



Benefits Update

2010 Notice of Change



To provide you with quality coverage and to keep your monthly premiums as low as possible, we continually review our benefits program. And once a year during open enrollment, we announce plan changes. Please carefully review this important information and take action if needed.

Benefit Changes

Generally, all changes are effective January 1, 2010, unless stated otherwise. Keep in mind, these changes may not apply to you if you're not enrolled in the respective plan or if you live in a service area where a plan is not available.

Medical Insurance

Parity for Mental Health & Chemical Dependency Benefits: We're pleased to introduce important changes to our mental health and chemical dependency benefits, based on the *Mental Health Parity Act*. These changes include:

- Treating outpatient mental health and chemical dependency therapy visits the same as regular office visits by eliminating the annual visit limits. In other words, you'll no longer have a visit limit for outpatient therapy benefits, as long as your care has been properly preauthorized.
- Treating mental health and chemical dependency inpatient hospital stays the same as regular inpatient hospital stays by removing the day limits and applying the same preauthorization guidelines
- Applying the annual deductible (in Deseret Protect, Deseret Premier, and Deseret Value) to mental health services only if it would apply to the same type of service for another medical diagnosis
- Aligning benefits for care provided in an alternative setting to inpatient hospital stay for both medical care (skilled nursing facilities) and mental health and chemical dependency care (Mental Health Alternative Care benefits)

Intestine Transplants: Intestine transplants are now covered by all Deseret Mutual medical plans. This change was effective May 1, 2009.

Skilled Nursing Facilities — Deseret Choice: Beginning next year, we'll include a 60% benefit for care provided in a non-contracted Skilled Nursing Facility in our Deseret Choice medical plan.

Surrogate Pregnancy & Adoption Exclusion: All services and expenses related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child (including care, treatment, delivery, diagnostic procedures, or operations, as well as maternity care for the mother and prenatal/postnatal care for the newborn child) are excluded. All services and expenses for complications related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child are also excluded.



Prescription Changes: Deseret Choice, Deseret Select, Deseret Premier, & Deseret Value

Closed Formulary: Currently, medications not included in our prescription drug formulary (or non-formulary medications) are covered at 50%; you pay the remaining 50%. But beginning next year, *non-formulary medications will not be covered; you'll be responsible for the entire cost.* Also, physicians cannot override the closed formulary.

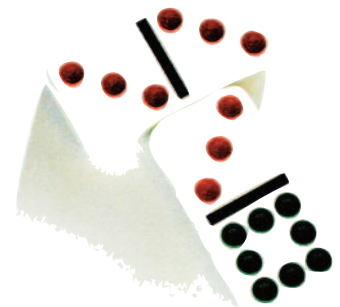
Please keep in mind, you and your physician may not have access to every medication you want, but all drug classes are included in the formulary. And with the broad spectrum of brand-name and generic medications covered on our formulary, all disease states can be treated effectively.

Here's how it works: If your physician writes a prescription for a non-formulary drug and does not allow a substitution, you or your pharmacist can work with your doctor to encourage a medication — either brand-name or generic — that's covered on the formulary. But if your physician still wants the non-formulary drug to be dispensed, you would be responsible for the entire cost.

And remember, you can still take advantage of substantial discounts when you purchase non-formulary medications. That's because you won't pay the full retail price; you'll pay the discounted price from Medco, our pharmacy benefits manager.

Generic Coinsurance Waiver: When you switch from purchasing a *brand-name* medication at a *local retail pharmacy* to receiving a *generic* medication from the *mail-service pharmacy*, we'll waive your coinsurance for your first 90-day supply.

Preferred Drug Step Therapy: In this program, you must use a generic medication to treat a newly diagnosed condition *before* moving to a preferred brand-name medication. For example, if you need a drug to treat acid reflux, you would first need to use a generic drug like omeprazole (Prilosec) before you could use a brand-name drug like Nexium.



Infusion Therapy: You're financially protected when you purchase infused medications through our *Specialty Pharmacy*. When you do, you will receive the medication and either administer it yourself or go to your physician to administer the medication. Beginning next year, if you purchase the infused drug itself through your *physician's office*, your share of the expenses will no longer apply to your annual out-of-pocket limit.

If you have questions about any prescription changes, call our Pharmacy Team and we'll be happy to help!

Prescription Change: Deseret Protect

Infusion Therapy: Beginning next year, you'll be financially protected when you purchase infused medications through our *Specialty Pharmacy*. When you do, you will receive the medication and either administer it yourself or go to your physician to administer the medication. Deseret Protect will cover these medications at 70%; you'll be responsible for the remaining 30%, up to \$140 a month.

If you purchase infused medications through your *physician's office*, your share of the expenses will not apply to your annual out-of-pocket limit.

EyeMed Vision Care

We're pleased to offer valuable vision protection from *EyeMed Vision Care*. Coverage is optional, and you pay the entire cost if you choose to enroll. Plus, you can tailor coverage to meet your needs — benefits for eyewear (like glasses or contact lenses) either with or without coverage for an annual eye exam.

For more complete information, please see the enclosed *EyeMed Vision Care 2010 Benefit Update*.

Life Insurance

SGTL Insurance for Dependent Children: Beginning April 1, 2009, Supplemental Group Term Life insurance coverage increased for dependent children as follows:

	Option 1	Option 2	Option 3
Birth to 6 months	\$ 1,000		
6 months to 26 years	\$ 3,000	\$7,500 (was \$5,000)	\$15,000 (was \$10,000)

SGTL Insurance for Surviving Children: Effective April 1, 2009, surviving children can simply maintain the same level of coverage they have when their covered parent dies (either \$3,000, \$7,500 or \$15,000). Coverage does not automatically increase for children enrolled in Option 1 (\$3,000) when the parent dies.

Disability Insurance

Freeze Enrollment in Medical Plan: Currently, if you're receiving Disability Plan benefits, you can change your medical coverage during open enrollment every year. But beginning next year, your enrollment will freeze to the medical plan in which you're enrolled at the time your Disability benefits begin.

Financial Benefits

Accessing Your Account Information: As you know, you can access account information about your Deseret Mutual financial benefits by visiting our Web site at www.dmba.com or by calling a Financial Benefits Representative. To do so online, click on *Your Benefits* in the top left-hand corner, and pull down the menu to *Personal Statement of Benefits*.

Or you're welcome to have a summary of those benefits sent to you by request. Simply call us and let us know.

Flexible Spending Account Program

Annual Maximum for Medical and Dental Expenses: Beginning in 2010, *you can allocate up to \$6,000 in your medical and dental Flexible Spending account*. For dependent care expenses, the limit remains at \$5,000.



