# Fair Treatment Notice

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

# We provide free:

- > Aid to those with disabilities to help them talk with us. This may be sign language interpreters or info in other formats (large print, audio, electronic).
- > Help for those whose first language is not English, such as interpreters or member materials in other languages.

Need help? Call SelectHealth Member Services at **800-538-5038** or SelectHealth Advantage Member Services at **855-442-9900** (TTY users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

### Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意:如果您使用繁體中文,您可以免費獲得語

言援助服務。請致電 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'd ,''e'et'áá jiik'eh, éí ná hól**Q** ,'koji' hódíílnih SelectHealth. PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項:日本語を話される場合、無料の言語

支援をご利用いただけます。SelectHealth.まで、

お電話にてご連絡ください。

ማሳሰቢያ፡ አማርኛ የሚና7ሩ ከሆነ፣ የቋንቋ ድጋፍ አንልግሎቶች ያለክፍያ ለእርስዎ ይ7ኛሉ፡፡ SelectHealth ን ያናግሩ፡፡

ПАЖЊА: Ако говорите Српски, бесплатне услуге пмоћи за језик, биће вам доступне. Контактирајте SelectHealth.

تنبيه: إذا كنت تتحدث عربي، فستتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بـ SelectHealth.

توجه: اگر به زبان را وارد کنی صحبت میکنید، خدمات کمک زبانی، بصورت رایگان در اختیار شماست. با SelectHealth تماس بگیرید.

หมายเหตุ: หากคุณพูด ใส่ภาษา, การบริการภาษา โดยไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ SelectHealth

