

How to Enroll an Employee

After the employee(s) has been added to the Roster and placed into an active offer (see the “How to Add an Employee” user guide), 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 under the *My Clients* tab. Select an agency from the *Select Associated Agency* drop-down and select an employer from the *Select Associated Employer* drop-down. Lastly, click the *Select Associated Employer Offer* drop-down. The active employees associated with the selected employer and plan year 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.

AC0000050211 - Christa Smith
State Unique ID: 2017EIT License: EIT2017 Certification: SI00140 [View](#) Expiration: 2019-03-29 Status: Approved

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Manage Clients [collapse](#)

Employer Employee **Individual**

Search Employee
Select your Agency or Direct Clients from the drop down then select associated Employer to view all associated employees. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *
testnew

Select Associated Employer *
Christa Johnson

Select Associated Employer Coverage *
Current Coverage (Effective Date:)

Filter: Show 50 entries

Results: 1 to 7 of 7

Employee Name	SSN Phone Number	Employee Code	Class	Employee Enrollment Offer Status	Enrollment Status	Renewal Status	Actions
Ash George	***-**-1043 518-555-1212	EMP05	Part time staff	COMPLETED	NOTIFIED	MANUAL	enroll invite
Christa Johnson	***-**-1038 518-555-1212	EMP06	Management staff	COMPLETED	NOTIFIED	MANUAL	enroll invite
Deanna Potter	***-**-1991 518-867-5309	DP1991	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite
John Smith	***-**-1973 518-555-1234	1973	Full time staff	COMPLETED	NOTIFIED		enroll
Noah Youmans	***-**-1121 518-745-8523	NY03	Part time staff	COMPLETED	NOTIFIED	MANUAL	enroll
Shelby Cobra	***-**-1985 518-555-3535	1985	Full time staff	COMPLETED	NOTIFIED		enroll
Stanley Briggs	***-**-1020 518-221-2121	SB02	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite

[Export CSV](#)

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2. Once the enrollment is started, the Employee's personal information must be confirmed and/or entered. Their full *Name*, *DOB*, *SSN* and *Addresses* are needed for this step. Click *Next*.

✓ ACCOUNT INFORMATION

Contact Information >

My Employer

Other Insurance Information

Account and Identity Information

NY State of Health includes protected systems that contain United States ("US") and New York State government information. User actions are monitored and audited under strict US and New York State Government regulations. Authorized users agree to perform only authorized functions regarding the application for and enrollment in health insurance coverage 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 Title 26 of the United States Code, Sections 7213 7213A and 7431; Title 18 NYCRR; NYS Penal Law Section 156; 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

John Smith --Select-

Gender * ⓘ

☐ Male ☐ Female

Date of Birth *

MM - DD - YYYY

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.

... - - 1973

Confirm Social Security Number *

- -

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="65 Spring St"/>	<input type="text"/>	<input type="text"/>	
City *	Zip Code *	County *	State *
<input type="text" value="Rensselaer"/>	<input type="text" value="12144"/>	<input type="text" value="--Select--"/>	<input type="text" value="NEW YORK"/>

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="65 Spring St"/>	<input type="text"/>	<input type="text"/>	
City *	Zip Code *	County *	State *
<input type="text" value="Rensselaer"/>	<input type="text" value="12144"/>	<input type="text" value="--Select--"/>	<input type="text" value="NEW YORK"/>

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

Telephone Numbers

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 - 1111 x Home ▼

☐ Use this number when contacting me by phone.

ⓘ 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.

+ Add another Phone Number

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



Email Address

Johnny@example.com

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 ▼

ⓘ 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).