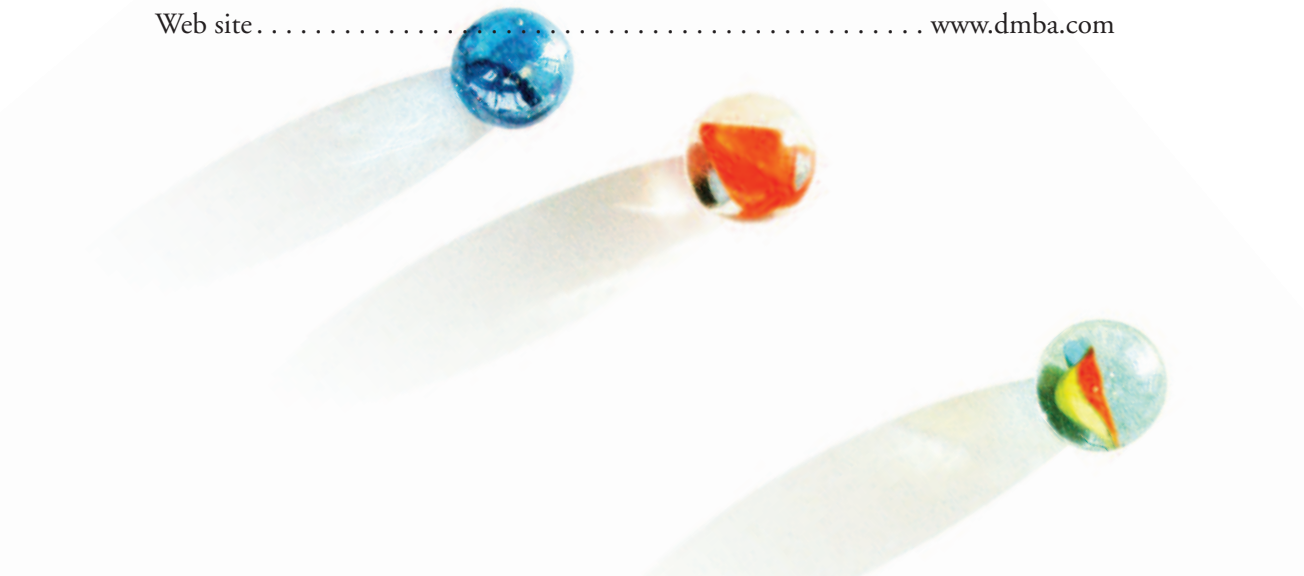
Other Important Reminders: *When you enroll in Flexible Spending, we issue a debit card known as a “Benny Card.” Here’s how it works:*

- Your Benny Card will contain the value of your annual election for medical and dental expenses. So simply use your Benny Card at the pharmacy, store, doctor’s office, or wherever you’re incurring eligible FSA expenses, and the amount will be automatically deducted from your account. It works just like an ordinary debit card, but only for eligible expenses.
- If you’re enrolled in Flexible Spending for 2009 and you plan on enrolling for 2010, ***hang on o your Benny Card*** and your new allocation will automatically be loaded for the new year.
- When you use your Benny Card, ***be sure to save all your receipts so you can verify, or “substantiate,” your eligible expenses.*** Before we introduced the Benny Card last year, you had to submit your receipts before you could be reimbursed for eligible expenses. But now with the Benny Card, we simply ask you to verify certain eligible expenses after the fact, based on IRS guidelines.
- Of course, you’re welcome to continue submitting your Flexible Spending claims using our online system. Or if you’re saving receipts for over-the-counter medications or other items like contact lens supplies or glasses, you can also submit your claims on paper.
- To enroll in Flexible Spending, visit our Web site or call ***by midnight (Mountain Time) on Thursday, December 31, 2009. Or if you want to have your Benny Card in hand by the first of the year, enroll by Friday, December 4, 2009!***
- And remember, enrollment doesn’t carry over; you must re-enroll if you want to participate.

How to Reach Us

If you have any questions about this information, please call your Deseret Mutual Benefits Team or visit our Web site. Our office hours are from 8 a.m. to 5 p.m. (Mountain Time) each weekday except Wednesday. On Wednesdays, our office hours begin at 9 a.m. Here’s how to contact us:

Salt Lake City area. 1-801-578-5600
Toll free. 1-800-777-3622
Web site. www.dmba.com



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Welcome to Deseret Protect!

At Deseret Mutual, we're pleased you're a part of **Deseret Protect**, our flexible health plan that's a low-cost alternative to traditional plans. And Deseret Mutual administers the plan for you.

This section of your Benefits Handbook outlines the major provisions of Deseret Protect as of January 1, 2009. To help you understand how the plan works, here is a brief summary. Then more specific information about plan benefits, procedures, and limitations follows.

- **Deseret Protect** provides immediate insurance protection for office visits and other preventive care services like immunizations and well-child care exams. And that means you don't need to satisfy an annual up-front deductible before the plan will cover these services. You simply pay a copayment — or fixed dollar amount — for the services, and the plan picks up 100% of the balance.
- Deseret Protect has an annual up-front deductible that applies to all major medical expenses like surgeries and inpatient hospitalizations. The deductible helps lower your monthly premium while still protecting you from major medical expenses.
- Here's how the annual up-front deductible works: For services from health-care providers who are contracted with Deseret Protect, you're responsible for the first \$1,000 per person or \$2,000 per family. And for services from non-Deseret Protect providers, you're responsible for the first \$1,300 per person or \$2,600 per family.
- For services like inpatient hospital stays and surgery, the plan pays the majority of the expenses, and you share in the cost by paying what's called your coinsurance — or percentage of the cost.
- With reduced premiums comes reduced benefits. And that means some services that are typically covered by other Deseret Mutual health plans are not covered in Deseret Protect. These services include acupuncture, allergy testing and injections, routine eye exams, high-cost injections, lifestyle screenings, and obesity surgery. So please be aware of these differences.
- Deseret Protect also provides important catastrophe protection if you or someone in your family experiences a serious medical need.
- Your employer pays most of the monthly premium for this important coverage, so your monthly premium will be very small.
- It's a great idea to take the money you save because of your low monthly premium and use that money toward your out-of-pocket costs like your coinsurance and annual deductible. Please take note of those [services](#) to which the annual deductible applies on pages 4 to 24.

Deseret Protect

- When you receive care from Deseret Protect providers, we share the savings with you by increasing your benefits by 10%. Also, you save money because Deseret Protect providers provide quality care at substantial discounts. And they do not bill you for amounts that exceed Deseret Mutual's maximum allowable limits.
- We encourage you to choose a primary care physician (PCP) so you have the benefit of a medical expert to help you in all of your medical decisions. But you don't need to inform us of your choice.
- For information about Deseret Protect contracted providers in your area, please visit our Web site at www.dmba.com. Our contracted organizations include:

Hawaii: MDX Hawaii Network
1-808-293-3970

Idaho & Utah: Deseret Mutual Contracted Providers
1-800-777-3622 or www.dmba.com

Washington State: First Choice Medical Network
1-800-551-4241 or www.fchn.com

All other states: First Health Medical Network
1-800-237-5702 or www.firsthealth.com

- You (or your provider) must preauthorize some services with Deseret Mutual. For more information, see [Preauthorization](#) on page 25. Also see the [Medical Benefits](#) section starting on page 4.
- Benefits are subject to the pre-existing conditions provision of the plan. This means services for pre-existing conditions are eligible for benefits only after you have been continuously covered by the plan for a period of six months, and only for eligible charges incurred after the six-month period. See [Pre-existing Conditions](#) on page 27.

Deseret Protect

To help you get the most from Deseret Protect, remember two key points:

1. Whenever possible, receive care from Deseret Protect contracted providers.

When you receive care from Deseret Protect contracted providers and facilities, you're financially protected. That's because contracted providers accept what you pay (your copayments and/or coinsurance) and what Deseret Mutual pays as payment in full for

eligible services. They won't bill you for more than Deseret Mutual's maximum allowable limits. So when you receive care from Deseret Protect providers, you save money. And we share the savings with you by increasing your benefits by 10%.

2. When required, preauthorize services.

To be eligible for benefits, you (or your provider) must preauthorize specific services. Then we can tell you about any length-of-stay guidelines and/or other benefit limitations.

If you don't preauthorize when required, your benefits may be reduced or declined. In fact, if you do not preauthorize, **you're responsible** for an initial charge (in addition to the appropriate coinsurance). Then if Deseret Mutual ultimately denies benefits for the service, **you're responsible** for all charges.

