

## Where to View Group and Member ID's and Summary of Benefits

1. From the Broker Portal, find the group you'd like to view and click *Manage* under the Action column on the My Clients tab.

AC0000050211 - Christa Smith

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

[Overview](#) [My Profile](#) [My Clients](#) [My Inbox](#) [Documents](#) [Address History](#) [Useful Links](#)

Manage Clients [collapse](#)

Employer Employee Individual

Search Employer

Select your Agency or Direct Clients from the drop down to view all associated Employers or click "Add New Employer" to start a new Employer application. 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

Filter Option

Show All

Add New Employer

Filter:

Show 50 entries

Results: 1 to 3 of 3

Company Name  
Primary Contact Name

Account ID  
Contact Number

No. of  
Employees

Eligibility  
Status

Enrollment  
Status

Renewal Date

Action

Din Warehouse Caroline Reynolds	AC0000050843 518-555-1212	0	PENDING	N/A	N/A	<a href="#">eligibility</a> <a href="#">delete</a>
Five Guys Christa Johnson	AC0000034280 518-555-1212	8	ELIGIBLE	COMPLETED	06/01/2018	<a href="#">manage</a> <a href="#">delete</a>
Little Black Dress Lisa McDowell	AC0000058336 516-555-1212	0	ELIGIBLE	N/A	N/A	<a href="#">manage</a> <a href="#">invite</a> <a href="#">delete</a>

[Export CSV](#)

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2. On the Employer's Eligibility Landing screen, click the *Access Legacy Account* link under SHOP Navigation at the bottom of the screen.

Five Guys

AC0000034280

Broker of Record: [Christa Smith](#)

Invitation Code: 1431693890885

Agency Affiliation: testnew

NY State of Health Small Business Marketplace (SHOP) provides access to quality, affordable health and dental insurance for small businesses and their employees. SHOP plans are offered by private insurance companies and cover essential health benefits and pre-existing conditions.

To review/print or mail your eligibility determination, select the letter below. Please keep this letter with your business records and be sure to provide a copy to your tax preparer. If you need to update your Employer information, click on [Edit Employer Information](#) to make changes and generate a new letter.

#### SHOP Document History

Document	Determination Date	Open to View/Print
Eligibility_Letter_2018	04/05/2018 - 12:03:44	<a href="#">Open/Print</a>
Eligibility_Letter_2018	03/28/2018 - 14:29:59	<a href="#">Open/Print</a>

[Click here to mail the most recent SHOP Eligibility Determination Letter to my business mailing address.](#)

#### Ready to enroll in coverage?

You can work with a SHOP certified broker/navigator or enroll directly through an [insurance carrier](#).

To be eligible for the tax credit you must enroll in a SHOP certified plan.

- > [Browse SHOP certified plans and prices](#)
- > [View contact information for SHOP certified insurance carriers](#)
- > [See if you qualify for the small business tax credit](#)
- > [View small business tax credit calculator](#)

#### SHOP Navigation

- > [Edit Employer Information - Submit Eligibility Determination](#)
- > [Access Legacy Account](#)
- > [Return to Agent Portal](#)

3. From the Employer's Overview screen, click on the *Plans* tab on the left-side navigation bar. On the Plans tab, look for the Employee for which the Member and Group ID are needed. Click on the triangle next to the Employee's name to expand and view their information. The Member and Group ID's are located at the bottom of their screen next to the respective Carrier and Plan information.
  - The Employer and Employee Contributions are also displayed for each employee's medical and dental (if applicable) coverage.
  - A Member ID is only populated when the appropriate information is sent back to the NYSOH from the Issuer. If the Member ID is missing, the NYSOH may not have received the information back from the Issuer. If the Issuer does not have this information, call the NYSOH Customer Contact Center at 1-855-355-5777.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000034280  
**Christa Johnson**  
Account Settings

**COMPANY INFORMATION** Edit

**Five Guys**  
EIN: 712345696  
726 EIT Street  
Albany NY 12203  
**Primary Phone:**  
(518) 555-1212

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**Plans**

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Bills and Payments

EBILL

FTE Calculator

Estimate Tax Credit Calculator

Address History

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**Employee Plans**
Plan Year: Jun 1, 2017 to May 31, 2018 ▼

You can manage your current plans here. Please select a class and or status to view enrollment details.

