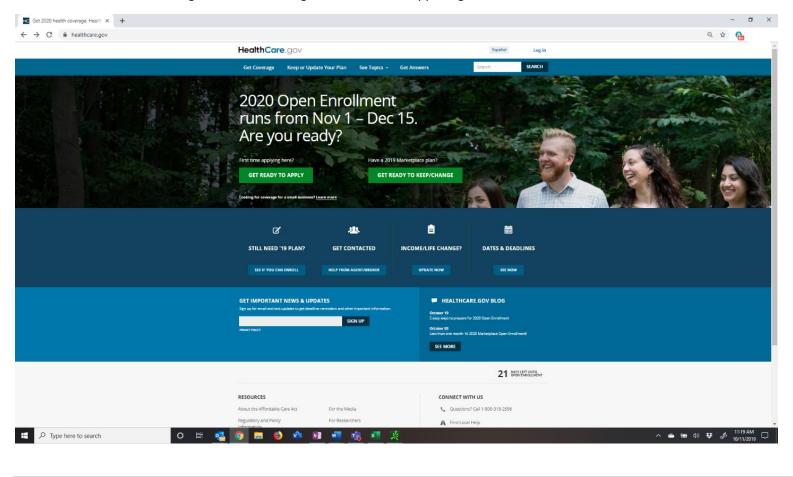


2020 BENEFIT YEAR How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP ONE: Go to HealthCare.gov and click on Log in located in the upper right-hand corner.





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP TWO: Under the words Log In... click on the hyperlink next to the words "Don't Have an Account?" <u>Create one.</u>

C 🔒 healthcare.gov/login				– 0 × Q & G
G nealthcare.gov/login	HealthCare.gov Individuals & F.	amilies Small Businesses Espa	fiel Log in	4 H 100
	Tarin			
	Log in Don't have an account? <u>C</u>	Treate one.		
	Your username may be your	email address. Forgot your <u>username</u> ?		
	Forget your <u>password</u> ?			
		LOG IN		
		or public computer?		
	Be sure to log out and cic help keep your informati	ase all browser windows when you're done. This will on secure.		
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10-201-2019	HLTC – How to Create a He	ealthcare.gov Account & Enroll in an	Individual/Family Plan	2 1



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THREE: Select your State

→ C healthcare.gov/create-account					् 🖈 😭
	HealthCare.gov	Individuals & Families	Small Businesses	Español Login	
		Create an accour			
		If you already have an account, log in. H account. Forgot your password or user	Having trouble? Don't create another mame?		
		Select your state			
		Select your state		-	
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		American Samoa			
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		Arkansas			
		California			
		Colorado			
		Connecticut			
		Delaware			
		District of Columbia			
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2020 BENEFIT YEAR How to Create a HealthCare.gov Account &

Enroll in an Individual/Family Plan

STEP FOUR: Complete the information that appears on this screen

If you already have an account, <u>log in</u> . If another account. Get help if you're hav	
Select your state to get started.	ing trouble logging into your account.
Pennsylvania	
First name	Last name
Your email address will also be your userna	ame when you log in.
Email address	
Use: 8-20 characters Upper & lo	wercase letters 🚽 Number(s)
Password	
Retype password Pick 3 questions that only you will be able to you these questions to verify your identity. Pick a question	o answer. If you forget your password, we'll as
ick a question	
and conditions.	ealthCare.gov <u>privacy policy</u> and <u>terms</u> th important enrollment information, cribe at any time by clicking the link at
lates and reminders. You can unsubs bottom of any Marketplace email.	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP FIVE: Click on "Continue" to Login

Your account is ready

You successfully verified your email address. Next, log in to start your application.

CONTINUE TO LOGIN



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP SIX: Finish entering your personal information



Verify your identity & contact information

Tell us about yourself. Use your complete name as It appears on your legal documents (like your driver's license or Social Security card). Why do I need to verify my identity? 😡

John		Middle	Carson			Suffix 👻
Phone number		Date of birth				
XXX-XXX-XXXX	Home 🝷	MM/DD/YYYY				
Street address					Apt./Ste. #	
City		Alabama	•	ZIP code		
Social Security Number (SSN) 9						
XXX-XX-XXXX						
		CON	TINUE			
10-201-2019		HITC – How to Create a He	althcare.gov /	Account & Enroll in an Indiv	vidual/Family Plan	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

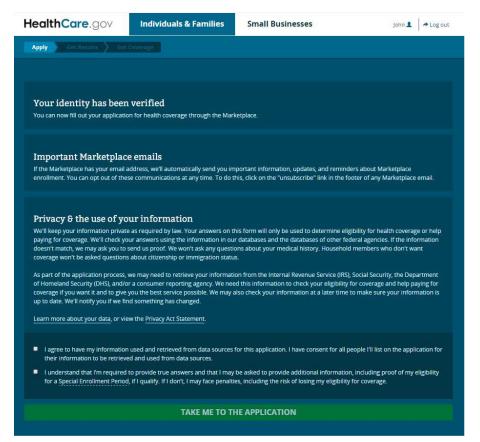
STEP SEVEN: Answer the questions, in order to verify your identity

ased on your information, we've put toget	er a few questions that only you'll be able to answer. Why do I need to verify my identity?
ou may have opened a mortgage loa our mortgage payments. If you do no	n in or around june 2015. Please select the lender to whom you currently make It have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.
GMAC MORTGAGE	
CITICORP MORT	
EQUICREDIT	
INDEPENDENCE ONE	
NONE OF THE ABOVE/DOES NOT APPLY	
(ou may have opened an auto loan in have such an auto loan, select 'NONE	or around january 2016. Please select the lender for this account. If you do not OF THE ABOVE/DOES NOT APPLY'.
AMSOUTH BK	
TD AUTO FINANCE	
BANK AMERICA	
SOVEREIGN BANK	
NONE OF THE ABOVE/DOES NOT APPLY	
Which of the following businesses hav	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav select TNONE OF THE ABOVE'.	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav select 'NONE OF THE ABOVE'. D M EXTERIOR INC	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav select 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav select 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK	e you been associated with? If there is not a matched business name, please
Which of the following businesses hav telect 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY fou currently or previously resided or	e you been associated with? If there is not a matched business name, please one of the following streets. Please select the street name from the following
Which of the following businesses hav telect 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY fou currently or previously resided or	
Which of the following businesses hav telect NONE OF THE ABOVE. D M EXTERIOR INC HOREYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY You currently or previously resided on choices.	
Which of the following businesses hav elect 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY YOU currently or previously resided on choices.	
Which of the following businesses have elect 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY YOU CUrrently or previously resided on choices. RUBLE COUNTY LINE	
Which of the following businesses hav select 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY YOU currently or previously resided on choices. RUBLE COUNTY LINE HERITAGE	
Which of the following businesses hav select 'NONE OF THE ABOVE'. D M EXTERIOR INC HONEYWELL EASTMAN KODAK LIFE HEALTH BENEFITS AGENCY NONE OF THE ABOVE/DOES NOT APPLY You currently or previously resided or choices. RUBLE COUNTY LINE HERITAGE PINESTEAD	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP EIGHT: Once your identity is verified, check the two boxes at the bottom and then click, "Take Me to the Application"

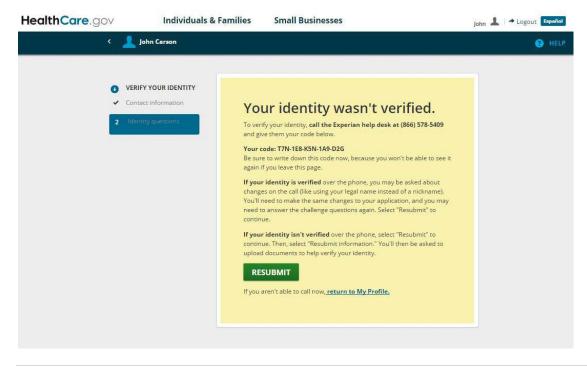




How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

You will receive a code, or reference number, on the response screen from your online application indicating that your identity verification attempt was unsuccessful. Reach out to the Experian Help Desk for assistance with identity proofing. You will need to write down the code on the screen and give it to Experian. If you only make one attempt to identity proof, you may not receive the code or reference number until the you make a second attempt.

