

NY State of Health Small Business Marketplace Webinar

May 9, 2017
10:00am – 11:30am

TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to answer questions in the que.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

PRESENTERS



Joe Muldoon	Director, Small Business Marketplace
David Pitaniello	Regional Director, Small Business Marketplace
Michael Greklek	Regional Director, Small Business Marketplace

Agenda

- Introductions
- Small Business Marketplace Value Proposition
- Employer Portal Enhancements
- Employee Enhancements
- SHOP Contacts

Who is Eligible?

A Small Business Employer is eligible to purchase a health plan through the Small Business Marketplace (SBM) if the business:

- Is based in NYS or has employees with a physical location in NYS.
- Initial SHOP enrollment has 100 or fewer Full-Time Equivalent (FTE) employees and at least one common law employee must enroll.



Employer Benefits of Enrolling in the SBM



Choice

- Employers can choose whether to offer all, some or a single QHP to their employees.
- Employees can choose from the health plan options made available by their employer.

Contribution Options

- The Marketplace gives business owners the flexibility to define the coverage tiers of the health plan(s) which will be offered to employees and the amount they would like to contribute toward the premiums for the employee.
- Employers may pay a percentage of premiums, pay a fixed amount, or pay nothing at all.

Minimum Participation Required

- NY State only requires a minimum of one (1) enrolled common law employee in order to be eligible as a small business with the NY State of Health SBM.

Administrative Simplicity

- The Marketplace provides monthly billing to employers along with other administrative simplifications.

Tax Credits

- The Marketplace is the exclusive place to access small business tax credits

Portal Enhancements

- NY State of Health has made a series of improvements to its employer and employee portal which, in part was based on broker and employer feedback. These improvements were designed to;
 - Create a more user friendly experience.
 - Enhance the overall look and feel of the employer and employee portals.
 - Update static content.
 - Improve system functionality.

Employer Portal Enhancements



- All links across the employer portal have been highlighted and made more visible.
- Overview screen has been redesigned to look like a dashboard including but not limited to;
 - Sectional areas have been encapsulated into accordions.
 - All tabs moved from the top to left hand side navigation.
- The messages and notices table now displays the name of the notice.

Employer Portal Enhancements *cont.*



- The roster screen has been redesigned for an improved user experience.
- The define employer contribution screen, define benefits screen and your shopping cart screen have all been redesigned for better flow.
- A plan year drop down has been added to the top of each screen for an easy transition between plan years.
- Manage class and my enrollment functionality have been merged into one screen and is now labeled “Employer Offering”.

Account Overview

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050512
Christa Cookie
Account Settings

COMPANY INFORMATION

Edit

Soldier cake shop
EIN: 276867867
3 Forest Dr
Guilderland NY 12508
Primary Phone:
(518) 867-5309

Overview

Messages & Notices **3**

Roster

Employer Offering

Plans

My Documents

Bills and Payments

EBILL

FTE Calculator

Estimate Tax Credit Calculator

Manage Broker/Navigator

Address History

Account Overview

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

- To create enrollment offerings for the next plan year or to renew your existing enrollment offering(s), please go to the "Roster" link on the left hand task bar. Please check the **Messages & Notices** link on the left hand task bar for updates and important communications from the Small Business Marketplace.

Show More

Group Effective Date - 05/01/2017

Employer Group Settings

Edit Settings

Open enrollment start date	04/07/2017	Open enrollment end date	04/15/2017
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Health coverage options and riders

Cover domestic partners	Yes
Qualified Religious Organization (exclude coverage for family planning and counseling services)	No

Marketplace Eligibility Status

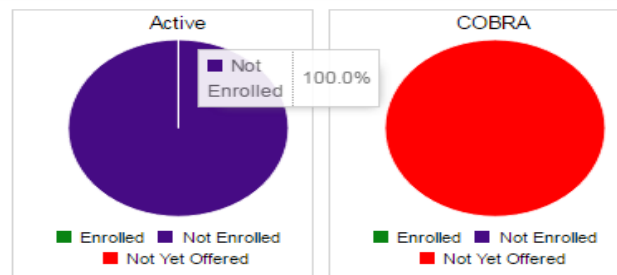
Business eligible for Small Business Marketplace

Messages & Notices **3**

⚠ You have 3 unread notice(s) in your Messages & Notices Inbox.

