

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



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



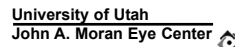
- **Hearing Aids:** State-of-the-art hearing aids are smaller and less noticeable than ever before and are available at a discount for Altius members.



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



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



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



- **Vitamins:** You have access to the My ePhit Mall's entire line of science-based vitamins and nutritional supplements at exclusive savings of 50-70% off suggested retail.



Our "AltiusExtra" website is continually updated with the latest providers, pricing and special offers for Altius members. There is no additional cost for this program, but you can bank on the savings! Just visit [www.AltiusHealthPlans.com](http://www.AltiusHealthPlans.com), click on Members, then on the AltiusExtra logo. Select the programs you are interested in.

## AltiusExtra:

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

Altius Health Plans for  
Individuals and Families

## SUBMITTING YOUR APPLICATION

### Getting Started...

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

### Select Your Plan

Altius offers 2 different Qualified High Deductible Health Plans each with a different deductible and coinsurance. In order to decide which plan is right for your needs, simply read the short descriptions on Step 1 and compare the plans on the QHDHP Benefits Summary. If you have questions or need further explanation of the plans, contact your Altius-appointed agent or broker.

### Complete & Sign Your Application

The application is located in the center of this book. Read and answer each question and section thoroughly. Remember that the oldest family member is considered to be the "applicant" and should sign the application. If accepted, this application will be incorporated by reference into your policy. Incomplete applications will delay the underwriting process. Misrepresentation or omission of material fact may cause your application to be declined.

### Calculate Your Premium

You can calculate your monthly premium by obtaining a current Altius Individual Premium Rate Sheet from your Altius appointed agent or broker, and following Step 2 on the Calculate Your Premium section on page 9. 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.

### Choose Your Method of Payment

For your convenience Altius offers two ways to pay your premiums. You need to indicate your preference on Section XII of the application. You may change your method of payment option on your annual renewal date.

> **Monthly Automatic Withdrawal** is the no stamps, no envelopes, and less hassle method of payment. Your monthly premium will be automatically paid by a direct payment withdrawal from your checking or savings account at your financial institution.

> **Monthly Billing.** With this option you will be billed at the address you provide on your application on a monthly basis. You will be responsible to notify Altius of any changes to your mailing address. Altius must receive your payment, including your monthly statement, no later than the first of each month. Altius is not responsible for problems within the postal delivery system.

### First Month's Payment

After Altius has approved your application, Altius or your Altius appointed agent or broker will inform you of the amount of your first month's payment. Even if you selected the Monthly Automatic Withdrawal, you must submit a personal check made payable to Altius Health Plans Inc. in order for your policy to become effective. Send checks to the following address:

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

**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

## SUBMITTING YOUR APPLICATION -CONTINUED-

broker, or directly to Altius Health Plans at the following address:

Altius Health Plans  
Underwriting Department  
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. We encourage you to

submit certificate(s) of creditable coverage with your application. Although Altius does not need your certificate(s) for approval, submission of the certificate(s) is required in order to receive credit for your Pre-Existing Condition Waiting Period (Refer to page 15 of this book under the heading "Pre-Existing Conditions" for more information.) If you are currently covered with Altius Health Plans, a certificate of creditable coverage is not necessary.

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

**Important Note:**

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

## SELECT A PLAN -STEP 1-

### Your I Plan Options

Follow these 2 simple steps to choose an I Plan that will work well for you and your family's health care needs.



#### Select a Plan

You have two Altius I Plan QHDHPs from which to choose. Each plan has a different coinsurance and deductible. The plan you select will affect your monthly premium. To choose the plan that will best meet your health care needs, carefully read through each plan description. For a benefit-by-benefit plan comparison, refer to the QHDHP Benefits Summary on page 10.

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

Deductibles are based on a calendar year.

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

#### Peak 80% QHDHP

- > **Deductible** - \$2,650 Single / \$5,250 Family
- > **Out-of-Pocket Maximum** - \$5,000 Single / \$10,000 Family
- > Open Access - this means that you're not required to choose a Primary Care Physician and you don't need a referral to see a specialist.
- > Utilizes the Altius provider network with over 3,800 providers and 35 hospitals.
- > Covered services paid at 80% after deductible is met.
- > Certain preventive care services paid at 80% prior to meeting your deductible.
- > Three-tier prescription coverage after deductible is met.
- > All out-of-pocket costs for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.
- > 24-Hour Coverage option is available for business owners.

#### Peak 100% QHDHP

- > **Deductible** - \$5,000 Single / \$10,000 Family
- > **Out-of-Pocket Maximum** - \$5,000 Single / \$10,000 Family
- > Open Access - this means that you're not required to choose a Primary Care Physician and you don't need a referral to see a specialist.
- > Utilizes the Altius provider network with over 3,800 providers and 35 hospitals.
- > Deductible and out-of-pocket maximum amounts are the same. This means that after you meet your deductible, your out-of-pocket maximum is met as well.
- > Covered services paid at 100% after deductible/out-of-pocket maximum is met.
- > Certain preventive care services paid at 100% prior to meeting your deductible.
- > All out-of-pocket costs for covered services apply to your deductible, and your deductible applies to your out-of-pocket maximum.
- > 24-Hour Coverage option is available for business owners.



## CALCULATE YOUR PREMIUM -STEP 2-



### Calculate Your Premium

Begin by writing down your plan selections from Step 1 on Section A below. Next, obtain a current Altius Individual Premium Rate Sheet from your Altius appointed agent or broker, or from our website at [www.AltiusHealthPlans.com](http://www.AltiusHealthPlans.com).

#### A) Locate Your Monthly Premium

	Write Your Selection	Premium
> Plan selection		
> Plan deductible / coinsurance		
> Age group of the applicant; Applicant must be the oldest family member		
> Tier (Single, 2 Party, Family)		\$ _____

#### B) 24-Hour Coverage Option

> 24-Hour Coverage is for owners, partners or sole proprietors who are not required by law to be covered under employer liability coverage such as Workers' Compensation Insurance. 24-Hour Coverage includes benefits for job-related injuries or illnesses that would normally be excluded from your individual health plan coverage. 24-Hour Coverage is not employer liability coverage and does not include disability income or life insurance benefits.	Add \$25.00 \$ _____
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#### C) Total Estimated Monthly Premium

Add the amounts from Sections A and B  > This is the estimated amount of your monthly premium. Once underwriting has reviewed your application, any adjustments to your final monthly premium will be submitted to you for your acceptance before your policy will be effective.	\$ _____
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**Note:**

- > Premium rates are based on the age of the oldest applying family member. The application must be written with the oldest applying family member as the applicant.
- > Premium may be adjusted for family size.
- > Premium adjustments due to changes in age will be effective on the first day of the month coinciding with the applicant's (subscriber's) birthday.

*Altius Health Plans for  
Individuals and Families*

**QUALIFIED HIGH DEDUCTIBLE  
HEALTH PLAN BENEFITS SUMMARY**

	<b>QHDHP 80% Plan Open Access Plan</b>
	<b>Participating Providers Only</b>
<b>Calendar Deductible</b> – Single/Family Applies to OOP Max	\$2,650 Single / \$5,250 Family
<b>Out-of-Pocket Maximum</b> – Single/Family	\$5,000 Single / \$10,000 Family
<b>Annual Benefit Maximum</b>	None
<b>Lifetime Maximum</b>	\$2 Million
<b>Pre-Existing Condition Limitation</b>	12 Months
<b>Outpatient Services</b>	<b>You Pay</b>
<b>Designated Preventive Care Services</b> – Certain office visits and services are not subject to deductible when provided in conjunction with a preventive diagnosis as determined by Altius in accordance with Section 223 of the Internal Revenue Code.	Deductible Does Not Apply You Pay Applicable Coinsurance
<b>Office Visits</b> – Primary Care	20% AD
<b>Office Visits</b> – Specialists	20% AD
<b>After Hours &amp; Urgent Care</b>	20% AD
<b>Chiropractic Care</b> – 10 visits per member/calendar year	20% AD
<b>Major Lab/Radiology</b>	20% AD
<b>Minor Lab/X-ray</b> (including mammograms)	20% AD
<b>Physiotherapy at Provider's Office</b> – 10 total provider/facility visits per type, per member/calendar year	20% AD
<b>Physiotherapy at Facility</b> – 10 total provider/facility visits per type, per member/calendar year	20% AD
<b>Emergency Care</b>	<b>You Pay</b>
<b>Emergency Room Care</b>	20% Participating / 40% Non-participating AD
<b>Urgent Care</b>	20% In / Out of Area AD
<b>Ambulance</b>	20% AD
<b>Inpatient/Outpatient Hospital</b>	<b>You Pay</b>
<b>Inpatient Hospital / Facility Services</b>	20% AD
<b>Outpatient Hospital / Facility Services</b>	20% AD
<b>Additional Professional Services</b> – Billed by facility	20% AD
<b>Additional Professional Services</b> – Billed by professional	20% AD
<b>Inpatient / Outpatient Physician, Surgeon, Assistant Surgeon</b>	20% AD
<b>Organ Transplant Services</b> – Lifetime maximum of \$250,000 per member.	20% AD
<b>Maternity Services</b>	<b>No Coverage</b>

	<b>QHDHP 100% Plan Open Access Plan</b>
	<b>Participating Providers Only</b>
	\$5,000 Single / \$10,000 Family
	\$5,000 Single / \$10,000 Family
	None
	\$2 Million
	12 Months
<b>You Pay</b>	<b>You Pay</b>
	You Pay Nothing
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
<b>You Pay</b>	<b>You Pay</b>
	You Pay Nothing Participating / You Pay Nothing Non-participating AD
	You Pay Nothing In / Out of Area AD
	You Pay Nothing AD
<b>You Pay</b>	<b>You Pay</b>
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
	You Pay Nothing AD
<b>No Coverage</b>	<b>No Coverage</b>

\*AD = After Deductible

**QUALIFIED HIGH DEDUCTIBLE  
HEALTH PLAN BENEFITS SUMMARY**

-CONTINUED-

	<b>QHDHP 80% Plan</b> Open Access Plan
	<b>Participating Providers Only</b>
<b>Prescription Drugs<sup>+</sup></b>	<b>You Pay</b>
<b>Prescription Drugs</b> – 30 day supply (Preferred Generic / Preferred Brand / Non-Preferred)	\$15 / \$30 / \$60 After Medical Deductible
<b>Injectable Medications</b>	<b>You Pay</b>
<b>Injectable Medications</b> – Facility	20% AD
<b>Injectable Medications</b> – Non-Facility (Preferred / Non-Preferred)	20% AD / 30% AD
<b>Injectable Medications</b> – Pharmacy (Preferred / Non-Preferred)	20% AD / 30% AD
<b>Allergy Conditions</b>	<b>You Pay</b>
<b>Testing &amp; Treatment</b>	20% AD
<b>Serum</b>	20% AD
<b>Injections</b>	20% AD
<b>Other Benefits</b>	<b>You Pay</b>
<b>Accident Related Dental Services</b> – \$1,000 lifetime maximum	50% AD
<b>Durable Medical Equipment (DME)</b> – \$5,000 per member/calendar year	20% AD
<b>Home Health Care</b> - 30 visits per member/calendar year	20% AD
<b>Home Hospice</b>	20% AD
<b>Implantable Contraceptives and Intra-Uterine Devices (IUDs)</b>	20% AD
<b>Infertility Services</b> – Evaluation, testing, and diagnostic services; \$750 per member/calendar year, up to a lifetime maximum of \$5,000	50% AD
<b>Medical Supplies</b>	20% AD
<b>Neuropsychological Testing</b>	50% AD
<b>Skilled Nursing Facility</b> – 30 days per member/calendar year	20% AD
<b>Sterilization Procedures</b> – Physician's office	20% AD
<b>Sterilization Procedures</b> – Outpatient facility	20% AD
<b>Temporomandibular Joint Dysfunction (TMJ)</b> – Evaluation, testing and diagnostic services; lifetime maximum of \$1,000	50% AD
<b>Mental Health and Substance Abuse</b>	No Coverage

	<b>QHDHP 100% Plan</b> Open Access Plan
	<b>Participating Providers Only</b>
<b>You Pay</b>	<b>You Pay</b>
You Pay Nothing AD	You Pay Nothing AD
<b>You Pay</b>	<b>You Pay</b>
You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	You Pay Nothing AD
<b>You Pay</b>	<b>You Pay</b>
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You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	You Pay Nothing AD
You Pay Nothing AD	You Pay Nothing AD
<b>No Coverage</b>	<b>No Coverage</b>

\*AD = After Deductible

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

## GENERAL INFORMATION

### General Provisions

These plans are designed to provide coverage for hospital, medical and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, in-hospital medical services, and out-of-hospital care and services.

Coverage is subject to any deductibles, copayments, coinsurance provisions, or other limitations or exclusions which may be set forth in the policy.

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

Once you receive the policy (after you are enrolled), you will have ten days to review it before acceptance. If you decide to cancel within the ten day review period, you may do so by notifying us in writing at Altius Health Plans, Underwriting - 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 day review period. If your premium is refunded, the policy shall be void as if coverage had not been issued.

### Eligibility

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

### Eligible Dependents

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

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

### 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 benefits for job-related injuries 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 according to age and family status. Medical underwriters will make an initial evaluation of the health status of individuals and dependents to determine whether any surcharge to published premiums is necessary. Coverage may be declined on a particular individual or dependent at the time of initial evaluation.

### Effective Date of Coverage

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

### Plan & Deductible Changes

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

### Termination

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

## GENERAL INFORMATION -CONTINUED-

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

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  
Underwriting Department -  
Individual Health Plan  
10421 South Jordan Gateway, #400  
South Jordan, Utah 84095

### **Industries & Occupations**

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

## MAJOR MEDICAL OUTLINE OF COVERAGE

### Read and Know Your Policy

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

### Major Medical Expense Coverage

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, copayments, 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 plan on the I Plan QHDHP Benefits Summary. The medical benefits brochure in your policy contains detailed benefit information. Benefits listed below are subject to all applicable limitations, exclusions, and requirements of the policy.

#### Inpatient Services

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

#### 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

- \$2 million lifetime maximum for all services provided under the policy
- 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

### Other Benefits

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

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

The following benefits are limited by dollar amount or number of days or visits as outlined in the QHDHP Benefits 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
- Transplant Services

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

### **Deductible and Out-of-Pocket Maximum**

After your deductible, copays, and/or coinsurance totals the amounts stated in the I Plan QHDHP Benefits Summary in any calendar year, you do not have to pay any more for certain covered services for the remainder of that calendar year.

Payments for non-covered services and payments for charges that exceed eligible medical expenses do not apply to the out-of-pocket maximum.