### SelectHealth: 1-800-538-5038 SelectHealth Advantage: 1-855-442-9900





## Individual Plans Utah Supplemental Application Form

Call Phone #'	Applicant's Name Applicant's Name	cant's Social Security # OR Date of Birth	
AL DEMOGRAPHICS         Cell Phone *         Prefered (non-English)       Spanish Chinese Vetnamese Morek There, Cambodia Other         Prefered (non-English)       Russian Anabol Pench Japanese Morek There, Cambodia Other         Race       White       Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pedific Islander Other         Bare       White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pedific Islander Other         Statesting       United States Citizan Law/u Permanent Resident Temporary Visior Undocumented Immigrant         * By giving us your cell phone number and email address, you are giving us permission and consent to contact you using those channels         * By giving us your cell phone number and email address, you are giving us your pelimed linguage, we are of agening to sam your makinakis in that language (for translation aslaunce, please call Member Services 800-538-5038)         Definition us your pelimed linguage, we are of agening to sam your makinakis in that language (for translation aslaunce, please call Member Services 800-538-5038)         BEMEDICAL PLAN INFORMATION         Beachmark Stitus electhealth Value       SelectHealth Med       SelectHealth Signature         Fer more Information, visit selecthealth Value       SelectHealth Signature       Permore Information (Signature Fermore Inform	<u>Cell Phone #*</u>	(internal use only)	
Prefered (non-English) <ul> <li>Spanish</li> <li>Chinese</li> <li>Vatarenese</li> <li< th=""><th>A. DEMOGRAPHICS</th><th></th></li<></ul>	A. DEMOGRAPHICS		
Language*       Russian       Arabic       French       Japanese       Mon-Khmer, Cambodian       Other         Race       White       Black or African American       American Indian or Alaska Native       Asian       Native Hewaiian or Other Pacific Islander       Other         Ethnicity       Haspanic or Latino       Not Hispanic or Latino       Indiana American       Indiana American       Other         Ethnicity       United States Citizen       Lawful Permanent Resident       Temporary Visitor       Undocumented Immigrant         "By polying us your cell phone number and email address, you are giving us permission and consent to contact you using fhose channels       SelectHealth Network States Citizen 1       SelectHealth Network Options       PLANS WITH SO DEDUCTIBLES       PLANS WITH SO DEDUCTIBLES       SelectHealth Network Options       SelectHealth Network Options       SelectHealth Network Options       SelectHealth Network Option       SelectHealth Network Options       SelectHealth Netwo	Cell Phone #*		
<ul> <li>Ethnicity   Hispanic or Latino   Not Hispanic or Latino  </li> <li>Citcana in   Hispanic or Latino   And Hispanic or Latino  </li> <li>Citcana in   Andre States Citcan   Andre Jermanent Resident   Emporery Visitar   Indocumented Immigrate  </li> <li>Pontofinging us your og lopone number and address, your og ging us permission and consent to contact you using those shares. Plasses call Member Services 800-535-6300.</li> <li>Citcana in Pontofinging Uservice Citcana Pontoficia Address Addres</li></ul>			
Cittanship       United States Citizen       Lawful Permanent Resident       Temporary Visitor       Undocumented immigrant         *** By outrying us of your preferred language, we are not agreeing to send your materials in that language (for transietion asistance, please call Member Services 800-538-503)         CHECICAL PLAN INFORMATION         Bellect an retwork, then select one of the following plans, including any associated benefit options.         Network Options       Select Health Med       Select Health Med         For more information, visit selecthealth org/individualplans.       PLANS WITH SO DEDUCTIBLES         SEEDETHEALTH* PLANS       PLANS WITH SO DEDUCTIBLES         LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS       Benchmark Risker 0 Copay Plan - 50 Medical Deductible (35.00 Rx Deductible)*         Expanded Bronze 6900 - 45,500 Medical Deductible (\$1,500 Rx Deductible)*       Benchmark Risker 0 Colo - 50 Medical Deductible (\$25 0R X Deductible)*         Select Fealth Med       Select Health Male       Select Health Med         Select Fealth Residence       Select Health Med       Select Health Medical Deductible (\$25 0R X Deductible)*         Select Health Medical Deductible (\$1,500 Rx Deductible)*       Select Health Medical Bronze 7500 (HSA Qualified) - \$7,500 Medical Deductible (\$2,500 Rx Deductible)*         Select Health Medical Deductible (\$1,500 Rx Deductible)*       Select Health Medical Bronze 7500 (HSA Qualified) - \$7,500 Medical Deductible (\$2,500 Rx Deductible)*         Select He	Race D White D Black or African American D American Indian or Alaska	Native D Asian D Native Hawaiian or Other Pacific Islander D Other	
Big giving us your cell phone number and email address, you are giving us permission and consent to contact you using those channels         "By printing us of your preferred language, we are not agreeing to send your materials in that language (for translation asistance, please call Member Services 800-538-5038)         CM_DECIAL_PLAN_INFORMATION         SelectHealth Network, then select one of the following plans, including any associated benefit options.         Network Options	Ethnicity D Hispanic or Latino D Not Hispanic or Latino		
