



University of Utah Health Plans
6053 Fashion Square Dr., Suite 110
Murray, UT 84107

Mail to: PO Box 45180
Salt Lake City, UT 84145
Fax to: Attention Enrollment
801-281-6121

2019 Utah Individual Supplementary Application
(Must be accompanied by the Utah Individual Health Insurance Application)

This supplementary application is for health care coverage purchased directly through University of Utah Health Plans. If you wish to purchase coverage through the exchange, you must apply directly through them.

Be sure to return all pages to us. Omissions or incomplete answers will result in the return of your application and may cause a delay in the effective date of your coverage.

Notice - This Plan does not include pediatric dental services as required under the Federal Patient Protection and Affordable Care Act. Coverage for pediatric dental services is available for purchase on a standalone basis through the Health Insurance Marketplace. Please contact the Health Insurance Marketplace to purchase the required pediatric dental services.

SECTION 1 - PLAN SELECTION - Detailed benefit information can be found online at uhealthplan.utah.edu

MEDICAL PLANS - Select one medical plan

(Preferred plans will be offered in Davis, Salt Lake, Utah, Box Elder, Cache and Weber counties.)

- Healthy Preferred Bronze HSA
Healthy Preferred Bronze w/ 3 Copays before Deductible
Healthy Preferred Expanded Bronze
Healthy Preferred Silver Copay
Healthy Preferred Gold Copay
Healthy Preferred Silver Elect Off-Exchange

MEDICAL PLANS - Select one medical plan (Premier plans will be offered in all counties.)

- Healthy Premier Bronze HSA
Healthy Premier Bronze w/ 3 Copays before Deductible
Healthy Premier Expanded Bronze
Healthy Premier Silver Copay
Healthy Premier Gold Copay
Healthy Premier Silver Elect Off-Exchange

If you have chosen an HSA plan, would you like to be set up with a HealthEquity health savings accounts? YES

SECTION 2 - ELIGIBILITY

You are eligible to apply with University of Utah Health Plans (UUHP) if you are

- A resident of and have a principal residence in the state of Utah.
Must demonstrate citizenship, status as a national, or lawful presence in the United States.
Must not be incarcerated, other than incarceration pending the disposition of charges.
Not entitled to Medicare. If you are 65 or older but not eligible for Medicare, please submit a "Not Eligible for Medicare" document from the Social Security Administration.
Are applying during an open enrollment period or when you have a qualifying event as described below.

Eligible dependents that can enroll on your plan include your:

- Spouse or domestic partner.
Natural or legally adopted/placed child(ren) under the age of 26.

Open Enrollment Periods: Individuals may apply for enrollment in a UUHP plan during an open enrollment period. An open enrollment period is the time frame set by the state of Utah when applicants can enroll. Please refer to our website at uhealthplan.utah.edu for the dates of an open enrollment period. The completed enrollment application must be received before the end of the open enrollment period.

Qualifying Events: Applicants can apply outside of an enrollment period if they experience certain qualifying events. Refer to the Special Enrollment Period portion in Section 2 to determine if your situation qualifies.

SECTION 2 – ELIGIBILITY (continued)

SPECIAL ENROLLMENT PERIOD

Applications must be received within 60 days of a qualifying event (with evidence of qualifying event).

Please make your selection below by checking the box or boxes that apply to you.

- A loss of group coverage. Date of loss _____
- Gaining or becoming a dependent through marriage. Date _____
- Permanent move outside of your current plans service area. Date of move _____
- Involuntary loss of minimum essential coverage. Date of loss _____
- Other (see additional qualifying events listed on website at uhealthplan.utah.edu) _____

SECTION 3 – YOUR PRIVACY

For information about the use and disclosure of health information, including uses and disclosures required by law, please refer to the Privacy Notice in the Notices section of the Summary Plan Description (SPD).

SECTION 4 - ACKNOWLEDGEMENT

By signing the attached Utah Individual Health Insurance Application you:

- Understand and agree to the terms and conditions set forth in this supplementary application, as well as the terms and conditions set forth in the attached application.

SECTION 5 – PRODUCER INFORMATION

FOR PRODUCER USE ONLY

Producer Name (please print or type):

Phone:

Address:

Email Address:

National Producer Number:

Utah License Number:

PRODUCERS: You must also complete the **Producer Agreement and Compensation Disclosure** in Section F of the Utah Individual Health Insurance Application. Producers will not be compensated if this information is incomplete.