### **Benefit Accumulation**

Unless noted otherwise on the I Plan QHDHP Benefits Summary, benefits are calculated on a calendar year basis regardless of when you are enrolled. Out-of-pocket maximums and limited benefits start over on January 1st, except for benefits limited per condition rather than per year.

If you are a current member and you re-apply for coverage on a different plan, your deductible will start over regardless of the date your new plan coverage begins.

### **Prior Authorization of Services**

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

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

### **Pre-Existing Conditions**

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

Coverage is excluded for the care and treatment of pre-existing conditions until 12 months after you apply. Acceptance under this policy does not imply any waiver of pre-existing condition waiting periods. See the policy for details.

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

### **Pre-Existing Condition Waiting Period**

If you or your dependents are considered newly covered, the first 12 months after we receive your completed application is referred

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

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

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

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

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

Customer Service Specialist  
Altius Health Plans  
10421 South Jordan Gateway #400  
South Jordan, UT 84095  
801-933-3392

### **12-Month Exclusion of Selected Diagnoses and Procedures**

Benefits for the following list of selected diagnoses and procedures are excluded during the first 12 months of coverage,

regardless of whether or not they are related to a pre-existing condition. However, if a member qualifies for pre-existing condition waiting period credit, the credit will also apply to these conditions and services:

#### **Diagnoses**

- > Amenorrhea
- > Blepharophimosis
- > Cataracts
- > Congenital Deformities
- > Cystocele
- > Dysmenorrhea
- > Enterocoele
- > 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.



## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

- 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.
- 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 from the date of the accidental injury through the date the dental services are provided.
- Dental anesthesia will be covered only 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.
- 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 medications, including those that are administered by a medical professional, are covered only when they are purchased through designated vendors. To obtain a current list of these medications and vendors, visit the Altius website or call customer service.

### General Limitations and Exclusions

#### Accepted Medical Practice

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

#### Claims After One Year

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

#### Excess Charges

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

#### Limited Benefits

Normally covered services that exceed benefit limits specified on the I Plan QHDHP Benefits Summary (e.g., dollars, days, visits, etc.) are excluded and not applied to out-of-

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

pocket maximums. This includes, but is not limited to, services exceeding benefit limits for skilled nursing facilities, rehabilitation therapy, transplants, etc.

### **Medically Unnecessary Services**

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

### **Non-Covered Services & Complications**

Expenses related to non-covered services, including pre- and post-operative evaluation, diagnostic testing, and complications resulting from non-covered services, supplies, and/or medications are excluded. When a non-covered procedure is performed as part of the same operation or process as a covered service, only eligible medical expenses relating to the covered service will be eligible for benefits. Eligible medical expenses may be calculated to exclude any charges related to the non-covered service.

### **No Presumption of Coverage**

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

### **Services Outside of the United States**

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

### **Excluded Services**

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

- New procedures, services, supplies, and medications until they are reviewed for safety, efficacy, and cost effectiveness and approved by Altius.
- Experimental or investigational treatment, procedures, tests, equipment, or facilities, or any health care service which is still undergoing evaluation and review and is not accepted as standard treatment in the medical community.
- Services, drugs, and supplies that are not medically necessary, as determined by Altius.
- Experimental medications; medications for non-approved FDA indications or non-approved indications determined by Altius Health Plans; over-the-counter medications and products, except those specifically listed in the Altius formulary and those for which coverage is required by law; medications for athletic and mental performance; compounding fees; non-covered ingredients used in a compounded medication; medications for cosmetic indications; hair growth products and medications; homeopathic medications; hypodermic needles; medications for the treatment of sexual dysfunction and/or impotence; medications for the treatment of infertility; skin patches for motion sickness; medications for the treatment of nail fungus; progesterone cream and suppositories; smoking cessation products including any medications prescribed for smoking cessation; medications required exclusively for foreign travel; oral vitamins (except prescription prenatal vitamins); medications or nutritional supplements for weight loss, or for weight gain for non-medical conditions.
- The following specific medications: Aggrenox, omeprazole, Picovir, Potaba, ranitidine capsules, Relenza, Sarafem, Subutex, Symbyax, Syntest, Tamiflu, and Zegerid.
- Nasal spray immunizations, such as FluMist.
- Immunizations required exclusively for foreign travel.
- Services rendered by providers or facilities that, at the time of service, are not participating in the member's network are excluded. This exclusion does not apply to: (1) emergency care; (2) out-of-area urgent care; (3) professional services such as lab, radiology, and anesthesiology when otherwise covered and related to a service that Altius determines to be payable; or (4)

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

providers or facilities that Altius (or designee) has authorized in advance to render services.

- 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 Altius, the United States Preventive Services Task Force (USPSTF), 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 Altius, the USPSTF, AAP, CDC, and local government health authorities, are excluded.
- Maternity care (including pre-natal, delivery and post-natal treatments or procedures), except for medically necessary treatment and procedures for complications of pregnancy.
- Hospital charges for routine newborn nursery care.
- 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.
- 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 an Altius member.
- Transplants/implants and related services, except as herein provided.
- Routine foot care, unless directly related to a systemic disease.
- Treatment of weak, strained or imbalanced feet, including foot orthotics, wedges or shoe inserts.
- 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,

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

- and prostheses is not covered. Replacement is not covered unless the existing device has become inoperable through normal wear and tear and cannot be repaired, or replacement is prescribed by a physician because of a change in the member's physical condition.
- All shipping, handling, or postage charges, except as incidentally provided without a separate charge.
  - Any devices used to aid hearing, including, but not limited to, hearing aids and cochlear implants, including the fitting of such devices and related hearing examinations.
  - Visual training aids.
  - Eyeglasses, contact lenses, and examination for contact lenses. This exclusion does not apply to: (1) the first pair of contact lenses or eyeglasses following the initial diagnosis of aphakia or the surgical removal or surgical replacement of an organic lens; or (2) hydrophilic contact lenses used as a corneal bandage to treat conditions involving the cornea.
  - Eye surgeries performed primarily to correct refractive errors. Examples include, but are not limited to: PRK (photorefractive keratectomy), LASIK (laser-assisted in-situ keratomileusis), RL (refractive lensectomy), ICRS (intracorneal ring segments) and phakic intraocular lenses (unless related to post-cataract surgery). 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 speech delay.
  - Mental health services and substance abuse 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. This exclusion does not apply to business owners that have selected the 24 hour coverage option.
  - Services, supplies, or treatment for which coverage is provided under any motor vehicle no-fault plan. When the member is required by law to have no-fault insurance, this exclusion applies to charges up to the minimum coverage required by law whether or not such coverage is in effect.
  - Expenses for which the member has no legal responsibility to pay or for which the member would not ordinarily be charged in the absence of coverage under this policy.
  - Care for military service connected disability to which the member is legally entitled, and for which facilities are reasonably available to the member.
  - Care or treatment of an illness or injury caused by war or any act of war (whether declared or undeclared), hostilities, or 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,

## MAJOR MEDICAL OUTLINE OF COVERAGE -CONTINUED-

- 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.
- 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 necessitated by accidental injury that occurs while 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 for which a provider waives the member's copay, coinsurance, and/or deductible.
- Pre-existing conditions during the pre-existing condition waiting period, when applicable.
- Services provided by a member of the patient's immediate family or household.

➤ Benefits and services not specified as covered in this Outline of Coverage or in the Policy.

