

SALES NEWS

Florida Blue 
In the pursuit of health®

October 25, 2018

#A18-209

For More Information: Agent Service Center
800-267-3156

Single Site Enrollment Keeps Marketplace Enrollments on the Florida Blue Direct Enrollment Site (Updated 7.1.19)

Sales Audience: IU65

Updated July 1: We expect that the new Single Site Enrollment (SSE) application will be this month. A new process of agent ID proofing has been added. Agents should review the user guide again now to be ready when the new process is launched.

Summary

Single Site Enrollment (SSE) is a new time-saving process for enrolling Marketplace members, which will launch in the coming weeks. Among other features, it creates a seamless Marketplace enrollment experience for agents and consumers, eliminating the need to leave the Florida Blue SalesConnect or Consumer Web Sales (CWS) sites and go to the Marketplace website for the eligibility application. You can review the new process now so you're ready when it goes live, likely in July.

Details

Background

When enrolling in an IU65 Marketplace plan, agents and members traditionally start on Florida Blue SalesConnect or CWS, then they must visit the Marketplace website, Healthcare.gov, for the eligibility application. This isn't ideal, as you can experience "waiting room" delays and other issues.

Florida Blue's sales tools development team partnered with the Center for Medicare and Medicaid Services (CMS) to be one of the first carriers to launch SSE, which performs all the elements of the traditional Marketplace application process, while never leaving the Florida Blue-branded site. The new process will support most, but not all, IU65 ACA enrollments.

About SSE

In addition to eliminating the re-direct to the Marketplace, SSE will:

- Provide agents and consumers access to view Marketplace notices tied to an application, as well as view and upload documents to resolve data matching and special enrollment verification issues all within SSE.
- Support new sales and life changes during the Open Enrollment Period (OEP) and Special Enrollment Period (SEP).
- Support the most common application scenarios. An up-front screener will ask specific questions to determine eligibility for this new SSE enrollment pathway. If the enrollment isn't supported by SSE, the agent or consumer will be redirected to use the traditional Marketplace application process.

Continued on Next Page

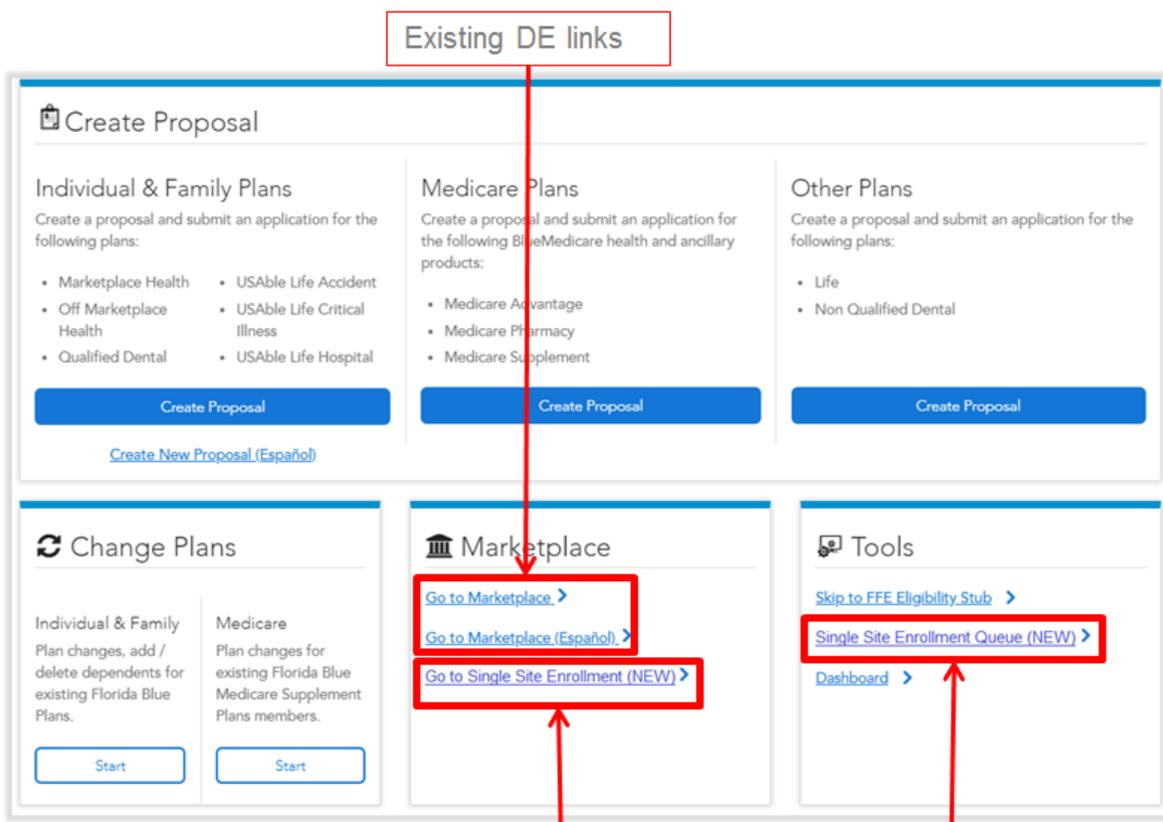
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Scenarios that will still require a Marketplace re-direct (i.e. aren't supported by SSE) include applications for consumers or members who have:

- Applications that include household members that are Domestic Partners.
- Members who have a different home address, do not have a home address or live in a different state than where they are applying.
- Members with the following tax filing scenarios:
 - Dependents who they do not claim on their tax return
 - Members who live with a parent who is not part of their tax return
 - Members not planning to file a tax return or with dependent children living with a parent not on their tax return
 - Married members not filing jointly
 - Members responsible for a child 18 or younger who lives with them but is not included on federal tax return
- American Indian/Alaskan Native applications
- Members offered coverage through their job, someone else's job or COBRA
- Applications for members with dependent children who are:
 - Over 25 or who are married
 - Under 21 and are not applying for coverage
 - Not sons/daughters
 - 18 or younger who live with them but are not included on federal tax return

How to Access and Use SSE

- Agents will access SSE via the homepage of SalesConnect. When the SSE process is live, we'll add a link under the existing Direct Enrollment **Go to Marketplace** links.
- You'll also be able to access SSE through the SSE queue, which is where you'll manage applications created through this new process. See the user guide further down in this article to learn about the SSE queue functionality.
- The **Go to Marketplace** links will still be available to route agents through the existing Direct Enrollment process.
- When you're ready to do a Marketplace enrollment, you'll simply choose the traditional link or the new SSE link to get started. Here's a screen shot of where the links will be located:



Review the New SSE Flow User Guide

The new SSE Marketplace application is similar to the application you'd normally complete for Marketplace enrollments, so it should look familiar overall. To be sure you're ready for the switch, we're providing this [step-by-step user guide](#).