If the reference number was generated, but you failed to write it down and cannot remember it when calling the Experian Help Desk, you may be able to log back into the account and pull up the code or reference number again. <u>You must verify their identity before they can submit an</u> <u>application online and receive a final eligibility determination.</u>





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP NINE: Make any changes that might be needed

HealthCare.gov Individuals &	Families Small	Businesses			John 👗 🖈 Logout Español
< 💄 John Carson					😗 HELP
VERIFY YOUR IDENTITY Contact information Identity questions	Contact inf		K. H.		
	You may need to char with Experian. Make a button.			based on your phone call lick the "Continue"	
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	First name		Middle optic	nal	
	John				
	Last name		Suffix option	al	
	Carson		Select		
	Date of birth		Social Secu	rity number optional	
	MM/DD/YYYY Email address PCIA-3@yopmail.com	-	X000-300-3000X		
	Street address			Apt./Ste #. optional	
	824 Deborah St				
	City	State		ZIP code	
	Jackson	Mississippi	•	39208-	
	Phone number	Ext. optional		XXXXXXXXX Phone type (Select one.)	
	6015551234			Select	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

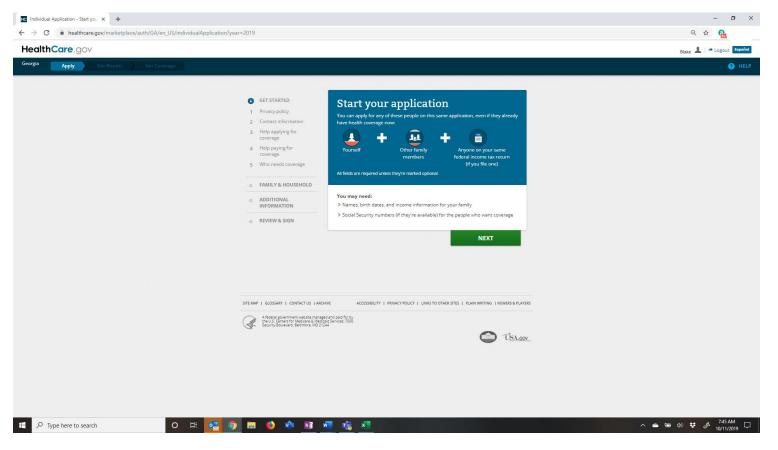
STEP TEN: Once verified, click on "Continue"

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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

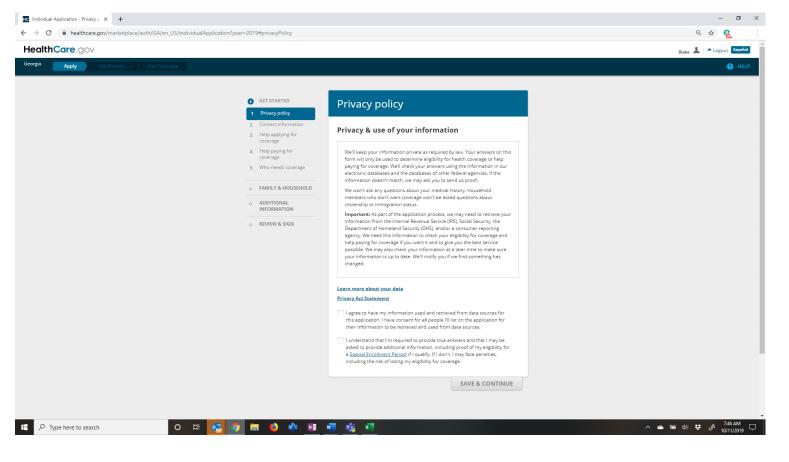
STEP ELEVEN: Click "next" to start your application (you are completing basic information at this point, not choosing a plan).





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

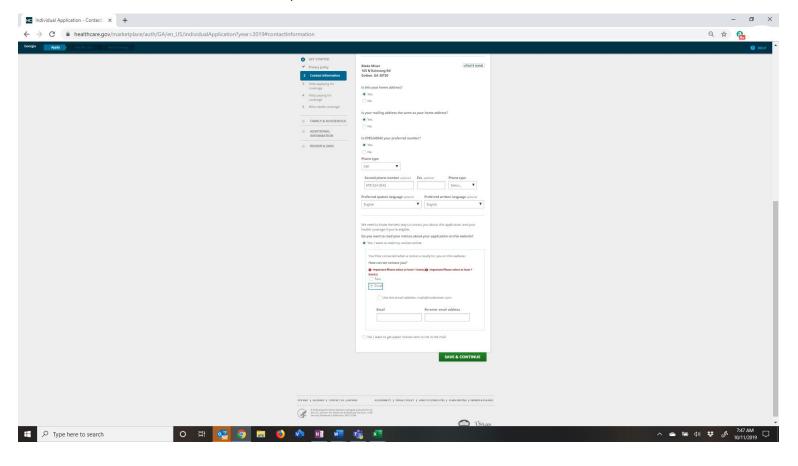
STEP TWELVE: You must agree and click the bottom two items in order to "Save and Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

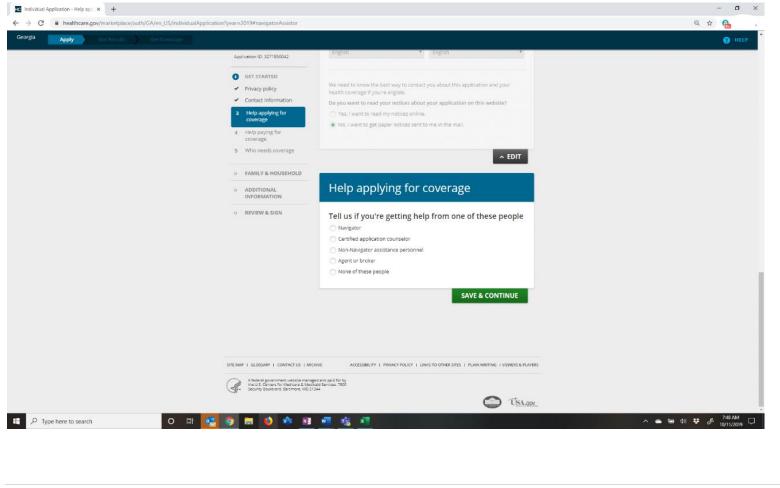
STEP THIRTEEN: More basic information that you need to answer in order to Save and Continue