For more information, see [Preauthorization](#) on page 25. Also see [Medical Benefits](#) starting on page 4.

Annual Deductible

Again, Deseret Protect includes an annual up-front deductible for non-primary care services. With an annual deductible, you pay the initial expense for specific services. This helps keep your monthly premiums down.

For services from Deseret Protect providers, you're responsible for the first \$1,000 per person or \$2,000 per family. And for services from non-Deseret Protect providers, you're responsible for the first \$1,300 per person or \$2,600 per family. This deductible is cumulative. In other words, you only need to satisfy the deductible once during the calendar year before normal benefits begin.

Medical Benefits

The benefits of Deseret Protect are both generous and flexible, and are aimed at improving your health and well-being. Generally, Deseret Protect covers routine office visits at 100% after your \$15 copayment to a primary care physician or your \$30 copayment to a specialist. Most other services are covered at 60% or 70 percent when you receive care from contracted Deseret Protect providers. For specific benefits, see the information that follows.

To be eligible for benefits, all health care you receive must be medically necessary. And all benefits are subject to the maximum allowable limits determined by Deseret Mutual.

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Ambulance

- Services count toward the annual up-front deductible
- When medically necessary, the plan covers licensed ambulance services to the nearest medical facility equipped to furnish the appropriate care. This includes air ambulance services, such as Life Flight
- The plan pays 60%; you pay 40%

Anesthesia

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Cardiac Rehabilitation

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Chemical Dependency – Outpatient

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 100% after your \$35 copayment
- If you use a Deseret Protect provider, the plan pays 100% after your \$30 copayment
- Up to 15 outpatient therapy visits per calendar year are eligible for benefits. These visits for [chemical dependency](#) count toward your total outpatient mental health benefit limit of 15 visits per calendar year (see page 14)

Note: Deseret Protect does **not** cover intensive treatment programs (such as inpatient, residential, or day treatment services) for chemical dependency. But initial detoxification to stabilize the patient is covered by the inpatient hospital services benefit (see [Hospital — Inpatient](#) on page 9)

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Chemotherapy

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Chiropractic Therapy

- Services count toward the annual up-front deductible
- The plan pays 100% of eligible expenses after your \$35 copayment per visit
- If you use a Deseret Protect provider, the plan pays 100% of eligible expenses after your \$30 copayment per visit
- Up to 15 visits per calendar year are eligible for benefits
- Visits for chiropractic therapy do not count toward your annual benefit limit for physical therapy (see [Physical Therapy](#) on page 19)

Note: If you are billed for an evaluation and for a chiropractic therapy treatment for the same visit, you are responsible for both copayments

Convenient Care Clinic

- The plan pays 100% of eligible expenses after your \$15 copayment per visit

Diabetes Education

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- To be eligible for this benefit, you must be diagnosed with diabetes
- The maximum benefit is \$300 per calendar year

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual. And the annual up-front deductible applies where indicated.

Diabetic Supplies

- Covered supplies include syringes, lancets, insulin pumps, and insulin pump supplies. For [test glucometers and test strips](#), see page 8. For insulin pumps, see page 10
- Insulin is covered by the [prescription drug](#) medical benefit (see pages 19 to 20)
- When you use the [mail-service pharmacy](#), supplies are available at 50% of the contracted price for a 90-day supply (see page 19)
- When you purchase supplies from your [local retail pharmacy](#), supplies are available at 50% of the contracted price for a 90-day supply (see page 19)
- For your information, Deseret Protect does not cover home A1C or continuous glucose monitoring devices

Dialysis

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Emergency Room

- Services count toward the annual up-front deductible
- The plan pays 60% after your \$75 copayment per visit; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70% after your \$75 copayment per visit; you pay 30%
- If you receive follow-up care at the emergency room, **you're responsible** for the charges for another emergency room visit, including the \$75 copayment
- If the hospital emergency room visit results in an inpatient hospital service, you must preauthorize with Deseret Mutual within two business days or as soon as reasonably possible (see [Hospital — Inpatient](#) on page 9)
- If care at an [urgent care](#) facility is appropriate as a less expensive alternative, see page 23

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Enteral Formula / Nutritional Supplements

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 70%; you pay 30%
- Supplements for those with cystic fibrosis or phenylketonuria (PKU) are covered
- Nutritional supplements for inborn errors of metabolism are covered
- Most other supplements prescribed for other reasons are not covered. If you have any question as to whether your particular need is covered, please call Deseret Mutual's Medical Management Team

Eyewear (Glasses or Contact Lenses)

- Services count toward the annual up-front deductible
- Generally, eyewear is not covered. But if eyewear is necessary because of eye surgery that is covered by the plan, expenses for glasses or contact lenses are eligible for benefits, one time per surgery. To be eligible for benefits, you must purchase the eyewear within one year of the surgery
- Contact lenses are also covered with a diagnosis of keratoconus
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Genetic Testing

- Deseret Mutual will cover genetic testing when it's medically necessary and when it meets specific criteria
- Services apply to the annual up-front deductible
- You must preauthorize
- For outpatient care, the annual up-front deductible does not apply. The plan pays 100%; you pay nothing (in other words, the regular benefit for outpatient laboratory services applies)
- For inpatient care, the annual up-front deductible applies. The plan pays 60%; you pay 40%. If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Glucometers & Test Strips

- Veridicus Rx provides Prodigy glucometers at no cost to you. So please call Veridicus at 1-888-281-3221 to get your glucometer
- Prodigy test strips: The plan pays 50%; you pay 50%
- Non-Prodigy Diagnostics test strips and glucometers are not covered

Hearing Aids for Children

- Services count toward the annual up-front deductible
- This benefit is only available for patients younger than 19
- The plan pays 50%; you pay 50%
- The maximum benefit is \$1,200 per ear once every three years

Hearing Exams

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Home Health Care

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- To be eligible for benefits, services must be performed by a licensed Registered Nurse (RN) or a Licensed Practical Nurse (LPN)
- Custodial care, such as maintaining someone beyond the acute phase of injury or illness including room, meals, bathing, dressing, and home health aides, is not eligible for benefits

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Hospice Care

This benefit is available to participants or dependents with a terminal illness who are anticipated to live less than six months.

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- Hospice care usually includes:
 - Bereavement services
 - Coordinated team of hospice professionals
 - Counseling services to patients and caregivers
 - Medical equipment and supplies
 - Medications related to the terminal illness and symptoms
 - Nursing services for emergencies related to the terminal illness
 - Primary caregiver respite care
- Regular plan benefits and requirements apply, depending on the service provided

Hospital – Inpatient

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- When semi-private rooms are available, the plan does not pay for private rooms

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Immunizations

- The plan pays 100%
- Common covered immunizations include:
 - Diphtheria/Pertussis/Tetanus (DPT)
 - Measles/Mumps/Rubella (MMR)
 - Diphtheria/Tetanus (DT)
 - Polio
 - Hepatitis
 - Pneumococcal
 - Hemophilus Influenza (HIB)
 - Tetanus
 - Influenza (VZV)
 - Tetramune
 - Human Papillomavirus (HPV) from ages 9 to 26

Injections / IV Therapy

- Services count toward the annual up-front deductible
- The plan pays 50%; you pay 50%
- Remember, allergy injections are not covered
- Many very expensive injections considered specialty pharmacy injections are not covered. For example, Avonex for multiple sclerosis and Remicade for rheumatoid arthritis or Crohn's disease are not covered (see [Exclusion 14.3](#) on page 35). Please contact Deseret Mutual's Pharmacy Team for more information