### Premiums

Subject to the provisions of your policy, the premium will remain the same until your first renewal date. If federal or state law or regulations mandate that we modify benefits under this policy, we may modify the premium accordingly. We may unilaterally modify the premium after the initial term upon 30 days advance written notice to you.

If you have a birthday that moves you into the next age band, you will experience a rate change on the first day of the month in which your birthday falls.

The age bands are as follows: less than 25 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, 45-49 years, 50-54 years, 55-59 years, 60-64 years, and age 65+.

Premiums are due and payable on the first day of each month.

### Renewal

Subject to all the terms and conditions of the policy, your policy is effective as of the date determined by Altius, as stated on your application. Unless either formally terminated or otherwise renegotiated, your policy will be renewed automatically each year. Your annual renewal date will be the first day of the calendar quarter in which your original policy was issued (January 1, April 1, July 1, or October 1). We may only terminate your coverage for the reasons stated in the policy. We may exercise our specifically reserved right under the policy to change the premiums, benefits, exclusions, limitations, and/or services set forth in the policy with 30 days written notice.

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

*Altius Health Plans for  
Individuals and Families*

## NOTICE OF PRIVACY PRACTICES EFFECTIVE 5/24/04

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

### **A. Our Commitment to Your Privacy**

We understand the importance of keeping your personal and health information<sup>1</sup> secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at [www.AltiusHealthPlans.com](http://www.AltiusHealthPlans.com). You may request a copy at any time.

Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Altius provides to your particular health benefit plan.

### **B. What Types of Personal Information Do We Collect?**

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

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

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

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

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

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

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

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

## NOTICE OF PRIVACY PRACTICES -CONTINUED-

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

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

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

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

**Health care oversight and law enforcement:** to comply with federal or state oversight agencies. These may include your state Department of Insurance or the US Department of Labor.

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

**Treatment options:** to inform you about treatment options or health related benefits or services.

**Plan sponsors:** to permit the sponsor of your health plan to service your benefits. Please see your plan documents for more information.

**Research:** to researchers where all procedures required by law have been taken to protect the privacy of the data.

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

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

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

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

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

We will obtain your written permission to use or share your health information for reasons not identified by this notice. If you

## NOTICE OF PRIVACY PRACTICES -CONTINUED-

withdraw your permission, we will no longer use or share your health information for those reasons.

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

### G. Rights Established by Law

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

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

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

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

**Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include, sharing your information in response to court orders or

with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than 6 years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

### H. To File a Complaint or Receive More Information

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card.

If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance or appeal process in your benefit documents.

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i For purposes of this notice, the pronouns "we", "us" and "our" and the name "Altius " refer to Altius Health Plans Inc. and its parent, Coventry Health Care, Inc., and licensed affiliated companies, including HealthAmerica Pennsylvania, Inc., HealthAssurance Pennsylvania, Inc., Group Health Plan, Inc., Southern Health Services, Inc.; Carelink Health Plans, Inc.; HealthCare USA of Missouri, L.L.C.; WellPath Select, Inc.; Coventry Health Care of Delaware, Inc.; Coventry Health Care of Georgia, Inc.; Coventry Health Care of Iowa, Inc.; Coventry Health Care of Nebraska, Inc.; Coventry Health Care of Pennsylvania, Inc.; Coventry Health Care of Louisiana, Inc.; Coventry Health and Life Insurance Company; Coventry Health Care of Kansas, Inc.; PersonalCare Insurance of Illinois, Inc.; OmniCare Health Plan, Inc. These entities will abide by the privacy practices described in this Notice.

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



# Altius Health Plans Provider Directory

September 2005

## Important Information

The Altius Provider Directory identifies hospitals, primary care providers, and specialists participating with Altius Health Plans.

Your plan may require you to choose a Primary Care Provider (PCP) and to get a referral from your PCP in order to see a specialist. For information about PCP selection, obtaining referrals to specialists, and prior authorization requirements, please refer to your Member Handbook - Evidence of Coverage.

The health care professionals listed in this directory are health care professionals who have entered into independent contract arrangements with Altius Health Plans, Inc. (except where otherwise noted), to provide

services to Altius Health Plans members. Altius Health Plans does not assume responsibility for any malpractice acts or omissions of these health care professionals in connection with their professional practice.

Please note that this booklet contains information available at the time of printing, and is subject to change. If you wish to verify that a specific provider is currently on the list of contracting Altius providers, or if you have questions about your benefits, please access the Altius website at [www.altiushealthplans.com](http://www.altiushealthplans.com) or contact the Altius Customer Service Department at **801-323-6200** or **800-377-4161**.

## Table of Contents

<b>Providers by County &amp; Specialty .....</b>	<b>2</b>	<b>Ancillary Providers.....</b>	<b>49</b>
Beaver County .....	2	U of U Hospital Clinics.....	51
Box Elder County.....	2	Mental Health Care.....	51
Cache County.....	2	Contracted Hospitals and Facilities.....	51
Carbon County.....	4	Primary Care Facilities w/ Extended Hours .....	52
Davis County.....	4	Urgent Care Centers.....	52
Duchesne County.....	8	Chiropractic Providers .....	53
Emery County.....	8	Optometry Providers.....	56
Garfield County.....	8	Contracted Pharmacies.....	57
Grand County.....	8	Index.....	63
Iron County.....	8		
Juab County.....	9		
Kane County.....	9		
Millard County .....	9		
Morgan County.....	9		
Piute County.....	9		
Rich County.....	9		
Salt Lake County.....	9		
San Juan County.....	33		
Sanpete County .....	34		
Sevier County.....	34		
Summit County .....	34		
Tooele County.....	35		
Uintah County.....	36		
Utah County .....	36		
Wasatch County .....	42		
Washington County.....	42		
Wayne County .....	44		
Weber County.....	44		

Enrolling in Altius Health Plans does not guarantee services by a particular provider from this directory. If you wish to receive care from specific providers listed, you should contact those providers to be sure that they are accepting additional patients for Altius Health Plans.

# Providers by County & Specialty

## BEAVER COUNTY

### Family Practice

- ◆ **Hussey, Kenneth L., PA # 220745**  
1059 N. 100 W.  
Beaver 435-438-7280
- ◆ **Melling, Mitchell, MD # 208500**  
1059 N. 100 W.  
Beaver 435-438-7280
- ◆ **Oakden, R. Wade, MD # 209248**  
1059 N. 100 W.  
Beaver 435-438-7280
- ◆ **Robinson, B. Noal, MD # 210402**  
1059 N. 100 W.  
Beaver 435-438-7280
- ◆ **Smith, Roger H., MD # 211143**  
1059 N. 100 W.  
Beaver 435-438-7280

