Select Health

Select Health Nonrenewable Short-Term Limited Duration Plans

Idaho

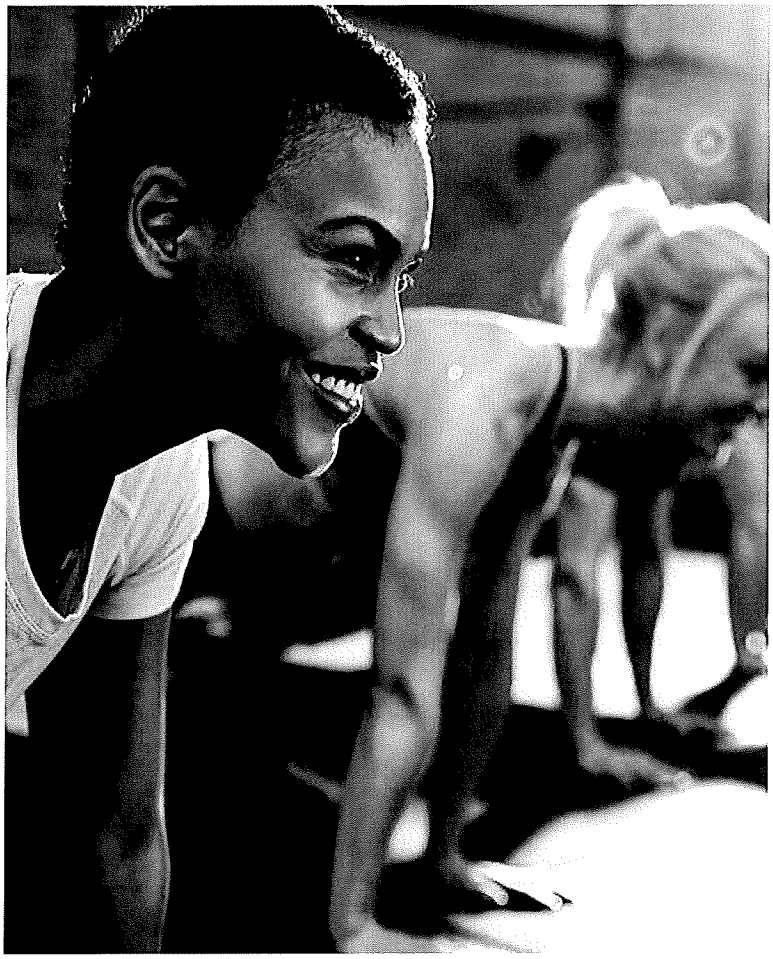
An ideal solution

Nonrenewable Short-term Limited Duration plans are specifically tailored to help cover **accidents and illnesses for a short period of time.** Here's what you need to know before choosing a plan:

- The minimum plan term is **30 days**, and the maximum plan term is up to **12 months.** All plans will terminate December 31 of the same year they are activated.
- You will not be able to renew your plan after the term end. However, you may have the opportunity to explore other coverage options, such as an Individual plan, if you qualify for a Special Enrollment Period or during Open Enrollment.
- You may reapply for another Nonrenewable Short-term Limited Duration plan after a 63 day waiting period.
- If you use in-network providers for covered services, they shouldn't bill you for additional charges beyond payment amounts allowed by the plan. Learn more about your network on page 4.
- Short-term Limited Duration plans are **not** guaranteed issue and do not cover preventive care, mental health, maternity, or pre-existing conditions. Call Member Services at **800-538-5038** for a full list of plan exclusions.

Plan benefits include:

- Access to personalized plan information and claim details from your member account
- Member discounts on services not covered by your plan, like LASIK, eyewear, hearing aids, nutritional supplements, alternative medicine, certain medical supplies, and more.
- Wellness resources including healthy recipes, mentals health trainings, an online symptom checker, and more.
- $70 copay for PCP virtual visits (limit 2 per member, per term; deductible/coinsurance applies thereafter.)



These plans may be an ideal solution for:

- Employees in a waiting period for group coverage
- Individuals who missed the open enrollment window
- People who have been laid off or who are in between jobs
- Recent graduates
- New business owners
- Children who are no longer eligible under a parent's plan
- Seasonal or contract employees

Note: Some of these events may qualify you for a Special Enrollment Period (SEP) on the Individual market. However, loss of Nonrenewable Short-term Limited Duration coverage does not qualify you for an SEP.

Questions? Call **855-442-0220.**

Choose the plan that's right for you

You have two plan options to choose from

(Option 1)

Deductible: $2,500/$5,000 (Individual/Family)
Out-of-Pocket Maximum: $5,000 per person
Coinsurance: 20%

(Option 2)

Deductible: $4,000/$8,000 (Individual/Family)
Out-of-Pocket Maximum: $4,600 per person
Coinsurance: 50%

1 Choose your deductible and coinsurance amounts

Review your deductible and coinsurance options to determine which plan is right for you.