Insulin Pumps

- Services count toward the annual up-front deductible
- You must preauthorize
- Our contracted provider for the purchase of insulin pumps and pump supplies is Edgepark Surgical, Inc. at 1-800-321-0591
- The plan pays 50%; you pay 50%; eligible once every five years

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Laboratory Services – Inpatient

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Laboratory Services – Outpatient

- The plan pays 100%

Mammograms

- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- Routine mammograms are eligible for benefits once a calendar year

Maternity – Inpatient

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- For a vaginal delivery, the first two days after delivery do not need to be preauthorized. But to be eligible for benefits for an extended stay, days beyond the first two must be medically necessary and you must preauthorize
- For a cesarean section delivery, the first four days after delivery do not need to be preauthorized. But to be eligible for benefits for an extended stay, days beyond the first four must be medically necessary and you must preauthorize
- When semi-private rooms are available, the plan does not pay for private rooms

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Maternity – Physician Services

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Medical Equipment (Durable)

- Services count toward the annual up-front deductible
- Durable medical equipment is a device that is durable and usable over a two-year period, primarily serves a medical purpose, generally is not useful to people in the absence of illness, injury, or congenital defect, and is appropriate for use in the home
- The plan pays 50%; you pay 50%
- Certain equipment must be rented before it can be purchased. Also, certain equipment can only be replaced based on specific time intervals. A one-per-lifetime policy will apply to commodes, communication devices, helmet therapy, erect-aides, and light boxes/SAD lights
- You must preauthorize certain medical equipment. For information about equipment requiring preauthorization, please refer to the table on page 13. This table also includes a list of items you do not need to preauthorize and items that are not eligible for benefits
- You are responsible for expenses associated with the maintenance and upkeep of your medical equipment
- In some instances, if you purchase the equipment after you rent it, the rental price may be applied to the purchase price

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Medical Equipment		
Must Be Preauthorized	Does Not Need to Be Preauthorized	Not Eligible for Benefits
Bone growth stimulators Communication devices CPAP humidifiers CPAP machines Cranial orthotic devices Erect-aids Gait trainers Hospital beds Implantable pain pumps Lymphopresses Oxygen concentrators Respirators / ventilators Scooters Seasonal Affective Disorder lights Spinal cord stimulators Standers ThAIRpy vests for cystic fibrosis Wheelchairs Wound vacs	Apnea monitors Bilirubin lights Blood pressure kits Breast prosthetics for cancer patients Canes Commodes Continuous Passive Motion machines Crutches Enteral infusion pumps Hearing aids for younger than 19 Hoyer lifts Nebulizer Orthopedic braces Overhead trapeze Oxygen PulmoAide Reflux boards Side rails for beds Slant boards / transfer boards TENS / EMS units Walkers	Air filtration systems Breast pumps * Cold / heat applications Continuous glucose monitors Dehumidifiers Exercise equipment Hearing aids for 19 and older Hearing devices Humidifiers for home use Interferential stimulators Joint stretching devices Knee braces used solely for sports Learning devices Lift chairs Modifications associated with: <ul style="list-style-type: none"> • Activities of daily living • Homes • Vehicles Spa memberships Vision devices Whirlpools

* If you meet medical criteria, you may be eligible for benefits

Medical Supplies

- Services count toward the annual up-front deductible
- Medical supplies are usually disposable, one-use-only medical items for immediate use. These include casts, dressings, bandages, ace bandages, and knee braces
- The plan pays 50%; you pay 50%

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Mental Health – Outpatient

Initial Evaluation

- Services count toward the annual up-front deductible
- The plan pays 100% after your \$35 copayment
- If you use a Deseret Protect provider, the plan pays 100% after your \$30 copayment

Testing

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- Repeat testing within 12 months may not be eligible for benefits

Therapy

- Services count toward the annual up-front deductible
- Your provider must preauthorize all visits after your initial evaluation
- To be eligible for benefits, a manifest psychiatric disorder must be diagnosed
- The plan pays 100% after your \$35 copayment per one-on-one visit or \$20 per group visit
- If you use a Deseret Protect provider, the plan pays 100% after your \$30 copayment per one-on-one visit or \$15 per group visit
- Eligible services include individual therapy, group therapy, and family therapy
- The benefit covers up to two visits per day and up to 15 visits per calendar year
- Outpatient visits for chemical dependency count toward your total outpatient mental health benefit limit

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Mental Health – Outpatient (Continued)

Therapy (Continued)

- Some therapy is not eligible for benefits including marriage counseling, recreational therapy, educational groups, and therapy over the telephone
- Some mental health disorders, such as schizophrenia and bipolar disorder, may be approved for additional benefits. To qualify, you must preauthorize further treatments, comply with the treatment guidelines outlined by your therapist and Deseret Mutual, and receive care from a Deseret Protect provider
- Inpatient hospital therapy visits do not count toward your maximum outpatient therapy benefit

Medication Management

- The plan pays 100% after your \$20 copayment to a PCP or \$35 copayment to a specialist
- If you use a Deseret Protect provider, the plan pays 100% after your \$15 copayment to a PCP or \$30 copayment to a specialist
- Medication management visits do not apply to your maximum annual outpatient therapy benefit limit

Mental Health – Inpatient

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- The benefit covers up to 30 days per calendar year, based on a maximum allowable charge per day as determined by Deseret Mutual
- The benefit covers up to two therapy visits per day. The therapist visit is billed independent of hospital services
- Alternative care days affect your maximum benefit for [mental health inpatient](#) days (see page 16). One inpatient day is considered the same as two alternative care days
- Certain residential treatment centers and programs are not eligible for benefits

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Mental Health – Alternative Care

In some cases intensive outpatient treatment might be an appropriate alternative to inpatient care. If you can be discharged from an inpatient acute care setting to a less expensive setting, such as day treatment or partial day treatment, without compromising the quality of care, you might qualify for this alternative care benefit.

- Services count toward the annual up-front deductible
- You must preauthorize alternative care. If you do not preauthorize, you are not covered
- The plan pays 50%; you pay 50%
- If you use a Deseret Protect provider, the plan pays 60%; you pay 40%
- The benefit is for up to 60 days per calendar year, based on a maximum allowable charge as determined by Deseret Mutual
- [Mental health inpatient](#) days affect your maximum alternative care benefit (see page 15). One inpatient day is treated the same as two alternative care days
- Certain residential treatment centers and programs are not eligible for benefits

Nutrition Education for Eating Disorders

- Services count toward the annual up-front deductible
- This benefit is for diagnosed anorexia or bulimia patients
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- The maximum benefit is \$300 per calendar year
- A certified / licensed dietician or nutrition professional must provide the service

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual. And the annual up-front deductible applies where indicated.