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

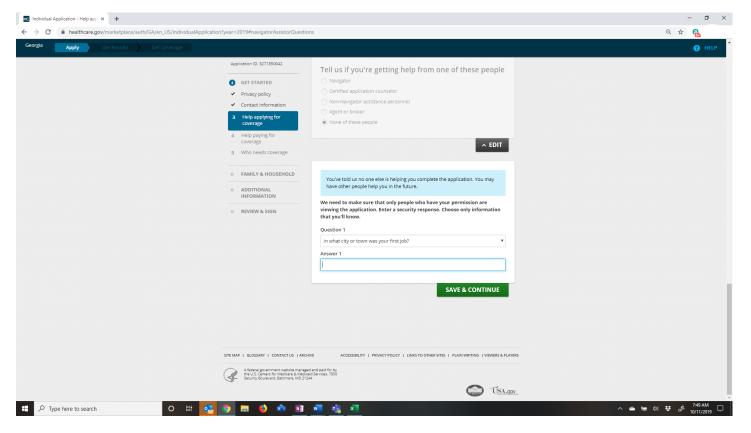
STEP FOURTEEN: More questions to answer so that you can Save and Continue





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

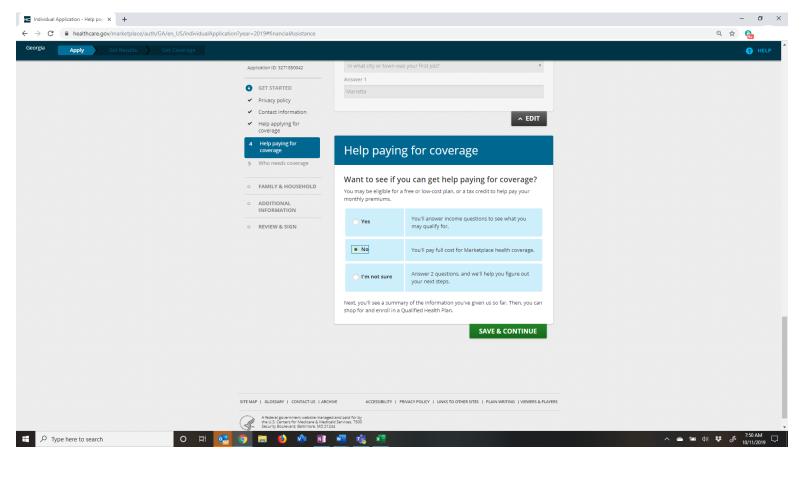
STEP FIFTEEN: ...and even more questions to answer in order to "Save and Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

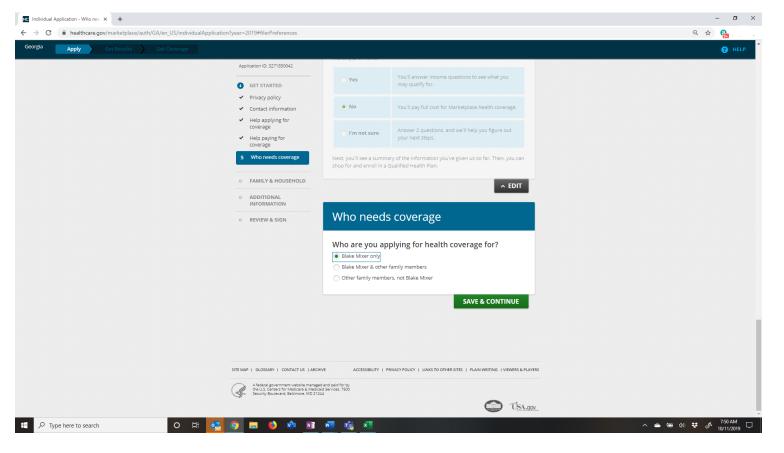
STEP SIXTEEN: You should answer "No" to this question, since you are not eligible for a tax credit.





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP SEVENTEEN: Verify who is applying for coverage in order to "Save and Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

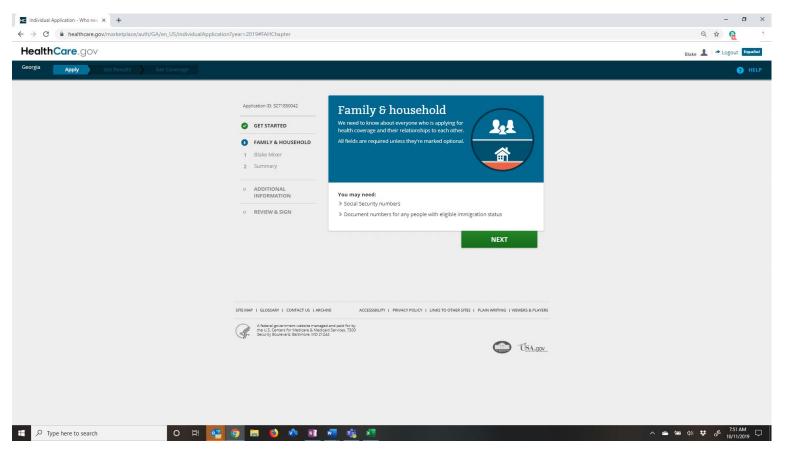
STEP EIGHTEEN: Confirm or edit your answer to continue

Application II	D: 3271850042	Who needs coverage	
GET ST	TARTED		
 Contac Help a covera 	aying for	Who are you applying for health Blake Mixer only Blake Mixer & other family members Other family members, not Blake Mixer 	h coverage for?
5 Who r	needs coverage		
o FAMIL	Y & HOUSEHOLD	You're applying for health com people	verage for these
	TONAL	Select "ADD A PERSON" below to add each meml applying for health coverage.	ber of your household who's
	W & SIGN	Blake R Mixer	EDIT REMOVE
• REVIE		Diake R mixer	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

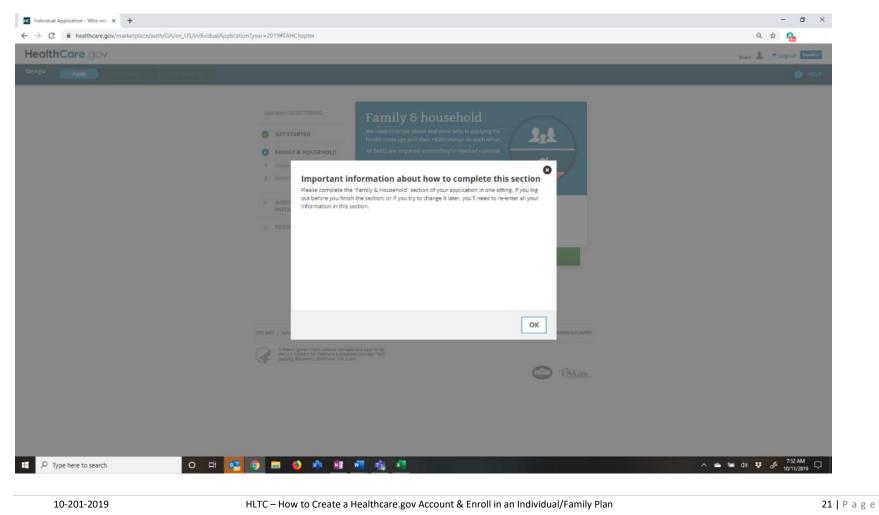
INFORMATION: Click "next"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