Select Classes All Classes ▼
Select Enrollment Status All Status ▼

Clear All

(122837) Employee: [Stanley Briggs](#) Account ID: AC0000050080

Effective Date: 06-01-2017 Enrollment Period: 03-07-2017 - 04-30-2017 Status: Completed

Coverage Tier



Employee

Employee + Spouse

Employee + Child/ren

Employee + Family

Plan Type	Total Employer Monthly Contribution	Total Employee Monthly Contribution
QHP	100 <sup>90</sup>	299 <sup>99</sup>
Dental	0 <sup>90</sup>	15 <sup>78</sup>

Member ID #	Name [First Last]	Dependent Coverage	Class	Status	Carrier	Plan	Coverage Tier	Group ID Number
552211322	<a href="#">Stanley Briggs</a>	No	Full time staff	Completed		Bronze, ST, OON, DEP25, DP, FP	Employee	0008525
867530901	<a href="#">Stanley Briggs</a>	No	Full time staff	Completed		Managed Dental/Guard NY10 Family Plan, NS, INN, Adult/Family Dental, Dep25, Family Dental, DP	Employee	GRD012356

4. After clicking the triangle icon to expand the employee's plan information, you may also view the Summary of Benefits for any plan selected. Simply click the *plan name hyperlink* under the employee's plan information to view or print the Summary of Benefits for the selected plan.

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867530901	<a href="#">Stanley Briggs</a>	No	Full time staff	Completed		<a href="#">Managed DentalGuard NY10 Family Plan, NS, INN, Adult/Family Dental, Dep25, Family Dental, DP</a>	Employee	GRD012356

- a. The Summary of Benefits will appear on the Plan Details screen. This information can also be printed by clicking the *Print Page* button in the upper right-hand corner. Click the *Back* button to return to the Plans tab.

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Plan Details

Plan Year: Jun 1, 2017 to May 31, 2018

You can see premiums, copays, deductibles, covered expenses and quality details for the plan you chose for employees. For additional information on this plan, go to the Get More Information link.

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Print Page

  
Bronze, ST, OON, DEP25, DP, FP

Metal Level	Bronze	Overall Quality Rating	★★★★☆
HSA Creditable	No	HIOS ID	36346NY0470001
New Premium -Employee	\$399.99		
Annual Deductible - Individual	\$3,600	Annual Deductible - Family	\$3500 per person   \$7000 per group
Out of Pocket Maximum - Individual	\$6,860	Out-of-Network Coverage	Yes

Design

Your deductible is an embedded deductible. Referrals are not required. You have access to all participating providers in our network. You have a \$250 wellness card, which may be used to pay for gym memberships, massage therapy, acupuncture, chiropractic visits, and even at health food stores. You will also receive \$0 in-network preventive services, such as annual physicals, mammograms, flu shots, and more.

Plan Summary

Benefit	In Network Cost Share	Description
Well Baby Visits and Care	No Charge	Routine doctor visits for comprehensive preventive health services that occur when a baby is young.
Primary Care Visit to Treat an Injury or Illness	50% Coinsurance after deductible	Visit to a clinician for health services that cover a range of prevention, wellness, and treatment for common illnesses.
Specialist Visit	50% Coinsurance after deductible	Visits to a physician to diagnose, manage, prevent or treat certain types of symptoms and conditions related to a specific disease or condition.
Inpatient Hospital Services (e.g., Hospital Stay)	50% Coinsurance after deductible	Health care you get when you're admitted as a patient to a health care facility, like a hospital or skilled nursing facility.

- b. At the bottom of the Plan Details screen, there are additional expandable sections that detail the different services of the plan. The last section, *More Information*, contains additional information that brings the user to the Carrier's website.

- Quality Details
- Preventive and Wellness Services and Chronic Disease Management
- Outpatient Services
- Other Services
- Hospitalization
- Prescription Drugs Other
- Mental Health and Substance Abuse Services
- Emergency Services
- Laboratory Outpatient and Professional Services
- Rehabilitative and Habilitative Services and Devices
- Pediatric Vision
- More Information

Company Website: <https://securews.bsneny.com/web/content/NENYbroker/contact.html>  
Summary of Benefits and Coverage: <https://www.bsneny.com/bronzeSHOP>  
Prescription Drug List: <https://www.bsneny.com/nysprescriptions>  
Provider Network: <https://www.bsneny.com/findadoctor>  
Plan Brochure: