

How to Enroll an Employee

After the company roster has been uploaded and the group enrollment has been created (See, “How to Add an Employee” and “How to Create an Enrollment Offering” guides), the employee will receive an offer of coverage via email. If the employee cannot enroll themselves, the following steps show how a broker can complete an enrollment on their behalf.

1. From the Broker Dashboard, go to the **Employee** tab. Select an agency from the **Select Associated Agency** drop-down and select an employer from the **Select Associated Employer** drop-down. The employees associated with the selected employer will display. Click *Enroll* next to the employee you would like to enroll. This will take you *directly into the employee’s account, where you will act on their behalf.* PLEASE NOTE: if the employee wishes to enroll themselves, you can click on *Invite* for that employee. They will receive an invitation code via email. They must create a NY.gov ID first.

The screenshot shows the Broker Dashboard interface. At the top right, it says "Logged in as nycbroker" with links for "My Dashboard" and "Sign Out". Below this are tabs for "My Clients", "Messages & Notices", and "Documents".

On the left side, under "Account Holder Info", the name "Rankin Heather" is displayed with "Account Settings" below it. There are three highlighted fields: "Account No: AC000029194", "Certification No: S160849", and "Expiration Date: 2016-08-27".

The main content area is titled "Overview" and contains a paragraph explaining that users can get an overview of current status of clients by selecting a client group (Employers, Employees, or Individual) and clicking on a tab. It also mentions that after selecting an Agency, users can add clients (except for employees) to that list.

Below the "Overview" section is the "My Clients" section. It has three tabs: "Employer", "Employee" (which is selected and highlighted with a red box), and "Individual".

Under "My Clients", there are two dropdown menus: "Select Associated Agency *" (set to "Direct Clients") and "Select Associated Employer *" (set to "Sally Smith").

Below the dropdowns is a "Search Employee" section with a "Filter Options" button and two input fields: "Employee's Name" and "Last 4 Digits of SSN". A "Reset All" button is located to the right of the SSN field.

At the bottom of the search section, it shows "1 to 5 of 5" with navigation arrows for "Previous" and "Next".

The main part of the screenshot is a table with the following columns: "Employee Name", "SSN", "Phone Number", "Employee Code", "Class", and "Actions".

Employee Name	SSN	Phone Number	Employee Code	Class	Actions
Arthur Parker	*****4567	(518)756-2345	01	Executive staff	Enroll Invite
George McKnight	*****3567	(518)638-3678	02	Full time staff	Enroll Invite
Holly Greene	*****6474	(518)123-4567	05	Full time staff	Enroll Invite
Shirley Jones	*****0900	(518)345-7654	03	Executive staff	Enroll Invite
Vanessa Stewart	*****7890	(518)789-8765	04	Full time staff	Enroll Invite

The "Enroll" button for Holly Greene is highlighted with a red box.

2. Once inside the employee's account, you will have the option to update their profile. Click *Next*.

Please Note: you will have to CONFIRM the Social Security Number for the employee, so you will need to have this information in order to complete this enrollment.

[Logged in as HollyG](#) [My Dashboard](#) [Sign Out](#)

Account and Identity Information

The New York State of Health Marketplace includes protected systems that contain United States ("US") and New York State Government information, including Federal Tax Information and Medicaid recipient level information. User actions are monitored and audited under strict US and New York State Government regulations. Authorized users agree to perform only authorized functions and agree to take responsibility for all actions performed from their accounts.

Unauthorized use of these systems is prohibited and subject to criminal and civil sanctions, including but not limited to those outlined in USC Title 26 Sections 7213 7213A and 7431; Title 18 NYCRR; NYS Social Services Law; and NYS Public Health Law. Penalties for misuse of Federal Tax Information or Medicaid recipient data may include, but are not limited to, fines of up to \$5000 and/or imprisonment for up to 5 years.

Tell us some additional information about yourself. We use this information to confirm your identity before the Marketplace can check any federal or state data, or release information regarding your health insurance coverage. Confirming your identity helps us protect your personal information and privacy.

Personal Details

Tell us about the adult who will be the contact person for this application. Tell us your gender, date of birth, and Social Security Number (SSN).