## BOX ELDER COUNTY

### Audiology

**Robinson, Dave, AUD**  
973 S. Main St.  
Brigham City 435-723-2727

**Udy, Mitchell R., AUD**  
44 S. 100 W.  
Brigham City 435-723-3428

### Ear, Nose and Throat

**Major, M. Scott, MD**  
950 Medical Dr., Ste. 103  
Brigham City 801-866-0170

### Family Practice

- ◆ **Anderson, Dellray H., MD # 202827**  
420 W. 600 N.  
Tremonton 435-257-4444
- ◆ **Dawson, Brian C., MD # 204780**  
984 Medical Dr., Ste. 1  
Brigham City 435-723-5248
- ◆ **Keller, Bruce W., MD # 207344**  
600 W. Hospital Rd.  
Brigham City 435-734-2041
- ◆ **Lish, Jeffrey Ray, MD # 207943**  
984 Medical Dr., Ste. 1  
Brigham City 435-723-5248
- ◆ **Matthews, Thomas M., MD # 208292**  
600 W. Hospital Rd.  
Brigham City 435-734-2041
- ◆ **Merrell, Chad L., MD # 208547**  
420 W. 600 N.  
Tremonton 435-257-4444
- ◆ **Merrell, Rodney W., MD # 208548**  
420 W. 600 N.  
Tremonton 435-257-4444
- ◆ **Schow, Jan-Erik, MD # 210790**  
300 W. 1400 S.  
Garland 435-257-2469
- ◆ **Shaw, Michael C., MD # 210910**  
984 Medical Dr., Ste. 1  
Brigham City 435-723-5248

- ◆ **Taylor, James R., MD # 211760**  
600 W. Hospital Rd.  
Brigham City 435-734-2041
- ◆ **Walker, Douglas C., DO # 202140**  
300 W. 1400 S.  
Garland 435-257-3684
- ◆ **Wilding, Gregg H., MD # 212689**  
600 W. Hospital Rd.  
Brigham City 435-734-2041

### General Practice

- ◆ **Bunderson, Dean L., MD # 197163**  
47 N. 100 E.  
Brigham City 435-723-5297

### General Surgery

**Ashdown, Jan, MD**  
950 Medical Dr., Ste. 104  
Brigham City 435-723-1114

**Hillam, Joseph D., MD**  
990 Hospital Dr.  
Brigham City 435-734-9439

**Murphy, Kevin A., MD**  
471 W. 600 N.  
Tremonton 435-257-4547

### Internal Medicine

- ◆ **Beard, Lynn Q., MD # 203243**  
984 Medical Dr., Ste. 1  
Brigham City 435-723-5248
- ◆ **Markeson, John R., MD # 208217**  
600 W. Hospital Rd.  
Brigham City 435-734-2041
- ◆ **Wilding, David G., MD # 212688**  
600 W. Hospital Rd.  
Brigham City 435-734-2041

### Obstetrics and Gynecology

- ◆ **Dibble, Carlos M., MD # 197859**  
980 Medical Dr., Ste. 1  
Brigham City 435-723-6191
- Housel, Darren W., MD**  
984 Medical Dr.  
Brigham City 435-734-1100
- ◆ **Starr, Stephen E., MD # 211461**  
980 Medical Dr., Ste. 1  
Brigham City 435-279-8617  
420 W. 600 N.  
Tremonton 435-257-2066

### Ophthalmology

**Lewis, David P., MD**  
990 Medical Dr.  
Brigham City 435-734-2097

### Oral and Maxillofacial Surgery

**Jessen, G. Shane, MD**  
102 E. Forest St.  
Brigham City 800-860-6260

### Orthopedic Surgery

**MacKay, Dewey C. III, MD**  
990 Medical Dr.  
Brigham City 435-734-2151

**Nelson, Keith J., MD**  
1950 S. Highway 89  
Perry 877-787-2031

**Sumko, Michael H., DO**  
990 Medical Dr.  
Brigham City 435-734-2151

### Pediatrics

- ◆ **Lloyd, Carey D., MD # 207961**  
980 Medical Dr., Ste. 2  
Brigham City 888-988-2433

### Physical Therapy

**Colvin, Roger, PT**  
990 Medical Dr., Ste. U3  
Brigham City 435-723-6487

**Dahlberg, Chris, PT**  
990 Medical Dr., Ste. U3  
Brigham City 435-723-6487

### Podiatry

**Cook, W. Bryce, DPM**  
990 Medical Dr., Ste. 3  
Brigham City 435-734-9623

**Fawson, Lorell B., DPM**  
14 N. 100 E.  
Brigham City 435-257-4444

420 W. 600 N.  
Tremonton 435-257-4444

**Heninger, Spencer B., DPM**  
1930 S. Highway 89  
Brigham City 435-723-0825

### Rheumatology

**Vonk, Harold, MD**  
984 Medical Dr., Ste. 3  
Brigham City 435-723-5500

### Speech Therapy

**Stokes, Orvil J., SPT**  
973 S. Main St.  
Brigham City 435-723-2727

### Urology

**Larsen, Ryan H., MD**  
950 Medical Dr., Ste. 103  
Brigham City 435-734-4242

## CACHE COUNTY

### Allergy

**Johnson, F. Matthew, MD**  
2380 N. 400 E., Ste. A  
Logan 435-750-6212

### Audiology

**Crookston, Garr, AUD**  
129 E. 1400 N.  
Logan 435-753-7171

**Robinson, Dave, AUD**  
129 E. 1400 N.  
Logan 435-753-7171

### Cardiology

**Otrusnik, Rudolf, MD**  
1300 N. 500 E., Ste. 320  
Logan 435-755-8200

**Saul, William L., MD**  
1300 N. 500 E., Ste. 320  
Logan 435-755-8200

### Dermatology

**Burdett, Craig, PA**  
274 N. Main St.  
Logan 435-753-1600

**Holdaway, Don R., MD**  
2380 N. 400 E., Ste. B  
North Logan 435-752-5741

**Hubbard, Kelly W., MD**  
2380 N. 400 E., Ste. B  
North Logan 435-752-5741

**Summers, Bradley K., MD**  
550 E. 1400 N., Ste. R  
Logan 435-755-9484

**Young, Robert P., MD**  
550 E. 1400 N., Ste. Q  
Logan 435-787-0560

### Ear, Nose and Throat

**Bennion, Jeffrey G., MD**  
2380 N. 400 E., Ste. D  
North Logan 435-753-7880

## PLEASE NOTE

Information contained in this directory is current as of the date of printing.

For the most up-to-date information, visit our Provider Directory at [www.altiushealthplans.com](http://www.altiushealthplans.com).

**Ear, Nose and Throat, cont.**

**Blotter, James W., MD**  
2380 N. 400 E., Ste. D  
North Logan 435-753-7880

**Wood, Gordon S., MD**  
2380 N. 400 E., Ste. D  
North Logan 435-753-7880

**Family Practice**

◆ **Bergeson, Lars, MD # 196943**  
169 Springcreek Pkwy., Ste. 100  
Providence 435-752-0330

◆ **Brown, Todd A., MD # 101859**  
291 S. Main St., Ste. C  
Smithfield 435-563-6211

◆ **Carlson, Brian W., MD # 241047**  
1350 N. 500 E.  
Logan 435-792-1627

◆ **Duke, Kevin R., DO # 197944**  
169 Springcreek Pkwy., Ste. 100  
Providence 435-752-0330

◆ **Howard, D'Nell B., FNP # 233325**  
291 S. Main St., Ste. C  
Smithfield 435-563-6211

◆ **Isaacson, Bruce A., MD # 198986**  
550 E. 1400 N., Ste. Z  
Logan 435-755-5799

◆ **\*Johnson, Corey B., MD # 199064**  
139 S. 200 W.  
Hyrum 801-245-5015

◆ **Johnson, F. Matthew, MD # 230188**  
2380 N. 400 E., Ste. A  
Logan 435-750-6212

◆ **Wootton, George C., FNP # 233330**  
291 S. Main St., Ste. C  
Smithfield 435-563-6211

