

## Individual Plans Colorado Supplemental Application Form

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

Cell Phone #\* \_\_\_\_\_

(internal use only)

### A. DEMOGRAPHICS

Preferred Language\*\*  English  Spanish  Chinese  Vietnamese  Korean  Nepali  Persian (Farsi)  Serbo-Croatian  Tagalog  German  
 Russian  Arabic  French  Japanese  Thai  Other \_\_\_\_\_

\* By giving us your cell phone number and email address, you are giving us permission and consent to contact you using those channels

\*\* By notifying us of your preferred language, we are not agreeing to send your materials in that language (for translation assistance, 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  Select Health Value

For more information, visit [selecthealth.org/individualplans](http://selecthealth.org/individualplans).

#### SELECT HEALTH PLANS

##### PLANS 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 (\$2,000 Rx Deductible)
- Silver 1500 – \$1,500 Medical Deductible (\$13,500 Rx Deductible)
- Silver 3200 – \$3,200 Medical Deductible (\$1,000 Rx Deductible)
- Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)
- Gold 0 – \$0 Medical Deductible (\$1,000 Rx Deductible)

##### RX COPAY PLANS WITH COMBINED PHARMACY/MEDICAL DEDUCTIBLE

*The deductible is waived (only the copay applies) for all office visits and pharmacy drugs.*

- Silver 4500 – \$4,500 Medical and Rx Deductible combined

#### SELECT HEALTH HSA QUALIFIED

*The deductible applies to all covered care except preventive care.*

- Silver 3700 (HSA Qualified) – \$3,700 Medical and Rx Deductible Combined (off exchange only)\*
- Gold 1750 (HSA Qualified) - \$1,750 Medical and Rx Deductible combined

Select Health 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, Select Health makes no representations or warranties about the legal adequacy of this coverage as an Health Savings Account (HSA)-eligible plan. Select Health 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 requirements of the Internal Revenue Code.

\*HSA-qualified plans have a minimum deductible requirement. Some Cost-Share Reduction (CSR) plans do not meet that requirement.

##### HSA VENDOR

The Select Health 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

- I do not plan to open an HSA or I plan to use another administrator.

#### COLORADO OPTION PLANS

- Select Health Colorado Option Bronze
- Select Health Colorado Option Silver
- Select Health Colorado Option Silver Off Exchange
- Select Health Colorado Option Gold

## Application Checklist

### BEFORE YOU SUBMIT YOUR APPLICATION FORMS, REMEMBER TO:

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- Complete and sign the Colorado Uniform Application For Major Medical Health Benefit Plans Form
- Complete the Colorado Individual Plans Supplemental Application Form
- OR** visit us at [selecthealth.org](https://selecthealth.org) to apply online

*Once you receive notification that your application has been approved, please call us at 855-442-0220 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.*

## 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
- Marriage
- 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 Select Health?  Yes  No

If yes, enter policy number \_\_\_\_\_

eSignature \_\_\_\_\_ Date \_\_\_\_\_