



Insurance Products

Health Insurance

Supplemental Insurance

Dental Insurance

Vision Insurance

Life Insurance

AD&D

Critical Illness Insurance

Short Term Disability

Long Term Disability



Instant Quotes

Get a Quote. Right Now!

Select Insurance Type ▾

Select Coverage ▾

Enter Valid Zip

Enter No. of Employees

GET QUOTES



Sign In

Email Address:

Password:

[Forgot Password?](#)

Sign In

New User? [Register Here](#)

Tools & Resources

- > [Tax Credit Calculator](#)
- > [Recommendation Tool](#)
- > [Fitness Calculator](#)
- > [Body Mass Index](#)
- > [Stress Analyzer](#)
- > [Calorie Meter](#)

Employer

Looking for the right plan?

Sign Up for News and Updates

Enter your Email Address





Sign In

Register

Register Now - Employer

E-mail Address 

Password

(Password must be at least eight characters long, contain at least one uppercase and one lowercase letter and at least one numerical digit.)

Confirm Password

In case you forget your registered E-mail or Password

Secret Question 1

Answer to Secret Question 1

In case you forget your registered E-mail or Password

Secret Question 1

Select ▼

Answer to Secret Question 1

Secret Question 2

Select ▼

Answer to Secret Question 2

Register My Business

Employer Details

Employee Details

Agreement

Employer Details

Please enter details to check eligibility

Name *

*Mandatory Field

Mr. ▾

First Name

Middle Name

Last Name

E-mail Address *

mike@yahoo.com

Phone Number *

Year of Incorporation *

YYYY

Legal Company Name *

Employer Identification Number *

[Apply](#)

Primary Location *

Address Line 1

Primary Location *

 ▼

Continue

✓ Employer Details

Employee Details

Agreement

Employee Details

Download template, enter details and upload employee list

Download Template

Upload Employee List

OR

Add Employee

0 to 0 of 0



Employee Code

Employee Name

SSN

Date of Birth

Status

Actions

No data available in table

Previous

Continue

Enter or Upload Employee Details

✓ Employer Details

✓ Employee Details

Agreement

Agreement

Download

Print

By signing this section, you are agreeing to the following statements:

You Certify that your business is legal and the total number of employees mentioned by you are correct.

You agree to cover all Full time employees and at least one employee works in the SHOP service area.

All information provided by you is correct and incase of any discrepancy it would lead to your termination from exchange.

I have read and agreed to terms and service

Employer's E-Signature

Employer Agreement



0



mike@yahoo.com

Sign Out

Define Enrollment Period

Define Contribution

Define Benefits

Select Plans

Define Email Template

Review

Define Enrollment Period

Enrollment period is the time specified by you during which employees can enroll in and make changes to the plans on offer

Effective Date *

* Mandatory Field



From Date *

To Date *

Continue

Designate an Enrollment Period



0



mike@yahoo.com

Sign Out

✔ Define Enrollment Period

Define Contribution

Define Benefits

Select Plans

Define Email Template

Review

Define Contribution

Please enter contribution details

Coverage for	Contribution				
Employee *	<input type="text"/> %	OR	up to	\$ <input type="text"/>	Monthly (whichever is lower)
Spouse	<input type="text"/> %	OR	up to	\$ <input type="text"/>	Monthly (whichever is lower)
Dependents	<input type="text"/> %	OR	up to	\$ <input type="text"/>	Monthly (whichever is lower)