**Gastroenterology**

**Bohman, V. Duane, MD**  
630 E. 1400 N., Ste. 100A  
Logan 435-787-0270

**Davis, Dirk R., MD**  
630 E. 1400 N., Ste. 100A  
Logan 435-787-0270

**Larsen, Bryan R., MD**  
630 E. 1400 N., Ste. 100A  
Logan 435-787-0270

**General Surgery**

**Broadbent, Lee S., MD**  
550 E. 1400 N., Ste. D  
Logan 435-752-7122

**Graham, C. James, MD**  
10 N. 600 E.  
Hyrum 435-245-6451

**Grover, Scott W., DO**  
550 E. 1400 N., Ste. D  
Logan 435-752-7122

**Hematology and Oncology**

**Ben-Jacob, Ali, MD**  
550 E. 1400 N., Ste. W.  
Logan 435-752-5999

**Internal Medicine**

◆ **Cunningham, T. Scott, DO # 204653**  
1300 N. 500 E., Ste. 320  
Logan 435-755-8200

◆ **Hirst, Russell N., MD # 198770**  
1565 S. 800 E.  
Lewiston 435-258-2441

◆ **O'Very, Bruce A., MD # 209460**  
1325 N. 600 E., Ste. 101  
Logan 435-750-5599

◆ **Szpunar, Agnes, MD # 211712**  
1300 N. 500 E., Ste. 320  
Logan 435-755-8200

**Obstetrics and Gynecology**

◆ **Atkin, Lorna O., PA # 203000**  
920 N. 200 W., Ste. A  
Logan 435-750-0366

**Fowers, Gary K., MD**  
1325 N. 600 E., Ste. 102  
Logan 435-753-9999

◆ **Heiner, Mark D., MD # 206466**  
550 E. 1400 N., Ste. S.  
Logan 435-792-1598

◆ **Horsley, E. Brett, DO # 206716**  
1350 N. 500 E.  
Logan 435-792-1627

◆ **Kirkman, David A., MD # 222311**  
1325 N. 600 E., Ste. 102  
Logan 435-753-9999

◆ **Noorda, Barry A., MD # 209134**  
1325 N. 600 E., Ste. 102  
Logan 435-753-9999

550 E. 1400 N., Ste. K  
Logan 435-752-1494

◆ **Strebel, Robert P., MD # 201588**  
550 E. 1400 N., Ste. I  
Logan 435-753-1545

◆ **Wade, Kenneth A., PA # 232105**  
1325 N. 600 E., Ste. 102  
Logan 435-753-9999

◆ **Young, Danee S., MD # 212960**  
920 N. 200 W., Ste. A  
Logan 435-750-0366

**Ophthalmology**

**Brinton, Gregory S., MD**  
272 1/2 N. Main St.  
Logan 800-873-8462

**Jaussi, W. Reed, MD**  
550 E. 1400 N., Ste. T  
Logan 435-752-2020

**Kwun, Robert, MD**  
272 1/2 N. Main St.  
Logan 800-873-8462

**Raymond, J. Scott, MD**  
550 E. 1400 N., Ste. P  
Logan 435-753-4541

**Siler, Jon A., MD**  
1300 N. 500 E., Ste. 350  
Logan 435-752-7445

**Swartz, Mano, MD**  
272 1/2 N. Main St.  
Logan 800-873-8462

**Waterman, David G., MD**  
1300 N. 500 E., Ste. 350  
Logan 435-752-7445

**Winward, Kirk E., MD**  
272 1/2 N. Main St.  
Logan 800-873-8462

**Oral and Maxillofacial Surgery**

**Jessen, G. Shane, MD**  
1230 N. 200 E.  
Logan 800-860-6260

**Orthopedic Surgery**

**Felix, Brent A., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Finlayson, Terry, MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Goble, E. Marlowe, MD**  
2380 N. 400 E.  
North Logan 435-787-8467

**Gordon, Richard E., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Hicken, Gregory J., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Kellogg, Kevin R., PA**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Larson, Brad J., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Malouf, James T., MD**  
2380 N. 400 E.  
North Logan 435-792-4100

**Nelson, Keith J., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**St. Onge, Richard A., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Pediatrics**

◆ **Armstrong, Craig W., MD # 153682**  
2380 N. 400 E., Ste. C  
North Logan 435-753-7337

◆ **Huff, Glen F., MD # 206773**  
2380 N. 400 E., Ste. C  
North Logan 435-753-7337

◆ **Jorgensen, Nina G., MD # 207243**  
2380 N. 400 E., Ste. C  
North Logan 435-753-7337

◆ **McKenna, Russel T., DO # 217394**  
1325 N. 600 E., Ste. 101  
Logan 435-750-5599

◆ **O'Very, Bruce A., MD # 209460**  
1325 N. 600 E., Ste. 101  
Logan 435-750-5599

**Physical Medicine and Rehabilitation**

**Clegg, Michael L., MD**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Finnoff, Jonathan T., DO**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Physical Therapy**

**Acevedo, Charles, PT**  
2310 N. 400 E., Ste. C  
Logan 435-752-5200

**Doucette, Susan, PT**  
2310 N. 400 E., Ste. C  
Logan 435-752-5200

**Plastic Surgery**

**Andersen, Blaine P., MD**  
1300 N. 500 E., Ste. 260  
Logan 435-753-3400

**Podiatry**

**Bell, David D., DPM**  
1219 N. 400 E.  
Logan 435-753-7000

**Cook, W. Bryce, DPM**  
550 E. 1400 N., Ste. B  
Logan 435-752-9011

**Edwards, David G., DPM**  
2310 N. 400 E., Ste. A  
North Logan 435-787-2000

**Heninger, Spencer B., DPM**  
2380 N. 400 E., Ste. G  
Logan 435-753-9044

**Martin, William W., DPM**  
550 E. 1400 N., Ste. N.  
Logan 435-753-3953

**Richman, Brian Holt, DPM**  
550 E. 1400 N., Ste. N.  
Logan 435-752-1038

**Pulmonary Disease**

**Hirst, Russell N., MD**  
1565 S. 800 E.  
Lewiston 435-258-2441

**Speech Therapy**

**Child, Dee, SPT**  
129 E. 1400 N.  
Logan 435-753-7171

**Urology**

**Callister, Michael S., MD**  
550 E. 1400 N., Ste. J  
Logan 435-753-1171

## Providers by County & Specialty, cont.

### Urology, cont.

Larsen, Ryan H., MD  
250 E. 1400 N., Ste. J  
Logan 435-753-1171

## CARBON COUNTY

### Dermatology

Goodsell, Brent H., DO  
250 N. Fairgrounds Rd., Ste. 2  
Price 435-637-4048

### Ear, Nose and Throat

Peterson, Brian R., MD  
945 W. Hospital Dr., Ste. 1  
Price 435-637-4327

### Family Practice

◆ Etzel, Glenn T., MD # 198083  
280 N. Hospital Dr., Ste. 3  
Price 435-637-9545

◆ Gagon, Shane D., MD # 198348  
280 N. Hospital Dr., Ste. 4  
Price 435-637-6271

◆ Hunt, Russell, PA # 206808  
305 Center St.  
East Carbon 435-888-4411

◆ Mathis, Donna D., NP # 233146  
280 N. Hospital Dr., Ste. 4  
Price 435-637-6271

◆ Morgan, Max, MD # 199890  
230 N. Hospital Dr., Ste. 4  
Price 435-637-2300

◆ Olsen, Jeannee L., PA # 241427  
280 N. Hospital Dr., Ste. 4  
Price 435-637-6271

