

## CONFIDENTIALITY INDEX

### REQUEST FOR CONFIDENTIAL OR PRIVILEGED STATUS

Please fill out this form and submit it with your filing of information or documents with the Colorado Division of Insurance in the event you are requesting confidential or privileged status for all or a portion of such information or documents. It is your responsibility to both claim and validate your request for confidential or privileged status for each separate portion of the information.

#### 1. Identification of Party Requesting Confidential or Privileged Status:

Name: Isaac Squire  
Company: Select Health  
Address: 5381 Green Street, Murray, UT 84123  
Email Address: [Isaac.Squire@Selecthealth.org](mailto:Isaac.Squire@Selecthealth.org)  
Telephone: 801-442-7769  
Facsimile: N/A

#### 2. Identification of information or documents for which confidential or privileged status is requested. All of the columns *must* be completed.

##### Select Health Individual Rate Filing Effective January 1, 2026

| No. | Description of each different section or page                                     | Date      | Author        | Recipient                      | Identify Confidentiality or Privilege Claimed 'cite legal authority) | Reason why it applies   |
|-----|---|-----------|---------------|--------------------------------|--|---|
| 01  | Select Health Plan Year 2026 CO Option Negotiated Rate Template.xlsx              | 2/28/2025 | Select Health | Colorado Division of Insurance | C.R.S. §24-72-204(3)(a)(IV)  | Includes proprietary, trade secret information and confidential commercial and financial data unique to our plan. |
| 02  | Select Health Plan Year Colorado Option Standardized Plan Rate Sheets (all pages) | 2/28/2025 | Select Health | Colorado Division of Insurance | C.R.S. §24-72-204(3)(a)(IV)  | Includes proprietary, trade secret information and confidential commercial and financial data unique to our plan. |

|           |   |           |               |                                      |                                 |   |
|-----------|---|-----------|---------------|--------------------------------------|---------------------------------|---|
| <b>03</b> | Select Health Plan Year 2026<br>Material Provider Premium Impact<br>Template.xlsx<br>(Contact Information Tab and<br>Columns H through P on Inputs Tab) | 2/28/2025 | Select Health | Colorado<br>Division of<br>Insurance | C.R.S. §24-72-<br>204(3)(a)(IV) | Includes proprietary,<br>trade secret information<br>and confidential<br>commercial and financial<br>data unique to our plan. |
| <b>04</b> | Select Health IND Plan Year 2026<br>Maximum Allowable Reduction<br>Template.xlsx  | 2/28/2025 | Select Health | Colorado<br>Division of<br>Insurance | C.R.S. §24-72-<br>204(3)(a)(IV) | Includes proprietary,<br>trade secret information<br>and confidential<br>commercial and financial<br>data unique to our plan. |
| <b>05</b> | Select Health Plan Year 2026 Joint<br>Attestations (All pages)  | 2/28/2025 | Select Health | Colorado<br>Division of<br>Insurance | C.R.S. §24-72-<br>204(3)(a)(IV) | Includes proprietary,<br>trade secret information<br>and confidential<br>commercial and financial<br>data unique to our plan. |
| <b>06</b> | Select Health Plan Year 2026 Good<br>Faith Effort Statement   | 2/28/2025 | Select Health | Colorado<br>Division of<br>Insurance | C.R.S. §24-72-<br>204(3)(a)(IV) | Includes proprietary,<br>trade secret information<br>and confidential<br>commercial and financial<br>data unique to our plan. |
|           |   |           |               |                                      |                                 |   |
|           |   |           |               |                                      |                                 |   |