

How to Create an Enrollment Offering

1. Once you have created an employer account and uploaded or added employees to the company roster (see, “How to Add a Small Group Client” and “How to Add an Employee”), you can create an enrollment for all employees or for a selected group. From the **Company Roster** page, scroll to the bottom of the page and click *Next*.

Filter Roster

Show All  Delete All Error Rows >> Delete Roster

1 to 5 of 5 Entries < Previous Next >

Status	Employee Code	Employee Name	E-Mail Address	Address	Participation Code	Actions
 Edit	HC02	Evelyn Snow	colleen.williams@hea...	200 Main Street, Albany, NY 12203		 Delete
 Edit	HC03	Maeve Tully	colleen.williams@hea...	200 Winter Street, Albany, NY 12203		 Delete
 Edit	HC04	Megan Martell	colleen.williams@hea...	200 Dorne Street, Albany, NY 12203		 Delete
 Edit	HC01	Abigail Stark	colleen.williams@hea...	200 Broadway, Albany, NY 12203		 Delete
 Edit	HC05	Eleanor Tyrell	colleen.williams@hea...	100 North Street, Albany, NY 12203		 Delete

<< Back Next >>

Please note: If you have signed off your account since you added employees to the Roster, upon signing back in, you will have to choose the employer you want to work with from the Broker Dashboard and click *Eligibility* next to the selected employer. You will then go to the **Company Roster** page and click *Next* at the bottom of the screen.

Logged in as HollyG My Dashboard Sign Out

My Clients Messages & Notices Documents

Account Holder Info

Holly Gray
Account Settings

Account No: AC0000022845

Certification No: SI98831

Expiration Date: 2016-05-29

Overview

Here you can select a current client's account to manage. Please select an agency from the drop down menu below. To continue managing your account select Show Employer List. If an employer has authorized you to manage their account but is not on your client list, you can add them by clicking Add Employer.

My Clients

Employer Employee Individual

Select Employers of an Associated Agency or Select All.

Select Associated Agency*

Direct Clients OR

Search Employer

Filter Options

Employer (Company Name) Primary Contact

*Please click on 'eligibility' for the employer you want to enroll.

1 to 1 of 1 < Previous Next >

Company	Client Name	AccountID	Phone Number	Eligibility Status	Enrollment Status	Employees	Renewal Date	Action
Greentree Vegetables	Caroline Reynolds	AC0000022851	5185551111	pending	not_started	5	n.s.	Eligibility Delete

2. On the **Review Company Information** page, make sure that all information is correct and click *Next*.

Note: If any information is incorrect, click Edit in that section. The corresponding page will display, allowing you to make changes.

Logged in as HollyG My Dashboard

Review Company Information

Please read the information below and make sure it is correct. To fix the information, click Edit in the section heading and make your changes.

- ✓ Employer Details
- ✓ Contact Preferences
- ✓ Company Information
- ✓ Additional Contact
- ✓ Employee Details
- ✓ Company Review
- Company Confirmation

Company Details Edit

Company Name: Greentree Vegetables
DBA Name:
Business Type: LLC
EIN/TIN: 256565656
Full Time Employees: 5

Primary Business Address Edit

Address Line 1: 100 Broadway
Address Line 2:
City: Albany
County: ALBANY
State: NY

Billing Address Edit

Address Line 1: 100 Broadway
Address Line 2:
City: Albany
County: ALBANY
State: NY

Primary Contact Information Edit

Primary Contact: Caroline Reynolds
Email-Address: colleen.williams@health.ny.gov

Secondary Contact Information Edit

Secondary Contact:
Email Address:

Contact Preferences Edit

Language Spoken: ENGLISH
Language Written: ENGLISH
Method of Contact: Email

Back Next

3. Click *Next* at the **Company Confirmation** page.

Logged in as HollyG My Dashboard

Employer Details
Contact Preferences
Company Information
Additional Contact
Employee Details
Company Review
Company Confirmation

Company Confirmation

Congratulations! Your eligibility to participate in the Small Business Marketplace has been confirmed. Please click next, then Create Enrollment to set up enrollment choices for your Employees.

Back Next

4. On the **Create Enrollments** page, click *Create Enrollment*.

Logged in as HollyG My Dashboard

Employer Details
Contact Preferences
Company Information
Additional Contact
Employee Details
Company Review
Company Confirmation

Create Enrollments

Click Create Enrollment to continue

Plan Year	Application ID	Status	Actions
2014	2883	Eligible	Send Appeal Create Enrollment View Appeal

5. On the **Employer Group Settings** page, select the effective date that the employees' coverage will begin. The system will calculate the open enrollment period based on the effective date selected. Click *Next*.
- Upon initial enrollment, employers can choose to add health coverage options and riders: one for coverage of employees' domestic partners and one for exemption from family planning and contraceptive services.
 - Selection of the Qualified Religious Organization exemption will exclude coverage for family planning services, including contraceptive coverage, from employer sponsored health insurance plan(s) and the employer will be asked to attest to certain criteria in order to proceed with this selection.
 - These options, once selected, will apply to all classes created by the employer and cannot be changed after the open enrollment period has ended. These selections can be changed, however, at renewal.

My Dashboard

Employer Group Settings

New Employers to the SBM

Please choose the Effective Date that you would like your employees' coverage to begin. We will calculate the open enrollment period based on the plan year effective date you select. Coverage must begin on the 1st of the month. The open enrollment period will begin the day you complete your enrollment offering(s) to your employees.

Employers Renewing Coverage in the SBM

The effective date below has been pre-populated to ensure that there will be no gap in your employees' coverage. To continue, select "NEXT".

Group Effective Enrollment Date

* Mandatory Field

Effective Date of Coverage*

Open Enrollment Starts* Open Enrollment Ends*

Health coverage options and riders

Cover domestic partners

Qualified Religious Organization (exclude coverage for family planning and counseling services) ⓘ

Note*: The rider option to extend dependent child coverage to age 29 will be available at the employee class level

This selection applies to all class offerings. After your initial plan offering, changes will affect your employees enrollment offering requiring them to go back and re-select plans and enroll again.

Next >>

6. On the **Select Employment Classes** page, you will be able to manage the group's classes before creating an enrollment offering. You can view additional instructions if necessary by clicking the hyperlink in blue. It is important to read all the help text before proceeding. Start by clicking *Manage Classes*.