◆ Potter, Sterling G., MD # 200651  
945 W. Hospital Dr., Ste. 2  
Price 435-637-6190

◆ Quinton, C. Kim, NP # 210078  
590 E. 100 N., Ste. 6  
Price 435-613-9466

◆ Radley, Karen M., MD # 200763  
280 N. Hospital Dr., Ste. 4  
Price 435-637-6271

◆ Wheeler, Virginia, NP # 212612  
305 Center St.  
East Carbon 435-888-4411

### General Surgery

Cox, Wayne E., MD  
945 W. Hospital Dr., Ste. 3  
Price 435-637-2970

McCance, Chad L., MD  
280 N. Hospital Dr., Ste. 5  
Price 435-637-1268

### Internal Medicine

◆ Jeffery, Allan P., DO # 231853  
300 N. Hospital Dr.  
Price 435-637-4800

◆ King, Kurt, MD # 207431  
305 Center St.  
East Carbon 435-888-4411

300 N. Hospital Dr.  
Price 435-637-4800

◆ Monahan, Daniel, MD # 199852  
230 N. Hospital Dr., Ste. 3  
Price 435-637-7960

◆ Nichols, David A., MD # 188724  
284 N. Hospital Dr., Ste. 2  
Price 435-613-1450

### Obstetrics and Gynecology

◆ Hollingsworth, Joseph D., MD # 198785  
945 W. Hospital Dr., Ste. 4  
Price 435-637-0675

◆ Nielsen, F. Rex, MD # 200091  
280 N. Hospital Dr., Ste. 2  
Price 435-637-3098

### Ophthalmology

Byers, Timothy L., MD  
200 N. Fairgrounds Rd., Ste. 2  
Price 435-637-8689

Hansen, Jeffrey, MD  
200 N. Fairgrounds Rd., Ste. 2  
Price 435-637-8689

### Orthopedic Surgery

Boyle, John F., MD  
945 W. Hospital Dr., Ste. 7  
Price 435-637-0474

Heiner, David R., MD  
945 W. Hospital Dr., Ste. 8  
Price 435-637-7727

Relyea, Randall M., DO  
230 N. Hospital Dr., Ste. 2  
Price 435-613-1238

### Pediatrics

◆ Madsen, Edward K., MD # 199543  
590 E. 100 N.  
Price 435-637-7551

◆ Van Vloten, Ada X., MD # 230041  
280 N. Hospital Dr., Ste. O-2  
Price 435-637-7100

### Physical Therapy

Fassio, Silvia, PT  
53 S. 700 E.  
Price 435-613-0330

Gagon, Michael L., PT  
590 E. 100 N., Ste. 1  
Price 435-613-1500

Ohlweiler, Jeffrey N., PT  
590 E. 100 N., Ste. 1  
Price 435-613-1500

### Podiatry

Blackburn, Dennis, DPM  
250 N. Fairgrounds Rd., Ste. 3  
Price 435-637-6797

### Urology

Snihurowych, Walter M., MD  
250 N. Fairgrounds Rd., Ste. 2  
Price 435-637-4048

## DAVIS COUNTY

### Allergy

Edson, Allan C., DO  
26 S. Main St.  
Centerville 801-294-5224

1492 W. Antelope Dr., Ste. 208  
Layton 801-294-5224

### Audiology

Crookston, Garr, AUD  
70 S. Fairfield Rd., Ste. 10  
Layton 801-444-0300

Crump, Mary W., AUD  
2121 Robins Dr.  
Layton 801-773-4840

Hogge, Jennifer, AUD  
2121 Robins Dr.  
Layton 801-773-4840

Nielsen, Kent Jay, AUD  
74 E. 500 S., Ste. 112  
Bountiful 801-294-6200

70 S. Fairfield Rd., Ste. 10  
Layton 801-444-0300

Pergler, Harold, AUD  
425 Medical Dr., Ste. 200  
Bountiful 801-295-9644

Robinson, Dave, AUD  
74 E. 500 S., Ste. 112  
Bountiful 801-294-6200

Sacco, Craig, AUD  
2121 Robins Dr.  
Layton 801-773-4840

Young, Alan, AUD  
70 S. Fairfield Rd., Ste. 10  
Layton 801-444-0300

### Cardiology

Anding, Eric S., MD  
520 Medical Dr., Ste. 300  
Bountiful 801-292-1315

Cody, Michael C., MD  
1660 W. Antelope Dr., Ste. 225  
Layton 801-776-0174

Humiston, Daniel J., MD  
1660 W. Antelope Dr., Ste. 225  
Layton 801-776-0174

Olsen, Stephanie L., MD  
1660 W. Antelope Dr., Ste. 225  
Layton 801-776-0174

West, Scott H., MD  
520 Medical Dr., Ste. 300  
Bountiful 801-292-1315

### Dermatology

Bishop, B. Grant, MD  
425 Medical Dr., Ste. 110  
Bountiful 801-298-3802

Checketts, Scott R., MD  
2121 Robins Dr.  
Layton 801-773-4840

Martineau, Michael R., MD  
2121 Robins Dr.  
Layton 801-773-4840

Nielsen, Joe R., MD  
415 Medical Dr., Ste. D200  
Bountiful 801-292-6277

### Ear, Nose and Throat

Harbrecht, David, MD  
425 Medical Dr., Ste. 107  
Bountiful 801-292-8303

Mellor, Robert L., MD  
2121 Robins Dr.  
Layton 801-773-4840

Richards, Bryan L., MD  
2121 Robins Dr.  
Layton 801-773-4840

Skedros, Demetrios G., MD  
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Stoker, Kelly E., MD  
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### Endocrinology

Al-Rayess, Khaldoun M., MD  
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### Family Practice

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◆ Anderson, Marc O., MD # 158822  
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◆ Astle, Nelson L., MD # 202995  
1792 W. 1800 N.  
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124 S. Fairfield Rd.  
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◆ Barker, Layne T., MD # 203136  
2038 W. 1900 S.  
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◆ Barney, Paul, MD # 203160  
934 S. Main St.  
Layton 801-544-4227

◆ Baxter, Mark E., MD # 203219  
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◆ Beck, Stephen A., MD # 196905  
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◆ \*Berwald, Charles J., MD # 203384  
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Family Practice, cont.

