

HMO/Plus Master Group Contract Application & Execution Section (For new and renewing groups)

Employer applies to SelectHealth for group health coverage as outlined below.

A. COMPANY INFORMATION

Company Name _____

Street Address _____

City, State, ZIP _____

Company Ph# (_____) _____

Business Type Corporation Sole Proprietorship Partnership Nonprofit LLC

Nature of Business _____

Do you carry workers' compensation insurance? Yes No

If you answered yes, list any owner, officer, or partner enrolling under this employer plan that does not have workers' compensation insurance _____

B. PLAN SERVICE AREA

The service area for each plan is listed below:

Select ValueSM

The Select Value service area includes the following counties: Davis, Salt Lake, Summit, Utah, and Weber. However, not all zip codes within these counties are included. As of [January 2008], the following zip codes are NOT part of the Select Value service area: [84017, 84024, 84033, 84036, 84055, 84061, 84013, 84626, 84633, 84651, 84653, 84655, and 84660].

Select Med PlusSM

The Select Med Plus service area includes the following counties: Box Elder, Cache, Davis, Duchesne, Garfield, Iron, Juab, Millard, Morgan, Piute, Salt Lake, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, and Weber. However, not all zip codes within these counties are included. As of [January 2008], the following zip codes are NOT part of the Select Med Plus service area: [84313, 84329, 84712, 84716, 84717, 84718, 84726, 84736, 84759, 84764, 84776, 84723, 84034, 84083, 84008, 84035, 84078, 84079, and 84734].

Select Care PlusSM

The Select Care Plus service area includes the following counties: Beaver, Box Elder, Cache, Davis, Duchesne, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, and Weber. However, not all zip codes within these counties are included. As of [January 2008], the following zip codes are NOT part of the Select Care Plus service area: [84313, 84329, 84034, and 84083].

C. EMPLOYEE RECONCILIATION

- _____ Number of full-time Employees*
- _____ Number of Employees enrolling
- _____ Number of ineligible Employees (part-time, etc.)
- _____ Number of Employees waiving due to other group coverage
- _____ Number of Employees waiving without other coverage
- _____ Number of Employees currently in a new hire waiting period

*Owners, officers, partners, and all other Employees who work no less than thirty (30) hours per week on a regular basis wherein an Employer/Employee relationship exists and where taxes are deducted from a salary. Independent contractors, leased, part-time, temporary, and retired Employees are not eligible.

D. MONTHLY PREMIUM

On or before the first day of each month, the Employer shall pay SelectHealth the Premium per the rate schedule.

E. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA

Mandatory Employee eligibility and enrollment requirements which the Employer must satisfy as a condition to the initial and continued effectiveness of this contractual arrangement are as follows:

1. *New Hire Eligibility Period:

Effective Date will be the first of the month following

- 1 month
- 2 months
- 3 months

Options below are available ONLY for groups of five (5) or more enrolling Employees.

- 6 months
- 9 months
- 12 months
- Dual Waiting Periods for separate classes (classes determined by employer) _____ / _____
- Combination of any two of the six (6) waiting periods listed above (1 month to 12 months)

*The New-Hire Eligibility Period can only be changed twice: once at renewal and one time outside of the renewal period.

2. Employer Monthly Contribution

Employer must contribute an amount equivalent to at least 50 percent of the lowest single coverage monthly Premium. The Employer contribution must be consistent for all Employee classes.

3. Minimum Number of Employees

A minimum of two (2) Employees must be approved for group eligibility at all times. For the determination of a group of two (2), the spouse of the Employer will not be considered as an eligible Employee. *Dual Option Only:* A minimum of ten (10) Employees must be approved for group eligibility at all times.

Required minimum Employee enrollment

- Employer Groups with up to 14 Enrolling Employees - 100 percent must participate
- Employer Groups 15 or more Enrolling Employees - 75 percent must participate

Employees waiving coverage due to other group coverage will not be counted toward participation.

4. Dependent Age Limitations

Unmarried dependent children are eligible for coverage up to age 19. Unmarried, financially dependent children who rely on the Member for more than 50 percent of their total support are eligible for coverage up to age 26.

5. Termination of Coverage

Employee and Dependent(s) coverage will terminate as of the end of the month in which termination of eligibility occurs.

E. ELIGIBILITY, CONTRIBUTION, AND ENROLLMENT CRITERIA, CONTINUED

6. Leave of Absence

Eligible Employees are granted a leave of absence by the Employer for up to sixty (60) days. Leave time can only be accrued and used by the Employee using the leave time. Leave Banks, where Employees share or purchase leave time from other Employees, are not allowed.

F. DURATION OF MASTER GROUP CONTRACT

If SelectHealth’s minimum Employee participation and Employer contribution requirements are satisfied, the Master Group Contract and its terms shall commence on the effective date for a term of twelve (12) months.

G. MEMBER PAYMENT SUMMARY

In addition to any other applicable Premium, Members shall pay the copay/coinsurance amount per occurrence on the attached Member Payment Summary. “Not Covered” on the Member Payment Summary indicates that the service is not covered regardless of any other statement of coverage in Exhibit A or otherwise.

H. PRE-EXISTING CONDITIONS

If applicable, Pre-Existing Conditions (PEC) will not be covered for newly covered plan Members as described in the attached Master Group Contract, Member Payment Summary, and Employer Plan Coverage List.

I. SIGNATURE

When a separate Employer Plan Coverage List is countersigned by SelectHealth and attached to this document, then this document, the Employer Plan Coverage List, and the Master Group Contract (including the Member Payment Summary) become the agreement between SelectHealth and Employer. In case of discrepancies, the Employer Plan Coverage List and the Master Group Contract will prevail over this document.

Coverage, if approved, is made on the basis of information provided to SelectHealth by the Employer and its Employees and is subject to the above criteria as well as properly completed Member applications. Employer understands that SelectHealth is relying on such information in making decisions about coverage and payment. Member applications must be submitted to and approved by SelectHealth’s Underwriting department before the proposed effective date. Otherwise, SelectHealth may delay the effective date of issue of this Contract.

This Execution Section of the Master Group Contract must be signed by Employer and received by SelectHealth before the Contract can be finalized.

Company name_____

Owner, sign here_____

Owner, print name here_____

Date _____