Logged in as nycbroker My Dashboard

Select Employment Classes My Dashboard

- All employment classes, complete with defined new hire waiting periods, premium contribution amounts and plan offerings, must be set up when you complete your initial plan offerings or subsequent renewal offerings.
- You will not have the ability to create new employment classes other than during Open Enrollment periods.
- To create an employment class or change existing employment class, click "Manage Classes". You will then be able to Add, Delete or Rename classes. [For additional instruction, click here.](#)
- If you opt not to set up separate employment classes, all employees on your roster will be added to the default class titled "Employees not classified". If you do not select a New Hire Waiting Period, the system will default this class to "First of the month following Date of Hire".
- The New Hire Waiting Period, by employment class, will be used to determine the effective date of coverage for newly hired or newly eligible employees.

COBRA Options

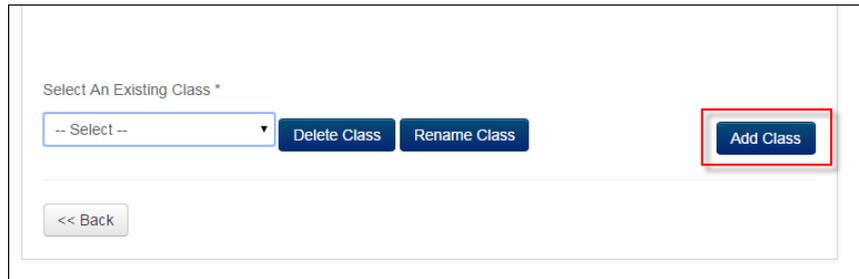
- If this is your initial Open Enrollment in the Small Business Marketplace, and you have existing COBRA participants that you wish to offer an enrollment opportunity, you will need to add a COBRA class here and assign the COBRA participants to this COBRA class.
- If you had former employees enroll in COBRA during a previous Small Business Marketplace plan year, these names will automatically be assigned to the COBRA_INTERNAL class.

Class Options Manage Classes

Class Name	New Hire Wait Period
<input type="radio"/> Employees not classified	

Back to My Employers Next >>

7. Click *Add Class*.



Select An Existing Class *

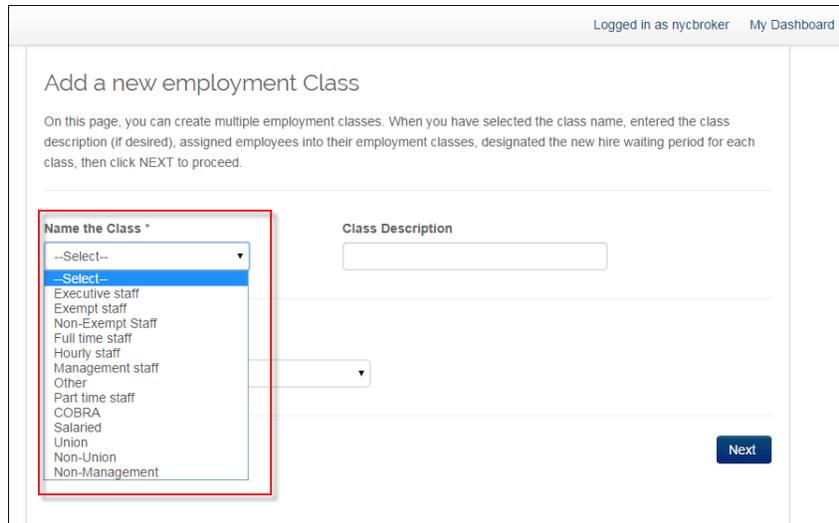
-- Select --

Delete Class Rename Class

Add Class

<< Back

8. Select a name for the class from the drop down menu. A class description can be added if desired. If you choose the class “Other”, you must add a description.



Logged in as nycbroker My Dashboard

Add a new employment Class

On this page, you can create multiple employment classes. When you have selected the class name, entered the class description (if desired), assigned employees into their employment classes, designated the new hire waiting period for each class, then click NEXT to proceed.

Name the Class *

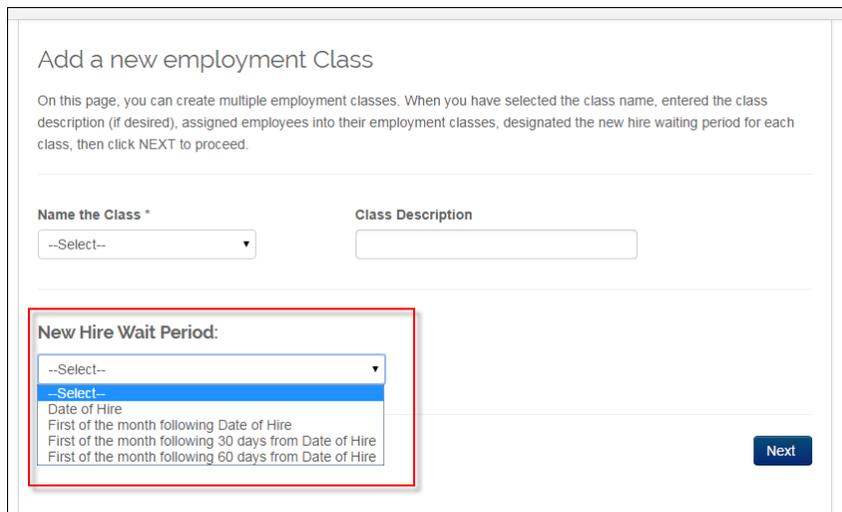
--Select--

- Select--
- Executive staff
- Exempt staff
- Non-Exempt Staff
- Full time staff
- Hourly staff
- Management staff
- Other
- Part time staff
- COBRA
- Salaried
- Union
- Non-Union
- Non-Management

Class Description

Next

9. Select the appropriate waiting period criteria for any new hire or newly eligible employees from the drop down menu. Click *Next*.



Add a new employment Class

On this page, you can create multiple employment classes. When you have selected the class name, entered the class description (if desired), assigned employees into their employment classes, designated the new hire waiting period for each class, then click NEXT to proceed.