Update: Since you last saw the user guide in the fall, a new process for agent ID proofing has been added to the flow. This process is the same one agents complete for access to the CMS portal. Refer to the process outlined in the user guide, and if you are unable to complete the ID proofing online, you'll be referred to the Experian call center to complete the identity proofing offline.

Next Steps

CMS hasn't announced the specific approval and launch date for our SSE yet. We'll update you prior to that date so you'll know when you can start using this shorter and more convenient process. Until then, we encourage you to spend some time in the test site to become familiar with the screens and steps.

MARKET PLACE

SINGLE SITE ENROLLMENT

PLAN YEAR 2019

Table of Contents

- 1) Marketplace Single Site Enrollment (SSE).
 - a. [Overview of SSE.](#)
 - b. [SSE Supported Scenarios.](#)
- 2) Accessing SSE and agent identity proofing.
 - a. [Access the Single Site Enrollment pathway.](#)
 - b. [Complete the one time agent identity proofing for access.](#)
- 3) Looking-up your consumers Marketplace Application.
 - a. [Look up your clients Marketplace Application.](#)
 - b. [View your clients Marketplace Application details.](#)
 - c. [Single Site Enrollment Queue.](#)
- 4) Completing a Marketplace Application for your client.
 - a. [Completing a Marketplace Application.](#)
 - b. [Sending a link to your consumer for SSE.](#)
- 5) Reviewing your clients Eligibility Results and Final Plan Submission
 - a. [Review the Eligibility Results page and Eligibility Determination Notice with your client.](#)
 - b. [Review plan options and final plan submission.](#)
- 6) Action Items & Communications
 - a. [Post Submission Communications.](#)
 - b. [Marketplace Notices and Action Items.](#)
- 7) Troubleshooting issues in SSE.
 - a. [Common SSE Issues.](#)

1. Single Site Enrollment (SSE) is a new Marketplace enrollment pathway which allows for completing the Marketplace application and eligibility determinations within one website. This eliminates the re-direct out to the Marketplace to complete the eligibility application.
2. SSE provides agents and consumers access to view Marketplace notices tied to an application as well as view and upload documents to resolve Data Matching and Special Enrollment verification issues all within SSE/SalesConnect.
3. SSE supports changes during the Open Enrollment Period (OEP) as well as outside of OEP for consumers who are eligible for a Special Enrollment Period.
4. SSE supports the most common application scenarios with some exceptions which have been provided on the next slide. An up-front screener will ask specific questions to determine eligibility for this new SSE enrollment pathway.
5. SSE requires agents to successfully complete an up-front ID Proofing step to ensure the logged in agent is who they say they are and protect the integrity of the data being accessed.
 - Please be aware this step is required by CMS and your data will be protected and only used to verify your identity.

Scenarios not currently supported through SSE:

1. Applications that include household members that are Domestic Partners.
2. Application members who live in a different home address, do not have a home address or live in a different State than they are applying.
3. Application members with the following Tax filing scenarios:
 - a. Dependents who they do not claim on their tax return.
 - b. Application members who live with a parent who is not part of their tax return.
 - c. Application members not planning to file a tax return or with dependent children living with a parent not on their tax return.
 - d. Married application members not filing jointly.
 - e. Application members responsible for a child 18 or younger who lives with them but is not included on federal tax return.
5. American Indian/Alaskan Native application members.
6. Application members offered coverage through their job, someone else's job, or COBRA.
7. Application members with dependents who are:
 - a. Over 25 or who are married.
 - b. Under 21 and are not applying for coverage.
 - c. Not sons/daughters.
 - d. 18 or younger who lives with them but is not included on federal tax return.

Accessing SSE

- Agents will access the new SSE capability from the SalesConnect agent homepage as shown in the screenshot.
- Agents will also be able to access SSE through the SSE queue, which is where agents will manage applications they create through this new process. Refer to the SSE queue section later in this deck for details on SSE queue functionality.
- The Go to Marketplace links will still be available which route agents through the existing Direct Enrollment (DE) process.

The screenshot displays the SalesConnect agent homepage with a blue header and a navigation grid. A red box labeled "Existing DE links" points to the "Go to Marketplace" and "Go to Marketplace (Español)" links in the Marketplace section. Another red box labeled "New SSE link" points to the "Go to Single Site Enrollment (NEW)" link in the same section. A third red box labeled "SSE Queue" points to the "Single Site Enrollment Queue (NEW)" link in the Tools section. A blue notification banner at the top states: "The Open Enrollment Period has ended. Applications may still be submitted under qualified, Special Enrollment scenarios." The main content area is divided into three columns: "Create Proposal" (with sub-sections for Individual & Family Plans, Medicare Plans, and Other Plans), "Change Plans", and "Marketplace". The Marketplace section contains the highlighted links. The Tools section contains the SSE Queue link.

Accessing SSE

- Upon accessing SSE for the first time, agents will be required to successfully complete the CMS Identity Proofing step prior to being allowed access.
- Once you complete the Identity Proofing successfully, you will not have to complete the process again.

First Steps

Verify Your Identity

Before you continue, we need to ask you a few questions to protect your personal information.

We'll ask questions based on information that's in your credit report that only you can answer. This way someone else can't create an account and apply for health coverage in your name without your knowledge.

Here's how it works:

- You'll see a list of questions based on information in your credit report.
- You will pick an answer from a list of possible choices.
- When you answer enough questions correctly that help us identify you, you'll see a message that you can continue to create an account.
- If your identity can't be verified, you'll get a message asking you to check your information and try again. If that doesn't work, you'll be provided with a phone number to call.

Continue >

Accessing SSE

- Enter your personal information as required and click continue.

Contact Information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card).

All answers are required unless marked optional

First Name:	<input type="text" value="harlow"/>	
Middle Name:	<input type="text" value="a"/>	(Optional)
Last Name:	<input type="text" value="tateeh"/>	
Suffix:	<input type="text" value="Select a suffix"/>	(Optional)
Date of Birth:	<input type="text" value="01/01/1971"/>	(mm/dd/yyyy)
Social Security Number (SSN):	<input type="text" value="355-14-2952"/>	XXX-XX-XXXX
Email Address:	<input type="text"/>	(Optional)
Street Address:	<input type="text" value="8 testing place"/>	
Apt/Suite:	<input type="text"/>	(Optional)
City:	<input type="text" value="jericho"/> <input type="text" value="New York"/>	
Zip Code:	<input type="text" value="11753"/>	
Phone Number:	<input type="text" value="(555) 222-1001"/> <input type="text" value="Cell"/>	
Extension:	<input type="text"/>	(Optional)

Accessing SSE

- If there is a match based on your personal information, the system will return a set of questions based on information in your credit report.
- Answers the questions and click continue.
- You will receive a success message upon successfully passing the Identify Proofing process.

Verify Your Identity

Identity Questions

Answer these questions so we can verify your identity.
All answers are required.