Employees Enrolled

View Details



My Inbox

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My Inbox

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

Your Messages Inbox

Notice Number	Subject (Please click on the notices below to view or download)	Type	Date
Notice1003a	Employer Eligibility Complete	Notice	04/07/2017
Notice1012	Employer Offer/Employee Enrollment Completed	Notice	04/07/2017
Notice1000b	Welcome	Notice	04/07/2017

Company Roster

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Company Roster

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

- Coverage must be offered to all employees who work 30 or more hours per week.
- Your group is not eligible to participate in the Small Business Marketplace if you do not have at least one ACTIVE common law employee enrolled (group cannot contain only COBRA or Retiree enrollees).
- If necessary, your most recent NYS-45 filing may be requested.
- You must list ALL eligible employees on your roster and include them in a coverage offer, even if they do not intend to enroll.
- Business owners are eligible for coverage and should be included on the roster.
- If you elect to offer coverage to Retirees, they should also be listed on the roster.
- The address listed for employees should be their residential address.

There are two ways to enter your employee information:
1. You can download a template, fill it out and upload it to the Small Business Marketplace

Download Roster Template

Choose File No file chosen

(OR)

2. You can enter your employee information one at a time.

Add Employee/Retiree/COBRA

Add Dependent COBRA Beneficiary

Delete All Error Rows

Delete Roster

There are Day-1 COBRA employees on your roster. You will need to create the COBRA offer for these employees.

Filter Roster

Show All

1 to 2 of 2 Entries < Previous Next >

Edit	First Name	Last Name	Address	Class	Enrollment Status	Participation Code	Actions
Active	John	Smith	690 Mann Ave, Rensselaer, NY 12144	Employees not classified	Notified	36841430936	<div>Delete</div> <div>Enroll</div>
Cobra Beneficiary	Jennifer	Jones	90 East Lydius, Schenectady, NY 12309	COBRA	Not Offered	Not yet offered	<div>Delete</div>

Create Offer

Terminate Vs. Delete

 Active	Planseventy	Three	3 albany, Queens, NY 11412	Non-Exempt Staff	Completed	61174052502	 <div></div>
 Active	Planseventy	Four	4 albany, Albany, NY 12203	Executive staff	In Progress	32122932426	 <div></div>

Employer Offering

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Employer Offering

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

Instructions for Classes

Instructions for COBRA/Retire Class

Add Class

Create Offer

Employees not classified	<div>View Offer</div> <div>Edit Offer</div> <div>Delete Class</div>
COBRA	<div>Delete Class</div>
Management staff	<div>Delete Class</div>

Employer Offering *cont.*

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Add Class

Create Offer

Employees not classified

View Offer

Edit Offer

Delete Class

Class Summary

Employee Enrollment

Move Employees

Health Plans

Dental Plans

Offer Status	COMPLETED		
Coverage Tier		QHP	Dental
Employee	50.00% or \$250.00	50.00% or \$15.00	
Employee + Spouse	25.00% or \$250.00	25.00% or \$15.00	
Employee + Child	35.00% or \$250.00	35.00% or \$15.00	
Employee + Family	35.00% or \$250.00	35.00% or \$15.00	
Pediatric Child		N/A	40.00% or \$7.00
* Contribution amount will be % or \$ whichever is lower			
New Hire Wait Period	90 days from Date of Hire		
Total Employees in this Class	1		
Employees that have Enrolled	0		
Total No. of Plans	20		
Metals	Gold, Platinum, Silver		

COBRA

Delete Class

Management staff

Delete Class

Employer Offering *cont.*

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View Offer

Edit Offer

Delete Class

Employee Enrollment

Move Employees

Health Plans

Dental Plans

Name [First Last]	Enrollment Period	Effective Date	Status
John Smith	04/07/2017 - 04/15/2017	05/01/2017	NOTIFIED

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COBRA

Delete Class

Management staff

Delete Class

Employer Offering *cont.*

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Instructions for Classes

Instructions for COBRA/Retire Class

Add Class Create Offer

Employees not classified View Offer Edit Offer Delete Class

Class Summary Employee Enrollment **Move Employees** Health Plans Dental Plans

Employee Name [First Last]	Employee Code	Employee's Enrollment Status
<input type="checkbox"/> John Smith	JS1973	NOTIFIED