** By notifying us of your preferred language, we are not agreeing to send your materials in that language (for translation asistance, please call Member Services 800-538-5038) B. MEDICAL PLAN INFORMATION Select a network, then select one of the following plans, including any associated benefit options. Network Options Description SelectHealth Value SelectHealth Med SelectHealth Med SelectHealth Signature For more information, visit selecthealth org/individualplans. SELECTHEALTH* PLANS SelectHealth PLANS PLANS WITH NO DEDUCTIBLE FOR OFFICE VISITS the deductible is waived (only the copay applies) for all office visits. Expanded Bronze 6000 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)* Expanded Bronze 5900 Copay Plan – \$5,900 Medical Deductible (\$2,500 Rx Deductible) Expanded Bronze 5900 Copay Plan – \$5,900 Medical Deductible (\$2,500 Rx Deductible)* Benchmark Cald 0 - \$0 Medical Deductible (\$250 Rx Deductible)* Benchmark Silver 6300 – \$1,500 Medical Deductible (\$1,500 Rx Deductible)* SelectHealth HSA-eligite plans to all covered care except preventive care. Expanded Bronze 7500 (HSA Qualified) – \$7,500 Medical Deductible (\$2,000 Rx Deductible)* SelectHealth designed the HSA-eligite plans to be in compliance with the requirements for eligip-ductible (\$1,000 Rx Deductible)* SelectHealth designed the HSA-eligite plans to be in compliance with the requirement for the responsible of all covered care except preventive care, which is papiles to all covered care except preventive care, which is papiles to all covered care except preventive care, which is beener Banchmark Silver of Salo ON Medical Deductible (\$1,000 Rx Deductibe)* SelectHealth designed the HSA-eligite plans to be in compliance with the requirement for the responsible of rule covers, an instant dectable regiment. Some Cash-share Reduction (CSR) plans care instant dectable regiment. Some Cash-sha	Citizenship 🗅 United States Citizen 🗅 Lawful Permanent Resident 🗅 Temporary	Visitor  Undocumented Immigrant	
Select a network, then select one of the following plans, including any associated benefit options. <ul> <li>Network Options</li> <li>SelectHealth Value</li> <li>SelectHealth Med</li> <li>SelectHealth Signature</li> </ul> For more information, visit selecthealth, org/individualplans. <ul> <li>SelectHealth Med</li> </ul> <li>SelectHealth Med</li>			
Network Options       SelectHealth Value       SelectHealth Med       SelectHealth Med         For more information, visit selecthealth org/individualplans.         SELECTHEALTH* PLANS         SELECTHEALTH* PLANS         LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS         he deductible is waived (only the copay applies) for all office visits.         i       Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*         Expanded Bronze 5900 Copay Plan – \$5,900 Medical Deductible (\$2,500 Rx Deductible)         i       Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)*         i       Silver 6300 – \$6,300 Medical Deductible (\$1,500 Rx Deductible)*         i       Silver 6300 – \$6,300 Medical Deductible (\$1,000 Rx Deductible)*         i       Expanded Bronze 7500 (HSA Qualified) – \$3750 Medical and Rx Deductible)*         i       Silver 6300 – \$6,300 Medical Deductible (\$2,000 Rx Deductible)*         i       Silver 6300 – \$6,300 Medical Deductible (\$2,000 Rx Deductible)*         i       Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         i       Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         i       Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         i       Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         i       Silver 3000 – \$3,000 Medical Deductible (\$1,	B. MEDICAL PLAN INFORMATION		
For more information, visit selecthealth.org/individualplans.         SELECTHEALTH* PLANS         LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS         the deductible is waived (only the copay applies) for all office visits.         Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*         Expanded Bronze 5900 Copay Plan – \$5,900 Medical Deductible (\$2,500 Rx Deductible)*         Benchmark River 3000 – \$1,500 Medical Deductible (\$1,500 Rx Deductible)*         Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)*         Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,500 Rx Deductible)*         Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,500 Rx Deductible)*         Silver 6500 (Diff-Exchange Only) – \$5,500 Medical Deductible (\$1,300 Rx Deductible)*         Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,2000 Rx Deductible)*         Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*         Silver 3000 – \$3,300 Medical Deductible (\$2,000 Rx Deductible)*         Silver 3000 – \$3,000 Medical Deductible (\$2,000 Rx Deductible)*         Silver 3000 – \$3,000 Medical Deductible (\$2,000 Rx Deductible)*         Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE hese plans to all covered care except preventive care.         Silver 3000 – \$3,000 Medica	Select a network, then select one of the following plans, including any associated ber	nefit options.	
SELECTHEALTH* PLANS         LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS         he deductible is waived (only the copay applies) for all office visits.         1       Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*         2       Benchmark Expanded Bronze 5900 Copay Plan - \$5,900 Medical Deductible (\$2,500 Rx Deductible)         3       Biver 5500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$2,500 Rx Deductible)*         9       Benchmark Silver 3500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$1,500 Rx Deductible)*         1       Silver 5500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$1,500 Rx Deductible)*         1       Benchmark Silver 3500 (Addical Deductible (\$2,500 Rx Deductible)*         2       SelectHealth HSA Qualified) - \$7,500 Medical and Rx Deductible/*         3       Benchmark Silver 3500 (HAS Qualified) - \$7,500 Medical Deductible)*         4       Solver 3600 - \$6,300 Medical Deductible (\$2,000 Rx Deductible)*         7       Benchmark Silver 3750 (HAS Qualified) - \$7,500 Medical and Rx Deductible/*         8       Solver 3600 - \$6,300 Medical Deductible (\$2,000 Rx Deductible)*         7       Benchmark Silver 3000 - \$3,000 Medical Deductible (\$2,000 Rx Deductible)*         8       Solver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*         8       Solver 40 no charge for all plans.         1       Silver 3000 - \$3,000 Medical Deductible (\$1,00	Network Options SelectHealth Value Se	electHealth Med 🛛 SelectHealth Signature	