Who is your auto lender?

- ASPEN
- SUNTRUST BK ALABAMA
- SALES FINANCING CO
- FIRST COMMERCIAL BANK
- NONE OF THE ABOVE

Who do you have a credit card with?

- DISCOVER
- ONE MAIN FINANCIAL
- CHASE
- AMEX
- NONE OF THE ABOVE

What is your current city?

- SAN DIEGO
- ATLANTA
- BALTIMORE
- BOSTON
- NONE OF THE ABOVE

[< Back](#) [Continue >](#)

Success!

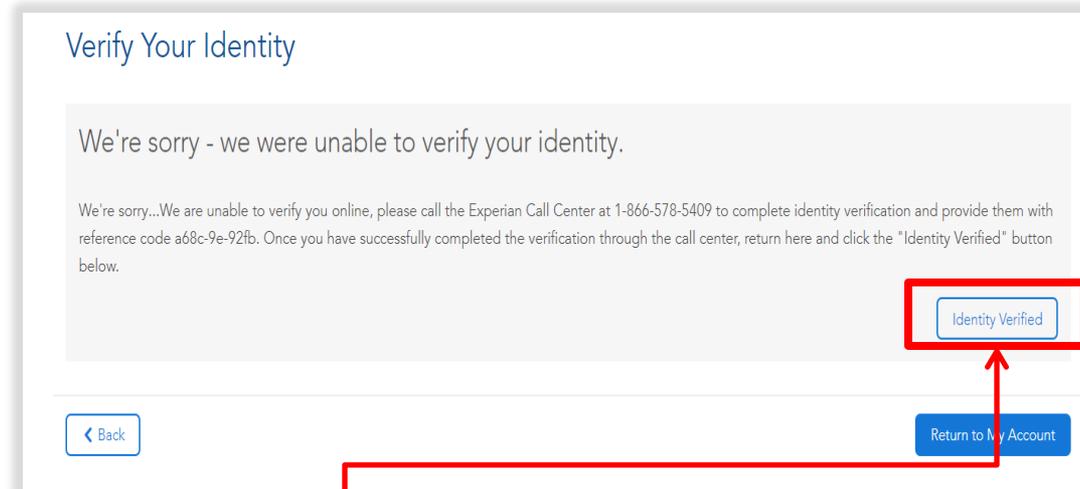
Your identity has been verified!

You may now begin your Marketplace Subsidy Application.
Click **continue** to proceed.

[< Back](#) [Continue >](#)

Accessing SSE

- There will times where you will need to complete the Identity Proofing step through the Experian call center.
- Consumer will need to answer the questions presented successfully to continue.
- There may be instances where the consumer is referred to the Experian call center to complete identity verification.
- They should call the number provided and return to their application once they have completed the Identity Verification process through the call center.

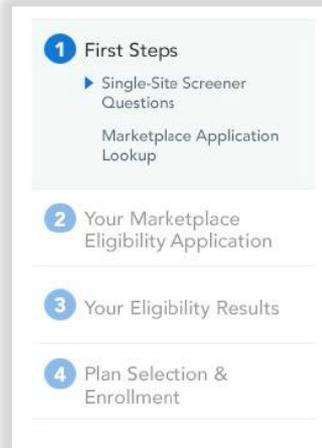


- Once you complete the process through the Call center, you will return to this step by access SSE again and clicking “Identity Verified” button as shown above.

Important – You must provide the reference number when completing Identity Proofing through the call center or you will not be able to continue.

Navigation

- A new step bar will help a users track their progress as they complete the process.



IMPORTANT

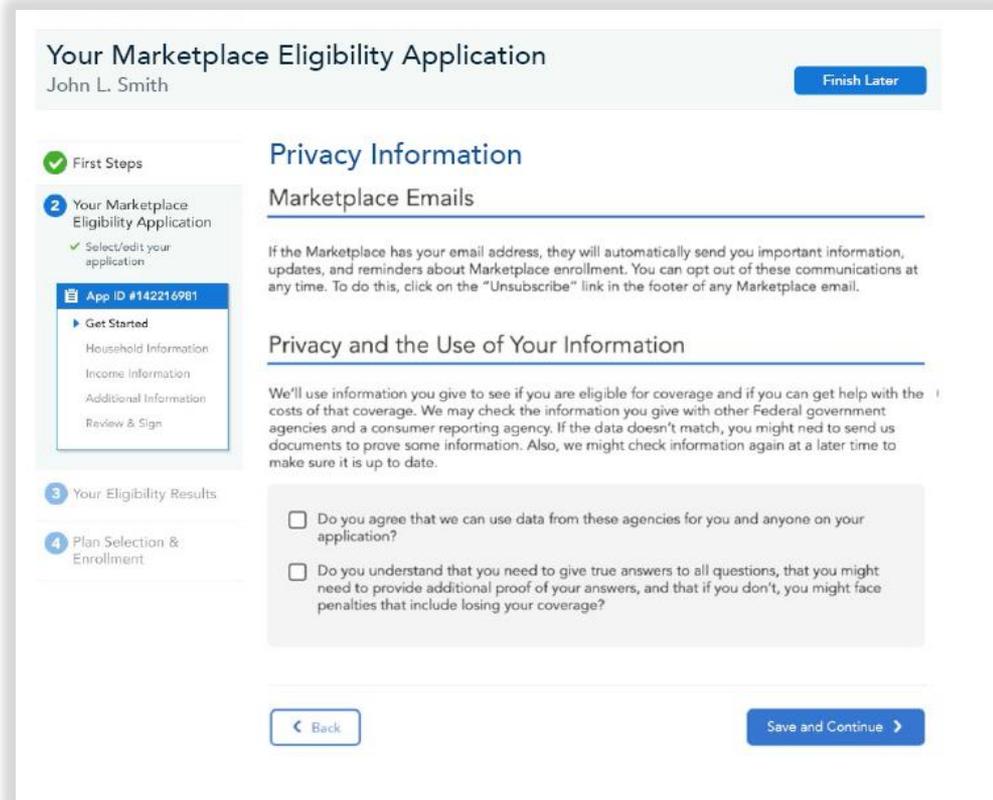
While you are in the SSE process, a secondary window will open. Do not close that window

Privacy Page

- The first page of SSE users will see is the Privacy page.
- Help (?) content provides additional information for certain questions and actions..

Key steps:

- ✓ Review the information with your customer to ensure understanding and gain their agreement before continuing.



Screener

- The screener is in place to route users through the appropriate Marketplace application based on their household situation.
- Upon completing the screener , you will be routed through the appropriate pathway:
 - Single site enrollment
 - Direct Enrollment
 - Multi-tax household

Key steps:

- ✓ Answer the screener questions to determine eligibility for the SSE pathway.

Preliminary Questions

To get started, you must first answer some questions about you and your household to determine how to proceed with your Marketplace Eligibility Application.