Move to a Class
-- Select -- Save

COBRA Delete Class

Management staff Delete Class



Employer Offering *cont.*

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[Instructions for Classes](#)

[Instructions for COBRA/Retiree Class](#)

[Add Class](#)





[Create Offer](#)

Employees not classified

[View Offer](#)
[Edit Offer](#)
[Delete Class](#)

[Class Summary](#) [Employee Enrollment](#) [Move Employees](#) **[Health Plans](#)** [Dental Plans](#)

Search:

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Total Premium	
	MVP Premier Plus Silver 2 NS INN Dep25 DP FP	ALBANY	56184NY0170033	Employee	510 ⁰²
				Employee+Spouse	1,021 ²⁴
				Employee+Child	868 ⁰⁵
				Employee+Family	1,456 ⁰²
	MVP Premier Gold ST INN Dep25 DP FP	ALBANY	56184NY0160021	Employee	606 ⁰²
				Employee+Spouse	1,212 ²⁴
				Employee+Child	1,031 ⁰¹
				Employee+Family	1,728 ⁰⁵
	Silver, ST, OON, DEP25, DP, FP	ALBANY	36346NY0470014	Employee	519 ⁰⁴
				Employee+Spouse	1,038 ⁷³
				Employee+Child	882 ⁰⁷
				Employee+Family	1,480 ⁰⁸
	Gold, ST, OON, DEP25, DP, FP	ALBANY	36346NY0470026	Employee	644 ⁷⁶
				Employee+Spouse	1,288 ⁰²
				Employee+Child	1,095 ⁷³
				Employee+Family	1,836 ⁰²

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Employer Offering *cont.*

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View Offer

Edit Offer

Delete Class

Class Summary





Employee Enrollment

Move Employees

Health Plans

Dental Plans

Search:

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Total Premium
	Pediatric Dental ST, INN, DP	ALBANY	92766NY0020003	Pediatric Child 22 ⁹⁶
	EssentialSmile 112 NS INN Family Dental Dep 29	ALBANY	65427NY0020002	Employee 18 ²⁵ Employee+Spouse 36 ³⁶ Employee+Child 63 ³⁷ Employee+Family 92 ²³
	Blue Pediatric Dental, ST, OON, Pediatric Dental	ALBANY	36346NY0500001	Pediatric Child 24 ⁰⁹
	Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	ALBANY	10345NY0020006	Employee 18 ²⁵ Employee+Spouse 37 ⁶⁰ Employee+Child 59 ⁴⁹ Employee+Family 77 ¹⁴

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Edit Offer
Delete Class

COBRA

Delete Class

Management staff

Delete Class



Select Employment Classes

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Select Employment Classes

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

Select Employment Class

Define Employer Contribution

Define Benefits add Plans to Cart

Shopping Cart & Review Enrl Details

Employee Benefit Offering & Employer Agrmt

- All employment classes, including 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 "Employer Offering". You will then be able to Add, Delete or Rename classes. For additional instruction, [click here](#).
- If you opt to not 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 to, you will need to add a COBRA class here and assign your existing 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

Employer Offering

Class Name	New Hire Wait Period
<input type="radio"/> Employees not classified	First of the month following Date of Hire
<input checked="" type="radio"/> COBRA	Not Applicable



Define Employer Contribution

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Define Employer Contribution for Plan Year: May 1, 2017 to Apr 30, 2018

Employees not classified

Select Employment Class Define Employer Contribution Define Benefits add Plans to Cart Shopping Cart & Review Enrl Details Employee Benefit Offering & Employer Agrmt

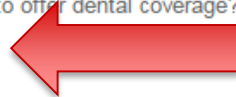
Instructions

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



Select Coverage Tiers and define employer contribution

Monthly (whichever is lower)

Health Plans		%	or	\$
<input checked="" type="checkbox"/>	Employee	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Spouse	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Child/ren	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Family	<input type="text"/>		<input type="text"/>

Monthly (whichever is lower)