Name the Class *

--Select--

Class Description

New Hire Wait Period:

--Select--

- Select--
- Date of Hire
- First of the month following Date of Hire
- First of the month following 30 days from Date of Hire
- First of the month following 60 days from Date of Hire

Next

10. Name and designate the new hire wait period for EACH CLASS you will need to use throughout the plan year, clicking *Next* after each one you create. When you have added all the classes you need to add, click *Next* again. Please make sure to add all the classes that will be required throughout the group's plan year, as you will not be able to add classes after the open enrollment period closes. You may add a class or classes you know the employer group will need during the plan year, even if they don't have current employees on their roster that belong in that class.
11. From the **Manage Employee Classes** screen, you can view the classes you created in the drop down menu. Select the first class you want to create an enrollment offering for from the drop-down.

Manage Employee Classes

- All employment classes, complete with defined new hire waiting periods, premium contribution amounts and plan offerings, must be set up when you complete your initial plan offerings or subsequent renewal offerings.
- You will not have the ability to create new employment classes other than during Open Enrollment periods.
- To create an employment class or change existing employment class, click "Manage Classes". You will then be able to Add, Delete or Rename classes. For additional instruction, [click here](#).
- If you opt not to set up separate employment classes, all employees on your roster will be added to the default class titled "Employees not classified". If you do not select a New Hire Waiting Period, the system will default this class to "First of the month following Date of Hire".
- The New Hire Waiting Period, by employment class, will be used to determine the effective date of coverage for newly hired or newly eligible employees.

COBRA Options

- If this is your initial Open Enrollment in the Small Business Marketplace, and you have existing COBRA participants that you wish to offer an enrollment opportunity, you will need to add a COBRA class here and assign the COBRA participants to this COBRA class.
- If you had former employees enroll in COBRA during a previous Small Business Marketplace plan year, these names will automatically be assigned to the COBRA_INTERNAL class.

Select An Existing Class *

-- Select --
-- Select --
Employees not classified
Management staff
Salaried
Hourly staff
Exempt staff

Delete Class

Add Class

12. You will be able to add employees to classes by using the arrows to move employees from “Employees not in a class” to “Employees in this class”. When you are finished assigning employees to this first class, click *Save*.

Select An Existing Class *

Exempt staff

Employees not in a Class **Employees in this class**

Frosty Snowman(06)
Maeve Tully(02)

13. When you finished assigning Class employees to classes, click *Back to Employee classes*.

Select An Existing Class *

-- Select --

14. Back on the **Select Employment Classes** page, you can view all the classes you have created. Please review classes and make any changes you need to by returning to the Manage Classes function. Make sure you have made all changes necessary before you move to the next step as you will NOT be able to manage classes after you've created the enrollment offering(s). When you are finished managing your classes, click the option button next to the class for which you want to create the first enrollment offering and click *Next*.

Please note: the system will automatically take you to the next class to create an enrollment offering when you have finished the current one.

Logged in as nycbroker My Dashboard

Select Employment Classes My Dashboard

Class Options

- All employment classes, complete with defined new hire waiting periods, premium contributions amounts and plan offerings, must be set up when you complete your initial plan offering for the year. You will **not** have the ability to create new employment classes until your next renewal Open Enrollment period.
- To create an employment class, click **Add Class**, select one of the class names from the drop-down menu and then select the New Hire Waiting Period you want to define for that employment class. You can then assign employees into that selected class by using the >. Employees can be moved from one class to another only up until the time you have completed your enrollment offer. This process should be repeated for each employment class you want to create.
- If you opt not to set up separate employment classes, all employees on your roster will be added to the default class titled **Employees not classified**. You MUST select a New Hire Waiting Period for this default class.
- The New Hire Waiting Period is used to determine when your employees are eligible to enroll in your employer sponsored plan. After your plan's initial Open Enrollment, the new hire waiting period criteria you have selected, by employment class, will be used to determine the enrollment period and the effective date of coverage for all newly hired or newly eligible employees.
- To view the effective coverage start date for employee(s) in a selected class, select the **Show Effective Date** button.

COBRA Options

- If this is your initial Open Enrollment in the Small Business Marketplace, and you have existing COBRA participants that you wish to offer an enrollment opportunity, you will need to set up a COBRA class on this screen and assign the COBRA participants to this COBRA class.
- If you already have employees enrolled in the Small Business Marketplace, the COBRA enrollment process is different. You will need to terminate the employee coverage for a reason that triggers COBRA eligibility, and at that point, a separate COBRA enrollment process is initiated.

Class Options Manage Classes

Class Name	New Hire Wait Period
<input checked="" type="radio"/> Employees not classified	
<input type="radio"/> Executive staff	Date of Hire
<input type="radio"/> Full time staff	First of the month following Date of Hire

Back to My Employers
Next >>

15. On the **Define Employer Contribution** page, select coverage tiers and enter the employer contribution for each tier selected. You can also indicate whether or not the employer wants to offer dental coverage. Click *Next*.

- Employers can choose to offer coverage to dependent children through age 29 to their employees. This option is available at the class level; each class an employer creates can be different. Cost of coverage may increase with this rider.
- You **MUST** select “Yes” to “Do you want to offer dental coverage” if you are going to offer pediatric dental.

Define Employer Contribution My Dashboard

Please tell us the amount of your employer contribution towards the premium for this employee class.

- First, choose one or more coverage tier.
- Next, define the contribution for each tier by percentage or dollar amount. If you do not define the contribution for a tier, the employee will pay the whole premium.
- Reminder: If you are enrolling COBRA participants, set employer contribution to zero.
- You must select every tier of coverage that you want to offer your employees this coverage year.

Your employer contribution and the number of employees you have will affect whether you qualify for tax credits. To learn more, go to <http://www.irs.gov>.

Class : Full time staff

Select Coverage Tiers *

- Employee
- Employee + Spouse
- Employee + Child/ren
- Employee + Family

Health Options

Extend Coverage for dependent children from age 26 through age 29 (cost of coverage may increase)

After your initial plan offering, changes will affect your employees enrollment offering pertaining to this class, requiring them to go back and re-select plans and enroll again.

Define Employer Contribution

Employee
[] % or \$ [] Monthly (whichever is lower)

Employee + Spouse
[] % or \$ [] Monthly (whichever is lower)

Employee + Child/ren
[] % or \$ [] Monthly (whichever is lower)

Employee + Family
[] % or \$ [] Monthly (whichever is lower)

Dental Coverage

Select YES if you want to offer your employees the ability to enroll in dental coverage, including pediatric only dental.

Do you want to offer dental coverage?
 Yes No

<< Back Next >>

16. On the **Define Employer Contribution – Dental** page, select coverage tiers and enter the employer contribution for each coverage tier. Click *Next*.