Coverage Year:

State:

Who's in your Tax Household? (All answers are required.)

Are you single or married? Single Married

How many tax dependents, like your children, will you claim on your 2018 tax return? 0 1 2 3
Include all of your dependents on your 2018 tax return, even those not applying for coverage. Don't include yourself. [Add More](#)

How much income will your household make this year? (optional) \$51,000 or less more than \$51,000

Do you want to see if you can get help paying for coverage? Yes No

[Save and Continue](#)

Questions about you and your Tax Household (All answers are required.)

Does everyone have the same permanent home address AND currently live in Florida? Yes No

Do you plan to file a joint federal income tax return with your spouse for 2018? Yes No
You don't have to file tax taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.

Are you and your spouse responsible for a child 18 or younger who lives with you, but isn't on your tax return? Yes No

Are any of you an American Indian or Alaska Native? Yes No

Are any of you offered health coverage through your job, someone else's job, or COBRA? Yes No

Questions about your Dependent(s) (All answers are required.)

Will you claim your dependent on your federal income tax return for 2018? Yes No

Is your dependent: Your child or stepchild single (not married) and 25 or younger? Yes No

Are all your dependent children under age 21 applying for coverage? Yes No

Do they live with a parent who's not on your tax return? Yes No

[Back](#) [Save and Continue](#)

Screener Knockouts

- Examples of knockouts are shown here.
- **First example** shows the re-direct to Direct Enrollment for completing enrollment.
- **Second example** is the message that displays when the screener identifies a multi-tax household scenario.
- ***SalesConnect only supports applications for a single tax household. Agents can complete separate applications for each tax household OR call the FFM to complete a single application.***

Example 1 - Knockout for scenarios that get re-directed through Direct Enrollment.

We're sorry...

Based on your answers to the preliminary questions, we will need to direct you out to the Marketplace to complete your application. Click "Continue" to go to the next page to start the process.

< Back

Continue >

Example 2 - Knockout for multi-tax household scenarios not supported through SalesConnect.

We're sorry...

Based on your answers to the preliminary questions, it appears your household contains multiple tax filers which is not currently supported through this website.

If you feel this is not correct you can click the "Back" button to change your answers or continue your enrollment through the Federally Facilitated Marketplace (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

< Back

Marketplace Education

- If the user is deemed eligible for SSE, they will see the SSE overview page.
- This page provides a high level overview and information about the SSE process and the Marketplace.
- To learn more about the Health Insurance Marketplace, information is available by clicking “Learn more about the Health Insurance Marketplace”.
- To begin the process, users will click the “Start a New Application or update an existing one” button.

Key steps:

- ✓ Ensure you and your customer understand the SSE process and interactions with the Marketplace.

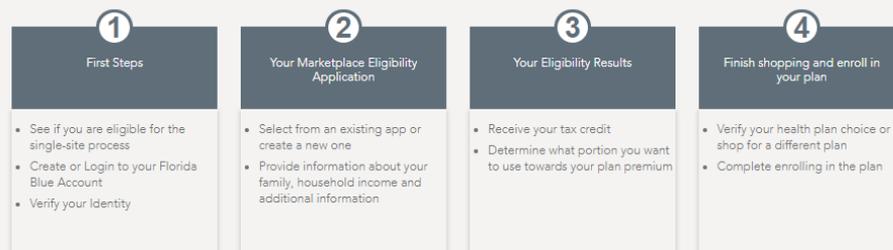
Overview of the Single-Site Application Process

Applying for your tax credit and enrolling a plan

With our enhanced process, you can now complete your Marketplace Eligibility application and enroll in a health plan without leaving our site and going to the Marketplace. To determine if you are eligible for this improved process, you must meet certain criteria. If it is determined that you are not eligible for this single-site process, we'll route you to the Marketplace to complete your tax credit application there.

[Learn more about the Health Insurance Marketplace](#)

Here's what to expect:



Things you'll need to get started:

- Social Security Numbers (SSN) for all applicants
- Information including home/mailling addresses for everyone applying for coverage
- Estimated Household income for 2018
- Employer Information

[Start a New Application or update an existing one](#)

Learn More

Here at Florida Blue, we work with the Health Insurance Marketplace to help you get the health coverage you need. Read below to learn important information about how to get coverage through Florida Blue and the Marketplace

What's the Health Insurance Marketplace?

The Marketplace is a shopping and enrollment service for health coverage created by the Affordable Care Act. The official Marketplace website is HealthCare.gov. The Marketplace helps people find out if they qualify for lower premiums or savings on out-of-pocket costs based on their income, or to see if they're eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program.

How do I apply for and enroll in coverage?

You can apply and enroll with us. We'll send your information to the Marketplace through HealthCare.gov and let you know which programs and savings for which you're eligible.

What if I'm eligible for Medicaid or CHIP?

If you fill out an application and learn that you're eligible for coverage through Medicaid or CHIP, the Marketplace will automatically send your information to your state. We'll give you an eligibility results notice with more information.

What else do I need to know?

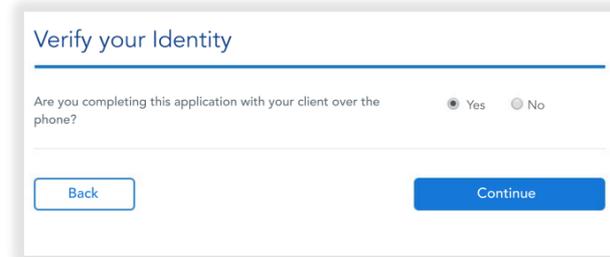
Even if you get coverage through Florida Blue, it's important that remember that you'll still get information directly from the Marketplace. Look for notices in the mail from the Health Insurance Marketplace and emails from HealthCare.gov. It's important to read these notices and emails because they contain important information about your coverage that you'll only get from the Marketplace. We'll tell you how to set up a Marketplace account after you finish applying for and enrolling in coverage.

Identity Verification

- Agents are required to identity proof their consumers today as part of the process for completing a Marketplace application.
- This process occurs offline and agents will need to provide the name/dob and document types they used to verify their consumer.
- If agents are interacting with the consumer over the telephone, only name/dob is required for OE 2019.