Office Visits

- The plan pays 100% after your \$20 copayment to a PCP or \$35 copayment to a specialist
- If you use a Deseret Protect provider, the plan pays 100% after your \$15 copayment to a PCP or \$30 copayment to a specialist
- You pay an additional \$5 copayment for an after-hours visit

Pain Management

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- Some services may be covered by other plan benefits. For example, if your physician prescribes oral medication to manage your pain, the medication will be covered based on the appropriate prescription drug benefit
- You must preauthorize some items like infusion pumps and spinal cord stimulators (see [Medical Equipment \(Durable\)](#) on pages 12 and 13)

Physical Exams

- The plan pays 100% after your \$20 copayment to a PCP or \$35 copayment to a specialist
- If you use a Deseret Protect provider, the plan pays 100% after your \$15 copayment to a PCP or \$30 copayment to a specialist
- You pay an additional \$5 copayment for an after-hours visit
- Benefits are available based on this schedule:
 - 19 to 39 One exam every three calendar years
 - 40 to 49 One exam every two calendar years
 - 50 or older One exam each calendar year
- The physical exam benefit is for the office visit and for the recommended and consequential procedures and lab work. The related services, such as lab work and x-rays, are paid at the appropriate benefit levels for those services and are paid according to the above schedule

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Physical Exams (Continued)

- Physical exams generally include:
 - Blood count
 - Stool blood
 - Cholesterol
 - TB test
 - Pap smear, once a calendar year
 - Thyroid
 - PSA test
 - Urinalysis and urine culture
- These routine procedures and lab work are eligible for benefits only when they are in conjunction with the eligible physical exam and they are authorized and covered in conjunction with the physical exam schedule
- For information about [mammograms](#), see page 11
- For information about [well-woman exams](#), see page 24
- Some services might not be covered as part of a physical exam. Contact your Benefits Team for more information

Physical Therapy – Inpatient

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- The benefit covers an unlimited number of inpatient visits

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Physical Therapy – Outpatient

- Services count toward the annual up-front deductible
- The plan pays 100% after your \$35 copayment per visit
- If you use a Deseret Protect provider, the plan pays 100% after your \$30 copayment
- The plan covers up to 15 visits per calendar year when medically appropriate
- Physical therapy visits do not count toward your annual benefit limit for chiropractic therapy (see [Chiropractic Therapy](#) on page 5)

Note: If you're billed for an evaluation and for a physical therapy treatment for the same visit, you are responsible for both copayments

Prescription Drugs

Learn about your prescription benefit and participating pharmacies at www.medcohealth.com or call Deseret Mutual's Pharmacy Team at 1-800-777-3622.

- The plan pays 80% for covered generic drugs at Medco Health participating pharmacies; you pay 20%
- The plan pays 50% for covered brand-name drugs at Medco Health participating pharmacies; you pay 50%
- For all other drugs, you pay 100%
- The plan covers up to a 90-day supply
- If you take a prescription drug for the first time, if you need a small quantity, or if you need the prescription immediately, use a local retail pharmacy that is contracted with Deseret Mutual's pharmacy network
- If you take prescription drugs on a regular basis or for an extended period of time, you might save costs by ordering these maintenance drugs through our mail-service pharmacy. For mail service option, call Deseret Mutual's Pharmacy Team for options
- For certain classes of drugs, coverage is limited in the quantity of medication covered per prescription. This is in accordance with federal, state, FDA, and/or manufacturer guidelines

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual. And the annual up-front deductible applies where indicated.

Prescription Drugs (Continued)

- If you purchase prescription drugs from non-participating pharmacies, you must pay the pharmacy's retail price and then submit your claims for reimbursement directly to Medco Health. You are responsible for costs that exceed Deseret Mutual's maximum allowable limits
- You must preauthorize some medications. For specific information, please call Deseret Mutual's Pharmacy Team
- Some items that can be prescribed but are not eligible for benefits include:
 - Contraceptives and family planning devices (some medical conditions may be eligible for benefits, call the Pharmacy Team for preauthorization)
 - Dietary or nutritional products, including special diets for medical problems (see [Enteral Formula / Nutritional Supplements](#) on page 7)
 - Products used to stimulate hair growth
 - Medications used for sexual dysfunction
 - Vitamins, except prescribed prenatal vitamins and prescribed infant vitamins
 - Weight reduction aids
- Over-the-counter medications are not eligible for benefits. Consider using the Flexible Spending Account (FSA) program to reduce your expenses for these medications (see the Flexible Benefits section in the Benefits Handbook)
- Expenses do not count toward the plan's catastrophe protection (see [Catastrophe Protection](#) on page 27)

Prosthetics

- Services count toward the annual up-front deductible
- You must preauthorize
- This benefit includes prosthetics such as artificial arms or legs
- The plan pays 50%; you pay 50%

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Radiation Therapy

- Services count toward the annual up-front deductible
- You must preauthorize proton beam therapy and brachytherapy
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Radiology – Routine (Includes X-Rays and CT Scans)

- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Radiology – Major (Includes MRIs, MRAs, PET & SPECT Scans)

- Services count toward the annual up-front deductible
- You must preauthorize all services except MRIs
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%

Respiratory Education

- Services count toward the annual up-front deductible
- This benefit covers evaluation and education for patients with cystic fibrosis or asthma
- This benefit is only available for dependent children younger than 19
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- The maximum benefit is \$300 per calendar year
- A licensed respiratory therapist must provide the service

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Skilled Nursing Facility

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- Time in a skilled nursing facility must occur after an inpatient hospitalization
- If the care is for one who is recuperating or convalescing from an acute injury or illness, the maximum benefit is 50 days per calendar year
- Custodial care, such as maintaining someone beyond the acute phase of injury or illness, including room, meals, bathing, dressing, and home health aides, is not eligible for benefits

Surgery – Inpatient & Physician Services

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- In case of an emergency, call Deseret Mutual within two business days after the surgery

Surgery – Outpatient & Physician Services

- Services count toward the annual up-front deductible
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- If outpatient services result in an inpatient hospital service, you must preauthorize (see [Hospital — Inpatient](#) on page 9)

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Transplants

- Services count toward the annual up-front deductible
- You must preauthorize
- The plan pays 60%; you pay 40%
- If you use a Deseret Protect provider, the plan pays 70%; you pay 30%
- If you meet Deseret Mutual eligibility requirements, these transplants are eligible for benefits:
 - Bone marrow — Heart — Liver — Pancreas/kidney
 - Cornea — Kidney — Lung — Heart/lung
 - Intestine
- Other transplants are not eligible for benefits

Urgent Care

- The plan pays 100% after your \$40 copayment per visit
- Physician services are covered at 100%. Other services, such as lab work and x-rays, are paid at the appropriate benefit levels for those services
- If the visit to the urgent care facility results in an inpatient hospital service, you need preauthorization (see [Hospital — Inpatient](#) on page 9)

Well-child Care

- This benefit is available to dependents younger than 19
- The plan pays 100% after your \$20 copayment to a PCP or \$35 copayment to a specialist
- If you use a Deseret Protect provider, the plan pays 100% after your \$15 copayment to a PCP or \$30 copayment to a specialist
- The office visit is paid at the percentages listed above. Other services, such as lab work and x-rays, are paid at the appropriate benefit levels for those services
- You pay an additional \$5 copayment for an after-hours visit

Deseret Protect

All benefits are subject to the maximum allowable limits determined by Deseret Mutual.
And the annual up-front deductible applies where indicated.

Well-woman Exams

- The plan pays 100% after your \$20 copayment to a PCP or \$35 copayment to a specialist
- If you use a Deseret Protect provider, the plan pays 100% after your \$15 copayment to a PCP or \$30 copayment to a specialist
- One exam is eligible for benefits each calendar year
- The office visit is paid at the percentages listed above. Other services, such as lab work and x-rays, are paid at the appropriate benefit levels for those services
- Generally, well-woman exams include:
 - Office visit
 - Pap smear, once a calendar year
 - Lipid profile
 - Breast and pelvic exam
 - Hematocrit
 - Urinalysis
- These routine procedures and lab work are eligible for benefits only when in conjunction with the eligible well-woman exam
- For information about [mammograms](#), see page 11
- For information about [physical exams](#), see pages 17 and 18
- You pay an additional \$5 copayment for an after-hours visit

Medical Emergencies

Emergency care is service needed immediately because of an injury or sudden illness. During an emergency, the time required to reach Deseret Mutual could risk permanent damage to your health. Because of this, you do not need to preauthorize treatment of emergency medical conditions.