Dental Plans		%	or	\$
<input checked="" type="checkbox"/>	Employee	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Spouse	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Child/ren	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Employee + Family	<input type="text"/>		<input type="text"/>
<input checked="" type="checkbox"/>	Pediatric Dental	<input type="text"/>		<input type="text"/>

Define Benefits – Health

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Define Benefits - Health

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

Select Employment Class

Define Employer Contribution

Define Benefits add Plans to Cart

Shopping Cart & Review Enrl Details

Employee Benefit Offering & Employer Agrmt

Class : Employees not classified

Instructions

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

Dental Carrier

☒ Platinum

☐ CDPHP

☐ Guardian

☒ Gold

☐ EmblemHealth

☐ Healthplex Insurance Company, Inc.

☒ Silver

☒ MVP Health Care

☐ Dentegra Insurance Company of New England

☐ Bronze

☒ BlueShield of Northeastern New York

☐ MetLife

☐ Solstice Health Insurance Company

☐ BlueShield of Northeastern New York

☐ Dentcare Delivery Systems Inc.

☐ Delta Dental of New York, Inc.

Show Plans

Define Benefits - Health *cont.*



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Define Benefits - Health

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

Select Employment Class

Define Employer Contribution

Define Benefits add Plans to Cart

Shopping Cart & Review Enrl Details

Benefit Offering & Employer Agrmt

Class : Employees not classified (click here to edit Issuer/Metal selection)

Select Health Plans for: Class Employees not classified

Instructions

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in -1. 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>

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

Compare 0 Plans Estimate Tax Credit --Sort By-- 1 - 10 of 14

☐ Add All Available Health Plans To Cart Remove All Health Plans From Cart

★★★★★

SILVER, ST, OON, DEP25, DP, FP
HIOS ID: 36346NY0470014
County: RENSSELAER

SILVER ☐ Add to Compare

Define Benefits – Dental

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Define Benefits - Dental

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[Select Employment
Class](#)[Define Employer
Contribution](#)[Define Benefits add
Plans to Cart](#)[Shopping Cart &
Review Enrl Details](#)[Employee Benefit Offering &
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Class : Employees not classified

Instructions

- ☐ 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

- ☒ Platinum
- ☒ Gold
- ☒ Silver
- ☐ Bronze

Health Carrier

- ☐ CDPHP
- ☐ EmblemHealth
- ☒ MVP Health Care
- ☒ BlueShield of Northeastern New York

Dental Carrier

- ☐ Guardian
- ☐ Healthplex Insurance Company, Inc.
- ☐ Dentegra Insurance Company of New England
- ☒ MetLife
- ☐ Solstice Health Insurance Company
- ☐ BlueShield of Northeastern New York
- ☐ Dencare Delivery Systems Inc.
- ☒ Delta Dental of New York, Inc.

[Show Plans](#)

Define Benefits - Dental *cont.*



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Define Benefits - Dental

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

Select Employment Class

Define Employer Contribution

Define Benefits add Plans to Cart

Shopping Cart & Review Enrl De

Employee Benefit Offering & Employer Agrmt

Class : Employees not classified (click here to edit Issuer/Metal selection)

Select Dental Plans for: Class Employees not classified

Instructions

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in -1. 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>

Compare 0 Plans

Estimate Tax Credit

--Sort By--

1 - 6 of 6

☐ Add All Available Dental Plans To Cart

Remove All Dental Plans From Cart

DELTA DENTAL

DELTA DENTAL PPO PEDIATRIC BASIC PLAN FOR SMALL BUSINESSES ST OON PEDIATRIC DENTAL DEP 19

HIOS ID: 10345NY0020001

LOW

☐ Add to Compare

County: DUTCHESS,RENSSELAER

Pediatric Child

New Premium: \$20³⁹

Your Shopping Cart

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Manage Broker/Navigator
Address History

Your Shopping Cart

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

Select Employment Class

Define Employer Contribution









Define Benefits add Plans to Cart

Shopping Cart & Review Enrl Details

Employee Benefit Offering & Employer Agrmt

Here are the plans you have selected to offer for your employees in Class: Non-Union