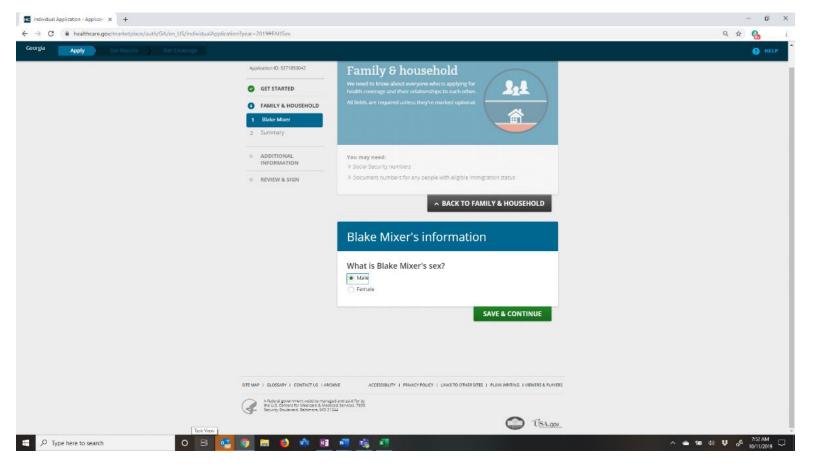
INFORMATION: Click "OK" to continue





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP TWENTY: Answer the question and click "Save & Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

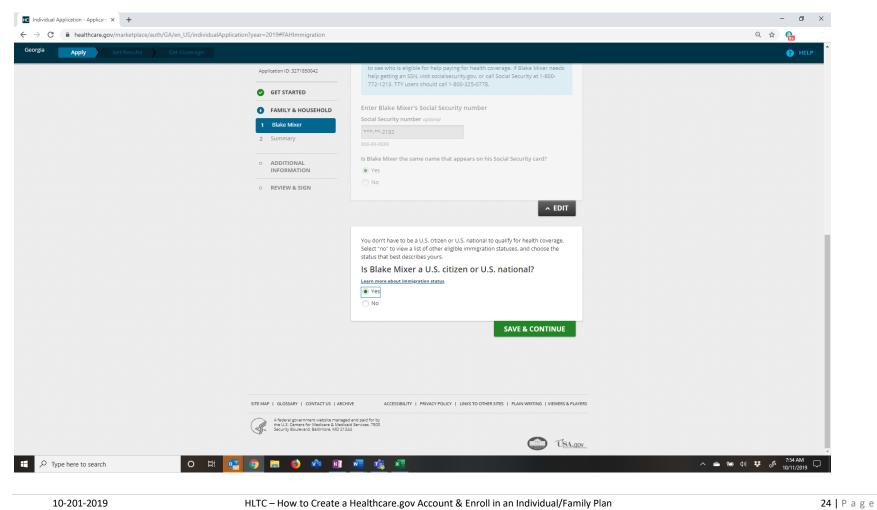
STEP TWENTY-ONE: Enter your SSN# and answer the question below and click "Save and Continue"

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10-201-2019	HLTC – How to Create a Healthcare.gov Account & Enroll in an Individual/Family Plan	23 P a g



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP TWENTY-TWO: Answer the US Citizen question in order to "Save and Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

INFORMATION: If you answer "No" to the US Citizen question there will be additional questions and perhaps documentation that is required.

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Apply Get Results Get Coverage			(?) HE
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	GET STARTED	~ EDIT	
		or U.S. national to qualify for health coverage. Ilgible immigration statuses, and choose the	
	2 Summary Is Blake Mixer a U.S. ci	itizen or U.S. national?	
	ADDITIONAL Ves INFORMATION		
	REVIEW & SIGN Check here if Blake Mixer has	eligible immigration status	
	to get help paying for emergence	tus isn't listed here, he or she may still be able cy services, including for labor and delivery if es, pregnant women may also be able to get	
	Document type (Select one)		
	Select	•	
		SAVE & CONTINUE	
	SITE MAP GLOSSARY CONTACT US ARCHIVE ACCESSIBILITY PRIVACY POLIC	ICY LINKS TO OTHER SITES PLAIN WRITING VIEWERS & PLAYERS	
	A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244		
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

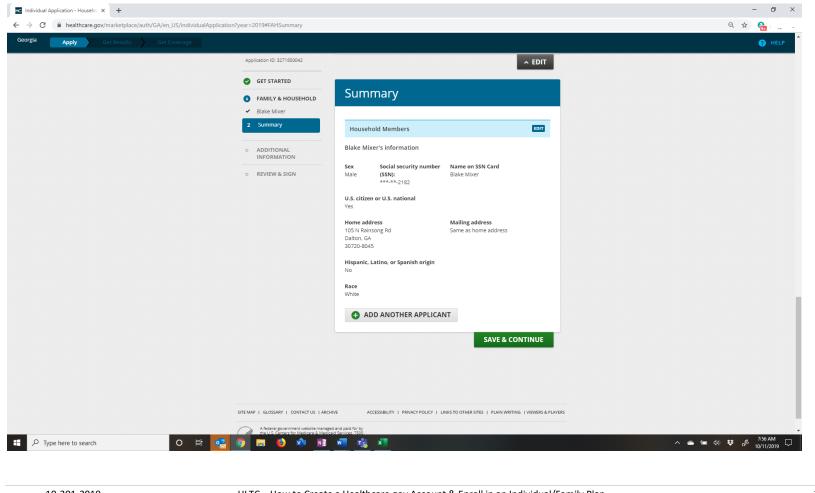
STEP TWENTY-THREE: Answer the race/ethnicity questions in order to "Save and Continue"

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 INICY & LOUZENCE INICY & L		Application ID: 3271850042		∧ EDIT	
• International • DUTUDALL		GET STARTED			
 Summary On DOTONAL INDEMATION REVIEW & SIGH Services priority bits information unit match your add health grapes the halth of and health grapes the halth of and health grapes in the same of the same		FAMILY & HOUSEHOLD	Blake Mixer's race/ethnici	ty	
Similary Americans, Providing the distinuation worth impact your eligibility for health, comparison of signed your eligibility for heal		1 Blake Mixer			
INTORMATION • REVIEW & SIGN • REVIEW & SIGN • Decision • Decision <td></td> <td>2 Summary</td> <td>Americans. Providing this information won'</td> <td>t impact your eligibility for health</td> <td></td>		2 Summary	Americans. Providing this information won'	t impact your eligibility for health	
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Asian Indian Other Asian Black or African American Other Pacific Islander Chinese Samaan Filipino Vetnamese Guamanian or Chamorro White Japanese Other Korean SAVE & CONTINUE			What is Blake Mixer's race? (check all th	at apply) optional	
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Chinese Gaman Filipino Vetnamese Guamanian or Chamorro White Japanese Other Korean SAVE & CONTINUE			Asian Indian	Other Asian	
Filipino Vietnamese Guamanian or Chamorro White Japanese Other Korean SAVE & CONTINUE			Black or African American	Other Pacific Islander	
Guamanian or Chamorro White Japanese Other Korean SAVE & CONTINUE			Chinese	Samoan	
☐ Japanese			Filipino	Vietnamese	
C Korean			Guamanian or Chamorro	White	
SAVE & CONTINUE			Japanese	Other	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

