

# Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** (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: **1-800-538-5038**.

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: **1-800-538-5038**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth: **1-800-538-5038**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth: **1-800-538-5038**.

번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hółq', kojí' hódíílnih SelectHealth: **1-800-538-5038**.

ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth: **1-800-538-5038** मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth: **1-800-538-5038**.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth: **1-800-538-5038**.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **1-800-538-5038**.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth: **1-800-538-5038**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth: **1-800-538-5038**

تدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم  
ةكشرشب ل لصتا. ن اجملاب كل رفاوتت ةيوعلل  
SelectHealth: **1-800-538-5038**.

សម្ពាសៈ បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្រីវ៉ាជំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ  
គម្រោងមានសរាប់ អ្នកក៏ សូមទូរស័ព្ទមក  
SelectHealth: **1-800-538-5038** ។

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth: **1-800-538-5038**.

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: **1-800-538-5038**。まで、お電話にてご連絡ください。



## Individual Plans Idaho Supplemental Application Form

Applicant's Name \_\_\_\_\_ Applicant's Social Security# OR Date of Birth \_\_\_\_\_ (internal use only)

Is this policy intended to replace any other accident and healthcare insurance presently in force?  Yes  No

### A. PLAN OPTIONS

#### SELECTHEALTH® PLANS

##### PLANS WITH NO DEDUCTIBLE FOR ONE URGENT CARE AND ALL PRIMARY CARE PROVIDER (PCP) VISITS

*The deductible is waived for one urgent care and all PCP visits and/or mental health office visits combined per year and each of these visits is subject to a copay only.*

- Bronze 7600** - No Deductible for One Urgent Care and all PCP Visits - \$7,600 Medical Deductible (\$1,500 Rx Deductible)
- Expanded Bronze 5500** - No Deductible for One Urgent Care and all PCP Visits - \$5,500 Medical Deductible (\$2,500 Rx Deductible)
- Expanded Bronze 4500** - No Deductible for One Urgent Care and all PCP Visits - \$4,500 Medical Deductible (\$1,750 Rx Deductible)
- Silver 3500** - No Deductible for One Urgent Care and all PCP Visits - \$3,500 Medical Deductible (\$1,250 Rx Deductible)

##### PLANS WITH NO DEDUCTIBLE FOR OFFICE VISITS

*The deductible is waived (only the copay applies) for all office visits, urgent care visits, and minor diagnostic testing.*

- Silver 4000 Copay Plan** - No Deductible for Office Visits - \$4,000 Medical Deductible (\$2,500 Rx Deductible)
- Gold 2000** - No Deductible for Office Visits - \$2,000 Medical Deductible (\$500 Rx Deductible)

##### TRADITIONAL DEDUCTIBLE PLANS

*The deductible applies to all covered care except preventive care, which is covered no charge for all plans*

- Expanded Bronze 7900** - No Deductible for One Urgent Care and all PCP Visits
- Expanded Bronze 3500** - \$3,500 Medical Deductible (\$1,500 Rx Deductible)
- Silver 2750** - \$2,750 Medical Deductible (\$1,250 Rx Deductible)

#### SELECTHEALTH HEALTHSAVE®

##### HSA-QUALIFIED PLANS\*

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

- Bronze HealthSave 6750 (HSA Qualified)** - \$6,750 Medical Deductible and Rx Deductible Combined
- Expanded Bronze 5000 HealthSave (HSA Qualified)** - \$5000 Medical Deductible and Rx Deductible Combined
- Expanded Bronze HealthSave 4000 (HSA Qualified)** - \$4,000 Medical Deductible and Rx Deductible Combined
- Silver HealthSave 3500 (HSA Qualified)** - \$3,500 Medical Deductible and Rx Deductible Combined

SelectHealth® designed the HealthSave<sup>SM</sup> 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 warranties about the legal adequacy of this coverage as a Health Savings Account (HSA)-compatible plan. Certain HealthSave plans are not qualified to be paired with an HSA. 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 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 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 regardless of whether 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.

#### CATASTROPHIC PLAN

*Deductible waived for first three PCP, Intermountain KidsCare<sup>SM</sup>, and/or mental health office visits combined per person per calendar year.*

- Catastrophic 7900** - \$7,900 Medical and Rx Deductible Combined

### B. PEDIATRIC DENTAL DISCLOSURE

The policy you are applying for does not include coverage for pediatric dental care, which is considered an essential health benefit under the Affordable Care Act. Pediatric dental care is available in the market and can be purchased as a stand-alone product. Please contact your insurance agent or Your Health Idaho if you wish to purchase a stand-alone dental care product.

## Individual Plans Payment Selection Form

Applicant's Name \_\_\_\_\_ Applicant's Social Security# OR Subscriber ID# \_\_\_\_\_  
(internal use only)

### A. PAYMENT SELECTION

Please select a payment method for your monthly premium. SelectHealth® 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")

### B. 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 one of the following  **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 service charge** will be applied if the premium amount cannot be deducted from my account for any reason.

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

### C. ONLINE BILLING AND PAYMENT

Once you receive notification that your application has been approved, please call us at **844-442-4106** 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 Checkoff List

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

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- Complete and sign the Individual Health Insurance Application Form**
- Complete the Individual Plans Supplemental Application Form**
- Sign the Payment Selection Form**
- OR visit us at [selecthealth.org](https://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?

**Are you enrolling:**  During the annual open enrollment period?  Outside of annual open enrollment period?

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 SelectHealth?  Yes  No

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

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