Health Plans

Insurance Carrier	Plan Name	Plan County	Plan HIOS ID	Plan Metal	Total Premium	Action
	MVP Premier Plus Silver 2 NS INN Dep25 DP FP	ALBANY	56184NYD170033	Silver	Employee : \$510 ⁴² Employee+Spouse : \$1,021 ²⁴ Employee+Child : \$868 ²⁵ Employee+Family : \$1,456 ²²	
	MVP Premier Gold ST INN Dep25 DP FP	ALBANY	56184NYD160021	Gold	Employee : \$606 ⁴² Employee+Spouse : \$1,212 ²⁴ Employee+Child : \$1,031 ⁴¹ Employee+Family : \$1,728 ²⁵	
	Silver, ST, OON, DEP25, DP, FP	ALBANY	36346NYD470014	Silver	Employee : \$519 ²⁶ Employee+Spouse : \$1,038 ⁷² Employee+Child : \$882 ²⁷ Employee+Family : \$1,480 ²⁵	
	Gold, ST, OON, DEP25, DP, FP	ALBANY	36346NYD470026	Gold	Employee : \$644 ⁷⁶ Employee+Spouse : \$1,288 ²² Employee+Child : \$1,095 ⁷⁹ Employee+Family : \$1,836 ²²	

Review Enrollment Details

• 20

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000050512
Christa Cookie
Account Settings

COMPANY INFORMATION

Edit

Soldier cake shop
EIN: 276867867
3 Forest Dr
Guilderland NY 12508
Primary Phone:
(518) 867-5309

Overview

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EBILL

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Employee Benefit Offering & Employer Agrmt

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: Employees not classifiedNew Hire Wait Period: 90 days from Date of Hire

Health Coverage Tier/Contribution

Edit

Coverage Tiers	Employer Monthly Contribution
Employee	50.00% or \$250.00 - whichever is lower
Employee + Spouse	25.00% or \$250.00 - whichever is lower
Employee + Child/ren	35.00% or \$250.00 - whichever is lower
Employee + Family	35.00% or \$250.00 - whichever is lower

Dental Coverage Tier/Contribution

Edit

Coverage Tiers	Employer Monthly Contribution
Employee	50.00% or \$15.00 - whichever is lower

Employee Benefit Offering



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Employee Benefit Offering

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Select Employment Class

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Shopping Cart & Review Enrl Details

Employee Benefit Offering & Employer Agrmt

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

Your employer sponsored health coverage !

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 >>



Enrollment Completed

Congratulations!

You have completed the benefit offering for your employees. A notification has been sent to them and to your broker or navigator if you have one. You can see how many of your employees have enrolled by selecting view enrollments. If you have another class of employees to enroll, you will see an option to enroll them now. If you have questions, please call Customer Service at 1-855-355-5777.

[View Enrollments](#)[Create/Renew Enrollment for Another Class](#)



Questions?



Employee Portal Enhancements

- All links across the employee portal have been given a new bolder look making them more visible.
- Employees will be able to click on the plan name to view the plans benefit details.

Account Overview

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

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

Welcome back to the NY Small Business Marketplace! You can see important information about your employer sponsored coverage in your Account Overview. Click the tabs above to find out more about your insurance, or to manage your account.

If you have new offer from your employer you can enter the participation code by clicking on the Add New Participation Code button below.

Add New Participation Code

Soldier cake shop My Employer Details

EIN	Address	Primary Phone
276867867	3 Forest Dr, Guiderland, NY 12508	(518) 867-5309

Employer's Offer Completed

Click here to edit existing enrollment Edit Enrollment

▼ Enrollment Period

Open enrollment start date	04/07/2017	Open enrollment end date	04/15/2017
Coverage effective start date	05/01/2017	Coverage effective end date	04/30/2018

► Employer Contribution(s) by Coverage Tier

► Plan Riders Offered

Enrollments and Plans View My Enrollments & Plans

Status: Completed

Changes in Circumstance Report Changes

Changes in circumstance may affect your health coverage costs and options. It is important to report changes to your employer as soon as possible when changes occur.

My Inbox

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

My Inbox

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

You can review your messages and notices

Messages

Notice Number	Subject	Type	Date
Notice1022a	Broker Authorization Change	Notice	04/10/2017

Overview

Messages & Notices **1**

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Enrollment and Plans

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Enrollments & Plans

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

You are able to view your current plans and rates below. To view household information please use the "Household Information" link. To withdraw your application before the end of the open enrollment period please use the "Withdraw Application" link. After open enrollment ends, the "Withdraw Application" link is no longer available.