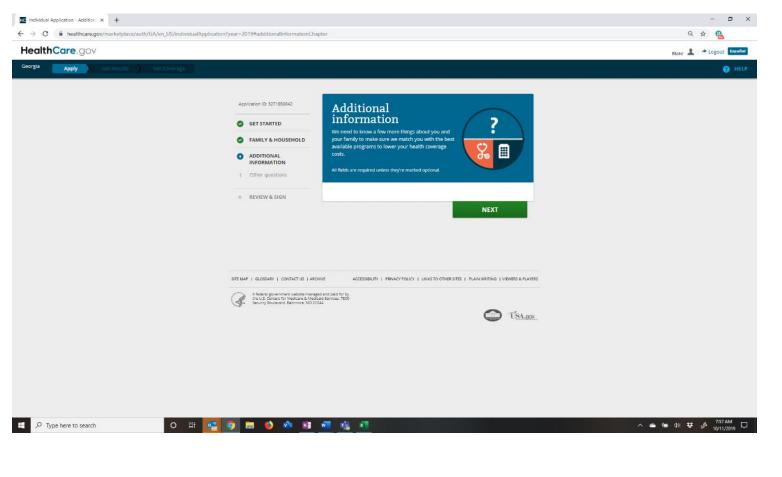
STEP TWENTY-FOUR: Review the Summary information and if correct, click "Save and Continue or edit and/or add another applicant."





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

INFORMATION: Click "next"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP TWENTY-FIVE: Part of a federally recognized tribe? Answer and click "Save and Continue"

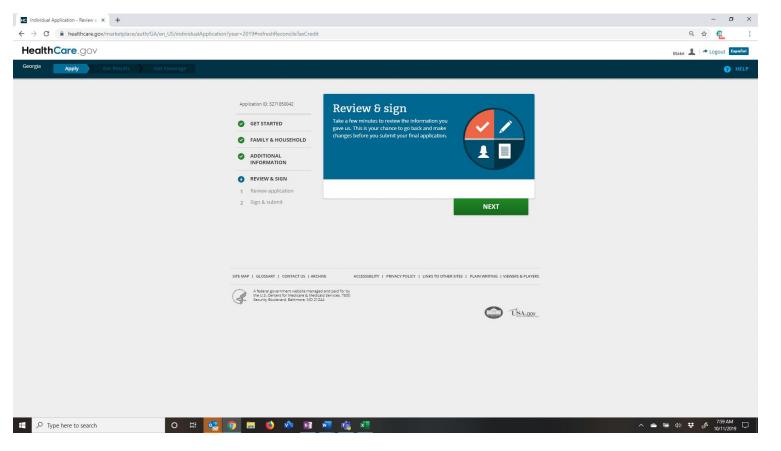
Individual Application - Addition × + → C ▲ healthcare.gov/marketplace/auth/GA/en_US/individu	lApplication?year=2019#tribeMember	- = ×
eorgia Apply Get Results Get Coverage		HELP
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After this screen there a lot of eligibility type questions which may or may not be on the 2020 website... answer and hit Save and Continue should you encounter them.



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

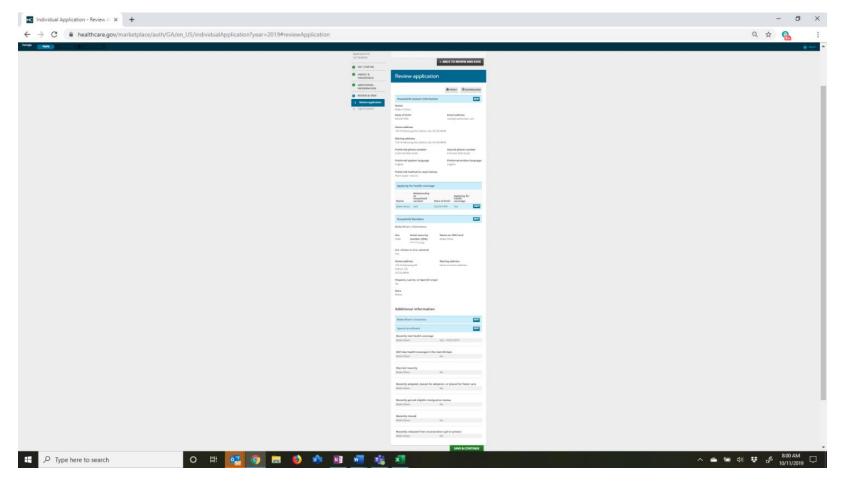
STEP TWENTY-SIX: Click "next"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

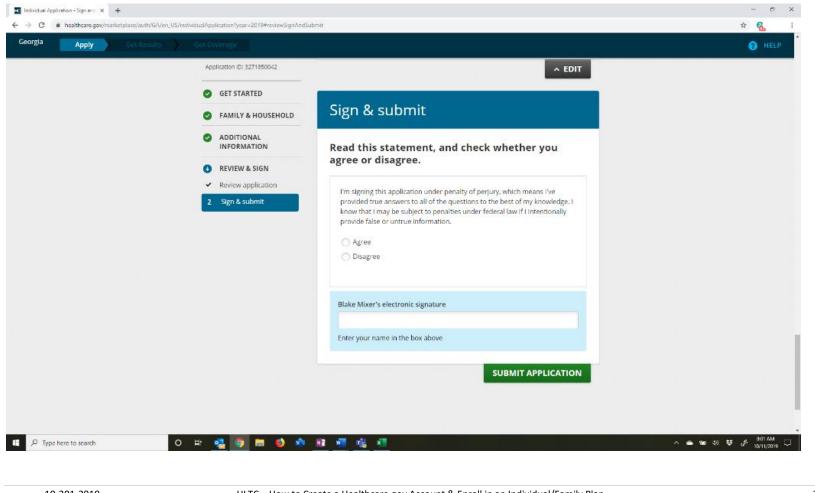
STEP TWENTY-SEVEN: Review the data you've provided and if correct, sign below and click "Save and Continue"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP TWENTY-EIGHT: Sign and Submit your application data





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY: Click on "Continue to Enrollment"

Individual Application - Eligibility X +		- 0
← → C in healthcare.gov/marketplace/auth/GA/en_US/individualApplication?year=2019#eligibilityResults		Q 🕁 🕵
icorgia 🗸 Apply Get Results Get Cov		HELP
	Continue to enrollment	
	You've finished and submitted your application, and viewed your "Eligibility Results."	
	Next, you'll pick a plan and submit documents, and enroll in coverage.	
	You must pick a plan by November 30 to enroll through this Special Enrollment Period.	
	CONTINUE TO ENROLLMENT	
	You'll need to submit documents. If you're ready, you can <u>upload them now</u> . But, if you'd rather upload documents later, select "Continue to Enrollment" now.	
	What should I do if I think my eligibility results are wrong?	
	if you don't agree with what you qualify for, you may be able to file an appeal.	
	You can appeal eligibility to buy Marketplace plans and also for enrollment periods. If you're applying for help paying for	
	coverage, you may also have the right to appeal eligibility for tax credits, cost-sharing reductions. Medicaid eligibility, and CHIP eligibility. If you qualify for tax credits or cost-sharing reductions, you can appeal the amount you're eligible for.	
	Review your eligibility notice to find appeals instructions for each person in your household, including the number of days you	
	have to file an appeal. Here's important information to consider when filing an appeal:	
	 You can have someone file or participate in your appeal. That person can be a friend, relative, lawyer, or other person. 	
	 You can have someone file or participate in your appeal. That person can be a friend, relative, lawyer, or other person. Or, you can file and participate in your appeal on your own. 	
	 You can have someone file or participate in your appeal. That person can be a friend, relative, lawyer, or other person. Or, you can file and participate in your appeal on your own. If you file an appeal, you may be able to keep your eligibility for coverage while your appeal is pending. 	
	 You can have someone file or participate in your appeal. That person can be a friend, relative. lawyer, or other person. Or, you can file and participate in your appeal on your own. If you file an appeal, you may be able to keep your eligibility for coverage while your appeal is pending. The outcome of an appeal could change the eligibility of other members of your household. Depending on your state and your eligibility results, you may be able to file an appeal through the Marketplace or you 	
EligibilityResultsNpdf	 You can have someone file or participate in your appeal. That person can be a friend, relative. lawyer, or other person. Or you can file and participate in your appeal on your own. If you file an appeal, you may be able to keep your eligibility for coverage while your appeal is pending. The outcome of an appeal could change the eligibility of other members of your household. Depending on your state and your eligibility results, you may be able to file an appeal through the Marketplace or you may have to file an appeal with your state Medicaid or CHIP agency. Learn more about how to appeal your Marketplace eligibility results. You can also mail an appeal request form or your 	Show all