First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Abigail"/>	<input type="text"/>	<input type="text" value="Stark"/>	<input type="text" value="--Select--"/>

Gender *

Male Female

Date of Birth *

- -

Social Security Number * 

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

- -

Confirm Social Security Number *

- -

I Don't Have One 

The Marketplace will send information such as notices and insurance cards to your mailing address. Type in your street address in Address Line 1. Write in your apartment number, room number, or suite number in Address Line 2.

Home Address

Tell us where you live. Enter the house or building number and street name in Address Line 1. Tell us the street address that is on your U.S. Driver's License or other government issued Photo-ID. If you have an apartment number, room number, or suite number, enter it in Address Line 2. Your home address cannot include a P.O. Box.

Address Line 1 * 	Apt/Suite 	Address Line 2 	
<input type="text" value="200 Broadway"/>	<input type="text"/>	<input type="text"/>	
City * <input type="text" value="Albany"/>	Zip Code * <input type="text" value="12203"/>	County * <input type="text" value="ALBANY"/>	State * <input type="text" value="NEW YC"/>

Mailing Address

The Marketplace may send information such as notices to your mailing address. Enter the house or building number and street name or a P.O. Box in Address Line 1. Enter your apartment number, room number, or suite number in Address Line 2. If you want your mail sent in care of another person, begin by writing C/O followed by the person's name in Address Line 2.

My mailing address is the same as my residential address

Address Line 1 * 	Apt/Suite 	Address Line 2 	
<input type="text" value="200 Broadway"/>	<input type="text"/>	<input type="text"/>	
City * <input type="text" value="Albany"/>	Zip Code * <input type="text" value="12203"/>	County * <input type="text" value="ALBANY"/>	State * <input type="text" value="NEW YC"/>

Click here if you want your mail sent in care of another person

Telephone Numbers

The Marketplace will use the primary phone number if we need to contact you about your account or health coverage. You can include another phone number where we can reach you.

Primary Phone Number * Extension Type *

(518) 555 - 4321 x Cell

Use this number when contacting me by phone.

i There may be situations where we need to contact you immediately about your health coverage and need to reach you as soon as possible by phone. For example, we may need to reach out to you if you are appealing an eligibility determination made by the Marketplace.

Check here if you would like to get information and all future communications about your applications by email. **i**

Email Address *

colleen.williams@health

Language Preferences

Tell us the language you prefer to speak or read so that we can better accommodate your needs.

Preferred Language - Spoken * Preferred Language - Written *

English English

i If you want notices provided in another format due to blindness or visual impairment, call the Marketplace at 1-855-355-5777 (TTY: 1-800-662-1220).

I agree with the General Privacy Attestation

3. On the **Client Enrollments** page, click *Enroll*.

Please note: If you do not see the green Enroll button immediately, please check the employee roster to see if a participation code has been generated. The Enroll button will appear within 15 minutes following the completion of the enrollment offering.

Logged in as HollyG My Dashboard Sign Out

Client Enrollments

Employer ID	Employer Name	Enrollment ID	Enrollment Status	Action
HC2945	Greentree Vegetables	ES4414	Not Yet Started	<input type="button" value="Enroll"/>

- On the **My Employer** page, you will see the details of the enrollment offer and have the opportunity to Decline Coverage here or continue and update any family details.

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My Employer

Farmers market

▼ **Employer Details**

EIN
245645645
Address
217 Hoosick St, Albany, NY 12041 ALBANY

▼ **Enrollment Period**

Open enrollment start date	09/08/2014	Open enrollment end date	09/30/2014
Coverage effective start date	11/01/2014	Coverage effective end date	10/31/2015

▼ **Employer Contribution(s) by Coverage Tier**

Medical Insurance	
Employee	100.00%
Employee + Spouse	100.00%
Employee + Child/ren	100.00%
Employee + Family	100.00%
Dental Insurance	
Employee	N/A
Employee + Spouse	N/A
Employee + Child/ren	N/A
Employee + Family	N/A
Pediatric Only Dental Plan	N/A

▼ **Plan Benefits**

You can select any plans recommended by employer

Health coverage options and riders offered	
Cover domestic partners	Yes
Qualified Religious Organization (exclude coverage for family planning and counseling services)	No
Extend Coverage for dependent children from age 26 through age 29 (cost of coverage may increase)	Yes

(Continued.) If the employer has offered coverage of dependents, you will have the opportunity to add that information here; you can click *Save* after each dependent you add in case you are interrupted. It is important to inform NYSOH if any of the dependents you are enrolling on the plan already have other health insurance coverage. Click *Next*.