<ul> <li>LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS</li> <li>be deductible is waived (only the copay applies) for all office visits.</li> <li>Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*</li> <li>Expanded Bronze 5900 Copay Plan - \$5,900 Medical Deductible (\$2,500 Rx Deductible)</li> <li>Expanded Bronze 5900 Copay Plan - \$5,900 Medical Deductible (\$2,500 Rx Deductible)</li> <li>Benchmark Platinum 0 - \$0 Medical Deductible (\$0 Rx Deductible)*</li> <li>Benchmark Platinum 0 - \$0 Medical Deductible (\$20 Rx Deductible)*</li> <li>Benchmark Platinum 0 - \$0 Medical Deductible (\$20 Rx Deductible)*</li> <li>Benchmark Platinum 0 - \$0 Medical Deductible (\$20 Rx Deductible)*</li> <li>Benchmark Silver 3500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$1,500 Rx Deductible)*</li> <li>Benchmark Silver 3500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$1,300 Rx Deductible)*</li> <li>Benchmark Silver 3500 (Off-Exchange Only) - \$5,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>SelectHealth Resigned the H3A-Silver 3750 (HAS Qualified) - \$7,500 Medical and Rx Deductible Combined (off exchange only)*</li> <li>SelectHealth Resigned the H3A-solution with an HSA including. Without limitation, your compliance with the requirements for a High-Deductible regiment. Some Code.</li> <li>With Combined Deductible (\$1,000 Rx Deductible)*</li> <li>SelectHealth Resigned A H3A withou Code.</li> <li>With Combined Deductible (\$1,000 Rx Deductible)*</li> <li>SelectHealth Resigned A H3A with established for you wire of the coverage an oconjunction with an HSA including. Without limitation, your compliance with the requirement that requirement. Some Code.</li> <li>WiSA-qualified plans have a minimum deductible requirement. Some Code. Share Reduction (CSR) plant not more met that requirement. Some Code.</li> <li>WiSA-qualified plans have a minimum deductible requirement. Some Code. Share Reduction (CSR) plant not open an HSA or I plant to use another administrator.</li> </ul>	For more information, visit selecthealth.org/individualplans.		
Deductible)* Deductible(\$250 Rx Deductible(\$1,000 Rx Deductible(\$2,000 Rx Deductible)* Deductible)* Deductible* Deductib			
<ul> <li>(\$3,500 Rx Deductible)</li> <li>Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*</li> <li>Expanded Bronze 5900 Copay Plan – \$5,900 Medical Deductible (\$2,500 Rx Deductible)</li> <li>Expanded Bronze 5900 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)*</li> <li>Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)*</li> <li>Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*</li> <li>Benchmark Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Anx SWITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE hese plans scover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 - \$3,100 Medical and Rx Deductible Combined*</li> </ul>	LANS WITH NO DEDUCTIBLE FOR OFFICE VISITS		
<ul> <li>Lippinted Living 000 – 00,000 Medical Deductible (\$1,000 RX Deductible)</li> <li>Expanded Bronze 5900 Copay Plan – \$5,000 Medical Deductible (\$2,500 RX Deductible)</li> <li>Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)</li> <li>Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*</li> <li>Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*</li> <li>Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Care except preventive care, which is overed at no charge for all plans.</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Anx SWITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE these plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*</li> </ul>	he deductible is waived (only the copay applies) for all office visits.		
Deductible)       Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)       Expanded Bronzer 7500 (HAS Qualified) – \$7,500 Medical and Rx Deductib Combined         I Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*       Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*         I Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*       SelectHealth designed the HSA-eligible plans to be in compliance with the requirements for a High-Deductible (HSA)-eligible plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements for a High-Deductible Plans to be in compliance with the requirements selectHealth not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement. HSA VENDOR         I Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*       HSA VENDOR         The deductible applies to all covered care except preventive care.       HSA VENDOR         LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE hese plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.       HSA VENDOR         HealthEquity HSA Opt Out       I do not plan to open an HSA or I plan to use anoth	Expanded Bronze 6900 – \$6,900 Medical Deductible (\$1,500 Rx Deductible)*		
Deductible)       Combined         Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*       Benchmark Silver 3750 (HAS Qualified) – \$3750 Medical and Rx Deductible)*         Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*       SelectHealth designed the HSA-eligible plans to be in compliance with the requirements for a High-Deductible Health Plan (HDHP) under federal law (Section 223 of the Internal Revenue Code). However, SelectHealth makes no representations or waranties about the legal adequacy of this coverage as an Health Savings Account (HSA)-eligible plan. SelectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement. SelectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement. SelectHealth for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement. SelectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement. SelectHealth preferred HSA vendor is HealthEquity <sup>6</sup> . An HSA will be established for you with HealthEquity if you choose an HDHP unless you opt out (see option below). An administrative fee is included in your premium whether or not you choose to use the preferred HSA vendor. As with most HSA vendors, a norminal fee will be charged if you choose to terminate the account once it has been established.         LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE hease plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventiv			
<ul> <li>Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*</li> <li>Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>RADITIONAL DEDUCTIBLE PLAN</li> <li>Bedeductible applies to all covered care except preventive care, which is povered at no charge for all plans.</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>Ans WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE these plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*</li> </ul>			