If you have an emergency, go to the nearest emergency room or call 911 for assistance.

It is best if you have someone call your regular provider as soon as reasonably possible. This ensures your provider can help manage your health care and can arrange for the transfer of your care when your medical condition is stable.

If you are admitted to the hospital because of the emergency, please contact Deseret Mutual within two business days or as soon as reasonably possible.

Preauthorization

First, to be eligible for benefits all procedures must be medically necessary. Preauthorization is an important step in helping Deseret Mutual verify that the services the plan covers are medically appropriate.

Second, preauthorization is required for a number of benefits and helps you to know what services are eligible for benefits before you commit to the costs (see [Medical Benefits](#) starting on page 4). **Remember, it's your responsibility** to verify that your provider is a contracted Deseret Protect provider.

To preauthorize, you or your physician must call Deseret Mutual a minimum of two business days before your anticipated services. In an emergency situation when you or your physician cannot contact Deseret Mutual before, you or your physician must call Deseret Mutual within two business days after the emergency or as soon as reasonably possible.

Provide the following information when you call for preauthorization:

- Patient's name
- Participant's Deseret Mutual identification number
- Diagnosis (explanation of the medical problem) and, if possible, diagnostic code
- Pertinent medical history, including:
 - Previous treatment
 - Symptoms
 - Test results
- Name of physician or surgeon
- Treatment or surgery planned and, if possible, procedure codes and the cost for each procedure
- Where and when the treatment or surgery is planned

Deseret Protect

As part of preauthorization, Deseret Mutual reviews your proposed care for medical necessity, efficiency, and quality. Registered nurses and a consulting physician review the case when necessary. When the review is complete, Deseret Mutual will send you a letter to confirm the preauthorization.

Please note: Preauthorize as soon as you have compiled the needed information so you can get a written confirmation of the preauthorization before receiving the services.

If you don't preauthorize with Deseret Mutual when necessary, your benefits may be reduced or declined. In fact, if you don't preauthorize, you're responsible for an initial charge, usually \$200, in addition to your coinsurance. But if your situation does not meet our medical guidelines and Deseret Mutual ultimately denies benefits for the service, you're responsible for all charges.

Even though your physician provides much of the needed information and may even make the call to Deseret Mutual, **you're responsible** to make sure your care is preauthorized.

The following services must be preauthorized with Deseret Mutual. If you do not preauthorize, you are responsible for \$200 up to the full charge as shown below. The \$200 is in addition to your coinsurance but does not apply to your annual up-front deductible.

Plan Benefit:

- Chemical dependency: outpatient services
- Home health care
- Hospice care
- Inpatient hospital services
- Insulin pumps
- Maternity hospitalization (extended stays)
- Mental health: alternative care
- Mental health: inpatient hospital services
- Mental health: outpatient therapy
- Mental health: testing
- Skilled nursing facility
- Some medical equipment
- Some radiology services
- Transplants

If you don't preauthorize, you pay:

- All charges (no benefit)
- \$200 per day
- \$200 per day
- \$200 per admission
- \$200 per pump
- \$200 per admission
- All charges (no benefit)
- \$200 per day
- \$200 per calendar year
- \$200 per day
- \$200 per calendar year
- \$200 per calendar year
- \$200 per service
- \$200 per surgery

For maternity hospitalization, the \$200 per admission applies if the stay exceeds two days for vaginal delivery or four days for cesarean section delivery.

Pre-existing Conditions

A condition is pre-existing if you sought advice, received treatment, or had treatment recommended for the condition within six months before enrolling in the Deseret Protect plan.

You are eligible for Deseret Protect benefits for pre-existing conditions after you are continuously covered by the plan for a period of six months, but only for eligible charges incurred after the six-month period.

If you were continuously insured by another insurance plan before you enrolled in Deseret Protect without a break of more than 63 days between your enrollment in the former plan and in Deseret Protect, you might reduce or eliminate the time you are subject to the pre-existing conditions exclusion. To determine how this provision applies to you, provide Deseret Mutual with a *Certificate of Creditable Coverage* from your former insurance provider.

If you were covered by a different Deseret Mutual medical plan, you do not need to provide the *Certificate of Creditable Coverage*. However, please notify the Membership Team of your transfer.

Please note: Pregnancy is not subject to the pre-existing condition provision. If you enroll a newborn child within 60 days of birth, the child is not subject to the pre-existing condition provision. This also applies to a newly adopted child from the date of placement. However, a child who is legally placed in your custody other than for adoption is subject to the pre-existing condition provision.

Catastrophe Protection

If your share of eligible expenses reaches a certain limit per calendar year (the annual maximum expense), your benefits for the remainder of the calendar year are paid according to the catastrophe protection of the plan.

Eligibility for catastrophe protection may be calculated on an individual or family basis and includes services from Deseret Protect and non-Deseret Protect providers.

For individuals (participants and/or dependents), after your share of eligible expenses reach \$4,000, most benefits increase to 100% for eligible charges, based on Deseret Mutual's maximum allowable limits.

For families, after your share of eligible expenses reach \$6,000, most benefits increase to 100% for eligible charges, based on Deseret Mutual's maximum allowable limits.

Deseret Protect

But you continue to be responsible for copayments and coinsurance on these benefits; the catastrophe protection does not apply:

- Hospital emergency room
- Mental Health: outpatient care (initial evaluation, testing, therapy, and medication management)
- Office visits
- Therapy (such as physical therapy)
- Urgent care facility
- Well-child exams
- Well-woman exams

These medical expenses do not apply to your annual maximum expense and are not covered by the catastrophe protection of the plan:

- Dental services
- Prescription drugs

These expenses do not apply to your eligible expenses and are not covered by the catastrophe protection of the plan:

- Amounts that exceed the maximum allowable limits determined by Deseret Mutual
- Annual deductibles
- Penalty payments for not preauthorizing
- Premium payments
- Ineligible amounts
- Any other expenses not allowed in the plan

Errors on Bills or Explanation of Benefits Statements

If services appear on an EOB that were not performed or could be considered fraudulent, please call Deseret Mutual's fraud hotline at 1-801-578-5918 or 1-800-777-3622, ext. 5918. For more information, see [Fraud Policy Statement](#) on page 30.

Deseret Protect

If you find a provider billing error on any of your medical bills after your claims are processed and paid, please verify the charges with your provider. Then submit a written description of the error to Deseret Mutual at the following address:

Deseret Mutual
Overpayment Team
P.O. Box 45530
Salt Lake City, Utah 84145

This is referred to as an audit reimbursement request. Audit reimbursement is a valuable benefit of Deseret Protect. If the mistake is not otherwise detected, you receive 50% of the eligible savings, up to \$500 per incident, as defined by Deseret Mutual.

Because the error usually means the provider was overpaid, we must first recover the money from the provider before we can return the savings to you. Therefore, please be patient while we correct the error.

Please note: If Deseret Mutual detects an error on a medical bill before you do, we cannot forward the savings to you because this would violate our obligations based on the Employee Retirement Income Security Act of 1974 (ERISA). We are obligated to maintain the integrity of our medical plans based on ERISA guidelines and regulations.

Filing Claims

For services from Deseret Protect providers, you should not need to file claims. These providers send bills directly to Deseret Mutual for processing. Nevertheless, you could mistakenly receive a bill for services covered by the plan, you could receive a bill from a non-Deseret Protect provider, or you might receive a bill for care you received in an emergency situation.