Key steps:

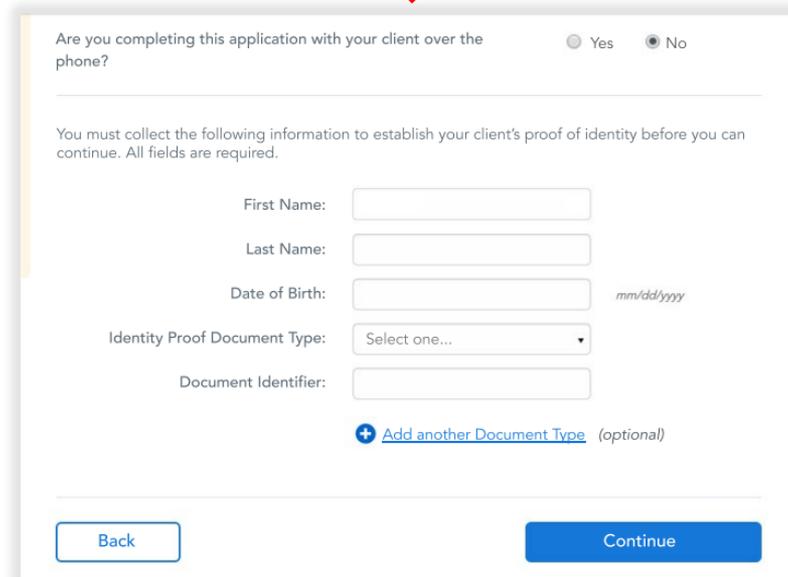
- ✓ Provide the name/dob and documentation reviewed to identify the customer.



Verify your Identity

Are you completing this application with your client over the phone? Yes No

[Back](#) [Continue](#)



Are you completing this application with your client over the phone? Yes No

You must collect the following information to establish your client's proof of identity before you can continue. All fields are required.

First Name:

Last Name:

Date of Birth: mm/dd/yyyy

Identity Proof Document Type:

Document Identifier:

[+ Add another Document Type](#) (optional)

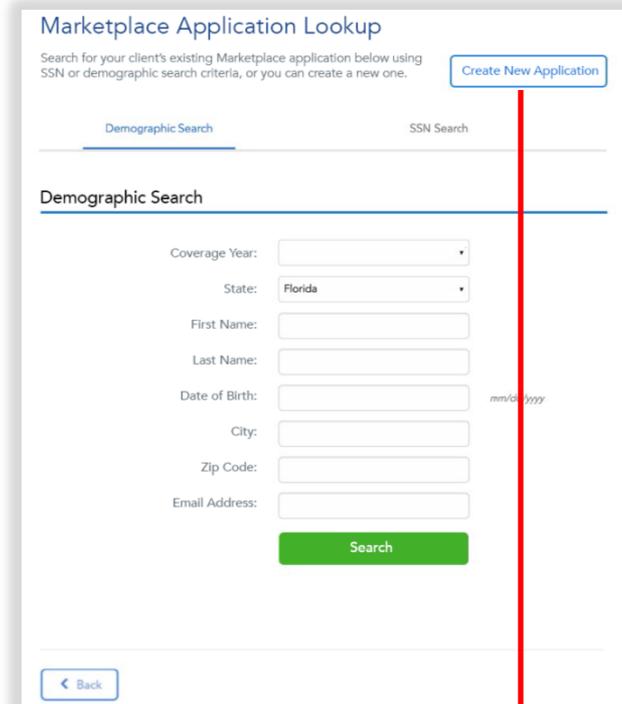
[Back](#) [Continue](#)

Application Search - Agent

- Agents will search for existing applications on the Marketplace using two search options.
- If no results are found, the system will prompt the agent to use the other search option before being presented the Create New Application option.
- This is required by CMS to ensure a duplicate application is not accidentally created that could potentially delay enrollment.

Key steps:

- ✓ Search for existing applications on the Marketplace for your customer.
- ✓ Use both searches to ensure no applications exist before creating new.



Marketplace Application Lookup
Search for your client's existing Marketplace application below using SSN or demographic search criteria, or you can create a new one.

[Create New Application](#)

Demographic Search | SSN Search

Demographic Search

Coverage Year:

State:

First Name:

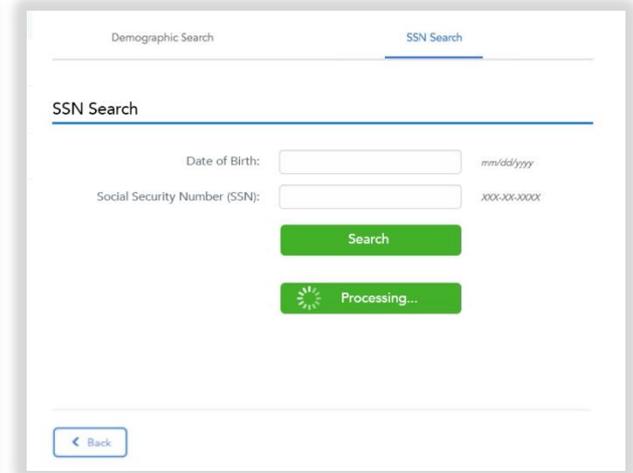
Last Name:

Date of Birth: mm/dd/yyyy

City:

Zip Code:

Email Address:

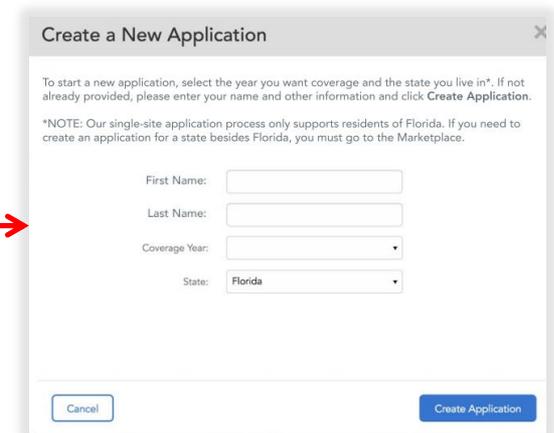


Demographic Search | **SSN Search**

SSN Search

Date of Birth: mm/dd/yyyy

Social Security Number (SSN): xxx-xx-xxxx



Create a New Application

To start a new application, select the year you want coverage and the state you live in*. If not already provided, please enter your name and other information and click **Create Application**.

*NOTE: Our single-site application process only supports residents of Florida. If you need to create an application for a state besides Florida, you must go to the Marketplace.

First Name:

Last Name:

Coverage Year:

State:

If your customer doesn't have an SSN or won't provide, use a dummy SSN (123-45-6789) to perform your search and create new as needed.

Search Results

- If results are found, the system will return the applications based on the search criteria entered.
- The introduction content provides high level direction on what users should do on this page.
- Actions include:
 - Update an existing application**
 - Available for any in-progress application
 - Create a current year application from a prior year**
 - Available when no current plan year application exists.
 - Start a new application**
 - Available when no applications are found based on your search criteria.

Key steps:

- ✓ Select your customers application or create new depending on the search results.

Your Marketplace Application - Application Look-up

john, what would you like to do?

To start a new application, select the "Create New Application" option. If you already have an application in progress, you will need to update that one.

To finish an in-progress application, select your in-progress application below and click "Continue."

To make changes to an existing application and eligibility due to an income change or life change, like having a baby or moving, select your application below and use the "Report a Life Change" option to update your application and get updated eligibility results.

To copy a prior year application to the current year, select the "Create 2019 application" to copy the data to a new application.