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 *

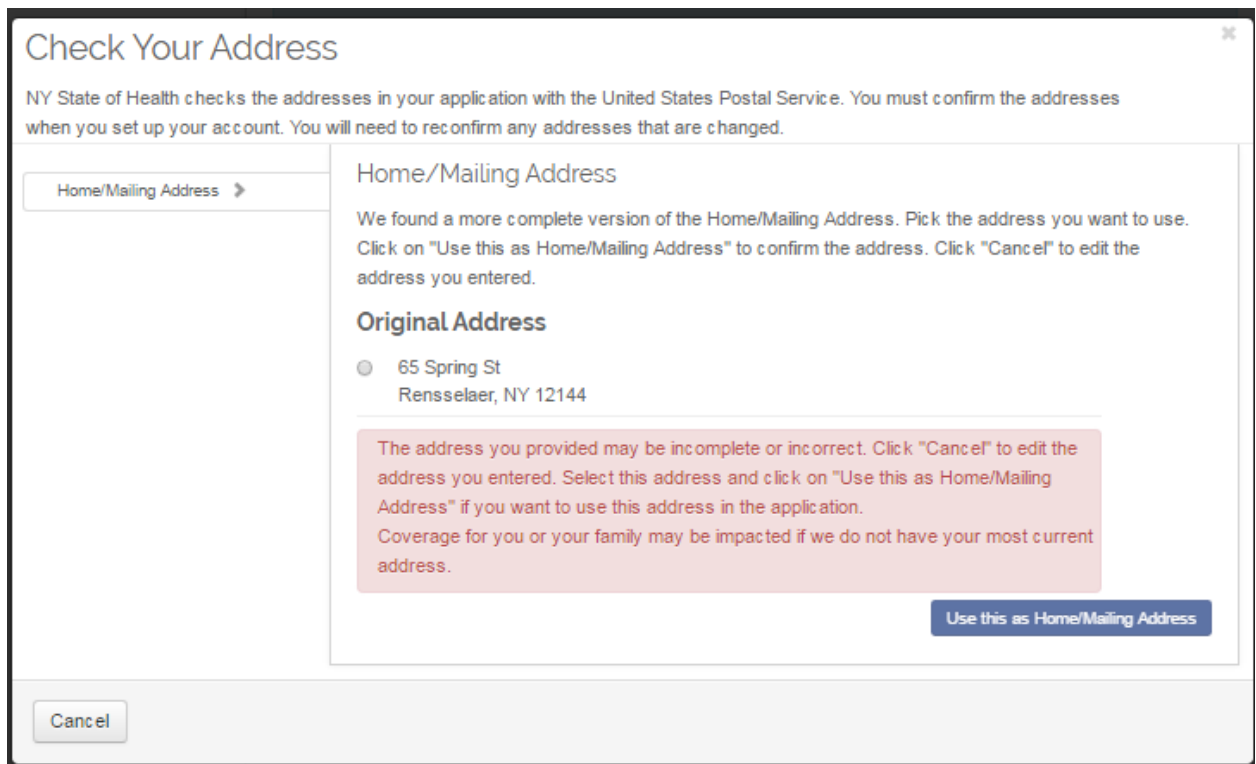
English ▼ English ▼

ⓘ 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

Next

3. Validate the Address by clicking the correct address radio button and selecting the *Use This as Home/Mailing Address* button. Once selected, click *Next*.



Check Your Address

NY State of Health checks the addresses in your application with the United States Postal Service. You must confirm the addresses when you set up your account. You will need to reconfirm any addresses that are changed.

Home/Mailing Address >

Home/Mailing Address

We found a more complete version of the Home/Mailing Address. Pick the address you want to use. Click on "Use this as Home/Mailing Address" to confirm the address. Click "Cancel" to edit the address you entered.

Original Address

☐ 65 Spring St
Rensselaer, NY 12144

The address you provided may be incomplete or incorrect. Click "Cancel" to edit the address you entered. Select this address and click on "Use this as Home/Mailing Address" if you want to use this address in the application. Coverage for you or your family may be impacted if we do not have your most current address.

Use this as Home/Mailing Address

Cancel

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

Client Enrollments				Employee Dashboard
Employer ID	Employer Name	Enrollment ID	Enrollment Status	Action
HC5254	Din Warehouse	ES127981	Not Yet Started	Enroll

Please note: If the blue Enroll button is not immediately displayed, please check the employee roster to see if a participation code has been generated to ensure the Employee has been placed into a completed offer.

5. On the My Employer page, the details of the employer's offer, including effective date, open enrollment period, etc., appear at the top of the screen. Here the Employee could choose to *Decline Coverage* or continue with the enrollment and update any family details by adding dependents and other insurance information, if applicable.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050945
Jack McCoy
Account Settings

HOUSEHOLD INFORMATION

Edit

Mailing Address:
65 Spring St,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1111

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My Employer

Plan Year: Jun 1, 2017 to May 31, 2018 (▼)

Din Warehouse

▶ Employer Details

▼ Enrollment Period

Open enrollment start date	04/17/2017	Open enrollment end date	04/30/2017
Coverage effective start date	08/01/2017	Coverage effective end date	05/31/2018

▶ Employer Contribution(s) by Coverage Tier

▶ Plan Riders Offered

✕ Decline Coverage

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

Jack

McCoy

--Select-- ▼

Note: If the employer has offered coverage to dependents, that information should be added here; click Save after each dependent added in case of interruption. It is important to inform NYSOH if any dependents being enrolled on the plan already have other health insurance coverage. Click Next.