Employee Family Details

Here are the details of the insurance you are being offered through your employer. If your Employer also offers coverage to other members of your family, you will be able to enter their information so they can be enrolled in your plan.

Self

First Name * Middle Name Last Name * Suffix

Social Security Number/Tax ID *

The Marketplace is a secure site and will use your SSN for identity verification purposes only.

Date of Birth * Gender * Male Female

Residential Address * Address Line 1

City * Zip * State *

Ethnicity & Race (Optional)

These questions are optional and will not impact your eligibility for getting health coverage, your health plan choice, or your cost in any way. If you answer the question, click the "next" button at the bottom of the page. If you choose NOT to answer the questions, click the "skip" button at the top right of the page.

Ethnicity (Check all that apply):

Cuban Mexican, Mexican American or Chicano/a Puerto Rican Other

Race (Check all that apply):

American Indian/Alaskan Native Asian Indian
 Black / African American Chinese
 Filipino Guamanian or Chamorro
 Japanese Korean
 Native Hawaiian Other Asian
 Other Pacific Islander Samoan
 Vietnamese White
 Other

If you are American Indian or Alaskan Native, name the federally recognized tribe:

Only add dependents you will be covering on this plan

Only select YES, below, if the dependents you are enrolling have health insurance coverage elsewhere.

Does anyone in your family have other health insurance?
 No Yes

- On the **Select Plans** page, you can filter the plans offered by county, metal level, zip code, carrier, or preferred provider. Plans and their premiums are displayed by tier. You can see benefit details for each plan by clicking on the *View Detail* icon for that plan. You can also use the Compare Plans feature to view plan benefit details side-by-side: click on the check box to the left of the *Add to Cart* button for up to three plans, and then click on the “Compare Plans” button (see example on the following page). When you find the plan you want, click on that plan’s *Add to Cart* button. That button will then change to *Remove*, indicating that this is the selected plan.

Select Plans 🏠

Use the filter options below to see only the plans that are right for you. If you would like to see all of the plans offered by your employer, click the right arrow button above the plan display table below.

Filter Options

Search by Doctor

Quality Rating

☆☆☆☆☆

Zip Code

County

--Select--

ALBANY

ALLEGANY

BRONX

BROOME

CATTARAUGUS

CAYUGA

CHAUTAUQUA

CHEMUNG

CHENANGO

Metal

Silver

Carrier Name

MVP Health Care

Plans offered by Employer

You can compare up to 3 plans at a time by selecting the checkbox on the left, then click Compare Plans. You can add a plan to your cart after your compare plans by clicking "Add to Cart".

Coverage Effective Date: 06/01/2015

Compare 0 Plans

Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	View Detail	
<p>56184NY0160020</p>	Silver MEDICAL ALBANY Employee	\$425 ¹¹	\$0 ⁰⁰	\$2,000 / Person \$4,000 / Family		<input type="checkbox"/> <input type="button" value="Add to Cart"/>
	Silver MEDICAL ALBANY Employee+Spouse	\$637 ⁵⁷	\$212 ⁵⁰	\$2,000 / Person \$4,000 / Family		<input type="checkbox"/> <input type="button" value="Add to Cart"/>
	Silver MEDICAL ALBANY Employee+Child	\$361 ³⁵	\$361 ³⁴	\$2,000 / Person \$4,000 / Family		<input type="checkbox"/> <input type="button" value="Remove"/>
	Silver MEDICAL ALBANY Employee+Family	\$605 ⁷⁹	\$605 ⁷⁸	\$2,000 / Person \$4,000 / Family		<input type="checkbox"/> <input type="button" value="Add to Cart"/>

6. With the Compare Plans feature, you can view the plan benefit details of two or three plans side-by-side. Categories of benefits are found below the financial details and each can expand. For example, see the “Laboratory Outpatient and Professional Services” category below. You can print this page. When you are finished, click *Back to Plan List*.

Logged in as nycbroker My Dashboard Sign Out

Compare Plans

You can see premiums, copays, deductibles and covered services for the plans that you selected. To make a plan selection or to compare other plans go Back to Plan List.