Application Search Results 5 matches found

2018	John L. Smith SSN: ***-**-1234 DOB: 05/05/1982 Gender: M Address: 13518 Las Brisas Way, Jacksonville, FL, 32258	Status: In Progress ID#: 142216981	Update Application
2017	John L. Smith SSN: ***-**-1234 DOB: 05/05/1982 Gender: M Address: 13518 Las Brisas Way, Jacksonville, FL, 32258	Status: Complete ID#: 142216981	Update Application Create 2018 Application
2017	John L. Smith, Jr. SSN: ***-**-1555 DOB: 06/05/1975 Gender: M Address: 123 Le Mesa Blvd., Jacksonville, FL, 32258	Status: Complete ID#: 123789981	Update Application Create 2018 Application

[Show more...](#)

Marketplace Attestation

- Agents will need to attest to the consumer giving authority to access their PII and complete the Marketplace application on their behalf.
- This is the same attestation agents complete today so follow the same process.
- Attestations will always be collected when completing a Marketplace application for a given consumer.

Key steps:

- ✓ Sign the attestation once your customer has given you authority to assist them with Marketplace enrollment.

Agent Attestation

I am authorized by jhmgjfm gmgm to

1. Assist with the Federally-facilitated Exchange ("Marketplace") eligibility determination and/or enrollment in a Qualified Health Plan ("QHP") in accordance with 45 CFR 155.220, and the terms of the Agent Broker General Agreement for the Federally-Facilitated Exchange Individual Market ("General Agreement") and the Agreement Between Agent Or Broker and The Centers For Medicare and Medicaid Services for the Federally-Facilitated Exchange Individual Market ("IM Agreement");
2. Access the Personally Identifiable Information ("PII") of jhmgjfm gmgm in compliance with Florida Blue's applicable [Notice of Privacy Practices](#) and [Terms of Use](#) for the purposes of assisting with the Marketplace eligibility determination and/or QHP enrollment according to 45 CFR 155.260, and the terms of the General Agreement and the IM Agreement.

This attestation has been reviewed and signed by me, and is true and accurate to the best of my knowledge. Type your name below to provide your electronic signature.

Agent/Broker's First and Last Name:

[← Back](#)

[Save and Continue →](#)

Contact information

Key steps:

- ✓ Provide information for the contact of the household.
- ✓ Select communication preference.

Contact Information

If the Marketplace has your email address, we'll automatically send you important information, updates and reminders about your Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Name and Personal Details

First Name:

Middle Initial: *Optional*

Last Name:

Suffix: *Optional*

Date of Birth:

Email Address:

Phone Number: Type

Preferred Written Language: *Optional*

Preferred Spoken Language: *Optional*

Go paperless! Get your notices by email instead of paper copies in your mailbox.

[< Back](#) [Save and Continue >](#)

Contact Information

Continue answering questions about your contact information.

Home Address

What's your home address?

Use your home address in the state where you're applying for coverage. It can't be a PO Box. ⓘ

Street Address:

Apt/Ste #: *Optional*

City:

State:

Zip Code:

County:

Is your mailing address the same as your permanent address? Yes No

[< Back](#) [Save and Continue >](#)

Applying for Coverage

Key steps:

- ✓ Application ID created and added to agent's queue.
- ✓ Indicate if the consumer is seeking financial assistance as this dictates if the application asks income and other questions related to APTC determination.
- ✓ Select the household members applying for coverage and add their details.

Applying for Coverage

Tell us if you're getting help from one of these people

Select One:

- Navigator
- Certified application counselor
- Agent or Broker
- Other Assister
- None

Want to see if you can get help paying for coverage?

You may be eligible for a free or low-cost health plan, or a tax credit to help pay your monthly premiums.

- Yes - You'll answer income questions to see what you may qualify for
- No - You'll pay full cost for Marketplace health coverage.

Who are you applying for health coverage for?

Please select who you wish to apply for health coverage for.

- Tester Test Only
- Tester Test and other family members
- Other family members, but not Tester Test

People in your Household

Below are the people in your household. Click **Add Person** to provide information for each person. Click **Add another Person** to add any household members not displayed. You must include all household members, not just those applying for coverage. Click **Save and Continue** once you are done adding all household members.

Household Members			
Name/Relationship	Date of Birth	Applying for Coverage?	Actions
John L. Smith Self	01/01/1975	✓ Yes	<input type="button" value="Edit"/>
Spouse	-	-	<input type="button" value="Add Person"/> <input type="button" value="X Remove"/>
Dependent 1	-	-	<input type="button" value="Add Person"/> <input type="button" value="X Remove"/>

Add a person

First Name:

Middle Initial: Optional

Last Name:

Suffix: Optional

Date of Birth: (yyyy-mm-dd)

Relationship to Applicant: Optional

Is this person applying for coverage? Yes No

Household Members

Name/Relationship	Date of Birth	Applying for Coverage?	Actions
John L. Smith Self	01/01/1975	✓ Yes	<input type="button" value="Edit"/>
Mary J. Smith Spouse	01/01/2019	✓ Yes	<input type="button" value="Edit"/> <input type="button" value="X Remove"/>
Jenna Smith Dependent 1	01/01/2019	✓ Yes	<input type="button" value="Edit"/> <input type="button" value="X Remove"/>

Household Detail

Key steps:

- ✓ Enter the SSN even though optional to ensure the application is processed timely.
- ✓ For non US citizens or US nationals, provide additional information related to immigration documentation.

NOTE: If the FFM is not able to verify the SSN, the system will return an error by the SSN field. Verify the SSN and try again. If the error persists you can continue without it so that the application is not delayed.

Household Information

Continue answering questions about your household.

Check and Update John's Information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card.

First Name:

Middle Name: *Optional*

Last Name:

Suffix: *Optional*

Date of Birth: *(mm/dd/yyyy)*

Social Security Number (SSN): *Optional*

IMPORTANT NOTE: While providing a Social Security number is optional, we encourage you to enter it here to alleviate the need to provide additional paper documentation to verify eligibility, and to reduce the time it may take to validate your information and process your application.

What is John's Gender? Male Female

Is John of Hispanic, Latino or Spanish origin? Yes No

What is John's race? *Check all that apply. (These fields are optional.)*

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White

An Asian race not listed above
 A Pacific Islander race not listed above
 A race not listed above

Please specify a race:

You don't have to be a U.S. citizen or U.S. national to qualify for health coverage. Select "No" to view a list of other eligible immigration statuses, and choose the status that best describes yours. [Learn more about immigration status.](#)

Is **John Smith** a U.S. citizen or U.S. national? Yes No

Does **John Smith** have eligible immigration status? Yes No

If this person's immigration status isn't listed here, he or she may still be able to get help paying for emergency services, including for labor and delivery if they have a baby. In some states, pregnant women may also be able to get health care coverage.