Only add dependents you will be covering on this plan

➕ Add Spouse or Domestic Partner

➕ Add Child

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

Back

Save

Next

6. Other Insurance Information will follow if the answer to the previous question, "Does anyone in your family have other health insurance?", is *yes*.
 - Complete the other insurance information by adding the covered household member, the *Policy Type*, *Plan Name*, *Member* and *Group* information and the beginning and end dates of coverage.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
[Account Settings](#)

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Other Insurance Information
Plan Year: May 1, 2017 to Apr 30, 2018 ▼

Name of household member

What type of health insurance policy?

Plan Name

Member ID Number

Group ID Number

Plan Begin Date

Plan End Date

[Add To List](#)

Member Name	Insurance Type	Plan Name	Member ID Number	Group ID Number	Plan Begin Date	Plan End Date

[<<Back](#)

[View Plans and Enroll](#)

7. On the Select Plans page, plans offered may be filtered by metal level, and/or carrier. Plans and their premiums are displayed by tier. Click on the *plan name* to view the summary of benefits for each plan offered. Use the *Compare Plans* feature to view plan benefit details side-by-side: click on the check box in the Plan Details column for up to three plans, and then click the *Compare Plans* button (see example on the following page). Click on that plan's *Add to Cart* button to enroll into the plan. That button will then change to *Remove*, indicating that this is the selected plan.

ACCOUNT HOLDER INFORMATION

Account Number:
AC000050645
John Smith
Account Settings

HOUSEHOLD INFORMATION

Mailing Address:

690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Select Plans

Plan Year: May 1, 2017 to Apr 30, 2018

Use the filter options below to see only the plans that are right for you. If there is more than one page of plans and you would like to see all of the plans offered by your employer, click the "next" arrow button above the plan display table to page through.

Click here to search for doctors and facilities. By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-Up website.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for 2017 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2016. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

Plans offered by Employer

You can compare up to 3 plans at a time by selecting the checkboxes 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: 05/01/2017

Metal: Select
Carrier Name: Select
Compare 0 Plans
Reset All
1-12 of 56
<Prev Next>

Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	
 56184N10170031 MVP Premier Plus Silver 1 NS RN Dep25 DP PP	Silver QHP DUTCHESS.RENSSELAER Employee	\$250 ⁰⁰	\$400 ⁰⁰	\$1,500 / Person \$1500 per person / \$3000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Spouse	\$250 ⁰⁰	\$1,051 ⁰⁴	\$1,500 / Person \$1500 per person / \$3000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Child	\$250 ⁰⁰	\$817 ⁰⁰	\$1,500 / Person \$1500 per person / \$3000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Family	\$250 ⁰⁰	\$1,603 ⁰⁴	\$1,500 / Person \$1500 per person / \$3000 per group / Family	
 56184N10170033 MVP Premier Plus Silver 2 NS RN Dep25 DP PP	Silver QHP DUTCHESS.RENSSELAER Employee	\$250 ⁰⁰	\$378 ⁰⁰	\$3,000 / Person \$3000 per person / \$6000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Spouse	\$250 ⁰⁰	\$1,008 ⁰⁰	\$3,000 / Person \$3000 per person / \$6000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Child	\$250 ⁰⁰	\$818 ⁰⁰	\$3,000 / Person \$3000 per person / \$6000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Family	\$250 ⁰⁰	\$1,541 ⁰⁰	\$3,000 / Person \$3000 per person / \$6000 per group / Family	
 56184N10190019 MVP Premier Silver ST RN Dep25 DP PP	Silver QHP DUTCHESS.RENSSELAER Employee	\$250 ⁰⁰	\$499 ⁰⁰	\$2,000 / Person \$2000 per person / \$4000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Spouse	\$250 ⁰⁰	\$1,249 ⁰⁰	\$2,000 / Person \$2000 per person / \$4000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Child	\$250 ⁰⁰	\$1,824 ⁰⁰	\$2,000 / Person \$2000 per person / \$4000 per group / Family	
	Silver QHP DUTCHESS.RENSSELAER Employee+Family	\$250 ⁰⁰	\$1,888 ⁰⁰	\$2,000 / Person \$2000 per person / \$4000 per group / Family	

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8. With the Compare Plans feature, the plan benefit details of two or three plans can be viewed side-by-side. Categories of benefits are found below the financial details and each expand with additional information. Print this page by clicking the *printer icon*. Click *Back to Plan List* to get back to the Plan Selection screen.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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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