Application Number	Employer Name	Primary Contact Name	Submitted On	Effective Date	End Date	Status
AAUXEN_57074	Dolly chocolates	Christa Cookie	05/04/2017	06/01/2017	05/31/2018	Completed

Effective Date:06/01/2017 End Date:05/31/2018

Insurance Carrier	Plan Name	Coverage Tier	Members	Metal	Employer Monthly Contribution	Employee Monthly Contribution	Annual Deductible
	Silver, ST, OON, DEP25, DP, FP	Employee	Christa Cookie Household Information	Silver	\$250.00	\$269.86	Not Applicable / Person / Family
	Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	Employee	Christa Cookie Household Information	Low	\$9.13	\$9.12	Not Applicable / Person / Family

[Withdraw Application](#)

Documents

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Documents

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

You can upload and submit documents here. You can also review an uploaded document. Please select a Document Type before uploading a document.

Document Types

--Select-- ▾

Document For

--Select-- ▾

Upload

[Choose File](#)

No file chosen

[Upload](#)

Uploaded Documents

Document Type	Document For	Document Uploaded	Status	Submit Date	Action
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Other Document Submission Methods

If you cannot upload documents on the website, you can email or fax them to New York State of Health. In order to help us identify the documents, please write your first and last name, date of birth, and Social Security number on the documents you mail or fax to the Marketplace.

By Mail

New York State of Health
P.O. Box 11727
Albany, NY 12211

By Fax

1-855-900-5557

i When submitting any documents via mail, fax, or in person, be sure to include such identifiers as name and account number at the top of each page. [×](#)

Broker Newsletter



- The number one method of communication with our NYSOH certified brokers.
- Includes a broad range of topics including important reminders, system updates and system tips.
- Be sure to add the following email/domain to your “Safe List”; donotreply@nystateofhealth.ny.gov.
- To access previous newsletters please go to the following link;

<https://info.nystateofhealth.ny.gov/ProducerToolkit>, then click on the “NY State of Health Broker Newsletter” link.



Updated Functionality in the Small Business Marketplace Portal:

- Employer groups will now have the ability to select a **New Hire waiting period of 90 days**.
- Users can now add a New Hire to the Employer Roster up to **120** days in the past and **30** days in the future from the current date. However, the employee will only be eligible to enroll if the New Hire's *Effective Date* is within 30 days of the date they're being added.

Examples: Today's date is 12/1/16, Hire Date is 8/26/16.

- New Hire Logic = 90 Days after Date of Hire (hire date + 89 days)
– Effective date is 11/23/16. This Employee can be added to a class and enrolled.

NY State of Health Resources available at info.nystateofhealth.ny.gov/resources

- **Producer Tools and Resources:** <https://info.nystateofhealth.ny.gov/ProducerToolkit>
 - Includes an administrative guide for Producers
 - Details on Eligibility and Enrollment Policies
 - Step-by-step User Guides
 - Videos on account set-up and enrollment
 - Benefit and Rate Details
 - So much more.....
- **Small Business Premiums “Quick Quote”**
<https://nystateofhealth.ny.gov/employer>
- **Small Business Marketplace marketing materials (available in English + 7 additional languages – order online)**
https://info.nystateofhealth.ny.gov/sites/default/files/Overview%20for%20Small%20Business%20Owners_1.pdf
<http://info.nystateofhealth.ny.gov/sites/default/files/Poster-Small%20Businesses%208.5%20x%2011.pdf>

SHOP Contacts

Joe Muldoon, Director SBM

Joseph.Muldoon@health.ny.gov or 518-486-2504

David Pitaniello, Regional Director SBM

David.Pitaniello@health.ny.gov or 518-474-2814

Michael Greklek, Regional Director SBM

Michael.Greklek@health.ny.gov or 518- 473-6179

Stana Nakhle, Regional Director SBM

Stana.Nakhle@health.ny.gov or 212-417-4995

Thank You!

A recording of this webinar and any related materials will be available online and emailed to all registrants

nystateofhealth.ny.gov
1-855-355-5777