

## Individual Plans Utah Supplemental Application Form

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

- Are you self-employed?
- Is your employer reimbursing or paying for any portion of this policy?
- If yes, are contributions made through a qualified Health Reimbursement Arrangement (HRA)? Are you self-employed?

### A. DEMOGRAPHICS

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

Preferred Language\*\*  English  Spanish  Chinese  Vietnamese  Korean  Navajo  Nepali  Tongan  Serbo-Croatian  Tagalog  German  Russian  Arabic  French  Japanese  Mon-Khmer, Cambodian  Other \_\_\_\_\_

Race  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Other

Ethnicity  Hispanic or Latino  Not Hispanic or Latino

Citizenship  United States Citizen  Lawful Permanent Resident  Temporary Visitor  Undocumented Immigrant (for internal informational purposes only)

\* 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  Select Health Med  Select Health Signature

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

#### SELECT HEALTH®

##### 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 (\$1,500 Rx Deductible) (Value Network Only)
- Silver 5500 (Off-Exchange Only) – \$5,500 Medical Deductible (\$1,500 Rx Deductible)\*
- Gold 1500 – \$1,500 Medical Deductible (\$250 Rx Deductible)\* (Med and Value Network only)
- Benchmark Silver 5900 – \$5,900 Medical Deductible (\$750 Rx Deductible) (Signature and Value Network only)
- Silver 3000 – \$3,000 Medical Deductible (\$750 Rx Deductible) (Value Network Only)
- Silver 6000 – \$6,000 Medical Deductible (\$825 Rx Deductible) (Med Network Only)

##### PLANS WITH \$0 DEDUCTIBLES

- Benchmark Expanded Bronze Copay plan – \$0 Medical Deductible (\$3,500 Rx Deductible) (Med and Value Network Only)
- Benchmark Platinum - \$0 Medical Deductible (\$0 Rx Deductible)\* (Med and Value Network Only)
- Benchmark Gold - \$0 Medical Deductible (250 Rx Deductible)\* (Signature Network Only)

#### SELECT HEALTH HSA QUALIFIED

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

- Benchmark Silver 3750 (HSA Qualified) – \$3750 Medical and Rx Deductible Combined (off exchange only)\*

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.

\* Can be paired with the Signature Network

STANDARDIZED PLANS

- Benchmark Silver Standardized Plan – \$5,000 Combined Medical and Pharmacy Deductible
- Benchmark Expanded Bronze Standardized Plan – \$7500 Combined Medical and Pharmacy Deductible\* (Med Network Only)
- Benchmark Platinum Standardized Plan - \$0 Combined Medical and Pharmacy Deductible (Med and Value Network Only)
- Benchmark Gold Standardized Plan - \$1,500 Combined Medical and Pharmacy Deductible

**C. SELECT HEALTH DENTAL® PLAN**

**TRADITIONAL**

Select network, then select from one of the following plan options below.

*(medical must be elected and all members on medical must elect dental as well)*

**Network Options**  Classic  Prime\*  Fundamental\*

Add out-of-network benefits

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)

\*Available only in Salt Lake, Davis, Weber, and Utah counties.

**A dental policy provides dental benefits only. Review your policy carefully.**

## 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
- OR** visit us at [selecthealth.org](http://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.

- Your employer cannot pay any portion of you premium iether directly or through reimbursement unless contributions are made through a qualified Health Reimbursement Arrangement (HRA)
- Select Health will only accept third-party premium payments when required by state or federal law

# 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 \_\_\_\_\_