<ul> <li>for a High-Deductible Health Plan (HDHP) under federal law (Section 223 of the Internal Revenue Code). However, SelectHealth makes no representations or warranties about the legal adequacy of this coverage as an Health Savings Account (HSA)-eligible plan.</li> <li>selectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement.</li> <li>selectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement of the Internal Revenue Code.</li> <li>"HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>HSA VENDOR</li> <li>The SelectHealth Preferred HSA vendor is HealthEquity<sup>6</sup>. An HSA will be established for you with HealthEquity if you choose an HDHP unless you opt out (see option below). An administrative fee is included in your premium whether or not you choose to terminate the account once it has been established.</li> <li>HealthEquity HSA Opt Out</li> <li>I do not plan to open an HSA or I plan to use another administrator.</li> </ul>	Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)*		
<ul> <li>Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000 Rx Deductible)*</li> <li>RADITIONAL DEDUCTIBLE PLAN</li> <li>the deductible applies to all covered care except preventive care, which is overed at no charge for all plans.</li> <li>Silver 3000 - \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE hese plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 - \$9,100 Medical and Rx Deductible Combined*</li> <li>the legal adequacy of this coverage as an Health Savings Account (HSA)-eligible plan. SelectHealth is not responsible for any issues relating to your use of the coverage in conjunction with an HSA including, without limitation, your compliance with the requirement of the Internal Revenue Code.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>HSA VENDOR</li> <li>The SelectHealth preferred HSA vendor is HealthEquity<sup>®</sup>. An HSA will be established for you with HealthEquity if you choose an HDHP unless you opt out (see option below). An administrative fee is included in your premium whether or not you choose to use the preferred HSA vendor. As with most HSA vendors, a nominal fee will be charged if you choose to terminate the account once it has been established.</li> <li>HealthEquity HSA Opt Out</li> <li>I do not plan to open an HSA or I plan to use another administrator.</li> </ul>	Benchmark Silver 6300 – \$6,300 Medical Deductible (\$1,300 Rx Deductible)*	for a High-Deductible Health Plan (HDHP) under federal law (Section 223 of the Interna	
<ul> <li>conjunction with an HSA including, without limitation, your compliance with the requirement of the Internal Revenue Code.</li> <li>"HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE these plans cover the Essential Health Benefits required by the Affordable are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*</li> </ul>	Silver 6500 Diabetes Support Plan - \$6,500 Medical Deductible (\$2,000	the legal adequacy of this coverage as an Health Savings Account (HSA)-eligible plan.	
<ul> <li>RADITIONAL DEDUCTIBLE PLAN</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement.</li> <li>*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans not meet that requirement.</li> <li>*HSA-qualified plans have a minimum deductible r</li></ul>	Rx Deductible)*	conjunction with an HSA including, without limitation, your compliance with the require	
by overed at no charge for all plans.       HSA VENDOR         Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*       The SelectHealth preferred HSA vendor is HealthEquity®. An HSA will be established for you with HealthEquity if you choose an HDHP unless you opt out (see option below). An administrative fee is included in your premium whether or not you choose to use the preferred HSA vendor. As with most HSA vendors, a nominal fee will be charged if you choose to terminate the account once it has been established.         healthEquity HSA Opt Out       HealthEquity HSA Opt Out         I do not plan to open an HSA or I plan to use another administrator.	RADITIONAL DEDUCTIBLE PLAN	*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans of	
<ul> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE</li> <li>hese plans cover the Essential Health Benefits required by the Affordable</li> <li>are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*</li> </ul>			
<ul> <li>Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*</li> <li>you with HealthEquity if you choose an HDHP unless you opt out (see option below). An administrative fee is included in your premium whether or not you choose to use the preferred HSA vendor. As with most HSA vendors, a nominal fee will be charged if you choose to terminate the account once it has been established.</li> <li>HealthEquity HSA Opt Out</li> <li>I do not plan to open an HSA or I plan to use another administrator.</li> </ul>	overed at no charge for all plans.		
<ul> <li>choose to terminate the account once it has been established.</li> <li>choose to terminate the account once it has been established.</li> <li>choose to terminate the account once it has been established.</li> <li>HealthEquity HSA Opt Out</li> <li>I do not plan to open an HSA or I plan to use another administrator.</li> </ul>	Silver 3000 – \$3,000 Medical Deductible (\$1,000 Rx Deductible)*	An administrative fee is included in your premium whether or not you choose to use the preferred HSA vendor. As with most HSA vendors, a nominal fee will be charged if you	
<ul> <li>hese plans cover the Essential Health Benefits required by the Affordable</li> <li>are Act. The deductible applies to all covered care except preventive care.</li> <li>Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*</li> <li>HealthEquity HSA Opt Out</li> <li>I do not plan to open an HSA or I plan to use another administrator.</li> </ul>	LANS WITH COMBINE PHARMACY AND MEDICAL DEDUCTIBLE		
Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*	hese plans cover the Essential Health Benefits required by the Affordable		
Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*	Care Act. The deductible applies to all covered care except preventive care.		
* Can be paired with the Signature Network	Benchmark Bronze 9100 – \$9,100 Medical and Rx Deductible Combined*	I do not plan to open an HSA or I plan to use another administrator.	
		* Can be paired with the Signature Network	