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-ONE: You'll be working down the list at the bottom, starting with #1... but first make sure the data up top is correct.

Health insurance plans & prices × +		- <i>o</i>
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	Select your health plan and complete the steps below by November 30, 2019.	
	For coverage to start: Confirm your plan by:	
	December 1, 2019 November 30, 2019	
	After you select a plan, you'll need to submit documents. Continue for more information.	
	1 Report tobacco use START	
	2 See if plans cover your doctors, hospitals & prescription drugs	
	3 Get an estimate of your total yearly costs	
	4 Choose health plans	
	5 Review dental enrollment	
	6 Confirm your plan choices & enroll	
	Enter an Exemption Certificate Number (ECN).	
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2020 BENEFIT YEAR

How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-TWO: Answer the question about tobacco use (hint: See Tips is in orange at the bottom and has useful information).

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2020 BENEFIT YEAR How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-THREE: IMPORTANT to know if your providers and/or prescriptions are covered... enter the data to find out.

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	Enter your preferred medical providers and prescription drugs. We'll show you which plans cover them when you review plans and prices.	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

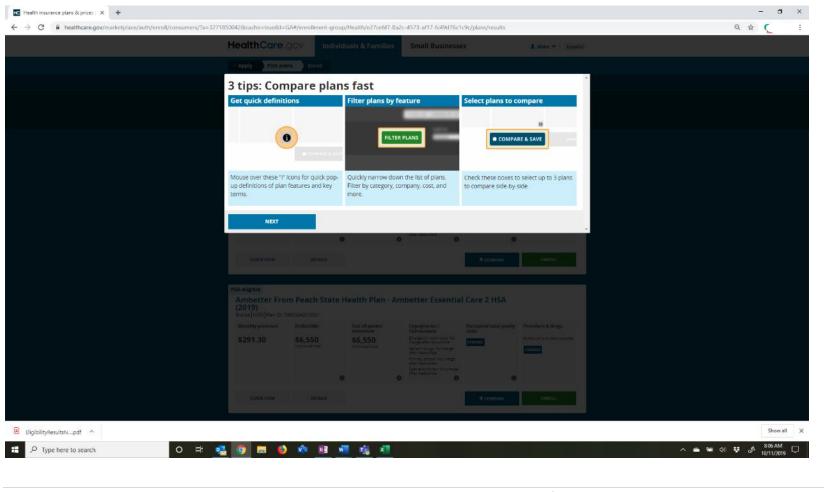
INFORMATION: Useful tools to help you narrow down which plan is best for you and your family.

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	Your monthly premium The a payment × 12 months year	rly deductible mount you pay each sefore the plan pays	Pick the level of care you expect to use below. Later	
	premium tax credit you've thou:	ing. From \$0 to several and dollars, depending e plan.	n time you you'll see each plan's estimated total yearly costs	
	Select the level of care Blake	R Mixer expects to use this year.		
	Choose the level closest to what you expect how many services you can use.	It's OK if you end up using more or less. This won't (change your premiums or cost sharing or limit	
	Expect low use	Expect medium use	Expect high use	
	Few doctor visits Occasional prescription drugs No hospital visit expected	Regular doctor visits Regular prescription drugs Hospital visit unlikely	Frequent doctor visits Frequent prescription drugs At least one hospital visit likely	
	SELECT LOW USE	SELECT MEDIUM USE	SELECT HIGH USE CONTROL	
	Quick Tips: Selecting a level of health care to g	et a total cost estimate	SEE TIPS	



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-FOUR: More tools to help you make the right choice.... Click "next"





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

INFORMATION: Facts about the types of plans offered. Click "See All Plans"

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	with lower premiums pay less of yo	ou and the plan share your health care ur total costs. Categories with higher pr tial health benefits. Categories have n	emiums usually pay more. All plans		Å	
	Bronze 4 Plans 553 Average premium 5296 par month	Silver 13 Plant 5555 Average premium S356 per month	Gold 3 Plans 5555 Average premium \$371 per month	Platinum 2Flars Average premium \$431 per month	5555	
	Estimated total yearly costs \$3,550 (Category average)	Estimated total yearly costs \$4,270 (Category average)	Estimated total yearly costs \$4,449 (Category average)	Estimated total yearly costs \$5,175 (Category average)		
	Lower monthly premiums than Silver, but your deductible is higher and you pay more when you get care.	Higher monthly premium than Bronze, but your deductible is lower and the plan covers more of your costs.	Higher premiums than Silver, but your deductible is lower and your plan pays more when you get care.	Highest monthly premiu but your deductible is ve low and your plan pays n all your costs of care.	ry	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-FIVE: There are a lot of links and ways to see more data on each of the plans that you are now seeing. They are shown to you as the least expensive to the most expensive, but you can filter the results several different ways.

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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-SIX: Once you choose a plan it will isolate itself and ask if you want to enroll in this plan. If yes, click "Yes and Continue"

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	Adult dental benefit not included	
	Would you like to enroll in this plan?	
	YES NO	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-SEVEN: In rare circumstances you may be required to submit documentation.

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	HealthCare.gov Individuals & Families Small Businesses 1 Index V Impedial	
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	You've chosen a plan. Now, we need more information.	
	You must take two actions before you can pay and start using your coverager. confirm your plan and autonic documents. Don't miss out an coverage - your last day to confirm your plan is November 30, 2019 .	
	Confirm your plan, then submit documents	
	 Once you confirm your plan, you have 30 days to submit documents. If documents haven been approved when your plan this supported to starr, you'll pay full price for services until documents are approved, then submit documents are plan to get paid back. It also imments, support adjust and adjust premiums to your plan for more than one past month. 	
	Learn more about how to submit documents & confirm information. MORE ADOUT SUBMITTING DOCUMENTS	
	Important: Confirm your plan by November 33, 2019 or you might lose your chance to enrol.	
	CONTINUE TO REVIEW	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