Previous

Continue



0



mike@yahoo.com

Sign Out

✓ Define Enrollment Period

✓ Define Contribution

Define Benefits

Select Plans

Define Email Template

Review

Define Benefits

Select plan benefits to be rolled out to the employees

Employees can select any plan from the following Tier and Carrier

Tier

Carrier

Gold

NY Test Carrier 3

Platinum

NY Test Carrier 2

Bronze

NY Test carrier 1

Silver

Employees can select plan(s) recommended by employer

Previous

Continue



0



mike@yahoo.com

Sign Out

Define Enrollment Period

Compare 0 Plans



Define Contribution

Employer Contribution

\$0 to \$243



\$0.00

\$243.00

Employee Contribution

\$0 to \$162



\$0.00

\$162.00

Annual Deductible

\$0 to \$4,000



\$0.00

\$4,000.00

Define Benefits

Select Plans

Search by Doctor

Go

Search by Hospital

Go

Quality Rating



Define Email Template

Review

Carrier

Reset All



Filter Options

Select Plans

Sort By

Select plans to be rolled out to the employees for selection



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mike@yahoo.com

Sign Out

✔ Define Enrollment Period

✔ Define Contribution

✔ Define Benefits

Select Plans

Define Email Template

Review

Compare 0 Plans



Filter Options

Select Plans

Sort By

Select plans to be rolled out to the employees for selection

TAX CREDIT	INSURANCE CARRIER	PLAN NAME	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	ANNUAL DEDUCTIBLE	
<input type="checkbox"/>	\$0.00 CARRIER 3	Carrier 3: Ny Health Plan 1	\$243.00	\$162.00	\$2,500	
<input type="checkbox"/>	\$0.00 CARRIER 3	Carrier 3: Ny Health Plan 5	\$216.00	\$144.00	\$2,000	
<input type="checkbox"/>	\$0.00 CARRIER 3	Carrier 3: NY Health Plan 2	\$180.00	\$120.00	\$4,000	
<input type="checkbox"/>	\$0.00 CARRIER 3	Carrier 3: Ny Health Plan 4	\$165.00	\$110.00	\$2,500	
<input type="checkbox"/>	\$0.00 CARRIER 3	Carrier 3: Ny Health Plan 3	\$150.00	\$100.00	\$3,000	

Previous

Continue

Select Plans – 2 of 2

✔ Define Enrollment Period

✔ Define Contribution

✔ Define Benefits

✔ Select Plans

Define Email Template

Review

Define Email Template

Please define template for mail to be sent to the employees



New York Health Benefit Exchange

THE OFFICIAL HEALTH EXCHANGE FOR NEW YORK STATE

Subject

Your employer sponsored health coverage!

Body

Dear <Employee Name>,

Your employer sponsored health coverage is just a few simple steps away! Click on the link below to view the benefit options available to you and your family. You can apply for coverage online for the plan that you want to enroll in.

[Click here to view your benefit options](#)

If you have any questions, feel free to call us at 800-984-7952 or email us at support@hcentive.com.

<Custom Message Goes here>.

Thank you

Custom Message



0



mike@yahoo.com

Sign Out

✓ Define Enrollment Period

✓ Define Contribution

✓ Define Benefits

✓ Select Plans

✓ Define Email Template

Review

Review Details

Please review details entered

Enrollment Period

Effective Date	01/20/2013
From Date	12/01/2012
To Date	12/11/2012

Edit

Employer's Contribution

For Employee	60.0%
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Edit

Benefits

Employees can select any plan from the following tier and carrier

Edit

Tier

Carrier

Benefits

Employees can select any plan from the following tier and carrier

Edit

Tier	Carrier
Bronze	NY Test Carrier 2
Gold	NY Test Carrier 3
Silver	NY Test carrier 1
Platinum	

Plans Selected

TAX CREDIT	INSURANCE CARRIER	PLAN NAME	EMPLOYER'S MONTHLY SHARE	EMPLOYEES'S MONTHLY SHARE	ANNUAL DEDUCTIBLE
\$0.00	CARRIER 3	Carrier 3: Ny Health Plan 4	\$165.00	\$110.00	\$2,500
\$0.00	CARRIER 3	Carrier 3: Ny Health Plan 3	\$150.00	\$100.00	\$3,000
\$0.00	CARRIER 3	Carrier 3: Ny Health Plan 5	\$216.00	\$144.00	\$2,000
\$0.00	CARRIER 3	Carrier 3: NY Health Plan 2	\$180.00	\$120.00	\$4,000
\$0.00	CARRIER 3	Carrier 3: Ny Health Plan 1	\$243.00	\$162.00	\$2,500

Review all your Selections – 2 of 3

Email Template

Edit



New York Health Benefit Exchange
THE OFFICIAL HEALTH EXCHANGE FOR NEW YORK STATE

Subject

Your employer sponsored health coverage!

Body

Dear Consumer,

Your employer sponsored health coverage is just a few simple steps away! Click on the link below to view the benefit options available to you and your family. You can apply for coverage online for the plan that you want to enroll in.

[Click here to view your benefit options](#)

If you have any questions, feel free to call us at 800-984-7952 or email us at support@hcentive.com.

Thank you,

Finish

✓ Congratulations!

Enrollment has been successfully set up

You can track employee enrollment online. Go to [Track Enrollment](#)

Please feel free to call our **24 X 7** customer care support number for any queries.

Employer Selections - Confirmation Page



0



Start your application for health coverage

Apply Now



Sign in

 Username

 Password

Remember me

Quick Start Your Eligibility Check

Primary Applicant's Zip

Check eligibility for benefits? Yes No

View Plans Anonymously

Before you apply for coverage, you can find plans available in your area through the state exchange.

 Username

 Password

Remember me

Sign in

Forgot your [password?](#)

Don't have an account?