Select a Document Type:

Select...

Permanent Resident Card ("Green Card", I-551)

Temporary I-551 Stamp (on passport or I-94, I-94A)

Machine-Readable Immigrant Visa (with temporary I-551 language)

Employment Authorization Card (EAD, I-766)

Arrival/Departure Record (I-94, I-94A)

Arrival/Departure Record in foreign passport (I-94)

Foreign passport

Re-entry Permit (I-327)

Refugee Travel Document (I-571)

Certificate of Eligibility for Non-immigrant (F-1) Student Status (I-20)

Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

Notice of Action (I797)

Other documents or status types

We can't confirm the information you gave about <FN/LN>'s Social Security Number. Review and make any necessary changes here.

Preliminary Medicaid/CHIP eligibility

These questions are asked if requesting financial assistance in order to determine preliminary eligibility for Medicaid and CHIP.

Key steps:

- ✓ Although optional, these questions should be answered if true in order to determine eligibility for other programs such as Medicaid and CHIP.

Household Information

Continue answering questions about your household, including your spouse and all dependents.

Does anyone have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? *(optional)*

- John
- Mary
- Susie
- None of the above

Does anyone need help with daily activities like dressing, using the bathroom, or live in a medical facility or nursing home? *(optional)*

- John
- Mary
- Susie
- None of the above

[← Back](#) [Save and Continue →](#)



Tell us more about your household

Were any of these people found not eligible for Florida Medicaid or Florida KidCare by Florida since July 10, 2018? [?](#)

- b c
- spouse c
- Son C
- None of these people

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

[Learn more about how to answer this question](#)

You may need to submit documents to confirm that you were recently denied coverage through Florida Medicaid or Florida KidCare before your new coverage can start.

[← Back](#) [Save and Continue →](#)

Income

Income and Expenses are collected for each household member. If the application is not seeking financial assistance, then Income questions are not asked.

Key steps:

- ✓ Provide current income received in last month as indicated for each applicable applicant.
- ✓ Enter any applicable expenses.
- ✓ Confirm yearly income and if expected to change, provide the expected yearly amount.

The screenshot displays a sequence of application screens for John Smith:

- Income Information:** Lists various income sources such as Job, Social Security, Alimony, Scholarship, Self-Employment, Capital Gains, Farming or fishing, Other income, Unemployment, Investment, Rental or royalty, Pension, Retirement, and Cash Support. It asks if John currently gets any income (Yes/No) and prompts to add a new source of income.
- Add a Source of Income:** A modal window titled "Current Income for John" where the user selects an income type (Job), provides the employer name, phone number, amount, and frequency.
- Expenses for John Smith:** Asks if John has any expenses for 2018 (Yes/No).
- Add an Expense:** A modal window titled "Current Expenses for John" where the user selects an expense type, provides the amount, and frequency.
- Calculate John's Yearly Income:** A green button labeled "Calculate Yearly Income" is highlighted with a red box. Below it, a summary shows "Expected 2019 Yearly Income for John Smith: \$35,000". A confirmation screen asks if the calculation is correct (Yes/No) and provides a field for the user's own estimate (\$42,125) with a "Save and Continue" button.

Income

- Once all Income and Expenses are collected for all household members, the annual income is then calculated and validated by the consumer.
- After annual income is validated, if Marketplace returns any income discrepancies, we may present additional clarifying questions to determine the reason for the difference.

Key steps:

- ✓ Provide responses to the income discrepancies in order to prevent Data Matching Issues requiring additional documentation post submission.

Income Information

Income Discrepancies for John Smith

Did John stop working at **Burger King** within the last 45 days, permanently or temporarily? Yes No

Did John ever work at **Burger King**? Yes No

Have John's hours decreased at **Burger King** during the last [#] months, permanently or temporarily? Yes No

Has John's wage or salary been cut at **Burger King** during the last [#] months, permanently or temporarily? Yes No

Is there another reason why John's job income is lower than what our electronic records show?

Has John's income decreased because he changed jobs, stopped working, or worked less hours since [last available tax return year]? Yes No

Why is John's income in other months during [coverage year] different than this month's income?

Additional Information

- Application Information pages ask questions based on the preliminary eligibility determined by the Marketplace for prior answer to questions.
- The first set of questions address current coverage for all applicants that are QHP/APTC eligible.

Key steps:

- ✓ Answer the current coverage questions for each eligible applicant.

Additional Information: Current Coverage
You're almost done. Answering these questions will give you a better chance of getting coverage.

Is anyone currently enrolled in health coverage? John
Do not include anyone if their coverage will end on or before <date>. You may have gotten a termination notice from your plan or program. Mary
 Susie
 None of the above

[< Back](#) [Save and Continue >](#)



Additional Information: Current Coverage
You're almost done. Answering these questions will give you a better chance of getting coverage.

Current Coverage for John Smith

What type of coverage does John have?

- Marketplace coverage
- [State Medicaid name]
Don't check this box if 1) your coverage only pays for limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis OR 2) your medicaid coverage doesn't pay for inpatient hospital services.
- [State CHIP name]
- Medicare
- TRICARE
Don't select if this person has Direct Care or Line of Duty.
- Veteran Affairs Health Care Program
- Peace Corps
- Other full benefit coverage
Covers doctor's visits, hospitalizations, and prescription drugs
- Other limited benefits coverage
Like a school accident policy
- Other

Tell us about this Medicare plan

Medicare Policy Number:

Medicare Member ID:

Are any of these people also on the plan? Mary
 Susie
 None of the above

[< Back](#) [Save and Continue >](#)

Additional Information

Next the consumer will answer questions about any recent Life changes they have had which help to determine eligibility for a Special Enrollment Period. These questions are asked for all applicants that are deemed QHP eligible.

Key steps:

- ✓ Select any applicants that experienced one of the listed Life Changes and provide additional details including dates of occurrence.

Recent Changes

Did any of these people lose qualifying health coverage between August 10, 2018 - October 9, 2018?
You may need to submit documents to confirm that this person recently lost or will lose coverage before their new coverage can start. ?

r d e
 None of the above

Will any of these people lose qualifying health coverage between October 9, 2018 - December 8, 2018?
You may need to submit documents to confirm that this person recently lost or will lose coverage before their new coverage can start. ?

r d e
 None of the above

Has anyone listed below got married since August 10, 2018?

r d e
 None of the above

Has anyone listed below gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order since August 10, 2018?
You may need to submit documents to confirm the recent adoption, foster care placement, or court order before their new coverage can start.

r d e
 None of the above

Has anyone listed below gained eligible immigration status since August 10, 2018?

r d e
 None of the above

Has anyone listed below moved since August 10, 2018? ?

r d e
 None of the above

Was anyone listed below released from incarceration (detention or jail) since August 10, 2018?

r d e
 None of the above

Additional Information

- Tax filer reconciliation page

Key steps:

- ✓ Check the box based on the response from your customer regarding if they have reconciled any Advanced Premium Tax Credit (APTC) received.