[Back to Plan List](#) [Add Plan to Compare](#)

2 Plans Compared

	 BlueShield of Northeastern New York Bronze Standard	 HEALTH REPUBLIC INSURANCE EssentialCare Platinum Plan 29 - A Consumer Operated and Oriented Plan (CO-OP) Option
HIOS ID	36346NY0470003	71644NY0170004
Metal Level	Bronze	Platinum
Quality Rating	★★★★☆	New Plan - Quality data not yet available
HSA Creditable	No	No
Total Monthly Premium	\$808.45	\$873.37
Total Employer Contribution	\$808.45	\$873.37
Total Employee Contribution	\$0.0	\$0.0
Annual Deductible- Individual	\$3,000	\$0
Annual Deductible- Family	\$6,000	\$0
Out of Pocket Maximum- Individual	\$6,350	\$2,000
Out of Pocket Maximum- Family	\$12,700	\$4,000
Out-of-Network Coverage	No	No

● Laboratory Outpatient and Professional Services

Detail	In Network Cost Share	In Network Cost Share
Laboratory Outpatient and Professional Services	50%	\$35
X-rays and Diagnostic Imaging	50%	\$35
Imaging (CT/PET Scans, MRIs)	50%	\$35

- Outpatient Services
- Pediatric Vision
- Preventive and Wellness Services and Chronic Disease Management
- Hospitalization
- Rehabilitative and Habilitative Services and Devices
- Prescription Drugs Other
- Emergency Services
- Other Services
- Mental Health and Substance Abuse Services

7. When you are finished reviewing plans and have selected *Add to Cart* for the plan you want, click *Next*.

Plans offered by Employer

Compare up to three plans at a time by selecting the checkbox and then click **Compare Plans**. You cannot add a plan to your cart until you enroll. Please press **back** button, then **enroll** when you are ready to make your selection.

Coverage Effective Date: 11/01/2014

Compare 2 Plans Decline Coverage Sort By ▾

	Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	View Detail	1-4 of 4 ◀▶
<input type="checkbox"/>	 56184NY0160020	Silver MEDICAL ALBANY Employee+Child	\$664 ⁰⁸	\$0 ⁰⁰	\$2,000 / Person \$4,000 / Family		Add to Cart
<input type="checkbox"/>	 56184NY0160028	Silver MEDICAL ALBANY Employee+Child	\$664 ⁰⁸	\$0 ⁰⁰	\$2,000 / Person \$4,000 / Family		Add to Cart
<input checked="" type="checkbox"/>	 56184NY0170013	Silver MEDICAL ALBANY Employee+Child	\$640 ⁰⁸	\$0 ⁰⁰	\$1,900 / Person \$3,800 / Family		Remove
<input type="checkbox"/>	 56184NY0210005	Silver MEDICAL ALBANY Employee+Child	\$664 ³⁴	\$0 ⁰⁰	\$1,500 / Person \$3,000 / Family		Add to Cart

<< Back Next >>

8. If the employer is offering dental coverage, you will select a dental plan next. You can review and compare dental plans as you did health plans.

Select Dental Plans

All dental plans offered by your employer that you are eligible to enroll in are displayed below. Pediatric dental, if offered by your employer, will be displayed on the next page.

- Use filter Options to see only the plans that are right for you.
- Select the coverage tier you will be enrolling in. This will eliminate the same plan from appearing multiple times.
- To select the plan you want to enroll in, click add to cart, then click next.
- To skip selecting Dental plan, select next without making a plan selection.
- If you would like to see all of the plans offered by your employer, click the right arrow button above the plan display table below.
- Pediatric Only Dental plans offer essential benefits for dependent children up to age 19. Coverage will end the end of the month in dependent child turns 19. You will not be able to enroll your child into another dental option until your next open enrollment period even if they age off during the benefit year, so if you have a dependent who will turn 19 during the coverage year, you may want to consider another coverage option

Filter Options

Search by Doctor

Quality Rating

Zip Code

County
 ALBANY
 ALLEGANY
 BRONX
 BROOME
 CATTARAUGUS
 CAYUGA
 CHAUTAUQUA
 CHEMUNG
 CHENANGO

Metal

Carrier Name

Plans offered by Employer

You can compare up to 3 plans at a time by selecting the checkbox on the left, then click Compare Plans. You can add a plan to your cart after your compare plans by clicking "Add to Cart".
 Coverage Effective Date: 06/01/2015