Create an Account

Quick Start Your Eligibility Check

Primary Applicant's Zip

Check eligibility for benefits? Yes No

Start Now

Enroll in Benefit Programs Offered in your state

Various insurance carriers in the state offer plans through State health exchange, that you can purchase for yourself and your family.

[Learn More...](#)

View Plans Anonymously

Before you apply for coverage, you can find plans available in your area through the state exchange.

Find a Plan

News

Important Dates

Open Enrollment

[September 13, 2012](#) - [October 28, 2013](#)



0



Register Now - Individual & Families

Email 

Password 

Retype Password

In case you forget your registered Password

Secret Question

Answer to Secret Question

Register

Browser: Mozilla Firefox
 URL: nyxsvzalb039.csc-us-rsr-m001.com:9086/individual/employee/search/quotes?employeeId=10037&enrollmentSetupId=10032

Navigation: Apply for Coverage | Find a Plan | My Account | Learn More | Get Assistance

User: smithdob1984@gmail.com | Sign Out

My Profile: Back to Employer Details | Compare 0 Plans

My Eligibility	Employer Contribution	Employee Contribution	Annual Deductible
	\$125 to \$203	\$625 to \$1,013	\$2,000.00 to \$4,000.00
	\$125.00 — \$202.50	\$625.00 — \$1,012.50	\$2,000.00 — \$4,000.00

My Employer: Search by Doctor, Search by Hospital, Quality Rating (☆☆☆☆☆)

My Documents: Search by Doctor, Search by Hospital

My Policies: Carrier (Select), Reset All

My Appeals: Carrier (Select), Reset All

My Enrollments: Filter Options

My Bills & Payments: Plans offered by Employer (Sort By)

Plans offered, for you & your spouse, with effective date 10/23/2012

EMPLOYER EMPLOYEE

Firefox browser window showing the "Plans offered by Employer" page. The page title is "Plans offered by Employer" and the URL is "nyxsvzalb039.csc-us-rsr-m001.com:9086/individual/employee/search/quotes?employeeId=10037&enrollmentSetupId=10032".

The page displays a list of plans offered by the employer, with the following columns: INSURANCE CARRIER, PLAN NAME, EMPLOYER MONTHLY SHARE, EMPLOYEE MONTHLY SHARE, and ANNUAL DEDUCTIBLE. Each plan row includes an "Add To Cart" button.

INSURANCE CARRIER	PLAN NAME	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	ANNUAL DEDUCTIBLE
CARRIER 3	Carrier 3: Ny Health Plan 3	\$125.00	\$625.00	\$3,000
CARRIER 3	Carrier 3: Ny Health Plan 4	\$137.50	\$687.50	\$2,500
CARRIER 3	Carrier 3: NY Health Plan 2	\$150.00	\$750.00	\$4,000
CARRIER 3	Carrier 3: Ny Health Plan 5	\$180.00	\$900.00	\$2,000
CARRIER 3	Carrier 3: Ny Health Plan 1	\$202.50	\$1,012.50	\$2,500

At the bottom of the page, there are links for "Privacy policy", "Terms of Use", and "Help with Assistive Technology".

Firefox browser window showing the New York Health Benefit Exchange website. The address bar displays the URL: `nyxsvzalb039.csc-us-rsr-m001.com:9086/individual/account/myEmployer/checkout?enrollmentSetupId=10032&employeeId=10037&appId=10023`. The page title is "Cart".

The main content area displays the "Cart" section with the heading "Plan Selected for Smith white (Shared by Employer)". Below this, a table lists the selected plan details:

INSURANCE CARRIER	PLAN NAME	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	ANNUAL DEDUCTIBLE
CARRIER 3	Carrier 3: Ny Health Plan 3	\$125.00	\$625.00	\$3,000.00

At the bottom of the table, there are three buttons: "Decline", "Previous", and "Continue".

Employee "Shopping Cart"

The screenshot shows a Mozilla Firefox browser window with the address bar displaying `nyxsvzalb039.csc-us-rsr-m001.com:9086/individual/account/myEmployer/thanks`. The page content is partially obscured by a white confirmation modal box. The modal box contains the following text:

✓ Thank you!
We have received your application. We will notify you once we've completed the underwriting process with a final offer.
Your application confirmation number is: AAUXEN_10023
[Click Here](#) to go to your My Enrollment page.

The background website is the New York Health Benefit Exchange, with a navigation menu on the left including: My Profile, My Eligibility, My Employer, My Documents, My Policies, My Appeals, My Enrollments, and My Bills & Payments. The top navigation bar includes: Apply for Coverage, Find a Plan, My Account, and Get Assistance. A 'Sign Out' button is visible in the top right corner of the page.