If you receive a bill for medical services, follow these steps to file a claim:

Step 1: Get an itemized bill from the provider or facility that includes:

- Patient's name
- Provider's name, address, phone number
- Diagnosis and diagnosis code(s)
- Procedure and procedure code(s)
- Place and date of service(s)
- Amount charged for service(s)

Deseret Protect

- Step 2:** Write your name and Deseret Mutual identification number on the bill
- Step 3:** Complete a Medical Claim Form (find a claim form on Deseret Mutual's Web site in the forms library or call Deseret Mutual)
- Step 4:** Mail the claim and bill to:

Deseret Mutual
P.O. Box 45530
Salt Lake City, Utah 84145

Remember that you must submit pharmacy claims to Medco Health, not Deseret Mutual.

To be eligible for benefits, medical claims must be submitted by you or your provider within 15 months from the service date. **You are responsible** to make this happen. Deseret Mutual sends you an Explanation of Benefits (EOB) statement when your claims are processed. Please review your Explanation of Benefits for accuracy.

Financial Disclosure

Deseret Protect providers are under contract with Deseret Mutual to provide quality, cost-effective medical care. The financial arrangements in our contracts may include discounts from the normal fees charged by health care providers and incentive arrangements that reward quality, cost-effective medical care through the prudent use of health care resources.

Fraud Policy Statement

It is unlawful to knowingly provide false, incomplete, or misleading facts or information with the intent of defrauding Deseret Mutual. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid. Non-compliance with a contract prepared by Deseret Mutual addressing abuse of health care benefits or systems may also lead to reduction, denial, or termination of benefits or coverage under the policy and recovery of any amounts Deseret Mutual may have paid.

Coordination of Benefits

To help you make the most of your coverage, coordination of benefits combines the benefits of two or more medical plans. If you or your dependents have multiple medical coverage, we coordinate your medical benefits.

We coordinate benefits between Deseret Protect and:

- Deseret Choice
- Deseret Select
- Deseret Premier
- Deseret Mutual contracted health maintenance organizations (HMOs)
- Other medical plans not associated with Deseret Mutual

We do not coordinate benefits between Deseret Protect and Deseret Protect, or between Deseret Protect and Deseret Value.

If two or more plans are involved, Deseret Mutual's total payment will not exceed the amount that would have been paid in the absence of the primary or other coverage. Therefore, you may be responsible for some expenses.

For more information about coordination of benefits, please see the General Information section of your Benefits Handbook.

Medical Insurance Limitation

If you are injured in what is deemed by government authorities to be a terrorist event, your medical coverage is limited to \$50,000. If more than 200 people are injured in such an event, then the \$50,000 maximum decreases proportionately. For example, if 400 of our insured participants are injured in a terrorist act, medical coverage for each person is limited to \$25,000.

Remember that if you are injured on the job, worker's compensation insurance is your primary coverage and your Deseret Mutual medical plan is your secondary coverage. In other words, worker's compensation coverage pays claims first and we would pay second. So worker's compensation provides valuable and significant protection for you.

Subrogation

If you have an injury or illness that is the liability of another party and you have the right to recover damages, Deseret Mutual requires reimbursement for the amount it has paid when damages are recovered from the third party.

Deseret Protect

In addition, if you do not attempt to recover damages from the third party as described above, Deseret Mutual has the right to initiate legal action against the liable third party to recover the amount it has paid for your injuries.

Exclusions

Services that do not meet the definition of eligible, as previously defined, are not eligible for coverage. All procedures or treatments are excluded until specifically included in the Deseret Protect medical plan. In addition, the following services and their associated costs are excluded from coverage:

Custodial Care

- 1.1 Custodial care, education, training, or rest cures. Custodial or long-term care is defined as maintaining a patient beyond the acute phase of injury or sickness, and includes room, meals, bed, or skilled medical care in any hospital or care facility, or at home to help the patient with feeding, bowel and bladder care, respiratory support, physical therapy, administration of medications, bathing, dressing, ambulation, etc. The patient's impairment, regardless of the severity, requires such support to continue for more than two weeks after establishing a pattern of this type of care, unless otherwise provided for by the terms of the plan
- 1.2 Inpatient hospitalization or residential treatment for the primary purpose of providing shelter and/or safe residence

Dental Care

- 2.1 Dental treatments, including care and treatment of the teeth, gums, or alveolar process, dentures, crowns, caps and permanent bridgework, appliances, or supplies used in such care and treatment, unless otherwise provided for by the terms of the plan

Diagnostic & Experimental Services

- 3.1 Care, treatment, diagnostic procedures, or operations for diagnostic purposes not related to an injury or sickness, unless otherwise provided for by the terms of the plan
- 3.2 Care, treatment, diagnostic procedures, or operations that on January 1, 1986, and/or thereafter were:
 - Considered medical research
 - Investigative/experimental technology
 - Not recognized by the U.S. medical profession as usual and/or common
 - Determined by Deseret Mutual not to be usual and/or common medical practice
 - Illegal

That a physician might prescribe, order, recommend, or approve services or medical equipment does not, of itself, make it an allowable expense, even though it is not specifically listed as an exclusion

Investigative/experimental technology means treatment, procedure, facility, equipment, drug, device, or supply that does not, as determined by Deseret Mutual on a case-by-case basis, meet all of the following criteria:

- The technology must have final approval from all appropriate governmental regulatory bodies, if applicable
- The technology must be available in significant number outside the clinical trial or research setting
- The available research about the technology must be substantial. For plan purposes, substantial means sufficient to allow Deseret Mutual to conclude:
 - The technology is both medically necessary and appropriate for the covered person's treatment
 - The technology is safe and efficacious
 - More likely than not, the technology will be beneficial to the covered person's health
 - The technology must be generally recognized as appropriate by the regional medical community as a whole

Procedures, care, treatment, or operations falling in the categories described herein on January 1, 1986, and/or thereafter, continue to be excluded until actual experience clearly defines them as non-experimental and they are specifically included in the medical policy by Deseret Mutual

Fertility / Family Planning / Home Delivery / Surrogate Pregnancy

- 4.1 Family planning, including contraception, birth control devices, and/or sterilization procedures, unless the patient meets Deseret Mutual's current medical criteria
- 4.2 Abortions, except in cases of rape or incest or when the life of the mother and/or fetus would be seriously endangered if the fetus is carried to term
- 4.3 Care, treatment, diagnostic procedures, or operations in relation to in-vitro fertilization
- 4.4 Reversal of sterilization procedures
- 4.5 Planned home delivery for childbirth
- 4.6 All services and expenses related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child, including care, treatment, delivery, diagnostic procedures, or operations, as well as maternity care for the mother and prenatal/postnatal care for the newborn child. All services and expenses for complications related to a surrogate pregnancy or other pregnancy resulting in the adoption of a child are also excluded

Government / War

- 5.1 Services required as the result of war or act of war or service in the military forces of any country at war, declared or undeclared. This exclusion does not apply while you are actively engaged in pursuing a specific assignment given and authorized by your employer that requires you either to reside outside of your country of residence or to travel, except routine commuting to and from work. Your spouse and dependent children are exempt from this provision if they travel or reside with you while pursuing such an assignment
- 5.2 Services covered or that could have been covered by any governmental plan had the participant complied with the requirements of the plan, including but not limited to Medicare

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Hearing / Speech

- 6.1 The purchase or fitting of hearing aids, except for patients younger than 19
- 6.2 Speech therapy

Legal Exclusions

- 7.1 Services that the individual is not, in the absence of this coverage, legally obligated to pay
- 7.2 Care, treatment, operations, or prescription drugs incurred after termination of benefits
- 7.3 Injury arising from participation in or attempt at committing an assault or felony
- 7.4 Complications resulting from excluded services
- 7.5 Services provided as a result of a court order or for other legal proceedings
- 7.6 Services not specified as covered

Medical Equipment

- 8.1 Multipurpose equipment or facilities, including related appurtenances, controls, accessories, or modifications thereof. This includes, but is not limited to buildings, motor vehicles, air conditioning, air filtration units, whirlpool baths, exercise equipment or machines, vibrating chairs, and beds. Also includes certain medical equipment, such as air filtration systems, dehumidifiers, exercise equipment, breast pumps, hearing aids for anyone 19 or older, hearing devices, heating lamps or pads, humidifiers, nonprescription braces or orthotics, learning devices, chairs with a lifting mechanism or function, spa memberships, vision devices, whirlpools, or modifications associated with activities of daily living, homes, or vehicles

Medical Necessity / Cosmetic

- 9.1 Care, treatment, or operations performed primarily for cosmetic purposes, except for expenses incurred as a result of injury suffered while covered by the plan, or as otherwise provided for by the terms of the plan
- 9.2 Care, treatment, or operations not clearly a medical necessity
- 9.3 Care, treatment, or operations for convenience, contentment, or other non-therapeutic purposes
- 9.4 Cardiopulmonary fitness training or conditioning either as a preventive or therapeutic measure, except as provided for by the terms of the plan
- 9.5 Care, treatment, diagnostic procedures, or other expenses for an abdominoplasty, lipectomy, panniculectomy, skin furrow removal, or diastasis rectus repair
- 9.6 Care, treatment, or operations in conjunction with disturbances for temporomandibular joint (TMJ)
- 9.7 Care, treatment, or operations for functional/cosmetic surgery

Mental Health / Counseling / Chemical Dependency

- 10.1 Mental or emotional conditions without manifest psychiatric disorder or with non-specific symptoms
- 10.2 Marriage and family counseling, recreational therapy, or therapy over the telephone
- 10.3 Services and materials in connection with surgical procedures undertaken to remedy a condition diagnosed as psychological
- 10.4 Care and treatment for the abuse of or addiction to alcohol or drugs, except as outlined, unless otherwise provided for by the terms of the plan

- 10.5 Evaluation and/or treatment for learning disabilities and/or physical or mental developmental delay, including pervasive developmental disorders, and/or cognitive dysfunctions
- 10.6 Mental health services provided in a day treatment program and/or residential care facility, unless the individual receiving such services meets the requirements for the mental health alternative care benefit and/or mental health parity, as defined by Deseret Mutual and as provided for by the terms of the plan
- 10.7 Care or treatment of the chronic phase of mental illness
- 10.8 Care or treatment for chemical dependency, unless otherwise provided by the terms of the plan

Miscellaneous

- 11.1 Care, treatment, or services related to acupuncture, allergy testing and injections, and lifestyle screenings
- 11.2 Services of any practitioner of the healing arts who:
 - Ordinarily resides in the same household with you or your dependents, or
 - Has legal responsibility for financial support and maintenance of you or your dependents
- 11.3 Care, treatment, diagnostic procedures, or other expenses when it was determined brain death had occurred
- 11.4 Any transportation services except as specified by the plan
- 11.5 Sex change operations, including all associated procedures and services (medical, psychological, pharmaceutical, surgical, etc.)

Obesity

- 12.1 Care, treatment, or operations in connection with obesity

Other Insurance / Workers' Compensation

- 13.1 Services covered or that could have been covered by applicable workers' compensation statutes
- 13.2 Services or materials covered or that could have been covered by insurance required or provided by any statute had the participant complied with the statutory requirements, including but not limited to no-fault insurance
- 13.3 Services or materials that a third party, the liability insurance of the third party, underinsured motorist, or uninsured motorist insurance pays or is obligated to pay
- 13.4 Physical examination for the purpose of obtaining insurance, employment, government licensing, or as needed for physical examinations for volunteer work unless otherwise provided for by the terms of the plan

Prescription Drugs

- 14.1 Excluded medications such as contraceptives for birth control, dietary or nutritional products and/or supplements (including special diets for medical problems), herbal remedies, homeopathic treatments, products used to stimulate hair growth, medications used for sexual dysfunction, medications whose use is for cosmetic purposes, over-the-counter products, vitamins (except prescribed prenatal vitamins and prescribed infant vitamins), and weight reduction aids
- 14.2 Specific medications, unless specifically authorized by Deseret Mutual
- 14.3 Specialty pharmacy high-cost injections

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Testing

15.1 Some allergy tests including but not limited to ALCAT testing / food intolerance testing, cytotoxic food testing (Bryan's Test, ACT), Conjunctival Challenge Test (electro-acupuncture), Leukocyte Histamine Release Test (LHRT), Passive Transfer (PX) or Prausnitz-Kustner (PK) Test, Provocative Nasal Test, provocative food and chemical testing (intradermal, subcutaneous, or sublingual), Rebeck Skin Window Test, Rinkel Test, and skin endpoint titration

Transplants

16.1 Care, treatment, diagnostic procedures, or operations in relation to transplants (donor or artificial), unless the patient characteristics and transplant procedures meet Deseret Mutual's current medical criteria and it is preauthorized with Deseret Mutual

Vision

- 17.1 Eye/visual training, the purchase or fitting of glasses or contact lenses; care, treatment, or diagnostic procedures, or other expenses for elective surgeries to correct vision, including radial keratotomy or LASIK surgery, unless otherwise provided for by the terms of the plan
- 17.2 Routine eye examinations

Notification of Discretionary Authority

Deseret Mutual has full discretionary authority to interpret the plan and to determine eligibility. Deseret Mutual has the sole right to construe plan terms. All Deseret Mutual decisions relating to plan terms or eligibility are binding and conclusive.

Notification of Non-compliance & Abuse of Benefits

If a member seeks to either bypass or ignore appropriate medical advice in an attempt to abuse the health-care system (which may include, but is not limited to, jumping from physician to physician, emergency room to emergency room, or seeking medications from multiple sources), Deseret Mutual has the right to place the member on what's called a "medical compliance plan."

The member will then be instructed to receive care from certain providers and/or facilities that are specifically named in the compliance plan, as determined by Deseret Mutual.

If the member then chooses to receive care from providers and/or facilities that are not included in the compliance plan, benefits will be denied and the member will be responsible for paying all costs associated with this care, including repaying Deseret Mutual for any amounts it may have paid.

Notification of Benefit Changes

Deseret Mutual is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and reserves the right to amend or terminate this plan at any time. If benefits change, we will notify you at least 30 days before the effective date of change.

This section of your Benefits Handbook outlines the major provisions of Deseret Mutual's Deseret Protect medical plan. It is not the plan legal document. If you would like a copy of the plan legal document, please contact Deseret Mutual.

If you have any questions, please call your Deseret Mutual Benefits Team or visit our Web site. Our telephone numbers and Web site address are:

- Salt Lake City area 1-801-578-5600
- Toll free 1-800-777-3622
- Web site www.dmba.com

If your hearing is impaired, we also have lines to accommodate Telecommunications Devices for the Deaf (TDD). Our telephone numbers for this service are:

- Salt Lake City area 1-801-578-5655
- Toll free 1-800-333-9715