STANDARDIZED PLANS

- Benchmark Silver 0 Standardized Plan \$5800 Combined Medical and Pharmacy Deductible
- Benchmark Expanded Bronze Standardized Plan \$7500 Combined Medical and Pharmacy Deductible
- Benchmark Platinum Standardized Plan \$0 Combined Medical and Pharmacy Deductible
- Benchmark Gold Standardized Plan \$2000 Combined Medical and Pharmacy Deductible

### C. SELECTHEALTH DENTAL® PLAN INFORMATION

#### **TRADITIONAL PLANS**

Select network, then se	lect from one of the following plan options below.	
Network Options	I Classic 🗖 Prime* 🗖 Fundamental*	*Available only in Salt Lake, Davis, Weber, and Utah counties.
Add out-of-network benefit	S	
Select one plan option. Includes a	\$50/\$150 dental deductible	
\$750 Annual Maximum	\$1,000 Annual Maximum \$1,500 Annual Maximum	
Please select either 100% or 90% for	preventive care coverage	
□ 100%	90% (only available for the \$1,500 Annual Maximum plan)	

# Individual Plans Payment Selection Form

Applicant's Name \_

\_ Applicant's Social Security# OR Date of Birth \_

(internal use only)

### **D. PAYMENT SELECTION**

Please select a method of payment for your monthly premium. SelectHealth<sup>®</sup> will accept third-party premium payments only when required by state or federal law. Please submit only personal account information.

Preauthorized Banking Withdrawal

(Complete Section "B.")

Online Billing and Payment

(Complete Section "C.")

\_ Date \_\_\_

#### E. PREAUTHORIZED BANKING WITHDRAWAL

If you select this method of payment for your monthly premium, your payment will be deducted automatically from your checking/savings account each month. Please complete the information below.

I authorize SelectHealth to initiate withdrawals from my Checking Account	Savings Account
Account Holder's Name	Account#
Financial Institution	Routing & Transit#

I understand that debit withdrawals will be submitted to my account on or about the 10th of each month, regardless of the policy effective date. I understand that a **\$25.00** service charge may be applied if the premium amount cannot be deducted from my account for any reason.

Account Holder's Signature \_\_\_\_

	PREAUTHORIZED BANKING WITHDRAWAL
	Attach a Voided Check Here
	Do not use a checking deposit slip for checking withdrawal. Checking deposit slips do not always contain the necessary routing and transit information.
Check#	

#### F. ONLINE BILLING AND PAYMENT

Once you receive notification that your application has been approved, please call us at 800-442-0220 to make your first month's payment. After your first payment, all future monthly statements will be sent via email. The statement emails will direct you to a website where you can pay online with a debit or credit card. Premium payments are due on the first of day of each month.

### **Application Checklist**

BEFORE YOU SUBMIT YOUR APPLICATION FORMS, REMEMBER TO:
Complete and sign the Utah Individual Health Insurance Application Form
Complete the Utah Individual Plans Supplemental Application Form
Sign the Payment Selection Form
OR visit us at selecthealth.org to apply online



# **SEP Addendum**

Applicant's Name				
Applicant's Social Security OR Date of Birth				
Are you: A new applicant? Adding dependents? Changing an existing plan?				
If you are enrolling outside of annual open enrollment or adding dependents, what is the reason? (documentation may be required)				
Loss of health plan coverage				
Loss of health plan coverage as result of a divorce				
Permanent move providing access to a new health plan				
Birth or adoption				
Court order				
Loss of Medicaid or CHIP eligibility				
Loss of cost-sharing eligibility tax credit				
□ Other				
Date of Event				
Will this coverage be replacing an existing Individual policy with SelectHealth? 🛛 Yes 📮 No				
If yes, enter policy number				