- Pediatric dental is available to child dependents through age 19.
- If the employer offers dental coverage to employees' child dependents, Pediatric Dental will automatically be included as a coverage tier.
- The employer can choose to contribute to the cost of dental premiums separately from what is contributed for the health plan premiums

Logged in as nycbroker My Dashboard

Define Employer Contribution - Dental³

Please tell us the employer contribution that you want to make toward Dental Coverage. If you do not define any contribution, your employees will pay the whole premium.
The Coverage tiers available for Dental Coverage are the same as Medical coverage. Dependent coverage must be offered for Medical if you want to offer dependent dental coverage, including Pediatric Only dental options.

Class : Full time staff

Select Coverage Tiers *

- Employee
- Employee + Spouse
- Employee + Child/ren
- Employee + Family
- Pediatric only dental

Define Employer Contribution

Employee
 % or \$ Monthly (whichever is lower)

Employee + Spouse
 % or \$ Monthly (whichever is lower)

Employee + Child/ren
 % or \$ Monthly (whichever is lower)

Employee + Family
 % or \$ Monthly (whichever is lower)

Pediatric Dental
 % or \$ Monthly (whichever is lower)

<< Back Next >>

17. On the **Define Benefits** page, read the instructions and indicate whether employees will be able to select from all plans offered or from a certain set of plans. Click *Next*.

Define Benefits My Dashboard

- You can offer each class of employees the ability to choose from all plans offered or choose from a customized selection that you provide.
- When customizing your selection, begin by selecting the Benefit Level(s) and the Health and Dental Carrier(s) you would like to view initially. From the plans that display, you will be able to select plan(s) and place them in your Cart. These are the plans that will be offered to this class of employees.
- Health and dental plans have specified service areas. Be sure to consider your employees' home county when selecting plans in your offering.
- You must complete each class offering before continuing on to the next one.

Class : Full time staff

I want my employees to select from all plans offered

I want my employees to be able to select plans based upon the benefit(s) level (Metal) and/or by Carrier(s) selected below

Benefit Level	Health Carrier
<input type="checkbox"/> Platinum	<input type="checkbox"/> Capital District Physicians Health Plan, Inc.
<input type="checkbox"/> Gold	<input type="checkbox"/> Global Health
<input type="checkbox"/> Silver	<input type="checkbox"/> sign benefit with Description
<input type="checkbox"/> Bronze	<input type="checkbox"/> benefit without Description
	<input type="checkbox"/> Design benefit
	<input type="checkbox"/> SHOP Test Issuer 3 Design benefit
	<input type="checkbox"/> MVP Health Care
	<input type="checkbox"/> EmblemHealth
	<input type="checkbox"/> Health Republic Insurance of New York
	<input type="checkbox"/> CDPHP
	<input type="checkbox"/> BlueShield of Northeastern New York
	Dental Carrier
	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Healthplex Insurance Company, Inc.
	<input type="checkbox"/> SHOP Test Issuer 3 Adult Dental
	<input type="checkbox"/> SHOP Test Issuer 2 Adult Dental
	<input type="checkbox"/> SHOP Test Issuer Adult Dental
	<input type="checkbox"/> BlueShield of Northeastern New York
	<input type="checkbox"/> MetLife
	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Solstice Health Insurance Company
	<input type="checkbox"/> Dentcare Delivery Systems Inc.
	<input type="checkbox"/> Delta Dental of New York
	<input type="checkbox"/> Healthplex Insurance Company, Inc.

18. On the **Select Health Plans** page, read the instructions, review and select the plans that will be offered to this employee class.

- You can filter plan view by Carrier or Metal level using the *Apply Filter* and *Reset Filters* functions.
- You can compare up to three plans by checking the “Add to Compare” box by each plan then selecting the “Compare Plans” button (greyed out below).
- You can estimate employer’s potential tax credit.
- To view the benefit details for a specific plan, select the plan name.
- You can select the plans you want to offer individually or “Add All Plans to Cart”.

Select Health Plans for: Class Full time staff

- You can add one or more plans to your cart by selecting the "Add to Cart" button.
- If you want to add all plans that meet your criteria, use "Add All Plans to Cart" button.
- You can remove plans from your Cart by using the "Remove" button.
- You can remove all health plans from your Cart by using the "Remove All Health Plans From Cart" button.
- You can filter your plans by Metal level or Carrier.
- You can compare up to three plans at a time by selecting the check-box and then click "Compare plans" button. To view the plan details/benefits, click on the Plan Name to access the hyperlink.
- If you want to change the Metal Level(s) and Carrier(s) you are offering this class of employees use the "Back" button.

Filter Options: --Select Carrier-- --Select Metal Level-- **Apply Filter** Reset Filters

Compare 0 Plans Estimate Tax Credit --Sort By-- 1 - 10 of 47

Add All Plans To Cart Remove All Health Plans From Cart

HEALTH REPUBLIC INSURANCE **ESSENTIALCARE BRONZE ST INN DEP29 DP FP**
 HIOS ID: 71644NY0170001 **BRONZE** Add to Compare
 County: ALBANY

New Plan - Quality data not yet available

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$274 ⁵⁴	\$549 ⁵⁶	\$467 ²¹	\$783 ²⁶
Employer Contribution:	\$274 ⁵⁴	\$412 ²⁵	\$233 ⁶¹	\$391 ⁶³
Employee Contribution:	\$0 ⁰⁰	\$137 ⁴¹	\$233 ⁶⁰	\$391 ⁶³
Previous Year Premium:	N/A	N/A	N/A	N/A

Add to Cart

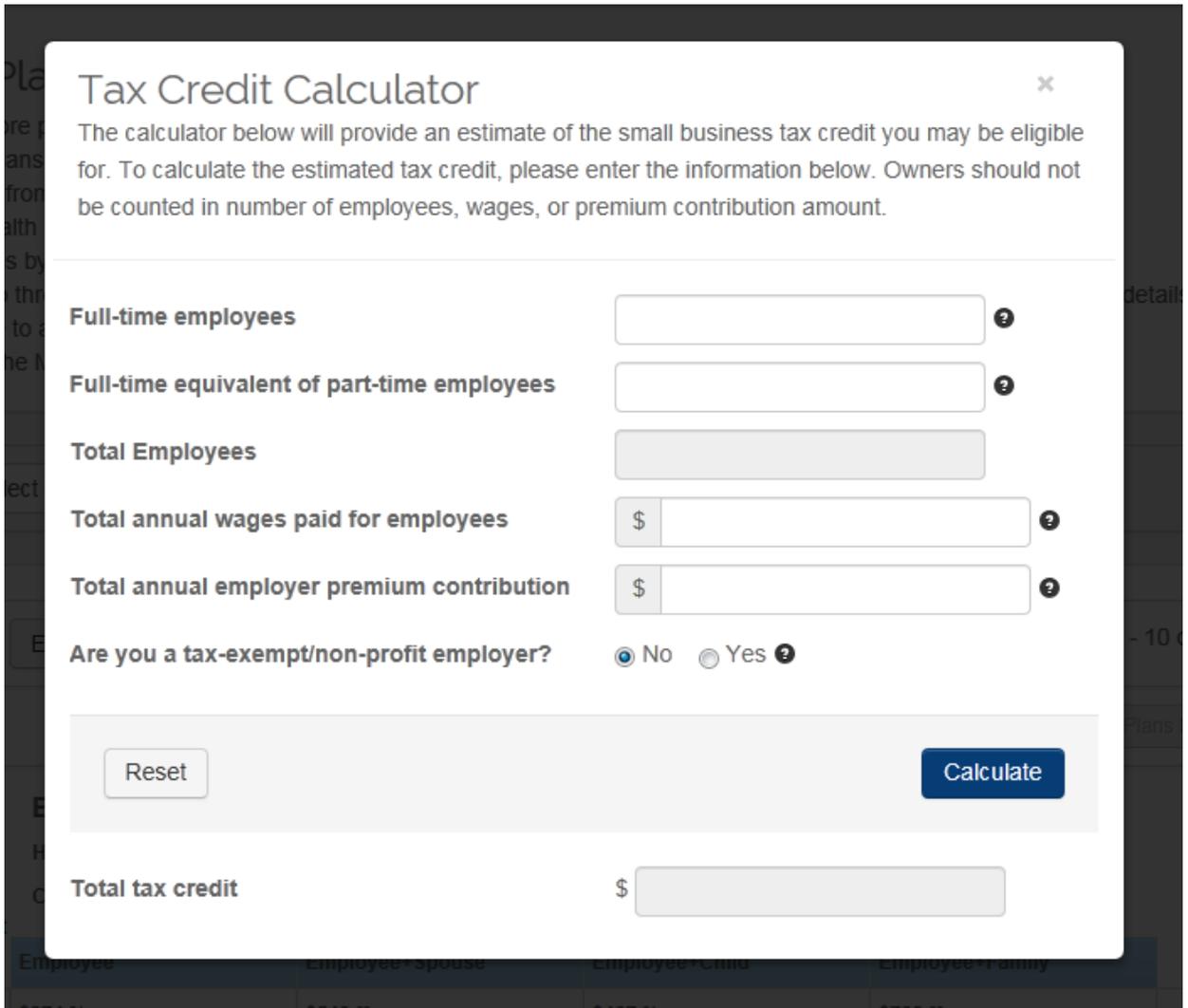
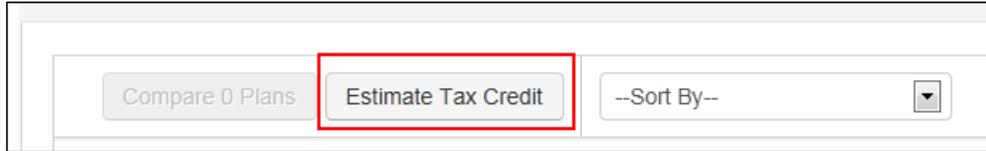
HEALTH REPUBLIC INSURANCE **PRIMARYSELECT SILVER NS INN DEP29 ACUPUNCTURE DP FP**
 HIOS ID: 71644NY0190002 **SILVER** Add to Compare
 County: ALBANY

New Plan - Quality data not yet available

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$335 ⁷⁵	\$671 ⁴⁸	\$570 ⁷⁵	\$956 ⁸⁵
Employer Contribution:	\$335 ⁷⁵	\$503 ⁶¹	\$285 ³⁸	\$478 ⁴³
Employee Contribution:	\$0 ⁰⁰	\$167 ⁶⁷	\$285 ³⁷	\$478 ⁴²
Previous Year Premium:	N/A	N/A	N/A	N/A

Add to Cart

19. You can click on *Estimate Tax Credit*, to see if the group may qualify for the Small Business Health Care Tax Credit. *Please note that this is only an estimate* and employers are urged to work with a tax professional to determine if they qualify for this credit. Employers do **not** file for the Small Business Tax Credit on the NYSOH web site. Click on the X to close the estimator.

A screenshot of a 'Tax Credit Calculator' form. The form has a title 'Tax Credit Calculator' and a close button 'x'. Below the title is an introductory paragraph: 'The calculator below will provide an estimate of the small business tax credit you may be eligible for. To calculate the estimated tax credit, please enter the information below. Owners should not be counted in number of employees, wages, or premium contribution amount.' The form contains several input fields: 'Full-time employees' (text input with a help icon), 'Full-time equivalent of part-time employees' (text input with a help icon), 'Total Employees' (disabled text input), 'Total annual wages paid for employees' (text input with a '\$' prefix and a help icon), and 'Total annual employer premium contribution' (text input with a '\$' prefix and a help icon). There are also radio buttons for 'Are you a tax-exempt/non-profit employer?' with 'No' selected. At the bottom of the form are 'Reset' and 'Calculate' buttons. Below the form, there is a 'Total tax credit' label and a disabled text input field with a '\$' prefix.

20. If you select plans to compare, and use the “Compare Plans” function, the plan benefit details will display side by side.

- You can print this page.
- When you are finished, select “Back to Plan List”.

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

Print Page

3 Plans Compared

			
Plan Name	EssentialCare Bronze ST INN Dep29 DP FP	HDEPO Qualified 409 Bronze NS INN Dep29 Adult Vision Lasik Wellness DP FP	MVP Premier HDHP Bronze Bronze ST INN Dep29 DP FP
HIOS ID	71644NY0170001	92551NY0380310	56184NY0160018
Metal Level	Bronze	Bronze	Bronze
Quality Rating	New Plan - Quality data not yet available	★★★★★	★★★★☆
HSA Creditable	Yes	Yes	Yes
New Premium -Employee	\$274.84	\$348.8	\$339.61
New Premium -Employee+Spouse	\$549.66	\$697.59	\$679.21
New Premium -Employee+Child	\$467.21	\$592.95	\$577.34
New Premium -Employee+Family	\$783.26	\$994.07	\$967.88
Annual Deductible- Individual	\$3,000	\$4,500	\$3,000
Annual Deductible- Family	\$6,000	\$9,000	\$6,000
Out of Pocket Maximum- Individual	\$6,350	\$6,450	\$6,350
Out of Pocket Maximum- Family	\$12,700	\$12,900	\$12,700
Out-of-Network Coverage	No	No	No
Design	-No referral needed to see specialist. - Network includes over 70,000 providers in New York and surrounding areas (including New Jersey, Pennsylvania and Connecticut) Plan Includes: -Free access to Stat Doctors, a telemedicine service that connects you with board-certified emergency room physicians any time of day or night. -Up to \$200 gym membership reimbursement every 6 months. -Discounted access to alternative and complementary medicine such as acupuncture, chiropractic, holistic and integrative physicians, dieticians, meditation therapy, yoga, and tai chi.	CDPHP Universal Benefits, Inc. ? Referrals are not required ? All non-emergency health services must be provided by a CDPHP Universal Benefits, Inc. (CDPHP UBI) participating provider (including hospital admissions) unless otherwise pre-authorized by CDPHP UBI. ? For other than individual coverage, the entire family deductible amount must be met before first dollar coverage begins ? CDPHP UBI plans include: No charge for certain preventive care, including routine annual physicals, immunizations, and screenings. OB/GYN visits without a referral ? Coverage for emergency care is available worldwide. ? Members are not required to select a primary care physician (PCP).	Access to Marketplace participating providers and referrals not required. Embedded Deductible. The Wellness Benefit is a reimbursement arrangement of \$125 per Contract per Plan year for Lifestyle Benefits (Gym Membership, Kids Sports or Weight Loss Management).

21. When you have finished reviewing the plans being offered, click *Next*. This will place all the health plans displayed into the employers' cart.

Please note that the plans you have selected will have "Remove" next to them now.



**MVP PREMIER PLUS BRONZE 2 BRONZE NS INN DEP29 ACUPUNCTURE HOME HEALTH CARE
THREE PCP VISITS COVERED IN FULL WELLNESS DP FP**

HIOS ID: 56184NY0170008 BRONZE Add to Compare

County: ALBANY

	Employee	Employee+Spouse	Employee+Child	Employee+Family	
New Premium:	\$358 ⁶¹	\$717 ²²	\$609 ⁶³	\$1,022 ⁰³	Remove
Employer Contribution:	\$358 ⁶¹	\$537 ⁹²	\$304 ⁶²	\$511 ⁰²	
Employee Contribution:	\$0 ⁰⁰	\$179 ³⁰	\$304 ⁶¹	\$511 ⁰¹	
Previous Year Premium:	N/A	N/A	N/A	N/A	



HDEPO 3300 RX2

HIOS ID: 92551NY0380295 BRONZE Add to Compare

County: ALBANY

	Employee	Employee+Spouse	Employee+Child	Employee+Family	
New Premium:	\$365 ²²	\$730 ⁴⁶	\$620 ⁸⁸	\$1,040 ⁹⁰	Remove
Employer Contribution:	\$365 ²²	\$547 ⁸⁵	\$310 ⁴⁴	\$520 ⁴⁵	
Employee Contribution:	\$0 ⁰⁰	\$182 ⁶¹	\$310 ⁴⁴	\$520 ⁴⁵	
Previous Year Premium:	N/A	N/A	N/A	N/A	

1 - 10 of 47 ◀ ▶

◀ Back

Next ▶

22. On the **Select Dental Plans** page, read the instructions, review and select the plans that will be offered to this employee class. Filtering, sorting and comparison functions mirror those of the Select Health Plans page. When you are finished making your selections to offer to this employee class, click on *Next*.

Select Dental Plans for: Class Full time staff

- You can add one or more plans to your cart by selecting the "Add to Cart" button.
- If you want to add all plans that meet your criteria, use "Add All Plans to Cart" button.
- You can remove plans from your Cart by using the "Remove" button.
- You can remove all dental plans from your Cart by using the "Remove All Dental Plans From Cart" button.
- You can compare up to three plans at a time by selecting the check-box and then click "Compare plans" button. To view the plan details/benefits, click on the Plan Name to access the hyperlink.
- If you want to change the Metal Level(s) and Carrier(s) you are offering this class of employees use the "Back" button.

Compare 0 Plans Estimate Tax Credit --Sort By-- 1 - 10 of 40

Add All Plans To Cart Remove All Dental Plans From Cart



GUARDIAN

New Plan - Quality data not yet available

MANAGED DENTALGUARD NY10 FAMILY PLAN, NS, INN, ADULT/FAMILY DENTAL, FAMILY DENTAL, DEP25, DP

HIOS ID: 42640NY0240002 LOW Add to Compare

County: ALBANY

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$13 ⁷⁸	\$27 ⁵⁵	\$40 ³⁸	\$51 ⁰²
Employer Contribution:	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰
Employee Contribution:	\$13 ⁷⁸	\$27 ⁵⁵	\$40 ³⁸	\$51 ⁰²
Previous Year Premium:	N/A	N/A	N/A	N/A

Add to Cart



GUARDIAN

New Plan - Quality data not yet available

MANAGED DENTALGUARD NY10 FAMILY PLAN, NS, INN, ADULT/FAMILY DENTAL, FAMILY DENTAL, DEP25

HIOS ID: 42640NY0240003 LOW Add to Compare

County: ALBANY

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$13 ⁷⁸	\$27 ⁵⁵	\$40 ³⁸	\$51 ⁰²
Employer Contribution:	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰
Employee Contribution:	\$13 ⁷⁸	\$27 ⁵⁵	\$40 ³⁸	\$51 ⁰²
Previous Year Premium:	N/A	N/A	N/A	N/A

Add to Cart



DELTA DENTAL

New Plan - Quality data not yet available

DELTA DENTAL PPO BASIC PLAN FOR FAMILIES FOR SMALL BUSINESSES NS OON FAMILY DENTAL DEP 25

HIOS ID: 10345NY0020006 LOW Add to Compare

County: ALBANY

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$14 ²⁵	\$28 ⁵⁰	\$45 ⁴⁹	\$59 ⁷⁴
Employer Contribution:	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰	\$0 ⁰⁰
Employee Contribution:	\$14 ²⁵	\$28 ⁵⁰	\$45 ⁴⁹	\$59 ⁷⁴
Previous Year Premium:	N/A	N/A	N/A	N/A

Add to Cart

23. Review **Your Shopping Cart**: you can go *Back* or *Add More Plans to Cart* or click *Next*.

Your Shopping Cart

My Dashboard

Here are the plans you have selected to offer for your employees in Class: Full time staff

Health Plans 1-5 of 47 << >>

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Plan Metal	Total Premium	Action
	HDEPO 3300 RX2	ALBANY	92551NY0380294	Bronze	Employee : \$434 ⁵⁷ Employee+Spouse : \$869 ⁵² Employee+Child : \$738 ⁵² Employee+Family : \$1,238 ⁷⁸	+
	HDEPO 3300 RX2	ALBANY	92551NY0380295	Bronze	Employee : \$365 ²² Employee+Spouse : \$730 ⁴⁶ Employee+Child : \$620 ⁸⁸ Employee+Family : \$1,040 ⁹⁰	+
	MVP Premier HDHP Bronze Bronze ST INN Dep29 DP FP	ALBANY	56184NY0160018	Bronze	Employee : \$339 ⁶¹ Employee+Spouse : \$679 ²¹ Employee+Child : \$577 ³⁴ Employee+Family : \$967 ⁸⁸	+
	MVP Premier Plus Bronze 2 Bronze NS INN Dep29 Acupuncture Home Health Care Three PCP visits covered in full Wellness DP FP	ALBANY	56184NY0170008	Bronze	Employee : \$358 ⁶¹ Employee+Spouse : \$717 ²² Employee+Child : \$609 ⁶³ Employee+Family : \$1,022 ²³	+
	MVP Premier Plus HDHP Bronze 3 Bronze NS INN Dep29 Acupuncture Home Health Care Wellness Drugs Wellness DP FP	ALBANY	56184NY0210004	Bronze	Employee : \$346 ³² Employee+Spouse : \$692 ⁶⁴ Employee+Child : \$588 ⁷⁴ Employee+Family : \$987 ⁵¹	+

Dental Plans 1-5 of 40 << >>

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Plan Metal	Total Premium	Action
	Guardian Pediatric Essentials	ALBANY	42640NY0110001	Low	Pediatric Child : \$24 ¹⁰	+
	Guardian Pediatric Advantage	ALBANY	42640NY0100001	High	Pediatric Child : \$29 ²²	+
	Guardian Family Advantage Plus	ALBANY	42640NY0120001	High	Employee : \$27 ²⁴ Employee+Spouse : \$54 ⁶³ Employee+Child : \$88 ¹² Employee+Family : \$115 ⁴¹	+
	Dentcare Smiles-Kids	ALBANY	30798NY0020001	Low	Pediatric Child : \$22 ²⁴	+
	Affordable Dental-Kids	ALBANY	92786NY0020001	Low	Pediatric Child : \$20 ⁶⁵	+

<< Back

Add More Plans to Cart

Next >>

24. On the **Review Enrollment Details** page, review each section of the enrollment, using the *Edit* function to make any changes or updates. Click *Next*.

Review Enrollment Details
My Dashboard

Please review the enrollment details below. You may choose a class to see the contribution, benefits, and plans options for that class of employees.

Class

Class Name: Full time staff

New Hire Wait Period: First of the month following 30 days from Date of Hire

Health Coverage Tier/Contribution Edit

Coverage Tiers	Employer Monthly Contribution
Employee	100.00% N/A
Employee + Spouse	75.00% N/A
Employee + Children	50.00% N/A
Employee + Family	50.00% N/A

Dental Coverage Tier/Contribution Edit

Coverage Tiers	Employer Monthly Contribution
Employee	N/A N/A
Employee + Spouse	N/A N/A
Employee + Children	N/A N/A
Employee + Family	N/A N/A
Pediatric Dental	N/A N/A

Health coverage options and riders

Extend Coverage for dependent children from age 26 through age 29 (cost of coverage may increase)

Benefits - Metals/ Carriers Edit

Employees can select any plan from any Benefit Plan (Metal Level) and Carrier defined by the Employer

Health Plans Selected 1-5 of 47 << >> Edit

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Plan Metal	Total Premium
	HDEPO 3300 RX2	ALBANY	92551NY0380294	Bronze	Employee : \$434 ⁰⁷ Employee+Spouse : \$869 ⁰² Employee+Child : \$738 ⁰² Employee+Family : \$1,238 ⁰²
	HDEPO 3300 RX2	ALBANY	92551NY0380295	Bronze	Employee : \$365 ⁰² Employee+Spouse : \$730 ⁰⁴ Employee+Child : \$620 ⁰² Employee+Family : \$1,040 ⁰²
	M/VP Premier HDHP Bronze Bronze ST INN Dep29 DP FP	ALBANY	56184NY0160018	Bronze	Employee : \$339 ⁰¹ Employee+Spouse : \$679 ⁰² Employee+Child : \$577 ⁰⁴ Employee+Family : \$967 ⁰⁴
	M/VP Premier Plus Bronze 2 Bronze NS INN Dep29 Acupuncture Home Health Care Three PCP visits covered in full Wellness DP FP	ALBANY	56184NY0170008	Bronze	Employee : \$358 ⁰¹ Employee+Spouse : \$717 ⁰² Employee+Child : \$609 ⁰⁴ Employee+Family : \$1,022 ⁰²
	M/VP Premier Plus HDHP Bronze 3 Bronze NS INN Dep29 Acupuncture Home Health Care Wellness Drugs Wellness DP FP	ALBANY	56184NY0210004	Bronze	Employee : \$346 ⁰² Employee+Spouse : \$692 ⁰⁴ Employee+Child : \$588 ⁰⁴ Employee+Family : \$967 ⁰²

Dental Plans Selected 1-5 of 40 << >> Edit

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Plan Metal	Total Premium
	Guardian Pediatric Essentials	ALBANY	42640NY0110001	Low	Pediatric Child : \$24 ⁰²
	Guardian Pediatric Advantage	ALBANY	42640NY0100001	High	Pediatric Child : \$29 ⁰²
	Guardian Family Advantage Plus	ALBANY	42640NY0120001	High	Employee : \$27 ⁰⁴ Employee+Spouse : \$54 ⁰³ Employee+Child : \$88 ⁰² Employee+Family : \$115 ⁰²
	Dentcare Smiles-Kids	ALBANY	30796NY0020001	Low	Pediatric Child : \$22 ⁰⁴
	Affordable Dental-Kids	ALBANY	92786NY0020001	Low	Pediatric Child : \$20 ⁰²

Next >>

25. On the **Employee Benefit Offering** page, enter an additional Custom Message (optional) that will be included in the email to be sent to the employees. Click *Submit*.