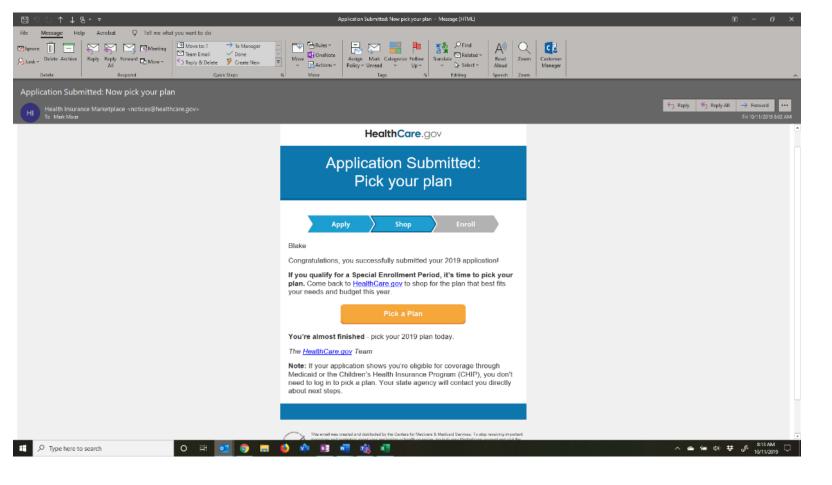
STEP THIRTY-EIGHT: Confirm the plan choice and answer the question about dental coverage to "Continue"

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	l/consumers/?a=3271850042&cache=true&t=GA#/enrollment-group/confirm HealthCare.gOV Individuals & Families Small Businesses & Bular V ExaMple	Q \$
	Confirm your plan choices and enroll	
	Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.	
	Health plan for Blake R Mixer GMANCE	
	Alliant Health Plans SoloCare Bronze PPO 40021 Whitfield Original health plan premium \$301.70 Plan ID: 63761640040172	
	Adult dental benefit not included Child dental benefit included Your coverage will start after your documents are accepted and you've paid your premium,	
	Are you interceited in a separate dental plan? You may must this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage. YES NO	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

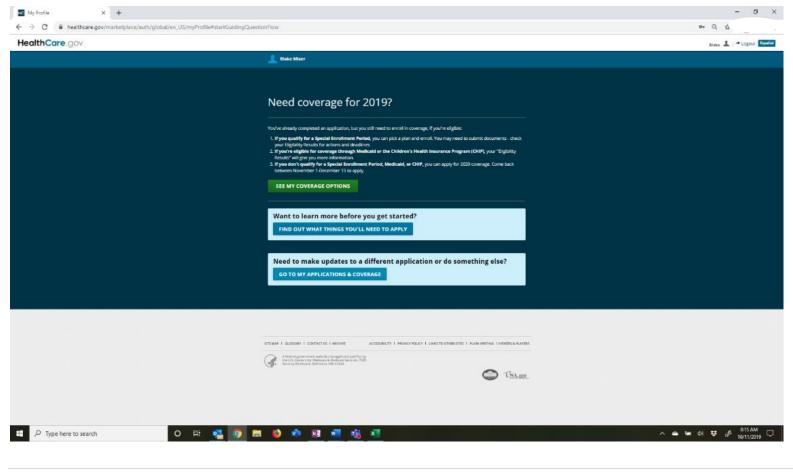
INFORMATION: IF YOU STOP IN THE MIDDLE OF A PROCESS... YOU will receive an email encouraging you to continue from where you left off.





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

INFORMATION: When you log back on ... select the bottom link ... GO TO MY APPLICATIONS & COVERAGE and select the application to continue.





How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP THIRTY-NINE: Make a choice as to enrolling in a dental plan.

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	Choose who should enroll in a dental plan	
	You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.	
	Enroll Blake R Mixer in a separate dental plan?	
	Blake R Mixer won't have dental coverage from the selected health plan	
	YES NO	
	CONTINUE	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP FORTY: Click on "Finish Plan Selection"

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Blake R Mixer won't have dental coverage from the selected health plan.	
Are you interested in a separate dental plan?	
You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage. YIS NO	
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How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

STEP FORTY-ONE: RECORD the PLAN ID information or screen-print so you have this information.

You're almost done

To activate your new coverage and be fully enrolled, you must pay your first month's premium by your plan's due date.

Health Plan for Karen Dravenstatt-Moc

Geisinger Health Plan Geisinger Marketplace HMO 30/60/3500 Plan ID: 22444PA001003001

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2017

Your plan will contact you in the next few days with details on how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call. Amount due \$196.32

PAY FOR HEALTH PLAN NOW



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

FREQUENTLY ASKED QUESTIONS (and some not-so-frequently asked as well)

1. Why do I need an account?

An account allows you to electronically submit your application, compare and select QHPs, view the status of your application, and complete other Marketplace-related activities.

2. Can I set up multiple accounts?

No, you are only able to create one account.

3. What if I do not have an email account?

You may create an email account with an email service provider of your choice or choose to submit a paper application to participate in the Marketplace or by calling the Marketplace Call Center.

4. What if my password is not accepted?

If you are still unable to create a password after confirming you have followed the requirements, contact the Marketplace Call Center for further assistance.

5. What if my username is not accepted?

You cannot select a username if it is already in use by another applicant. You should try another username or contact the Marketplace Call Center for further help.



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

6. Can I still set up an online account after I mail in my paper application?

If you have submitted a paper application and wish to set up an online account, you should contact the Marketplace Call Center to obtain an application ID number after you receive your eligibility notice in the mail, if available. You should then go to the HealthCare.gov website and create an online Marketplace account.

After logging into your account, click the "Find my application" hyperlink on the My Applications & Coverage screen and then enter your application ID number that is linked to the paper application you submitted.

Please remember that all information - first name, last name, city, state, and ZIP code - for the person listed as the household contact on the original application must be an exact match for the contact information used for creating an account on HealthCare.gov. From here, you will be able to view your eligibility determinations and continue with the enrollment process.

7. Should I make sure to remember or keep a secure record of my username, password, and application ID once they are created?

Yes. You will need your username and password each time you log in to HealthCare.gov and you may need your application ID for certain Marketplace activities (e.g., submitting supporting documentation, filing an appeal).

8. Why do I need to verify my identity?

To protect your personal information, you must take a few steps to verify your identity before you can finish creating a Marketplace account and completing an application online. Without this process, an unauthorized person could create an account and apply for health coverage in your name without your knowledge.

9. How does HealthCare.gov verify my identity?

HealthCare.gov compares your responses to identity verification questions with information from your Experian consumer report.



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

10. Why was my identity verification unsuccessful?

Identity verification uses specific information contained in your Experian consumer report. Sometimes this information has not been recently updated or the information is inaccurate. For example, you may have recently paid off a loan that has not yet been reported to Experian. Other times, Experian may not have enough information about you in its systems to successfully verify your identity.

11. Will identity verification affect my credit score?

No. If you check your credit report, you may see an inquiry from CMS. CMS uses consumer reporting agencies like Experian to verify the information you use to create an account. Your credit score will not be affected by inquiries from CMS.

12. If my identity verification is unsuccessful, will I be unable to enroll in a Marketplace plan?

If you are unable to verify your identity successfully, you should call the Marketplace Call Center. They will be able to assist you with the identity verification process as well as with completing an application and submitting a plan selection.

13. Do I have to enter my Social Security number (SSN) to apply for health coverage?

If you have an SSN and you are applying for health coverage for yourself, you must provide your SSN. If you do not have a SSN or you are not applying for coverage for yourself, you are not required to enter one, unless you are the tax filer whose tax return information is used to determine eligibility for an applicant. However, even if you are not applying for coverage for yourself or are not the tax filer, entering your SSN may allow the Marketplace to more quickly determine applicants' eligibility for coverage. It may also help to prevent a request from the Marketplace for additional documentation.

