

# 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**

تدعاس مل تادخ نإف، ةيبرعل ا ثدحتت تنك اذا: ةظوحلم  
ةكشرشب ل لصتا. ن اجملاب كل رفاوتت ةيوعلل  
SelectHealth: **1-800-538-5038**.

សម្ពាសៈ បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្រីវ៉ាជំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ  
គម្រោងមានសរាប់ អ្នក ។ 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)** - \$5,000 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.

## Formulario de selección de pago para **planes individuales**

Nombre del solicitante \_\_\_\_\_ # de Seguridad Social O # de ID del suscriptor \_\_\_\_\_  
(uso interno solamente)

### A. ELCCIÓN DE MÉTODO DE PAGO

Seleccione un método de pago para su prima mensual. SelectHealth® aceptará pagos de primas de terceros solamente cuando lo exijan las leyes estatales o federales. Por favor solo presente información de la cuenta personal.

Retiro bancario preautorizado

(Complete la sección "B")

Facturación y pago en línea

(Complete la sección "C")

### B. RETIRO BANCARIO PREAUTORIZADO

If you select this method of payment for your monthly premium, your payment will be deducted automatically from your checking/savings account each month. Por favor, complete la información a continuación.

Autorizo a SelectHealth para que inicie retiros de una de las siguientes  Cuenta corriente  Cuenta de ahorros

Nombre del titular de la cuenta \_\_\_\_\_ Cuenta # \_\_\_\_\_

Institución financiera \_\_\_\_\_ # de ruta y tránsito \_\_\_\_\_

Entiendo que los retiros de débito se enviarán a mi cuenta el día 10 de cada mes o alrededor de esa fecha, independientemente de la fecha de vigencia de la póliza. Entiendo que se aplicará un **cargo de servicio de \$25** si el monto de la prima no puede ser deducido de mi cuenta por cualquier motivo.

Firma del titular de la cuenta \_\_\_\_\_ Fecha \_\_\_\_\_

### C. FACTURACIÓN Y PAGO EN LÍNEA

Una vez que reciba una notificación de que su solicitud ha sido aprobada, por favor llámenos al **800-442-0220** para hacer su primer pago del mes. Después de su primer pago, todos los extractos mensuales futuros serán enviados por correo electrónico. Los correos con los extractos lo dirigirán a un sitio web donde podrá pagar en línea con una tarjeta débito o crédito. Los pagos de las primas se vencen el primer día de cada mes.

## Lista de verificación de la solicitud

### ANTES DE PRESENTAR SU FORMULARIO DE SOLICITUD, RECUERDE:

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- Complete y firme el Formulario de solicitud de seguro médico individual de Utah**
- Completar el formulario de solicitud de planes individuales complementarios de Utah**
- Firme el Formulario de selección de pago**
- o visítenos en [selecthealth.org](https://selecthealth.org) para solicitar en línea**

## Adenda a SEP

Nombre del solicitante \_\_\_\_\_

Seguro Social del solicitante O Fecha de nacimiento \_\_\_\_\_

¿Es usted:  Un nuevo solicitante?  Está agregando dependentientes?  Cambiando un plan existente?

¿Se está inscribiendo:  Durante el período de inscripción anual abierto?  ¿Por fuera of del período anual abierto?

Si se está inscribiendo fuera del período anual de inscripción abierta o está añadiendo dependentes, ¿cuál es el motivo?  
(es posible que se requiera documentación)

- Pérdida de cobertura del plan de salud
- Pérdida of de la cobertura del plan de salud como resultado de un divorcio
- Mudanza permanente que proporciona acceso a un nuevo plan de salud
- Nacimiento o adopción
- Matrimonio
- Orden judicial
- Pérdida de elegibilidad de Medicaid o CHIP
- Pérdida de elegibilidad para compartir costos del crédito de de impuestos
- Otro \_\_\_\_\_

Fecha del evento \_\_\_\_\_

¿Esta cobertura sustituirá una póliza an individual existente con SelectHealth?  Sí  No

Si sí, escriba el número de la póliza \_\_\_\_\_

Firma electrónica \_\_\_\_\_ Fecha \_\_\_\_\_