- ◆ **\*Beus, Michael L., MD # 203392**  
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- ◆ **Blackburn, Celia W., MD # 203466**  
390 N. Main St.  
Bountiful 801-294-1030
- ◆ **Burningham, Ted H., MD # 203827**  
2121 Robins Dr.  
Layton 801-773-4840
- ◆ **Butler, Warren L., MD # 203852**  
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Syracuse 801-773-4840
- ◆ **Campbell, Zachary M., MD # 219083**  
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Layton 801-773-7232
- ◆ **Christensen, Don Carl, NP # 204246**  
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Layton 801-773-7232
- ◆ **Cope, David G., MD # 240829**  
440 Medical Dr., Ste. 1  
Bountiful 801-298-4112
- ◆ **DeGrauw, Jeffery L., MD # 204820**  
1492 W. Antelope Dr., Ste. 208  
Layton 801-773-4770
- ◆ **Edson, Allan C., DO # 205157**  
26 S. Main St.  
Centerville 801-294-5224  
1492 W. Antelope Dr., Ste. 208  
Layton 801-294-5224
- ◆ **Eriksen, Corey L., DO # 205292**  
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124 S. Fairfield Rd.  
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- ◆ **Erickson, Scott A., MD # 239076**  
440 Medical Dr.  
Bountiful 801-294-8288
- ◆ **Fife, Jason R., DO # 205494**  
2121 Robins Dr.  
Layton 801-773-4840
- ◆ **Foote, Stephen M., DO # 205588**  
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- ◆ **Francis, J. Allen, MD # 205648**  
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Layton 801-773-7232
- ◆ **Gardner, Kevin L., MD # 205782**  
1492 W. Antelope Dr., Ste. 208  
Layton 801-773-4770
- ◆ **Grogan, Rodney K., PA # 206111**  
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Clearfield 801-774-8888
- ◆ **Hobbs, Rachel B., MD # 206611**  
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- ◆ **Jones, Wesley B., PA # 231819**  
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- ◆ **Julien, Craig K., MD # 207265**  
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- ◆ **Kamalu, Layne K., MD # 207291**  
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- ◆ **Kasteler, Douglas S., MD # 207318**  
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Bountiful 801-294-1020
- ◆ **Kirkham, Mark D., MD # 207454**  
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- ◆ **Kirkham, Michael D., MD # 207455**  
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- ◆ **Knowlton, Alisa A., MD # 207502**  
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- ◆ **\*Lee, Gary D., MD # 207793**  
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- ◆ **Lee, Karin L., MD # 207799**  
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- ◆ **Linford, Douglas S., MD # 207930**  
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Layton 801-773-4770
- ◆ **Lore, Steven C., MD # 230343**  
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Bountiful 801-298-3812
- ◆ **Morrell, Stephen L., MD # 208807**  
380 N. 400 W.  
Kaysville 801-773-4840
- ◆ **Morrill, A. Brett, DO # 222327**  
425 Medical Dr., Ste. 220  
Bountiful 801-298-3812
- ◆ **Murray, Cynthia S., MD # 208915**  
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Layton 801-773-4840
- ◆ **\*Neville, Roark B., MD # 209045**  
2084 Robins Dr., Ste. 6  
Layton 801-773-7232
- ◆ **Peterson, Dennis R., MD # 200533**  
415 Medical Dr., Ste. B200  
Bountiful 801-292-7254
- ◆ **Rees, James H., MD # 210200**  
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Layton 801-773-7232
- ◆ **Riggs, Brannick B., MD # 240788**  
2102 Robins Dr., Ste. 103B  
Layton 801-773-2838
- ◆ **Rodgers, Brian J., DO # 200963**  
425 Medical Dr., Ste. 220  
Bountiful 801-298-3812
- ◆ **\*Schalling, Michael P., MD # 210742**  
380 N. 400 W.  
Kaysville 801-773-4840
- ◆ **Stam, Lovenia M., NP # 211436**  
1492 W. Antelope Dr., Ste. 203  
Layton 801-773-7500
- ◆ **Stelter, Casey L., MD # 241380**  
124 S. Fairfield Rd.  
Layton 801-546-9441
- ◆ **Taylor, John B., MD # 211762**  
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- ◆ **Taylor, Leroy C., MD # 122036**  
520 Medical Dr., Ste. 210  
Bountiful 801-296-5805
  - ◆ **Taylor, Paul R., MD # 211771**  
1792 W. 1800 N.  
Clinton 801-774-8888  
124 S. Fairfield Rd.  
Layton 801-546-9441
  - ◆ **VandeMerwe, David A., MD # 202071**  
390 N. Main St.  
Bountiful 801-294-1010
  - ◆ **Wade, Ralph D., DO # 202128**  
520 Medical Dr., Ste. 210  
Bountiful 801-298-9155
  - ◆ **\*Wallin, Richard K., MD # 212379**  
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Layton 801-773-4840
  - ◆ **Ward, Raymond P., MD # 240827**  
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Bountiful 801-298-4112
  - ◆ **Weeks, Jonathan A., MD # 212499**  
124 S. Fairfield Rd.  
Layton 801-546-9441
  - ◆ **\*Wilson, George S., MD # 202340**  
440 Medical Dr.  
Bountiful 801-298-9100
  - ◆ **Yaroshchuk, Larisa, MD # 235502**  
124 S. Fairfield Rd., Ste. B  
Layton 801-547-1120
  - ◆ **\*Yates, Jay R., MD # 161922**  
2121 Robins Dr.  
Layton 801-773-4840
- Gastroenterology**
- Boschert, Mark, MD**  
520 Medical Dr., Ste. 200  
Bountiful 801-298-0057
  - Cobb, Deborah D., FNP**  
520 Medical Dr., Ste. 200  
Bountiful 801-298-0057
  - Hilbig, Clarke A., MD**  
520 Medical Dr., Ste. 200  
Bountiful 801-298-0057
  - Khosla, Rajan, MD**  
520 Medical Dr., Ste. 200  
Bountiful 801-298-0057
  - Kiyomura, Robert S., MD**  
2102 N. 1700 W., Ste. 101  
Layton 801-773-9710
  - Nelson, J. Kent, MD**  
425 Medical Dr., Ste. 117  
Bountiful 801-298-0078
  - Poole, Jeffrey S., MD**  
1660 W. Antelope Dr., Ste. 320  
Layton 801-773-2268
  - Thomason, I. Ray, MD**  
520 Medical Dr., Ste. 200  
Bountiful 801-298-0057
- General Practice**
- ◆ **Barson, Aaron V. Jr., DO # 196859**  
1580 W. Antelope Dr., Ste. 250  
Layton 801-776-0067

General Surgery

- Clark, Kevin, MD**  
425 Medical Dr., Ste. 101  
Bountiful 801-298-9409
- Flanders, E. Dean Jr., MD**  
2121 Robins Dr.  
Layton 801-773-4840
- Freeman, Jan S., MD**  
425 Medical Dr., Ste. 101  
Bountiful 801-298-2542
- Jensen, Joseph W., DO**  
1580 W. Antelope Dr., Ste. 230  
Layton 801-728-9555
- Larsen, Wade B., MD**  
2121 Robins Dr.  
Layton 801-773-4840
- Morrell, David Glen, MD**  
380 N. 400 W.  
Kaysville 801-773-4840
- Todd, Russell H., MD**  
425 Medical Dr., Ste. 101  
Bountiful 801-295-7444
- Wilson, Peter V., MD**  
1580 W. Antelope Dr., Ste. 230  
Layton 801-728-9555

Hand Surgery

- Huish, Steven B., MD**  
1551 S. Renaissance Towne Dr., Ste. 400  
Bountiful 801-295-7200
- Sellers, Daniel S., MD**  
415 Medical Dr., Ste. C101  
Bountiful 801-295-6554

Hematology and Oncology

- Frame, Richard N., MD**  
1492 W. Antelope Dr., Ste. 125  
Layton 801-525-3022
- Hansen, Vincent L., MD**  
380 N. 400 W.  
Kaysville 801-773-4840  
2179 Robins Dr., Ste. 1  
Layton 801-775-9990
- Johnson, Harold M., MD**  
2179 Robins Dr., Ste. 1  
Layton 801-775-9990
- Klein, Regina Coeli, MD**  
520 Medical Dr., Ste. 340  
Bountiful 801-296-6665  
1492 W. Antelope Dr., Ste. 125  
Layton 801-525-3022
- Weber, Nancy, PA**  
520 Medical Dr., Ste. 340  
Bountiful 801-296-6665  
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Infectious Disease

- Horani, Jamal, MD**  
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