Compare 0 Plans

Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	View Detail	1-4 of 4
	Low FAMILY_DENTAL ALBANY Employee	\$0 ⁰⁰	\$14 ²⁵	\$65 / Person \$195 / Family	<input type="checkbox"/>	<input type="button" value="Add to Cart"/>
New Plan - Quality data not yet available 10345NY0020006	Low FAMILY_DENTAL ALBANY Employee+Spouse	\$0 ⁰⁰	\$28 ⁵⁰	\$65 / Person \$195 / Family	<input type="checkbox"/>	<input type="button" value="Add to Cart"/>
	Low FAMILY_DENTAL ALBANY Employee+Child Dependent children must be 25 years old or younger to be eligible to enroll in this plan.	\$0 ⁰⁰	\$45 ⁴⁰	\$65 / Person \$195 / Family	<input type="checkbox"/>	<input type="button" value="Add to Cart"/>
	Low FAMILY_DENTAL ALBANY Employee+Family	\$0 ⁰⁰	\$59 ⁷⁴	\$65 / Person \$195 / Family	<input type="checkbox"/>	<input type="button" value="Add to Cart"/>

Please Note: If you chose a plan that already includes pediatric dental, you will not be able to also select a pediatric stand-alone dental plan on the next screen. When you have selected a plan, click **Next**.

<input type="checkbox"/>		Low FAMILY_DENTAL ALBANY	\$28 ³⁸	\$28 ³⁸	\$75 / Person \$225 / Family		Add to Cart
<input type="checkbox"/>		Plan valid only for members <= 25 years of age.					Remove
<input type="checkbox"/>		Low FAMILY_DENTAL ALBANY	\$33 ⁴⁴	\$33 ⁴⁴	\$25 / Person		Add to Cart

- If you do not pick a plan that includes pediatric dental (if, for instance, you selected “Employee only” or “Employee + Spouse” dental on the previous screen), and you are enrolling any child dependents, the following screen will allow you to select pediatric only dental plans. You must indicate the child you wish to enroll.
 - Pediatric dental is available to child dependents through age 19. An employee and/or spouse who are under 19 do not qualify for pediatric dental.
 - An employee must select which children are to be covered by pediatric dental (for instance, an employee may choose to NOT cover an infant child).

Select Pediatric Dental Plans

Pediatric Only Dental plans offer essential benefits for dependent children up to age 19. Dependent children will only be covered through the end of the month in which they turn age 19. You will not be able to enroll your child into another dental option until your next open enrollment period even if they age off during the benefit year.

- To select the plan you want to enroll in, click add to cart, then click next.
- To skip selecting Pediatric Dental plans, select next without making a plan selection.
- If you would like to see all of the plans offered by your employer, click the right arrow button above the plan display table below.

Please select the child member for which you need to cover Pediatric dental plan.

Joseph Snow

Plans offered by Employer

Compare up to three plans at a time by selecting the checkbox and then click **Compare Plans**. You cannot add a plan to your cart until you enroll. Please press **back** button, then **enroll** when you are ready to make your selection.

Coverage Effective Date: 11/01/2014

Compare 0 Plans [Decline Coverage](#) Sort By ▼

	Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	View Detail
<input type="checkbox"/>	 GUARDIAN New Plan - Quality data not yet available 42640NY0170001	Low CHILD_ONLY_DENTAL ALBANY Pediatric Child	\$4 ⁹³	\$4 ⁹³	Not Applicable	Add to Cart
<input type="checkbox"/>	 DELTA DENTAL New Plan - Quality data not yet available 10345NY0020001	Low CHILD_ONLY_DENTAL ALBANY Pediatric Child	\$8 ⁰⁰	\$8 ⁰⁰	\$40 / Person	Add to Cart

10. The **Shopping Cart** displays the employee's plan selections for health, dental, and pediatric dental enrollments, as applicable. Review your shopping cart to make sure everything is correct and click *Next*.

Your Shopping Cart

Here are the plans you have selected.