Employee Benefit Offering

  [My Dashboard](#)

The message below will be sent to all of your employees to tell them about this benefit offering. The message sent to your employees will be customized with your business name.

Subject

Body

Dear <Employee Name>,

Your employer has offered you health insurance coverage through the Small Business Marketplace. Click on the link below to register with the Small Business Marketplace and view the coverage options that your employer has chosen to offer you. You will only be able to select health insurance during your employer's open enrollment period, so you should not delay responding to this offer.

After registering, you will be able to apply for coverage online. Your

Custom Message

[Submit >>](#)

26. On the **Employer Agreement** page, read the agreement and check **“I have read and agreed to terms and service”** checkbox. Click *Submit*.

Note: There are options to Print and Download the agreement.

Employer Agreement My Dashboard

Please read each of the statements in the agreement. Then click Agree to show that you have read the statements and agree with them. Your signature will complete your account.

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

- I have the authority to purchase health insurance as, or on behalf of, this employer.
- I state that I am an employer based in New York State or have employees with a primary worksite location in New York State.
- I state that I employ 50 or fewer eligible employees.
- I state that I will offer health insurance coverage through the Small Business Marketplace to all eligible employees and I understand that if the employer contribution is 100%, all eligible employees are to be covered.
- I have at least one common law employee.
- I know that the information on this form will only be used to determine if my business qualifies for health insurance through the Small Business Marketplace and will be kept private as required by law. This authorization will remain valid for no more than twenty-four (24) months.
- I accept the terms and conditions of the Privacy Statement and Consent Language provided below.
- I understand that I must make the first premium payment to begin coverage for my employees and that I must pay all premiums on or before the due date to continue providing coverage. I understand that if I do not pay my premiums on time, coverage for my employees may be affected or my group policy may be terminated.
- I know that I must tell the NY State of Health if anything I wrote on this application changes. I can call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report changes.
- I have provided true answers to all of the questions on this form to the best of my knowledge. I know that if I am not truthful there may be a penalty.
- 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.

Privacy Statement

The information that you provide to the Small Business Marketplace on this application will be kept confidential as required by law.

The NY State of Health will use the information on this form only to verify if you are a qualified employer eligible to purchase health insurance coverage through the Small Business Marketplace.

Consent Language

I understand that I am providing personal and financial information to the Small Business Marketplace of the NY State of Health so that the marketplace may verify that I am a qualified employer who is eligible to purchase coverage.

I understand that I am providing my Employer Identification Number (EIN) or Tax Identification Number (TIN) and other personal and financial information to the NY State of Health to see if my business qualifies for the Small Business Marketplace. I consent to the use and disclosure of my personal and financial information by the NY State of Health for this purpose. I consent to the use and disclosure by the NY State of Health of all information necessary to verify my businesses eligibility for the Small Business Marketplace among and between the NY State of Health and any state or federal agency.

Right to Appeal

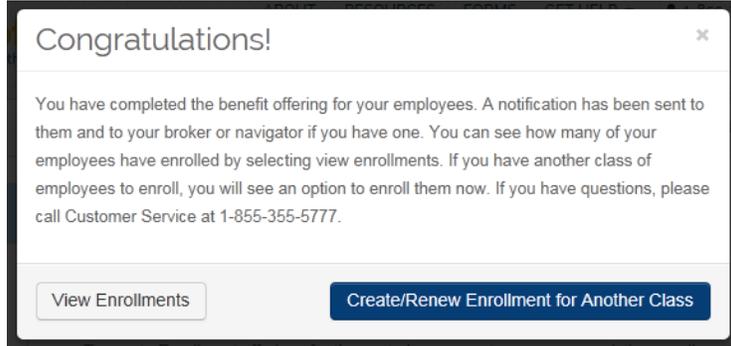
You have a right to appeal the decisions the NY State of Health makes about whether or not you qualify for the Small Business Marketplace. To appeal means to tell someone at the NY State of Health that you think the decision on your application is wrong, and to ask for a fair review of the decision. 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. *

<< Back Submit >>

27. At the “**Congratulations!**” message, click *View Enrollments* to view your enrollment or click on *Create Enrollment for Another Class* if you have created more than one employment class.

Please note: If you have created more than one class you will need to create an enrollment offer for each class separately.



28. View the newly created enrollment on the **My Enrollment** tab. You can also edit the enrollment(s) you’ve created from here.

Overview
Messages & Notices
Roster
My Enrollment
Plans
My Documents
Appeals
Cobra

ACCOUNT HOLDER INFORMATION

Account Number:
AC000029362
Sally, Smith
Account Settings

COMPANY INFORMATION

Farmers market
217 Hoosick St
Albany NY 12041
Primary Phone:
(518) 123-4567

Edit Company Information

Edit Additional Contact Information

Bills and Payments

EBILL

Estimate Tax Credit Calculator

You can manage your enrollments here.

Please select an employer class to view enrollment details.

- To view the employees in the enrollment you are working with, Select the in the Employer Enrollments table.
- To view the enrollment details you are working with, Select the in the Employer Enrollments table.
- To Complete an enrollment: Click the *Complete Enrollment* button in the Employer Enrollments table for the enrollment you want to work with.
- To modify an employer completed enrollment: (This option will show only between open enrollment start date and enrollment effective date month end)
 - Click the *Edit Enrollment* button in the Employer Enrollments table for the enrollment you want to work with.
 - The employees in the enrollment you are working with will display in the *Employee Enrollments* table below

Select Class

All Classes ▼

Manage Classes

View	Enrollment ID	Class	Coverage Tier	Status	Actions
	6637	Executive staff	*Employee *Employee + Spouse *Employee + Child/ren *Employee + Family	COMPLETED	Edit Enrollment >
	6638	Full time staff	*Employee *Employee + Spouse *Employee + Child/ren *Employee + Family	COMPLETED	Edit Enrollment >

<< Back