Remember, you are responsible for paying all of your medical expenses until you reach your deductible for the plan term.

After your deductible is met, Select Health will pay for a percentage of covered services according to your coinsurance selection. The maximum coinsurance limit applies to each family member separately and does not include the deductible.

2 Select a payment method

Single payment—You can make a single premium payment with an electronic check or a credit or debit card. You will be asked to provide card or account information on the application, and we will charge or draft the full premium for the selected term of coverage.

Monthly payment—Your premium payment must be made with a preauthorized checking withdrawal. You will be asked to provide checking account information on your application. Your premium will then be drafted monthly until the end of your selected term (12-monthmaximum).

3 Estimate your premium

Visit **selecthealth.org/applyonline** to calculate your premium. Once you've entered the requested information, you'll be able to view the estimated premiums for each plan.

4 Complete and submit your application

Visit **selecthealth.org/applyonline** to complete and submit your application. The oldest family member must complete and sign the application as the primary applicant. Your spouse or domestic partner's signature is required if they are also applying for coverage. When completing your application, please answer each question or section—incomplete applications will delay the review process.

Coverage can begin as soon as the next day. We will not consider an application for enrollment completed more than two months prior to the date you want your coverage to begin.

Note: *Completing an application does not guarantee coverage.*

Which providers can I see?

If you use in-network providers for covered services, they shouldn't bill you for additional charges beyond payment amounts allowed by the plan. That's why we strongly encourage you to use in-network providers. Visit **selecthealth.org/find-care-id** to view a complete list of in-network providers and facilities or call Member Advocates at **800-515-2220**.

Looking for more comprehensive coverage?

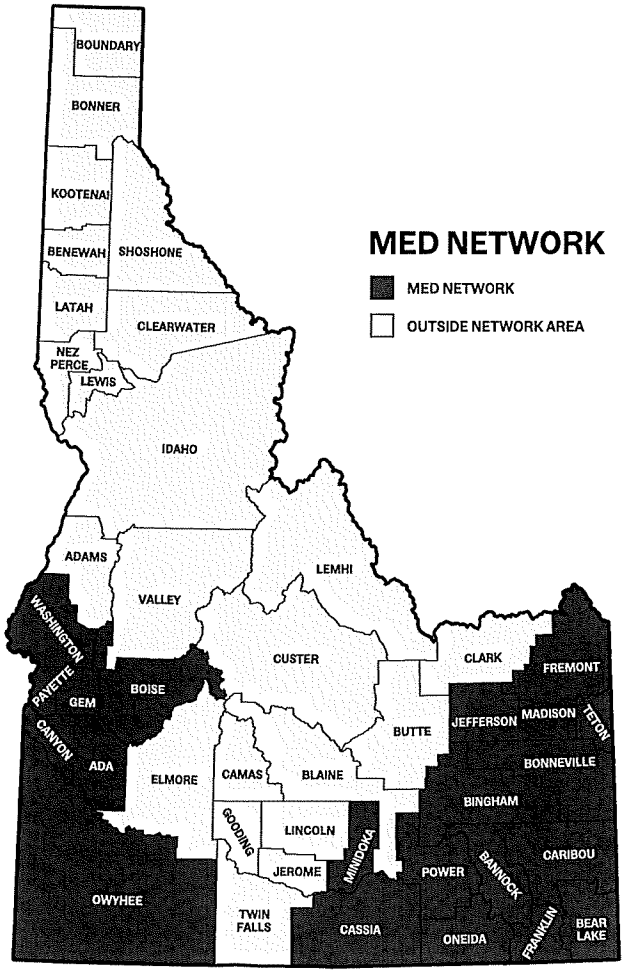
Consider a Select Health Individual plan. You may even qualify for a reduced premium (also known as a subsidy or tax credit). Enroll during the annual Open Enrollment Period or call Select Health at **855-442-0220** for information about Individual health plans.

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility, you might have to wait until an open enrollment period to get other health insurance coverage.
—The contract is the final document for reference.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900 (TTY: 711)** / Select Health: **800-538-5038**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 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



*Maps are representative of geographic areas where plans are available to purchase and are subject to change. In some cases, participating providers and facilities are available outside indicated network areas. Please consult with Select Health Member Services for current network information.

***Note:** These maps are not all inclusive. For a complete list of participating facilities, visit* **selecthealth.org/find-care-id**.

QUESTIONS?

Contact your Select Health-appointed agent or call **855-442-0220**.

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