Effective Date: 11/01/2014

Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MVP Premier	\$511.15	\$0.00	\$3,000 / Person \$6,000 / Family	Management staff	Evelyn Snow Joseph Snow	Remove

Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	DeltaCare USA Plan 70 for Children + Basic for Adults for Small Businesses	\$9.59	\$9.59	Not Applicable	Management staff	Evelyn Snow	Remove

Pediatric Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	Affordable Dental-Kids	\$9.48	\$9.47	\$75 / Person	Management staff	Joseph Snow	Remove

[<< Back](#)
[Decline Coverage](#)
[Next >>](#)

11. To complete the enrollment, you must electronically “sign” the agreement by clicking in the **agreement statement box** and then clicking **Next**.

Logged in as HollyG My Dashboard Sign Out

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Agreement

Please read the agreement. Then click Agree to show that you have read the statements and agree with them. Your signature will complete your enrollment. [Download](#) [Print](#)

I know that the information provided will only be used to determine if I qualify for health insurance and will be kept private as required by law. This authorization will remain valid for no more than twenty-four (24) months.

I know that I must tell the NY State of Health if anything I wrote on this application changes. I should call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report changes

I understand that any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Consent Language

I understand that I am providing personal information to the NY State of Health, of the New York State Department of Health, so that the NY State of Health may verify that I am a qualified employee who is allowed to enroll in coverage offered to me from my qualified employer through the Small Business Marketplace. I consent to the use and disclosure of my personal information by the NY State of Health for this purpose.

Right to Appeal

You have a right to appeal the decisions the NY State of Health makes about whether or not you qualify for coverage. To appeal means to tell someone at the NY State of Health that you think the decision on your application is wrong, and to ask for a fair review of the decision. You can find out how to appeal by contacting the NY State of Health at 1-855-355-5777.

I have read and agreed to terms and service. **

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12. If the enrollment is successful, you will see a message stating this and including your application number for your records.

Please NOTE: Enrollment has not yet been approved by the carrier.

Logged in as nycbroker My Dashboard Sign Out	
Account Holder Information Evelyn Snow	Overview Messages & Notices Enrollments & Plans Documents Broker/Navigator Changes in Circumstance
Account Settings	<p>You have successfully completed enrollment application. An email has been sent to your Employer, and your Broker or Navigator if you have one.</p> <p>Your application confirmation number is:AAUXEN_23741</p> <p>We will notify you when your enrollment has been approved. You can also check enrollment status online at Enrollments and Plans</p>
Household Information Household Information	
Mailing Address: 31 Triple Lane, Albany NY, 12084	
Primary Phone: (518) 678-3456	

13. To verify, click on **Enrollment and Plans** to view the enrollment.

[Logged in as nycbroker](#) [My Dashboard](#) [Sign Out](#)

Account Holder Information
Evelyn Snow

[Account Settings](#)

Household Information
Household Information

Mailing Address:
31 Triple Lane,
Albany NY, 12084

Primary Phone:
(518) 678-3456

[Overview](#) [Messages & Notices](#) [Enrollments & Plans](#) [Documents](#) [Broker/Navigator](#) [Changes in Circumstance](#)

Enrollments & Plans

Click Create Enrollment to start your insurance application. You will see the plans and coverage tiers your employer is offering you. You must complete your insurance application during this time in order to get insurance coverage through your employer.

Your enrollment application is submitted for employer sponsored plans and is pending approval from insurer.

Application Number	Employer Name	Primary Contact Name	Submitted On	Effective Date	End Date	Status
AAUXEN_23741	Greentree vegetables	Evelyn Snow	09/15/2014	11/01/2014	10/31/2015	Enrolled

Effective Date: 11/01/2014 End Date: 10/31/2015

Insurance Carrier	Plan Name	Coverage Tier	Members	Metal	Employer Monthly Contribution	Employee Monthly Contribution	Annual Deductible
MVP	MVP Premier	Employee+Child	Evelyn Snow Joseph Snow Household Information	Bronze	\$511.15	\$0.00	\$3,000 / Person \$6,000 / Family
DELTA DENTAL	DeltaCare USA Plan 70 for Children + Basic for Adults for Small Businesses	Employee	Evelyn Snow Household Information	Low	\$9.59	\$9.59	Not Applicable
HEALTHPLEX	Affordable Dental-Kids	Pediatric Child	Joseph Snow Household Information	Low	\$9.48	\$9.47	\$75 / Person

Current Plans

Insurance Carrier	Plan Name	Coverage Tier	Members	Metal	Employer Monthly Contribution	Employee Monthly Contribution	Annual Deductible
You are not currently enrolled in any plans.							