		
Plan Name	MVP Premier Plus Platinum 2 NS INN Dep25 DP FP	MVP Premier Plus HDHP Gold 2 NS INN Dep25 DP FP
HIOS ID	56184NY0170038	56184NY0210015
Metal Level	Platinum	Gold
HSA Creditable	No	Yes
Total Monthly Premium	\$1,034.10	\$775.47
Total Employer Contribution	\$250.0	\$250.0
Total Employee Contribution	\$784.1	\$525.47
Annual Deductible- Individual	\$0	\$1,400
Annual Deductible- Family	\$0 per person \$0 per group	\$1400 per person \$2800 per group
Out of Pocket Maximum- Individual	\$2,500	\$6,350
Out of Pocket Maximum- Family	\$2500 per person \$5000 per group	\$6350 per person \$12700 per group
Out-of-Network Coverage	No	No
Design	This plan provides up to \$125 for Gym Membership, Kids Sports, or Weight Loss programs. No referrals required. This plan has an Embedded Deductible (if applicable) and Out of Pocket Maximum. Acupuncture is covered up to 12 visits and Home Health Care coverage has an extended number of visits. For families, there are Out of Area covered benefits for up to \$1000 per Dependent Child. No referrals are required.	This plan is a qualified High Deductible Health Plan (HDHP) that can be paired with a tax advantaged Health Savings Account (HSA). Wellness drugs are not subject to the plan's deductible. Acupuncture is covered up to 12 visits. Each contract has up to \$125 available for Gym Membership, Kids Sports or Weightloss programs and Home Health Care coverage has an extended number of visits. For families, there are Out of Area covered benefits for up to \$1000 per Dependent Child. No referrals are required.
Overall Quality Rating	★★★★☆	★★★★☆

9. When finished reviewing plans and *Add to Cart* has been selected, click *Next*.

  Quality Details 56184NY0170037 MVP Premier Plus Platinum 1 NS INN Dep25 DP FP	Platinum QHP DUTCHESS,RENSSELAER Employee	\$250 ⁰⁰	\$773 ⁶⁸	\$0 / Person \$0 per person \$0 per group / Family	Add to Cart
	Platinum QHP DUTCHESS,RENSSELAER Employee+Spouse	\$250 ⁰⁰	\$1,798 ³⁶	\$0 / Person \$0 per person \$0 per group / Family	Add to Cart
	Platinum QHP DUTCHESS,RENSSELAER Employee+Child	\$250 ⁰⁰	\$1,491 ⁰⁶	\$0 / Person \$0 per person \$0 per group / Family	Remove
	Platinum QHP DUTCHESS,RENSSELAER Employee+Family	\$250 ⁰⁰	\$2,667 ⁸⁹	\$0 / Person \$0 per person \$0 per group / Family	Add to Cart

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10. If the employer is offering dental coverage, the Dental Plans selection screen will appear next. Dental plans can be reviewed and compared just like the health plans.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION

Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Select Dental Plans

Plan Year: May 1, 2017 to Apr 30, 2018

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

Click [here](#) to search for doctors and facilities. By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-Up website.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for 2017 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2016. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

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: 05/01/2017

Metal

Carrier Name

Select

Select


Compare 0 Plans

Reset All

1

Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible
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- Select a dental plan by clicking the *Add to Cart* button.

 Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	Low QHP DUTCHESS,RENSSELAER Employee	\$10 ⁴⁷	\$10 ⁴⁶	\$65 / Person \$195 per person per group not applicable / Family	Remove
	Low QHP DUTCHESS,RENSSELAER Employee+Spouse	\$10 ⁴⁷	\$31 ³⁹	\$65 / Person \$195 per person per group not applicable / Family	Add to Cart
	Low QHP DUTCHESS,RENSSELAER Employee+Child	\$15 ⁰⁰	\$50 ⁸⁷	\$65 / Person \$195 per person per group not applicable / Family	Add to Cart
	Low QHP DUTCHESS,RENSSELAER Employee+Family	\$15 ⁰⁰	\$71 ⁸⁰	\$65 / Person \$195 per person per group not applicable / Family	Add to Cart


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Next >>

Please Note: If the selected medical plan includes pediatric dental, then the pediatric stand-alone dental plan selection will not appear on the next screen. After selecting 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

Important Benefit Information

 Your dental plan selection includes a pediatric dental benefit. You will not be able to enroll your dependent child in a pediatric only dental plan as it will create a duplicate benefit.

Ok Cancel

11. If a child needs to be enrolled into Pediatric Dental, and it is not embedded in the selected medical plan, then select an “Employee Only” or “Employee + Spouse” dental tier and then select the pediatric dental plan on the following screen.
- 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).

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Other Insurance Information

Select Pediatric Dental Plans Plan Year: May 1, 2017 to Apr 30, 2018

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.

[Click here to search for doctors and facilities.](#) By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-Up website.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for 2017 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2016. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

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

☐ Jason Smith

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: 05/01/2017

Carrier Details

Plan Details

Employer
Estimated
Contribution

Employee
Estimated
Contribution

Annual Deductible

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12. The Review Shopping Cart screen displays the employee's plan selections for health, dental, and pediatric dental enrollments, as applicable. Review the shopping cart and verify that all plans selected are correct, then click *Next*.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Review Shopping Cart

Plan Year: May 1, 2017 to Apr 30, 2018 ▼


Here are the plans you have selected.

Effective Date: 05/01/2017


Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MVP Premier Plus Platinum 1 NS INN Dep25 DP FP	\$250.00	\$1,491.06	\$0 / Person \$0 per person \$0 per group / Family	Employees not classified	John Smith Jason Smith	Remove

Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	\$10.47	\$10.46	\$65 / Person \$195 per person per group not applicable / Family	Employees not classified	John Smith	Remove

Pediatric Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MetLife Child Only Enhanced Dental Plan, Standard, ONN, Pediatric Dental Coverage, 19	\$7.00	\$24.38	\$50 / Person per person not applicable per group not applicable / Family	Employees not classified	Jason Smith	Remove

<< Back Decline Coverage Next >>

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

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

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Report Change In Circumstance

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Other Insurance Information

Employee Agreement

Plan Year: May 1, 2017 to Apr 30, 2018 ▼

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.

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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14. If the enrollment is successful, a congratulations message appears and states the *Enrollment has not yet been approved* by the carrier.

ConfirmationPlan Year: Jan 1, 2019 to May 31, 2019 ▼

You have successfully completed enrollment application. You can view your enrollment status by clicking on the "Enrollments & Plans" tab.

We will notify you when your enrollment has been approved. You can also check enrollment status online at [Enrollments and Plans](#)

[Click here](#) to navigate to Roster tab of the corresponding employer.

[Click here](#) to navigate to employee search of MyClients tab on your AGENT profile.

15. To verify the enrollment from the Employee's portal, click on *Enrollment and Plans* to view the enrollment details.

ACCOUNT HOLDER INFORMATION
Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION [Edit](#)
Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234




[Overview](#)
[Messages & Notices](#)
[Enrollments & Plans](#)
[Documents](#)
[Broker/Navigator](#)
[Report Change In Circumstance](#)
[Address History](#)
[Other Insurance Information](#)

Enrollments & PlansPlan Year: May 1, 2017 to Apr 30, 2018 ▼

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.

Application Number	Employer Name	Primary Contact Name	Submitted On	Effective Date	End Date	Status
AAUXEN_56589	Soldier cake shop	John Smith	04/10/2017	05/01/2017	04/30/2018	Completed

Effective Date: 05/01/2017 End Date: 04/30/2018

Insurance Carrier	Plan Name	Coverage Tier	Members	Metal	Employer Monthly Contribution	Employee Monthly Contribution	Annual Deductible
	MVP Premier Plus Platinum 1 NS INN Dep25 DP FP	Employee+Child	John Smith Jason Smith Household Information	Platinum	\$250.00	\$1,491.06	Not Applicable / Person / Family
	Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	Employee	John Smith Household Information	Low	\$10.47	\$10.46	Not Applicable / Person / Family
	MetLife Child Only Enhanced Dental Plan, Standard, CNN, Pediatric Dental Coverage, 19	Pediatric Child	Jason Smith Household Information	High	\$7.00	\$24.38	Not Applicable / Person / Family

[Withdraw Application](#)

16. To view the Other Insurance Information entered during the time of enrollment (if applicable), click the *Other Insurance Information* tab.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050648
John Smith
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
690 Mann Ave,
Rensselaer NY, 12144
Primary Phone:
(518) 555-1234

Overview

Messages & Notices

Enrollments & Plans

Documents

Broker/Navigator

Report Change In Circumstance

Address History

Other Insurance Information

Other Insurance Information

Plan Year: May 1, 2017 to Apr 30, 2018 ▼

Name of household member
John Smith ▼

What type of health insurance policy?
Individual Private Insurance ▼

Plan Name

Member ID Number

Group ID Number

Plan Begin Date
MM/DD/YYYY

Plan End Date
MM/DD/YYYY

Add To List

Member Name	Insurance Type	Plan Name	Member ID Number	Group ID Number	Plan Begin Date	Plan End Date
John Smith	Individual Private Insurance	Excellus	123456789-00	123456	01/01/2017	12/31/2017