14. Why do I need to submit supporting documentation?

The Marketplace may request supporting documentation to verify the information you provided on your application. The Marketplace verifies information to ensure only eligible individuals obtain coverage through the Marketplace and/or eligibility for help paying for coverage.



How to Create a HealthCare.gov Account & Enroll in an Individual/Family Plan

15. How do I convert my paper application to the electronic format if I have not yet submitted the application?

If you have not yet submitted your application, you will need to follow a manual process to convert your paper application to an electronic format. You may create an account online and complete identity proofing. Enter the information you have collected on the paper application in the fields provided by the Marketplace portal.

16. I want to change or remove an eligibility application that I previously started. How can I do this?

Log in to your account to view any eligibility applications that you previously submitted or that are still in progress. To remove an application, click the "Remove" button listed under the application's ID number. To edit information on an application that is still inprogress, click on the application you would like to edit then select the "Continue Application" button.

17. How do I know when the Marketplace receives the documents I scanned and uploaded from home?

You can log in to your account and verify whether the Marketplace has received your documents.

18. If the document I am scanning has multiple pages, can I upload each page separately?

Yes, you may upload pages separately.

19. Why do you need to know if I currently have health coverage?

If you already have health coverage that meets MEC requirements other than individual market coverage, then you will not be eligible to receive the benefit of APTC or CSR (although you may be eligible to purchase coverage through the Marketplace without financial assistance). However, if you have job-based coverage but it is not considered affordable for you or it does not meet minimum value standards, you might still be eligible to receive APTC and CSR to lower the cost of your QHP through the Marketplace (see definition of minimum value standards in Appendix B).



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20. Can I see the plans I might be able to purchase before I finish my application?

Yes, on the HealthCare.gov homepage, you may select the "Change or Update Your Plan" link and then select the "See Plans and Prices" link. After providing basic information including age, location, and the type of plan desired, consumers can view a list of plans and estimated premiums.

21. Will I be able view, compare, and select QHPs while the Marketplace verifies my application information?

Yes, you will be able to view, compare and select a QHP. You will also be able to see the eligibility that you will be provided while the Marketplace processes any supporting documentation that may be needed from you, if applicable.

22. What if I did not receive my eligibility results?

If you have an account, you should log in to your account and confirm that you have not received an electronic notice in your Message Center. If you are waiting for a paper notice, you may call the Marketplace Call

23. How do I look at the different plans and compare them?

You may view and compare plans by logging in to your HealthCare.gov account or using the "See Plans and Prices" tool on HealthCare.gov before you create an account.

24. Can I browse health plans in the Marketplace without creating an account?

Yes, you may browse and compare plans on the HealthCare.gov website.

25. When can I select my health plan?

During Open Enrollment or if you are eligible for an special enrollment period (SEP), you may select an insurance plan after you have completed an eligibility application and received eligibility results indicating that you are eligible to enroll in a QHP through the Marketplace.



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26. May I select more than one health plan?

You may only select one health plan for each individual. You may also select stand-alone dental coverage, if available. However, you may select different health plans for different people on a single application by forming different enrollment groups in the enrollment section of HealthCare.gov (after submitting the application).

27. Can I select a stand-alone dental plan QHP?

If you want to enroll in a stand-alone dental plan QHP through individual Health Insurance MarketplaceSM, you can select a medical plan that includes dental coverage, and you may also select a stand-alone dental plan. You must be enrolled in a medical plan to enroll in dental coverage in Individual Health Insurance Marketplace SM 22.

28. After I determine the filtering options for my plan comparison, how do I prioritize them?

You will need to determine what factors are most important to you. Some factors that you may want to consider include costs, providers (like doctors, hospitals, and pharmacies) that the health insurer or plan has contracted with to provide health care services (known as the "network"), and what prescription drugs the plan's formulary covers.

29. When do I see the cost of the health plans?

You can see estimated costs of health plans before you apply.

30. Are all QHP benefits the same despite different QHP costs?

No, you will see differences within coverage categories, and you may see additional benefits that only some plans offer. However, all QHPs provide coverage of the required essential health benefits and all QHPs (other than stand-alone dental plan QHPs) are considered minimum essential coverage (MEC).

HealthCare.gov offers several different tools to help consumers compare and contrast plans, including filtering and sorting options, yearly cost estimates, and in-network provider and medication coverage look-up tools.



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31. How do I make payments?

Your insurance company will inform you of the acceptable methods of payment.

Generally, you can make payments through your health plan's website if the issuer makes online payments available, by phone if the issuer accepts payments by phone, or via mail directly to the health plan. You will not make payments for individual market coverage to the Marketplace, but the Marketplace may help redirect you to your health insurance company's website so you can pay your premium.

32. Can I make payments by check? May I pay in cash?

Your health insurance company will inform you of the acceptable methods of payment. Health insurance companies are required to have methods of payment that are available to consumers who do not have checking accounts or credit cards.

33. What happens if I miss a payment? Does my coverage end?

You will need to contact your health insurance company to confirm what happens after missing a payment. Coverage might not end immediately, and your health insurance company may provide a grace period. Under Marketplace rules, QHP issuers must provide a grace period of three consecutive months for an enrollee, who when failing to timely pay premiums, is receiving advance payments of the premium tax credit. They must also grant enrollees who do not receive advance payments of the premium tax credit (APTC) a grace period in accordance with state laws. Agents or brokers and consumers may want to contact their State Department of Insurance (DOI) for more information on grace periods based on state rules.



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RESOURCE CONTACT LIST

	Contact Information	What does this resource do?	How should consumers use this resource?
Center for Consumer Information & Insurance Oversight (CCIIO)	www.CMS.gov/cciio/index.html	This entity implements many provisions of the Affordable Care Act, the health reform bill signed into law in March 2010. CCIIO oversees the implementation of the provisions related to private health insurance.	• To gather more information on the Affordable Care Act by referencing detailed fact sheets, FAQs, and other resources.
Experian Help Desk	1-866-578-5409	The Experian Help Desk assists consumers with verifying their identity over the phone so that they may proceed with eligibility and enrollment activities after creating an account on HealthCare.gov.	• To verify their identity over the phone if they were unsuccessful in their attempt to verify their identity on HealthCare.gov. When necessary, the Marketplace will give consumers a unique identity verification code and instruct them to contact the Experian Help Desk.
Marketplace Call Center	1-800-318-2596 TTY: 1-855-889-4325 (all languages available)	The Marketplace Call Center aids consumers who need information or want to enroll in health coverage through the Marketplace.	 To get answers to questions while applying for health coverage using the online or paper application. To apply for health coverage over the phone.



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HealthCare.gov	www.HealthCare.gov	This website allows consumers to access information about the Affordable Care Act and to enroll in health coverage through the Marketplace.	 To find out about health coverage options available through the Marketplace. To apply for health coverage online. To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	www.IRS.gov	This federal agency collects taxes from individuals and businesses in the U.S.	• To learn more about the effects of the Affordable Care Act on consumers' tax returns.
Medicare	www.Medicare.gov	This federal program is run by CMS and provides health coverage to qualified individuals who are 65 years of age or older and/or have a disability.	 To learn more about eligibility for Medicare or apply for Medicare online. To learn more about or make changes to existing Medicare benefits.