New York Health Benefit Exchange

Detailed Design Review Summary for Section 6.0 SHOP October 9-10, 2012

<u>Item Number</u>	Topic
6.1.1	h-Centive Screen Shots

(a) hCentive Employer Registration Process.

hCentive Easier Way to Buy Health Insurance			l	AAA	💽 Help 💭 Live Chat	🔎 SignIn	Register
EMPLOYER PORTAL		About Us	Guide To Coverage	Member Suppo	ort Ask our Experts	Downloads	Contact Us
Home >> Registration							
Employer Registration & S	ign In						
Register your business by providing us the follow	wing details.						
Registration Form			*Req	uired Fields	Already Registe	red?	
Primary User					Sign In		
First Name: *					Email Address:		
Last Name: *							
Email Address: *					Password:		
Password: *						Forgot Pas	sword?
Confirm Password: *					Sign in		
Security Question:	What is your Pet's	name?	•		Can't S	ign in? Help	
Answer: *							

Information is captured on one screen about the primary user associated with an employer and company information (depicted here as two separate screen shots for ease of presentation in this document). The data elements currently being captured by hCentive are a subset of what is outlined for SHOP Employer Registration in the State system. Omissions (which will be remedied) include: preferred spoken/written language; ability to request notices by mail (in addition to email); ability to identify a secondary contact; attestation for company size (50 or fewer) and attestation for offering coverage to all those employees working 30 hours or more.

Company Details	
Legal Company Name: *	
Company Name(DBA): *	
Year of Incorporation: *	
Federal Tax ID: *	
Business Type:	Corporation -
Current Full Time Employees: *	
Full Time Employees since last year: *	
Primary Location	
Address Line 1: *	
Address Line 2:	
City: *	
Zip Code: *	
County: *	
State: *	
Phone Number: *	
	private exchange Terms of Service, private exchange Privacy Policy and ve account related communications from Exchange electronically.
	Register My Business

(b) hCentive – Premium Calculator

Essier Way to Buy Health Insurance		AAA	Q Hel	p 💭 Live Chat 👱 My Ac	count	billakerr@gn	nail.com 🕛 🗧	Sign Out
EMPLOYER PORTAL	A	Manage Em	ployees	Create New Enrollment	Track	Enrollments	Payments	Reports
Home >>> Create New Enrollment >> Contribution Detail							•	

Contribution Details

Manage your employee benefits. Configure employee benefits by selecting respective section and provide benefit details.

۲	Employees can select any plan	from the following tier	Help?
	Bronze Silver	Gold Platinum All Plans	Contribution An Employer Contribution of 50% indicates that the employer is going to pay half of the
	Coverage for	Contribution	employee's premium costs for coverage. The employer will still be responsible for paying the total communication and will doubt the service of the service o
	Employee	50 % OR Up to \$ 2500 Annually (whichever is lower)	total premium cost and will deduct the remaining 50% cost from the employee's wages.
	V Spouse	50 % OR Up to \$ 2500 Annually (whichever is lower)	
	Dependent(s)	50 % OR Up to \$ 1000 Annually (whichever is lower)	
\odot	Employees can select plan(s) r	ecommended by Employer.	
0- D		Orabase	
Go Bi	ack	Continue	

(c) hCentive – SHOP Comparative Shopping

		Go		Go	***	leskeske	
Carrier Select		Reset All					
Filter Options	•	1.					
IN	to be rolled	d out to the employees	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	ANNUAL	1-10 of 96	< >
Select plans	SURANCE ARRIER	D out to the employees	EMPLOYER MONTHLY SHARE			1-10 of 96	
Select plans	surance	PLAN NAME	EMPLOYER MONTHLY SHARE \$840.08	MONTHLY SHARE	ANNUAL DEDUCTIBLE		