Additional Questions

Did rd e reconcile premium tax credits on your tax return for any past years? (optional) ?

Check the box below if all of these apply to rd e:

- rd e got premium tax credits to help pay for Marketplace coverage.
- The tax filer(s) on rd e's application filed a federal income tax return for the same year rd e used tax credits. For example, in 2016 rd e got help paying for coverage and rd e also filed a tax return for that same year.
- The tax filer(s) submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits for past years.

Back

Continue

Additional Information

- Next the consumer will answer questions related to Medicaid/CHIP to determine eligibility for these programs.
- These questions are asked for all applicants that are deemed preliminarily eligible for Medicaid or CHIP eligible.

Key steps:

- ✓ Select any relevant applicants for the listed Medicaid/CHIP related questions and provide additional details including dates of occurrence.

Additional Questions

Would any of these people like help paying for medical bills from the last 3 months? 

son medicaid
 None of the above

If any of these people have medical bills and are eligible for Medicaid, the Medicaid agency may follow up with you to ask more about the bills.

Does son medicaid have a parent living outside the home? Yes No

How many hours per week do son medicaid's parents work?

check medicaid's hours per week

spouse medicaid's hours per week

Application Summary

- Once you complete all the application questions, you'll come to the summary page for final review and submission.

Key steps:

- ✓ Review the application summary with the consumer.
- ✓ Update any incorrect information using the edit buttons before continuing.
- ✓ Click “Continue” when ready to sign and submit the application.

View/Print

Review Your Application
 Take a few minutes to review the information you gave us and make changes, if necessary. Once everything is correct, you can sign and submit your application.

Edit

Household Contact

Full Name: testing ede
 Address: 1335 Ryar Rd
 Jacksonville, FL, 32216
 Phone Number: (904) 123-1234
 Email Address: brandon.coalson@bcbsfl.com
 Get updates by email? yes
 Preferred written language: ENGLISH
 Preferred spoken language: ENGLISH

Edit

Household Members

Full Name	Date of Birth	SSN	Relationship	Gender	Applying for Coverage?
testing ede	01/01/1987	-	Self	Male	Yes
spouse ede	01/01/1990	-	Spouse	Female	Yes
son ede	01/01/2015	-	Child	Male	Yes

Edit

Income Summary

Full Name	Income Type	Amount	Frequency	Expected Annual Income
testing ede	Job	\$35000	Annually	35000
spouse ede	Self Employment	\$250	Monthly	15000
son ede	-	\$0	-	\$0

Edit

Basic Household Questions

Everyone

- Has same permanent home address and currently live in Florida
- Plan to file a joint federal income tax return with spouse and aren't claimed as dependent by anyone else

No one

- Is living with or responsible for a child 18 or younger that isn't on your tax return
- Is American Indian or Alaska native
- Is offered health coverage through your job, someone else's job or COBRA

Everyone claimed as dependent

- Will be claimed as dependent on our federal income tax return for 2018
- Is 25 or younger
- Is not married
- Is our child or stepchild
- Doesn't live with a parent who is not on our tax return

Additional Questions

- No one have or has a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs.
- No one need(s) help with daily activities like dressing or using the bathroom, or live in a medical facility or nursing home.
- No one are or is full time students
- No one are or is pregnant
- No one are or was in foster care
- No one lost qualifying health coverage between September 2, 2018 - November 1, 2018
- No one will lose qualifying health coverage between September 2, 2018 - November 1, 2018
- No one was married since September 2, 2018
- No one gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order since September 2, 2018
- No one gained eligible immigration status since September 2, 2018
- No one below moved since September 2, 2018
- No one was released from incarceration (detention or jail) since September 2, 2018

Back
Continue

View/Print

Section Edit

Agree & Confirm

Key steps:

- ✓ Review the agreements with your customer and have them confirm agreement before signing and submitting the application.

Review Your Application

No one applying for health coverage on this application is incarcerated (detained or jailed). Agree Disagree

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice and let me make changes. I can opt out at any time. [?](#) Agree Disagree

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household. [?](#) Agree Disagree

Sign & Submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement

Next, type your full name below to sign electronically.

Eligibility Results

- Upon successful submission, you will see the Eligibility Results page where you can view the applicants eligibility results including any Data Matching or Special Enrollment verification issues.

Key steps:

- ✓ Review the high level eligibility information in Step 1 with the customer.
- ✓ Click “**View Eligibility Results**” in Step 2 to download and view the Eligibility Determination Notice (EDN). This enables the button in step 3.
 - ✓ **IMPORTANT: Make sure you turn off your pop-up blocker so that the EDN can be downloaded.**
- ✓ Click “**Choose your Tax Credit Amount**” in Step 3 to continue to plan selection and final submission for enrollment.

Review your Marketplace Eligibility Results

✓ Your application was successfully processed

Results based on application ID 150705858 submitted on 10/10/2018. Review the information below for important information and next steps..

Step 1: View Your Coverage Options at a Glance

This section gives a quick snapshot of your eligibility. It's important to view your full 'Marketplace Eligibility Results' in the next step for more detailed information and next steps. Continue to Step 2.

✓ Eligible to purchase a Marketplace Plan

- testing ede, spouse ede
- Eligible for a premium tax credit of up to \$477.00 each month for your tax household
- Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver Plans
- Submit documents to finish enrolling. By 01/07/2019, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

✓ May be eligible for CHIP

- son ede
- You'll get a final decision from your state CHIP agency.
- Submit documents to finish enrolling. By 01/07/2019, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Step 2: View Your 'Eligibility Results'

Your 'Detailed Marketplace Eligibility Results' contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to **Step 3** to continue shopping and enrolling after you receive your results.

[View your Detailed Marketplace Eligibility Results](#)

Step 3: Next Steps

Now that you've completed your Marketplace application and viewed your final 'Eligibility Results', the next step is to choose how much of your tax credit you wish to apply to your premium (if applicable), pick your plan and enroll in coverage.

[Choose a plan and finalize your enrollment](#)

Marketplace Confirmation

- This is the email sent to the consumer upon submission of the Marketplace SSE application.
- It confirms their submission and reminds them to pick a plan if they have not already done so.
- It will also contain action items for Data Matching Issues and Special Enrollment Period documentation needed.
- This email is required and replaces the similar Marketplace email that is sent as part of the existing Direct Enrollment process.

Key steps:

- ✓ Inform the consumer to expect the confirmation email.
- ✓ Educate the consumer on post submission next steps.



testing ede

Agent Name recently completed a Marketplace application for health coverage through Florida Blue on your behalf. If you selected and submitted a plan with us, then you will receive a separate email confirming your plan selection.

In case you need it, your Marketplace Application ID is 150705858

According to our records, one or more people in your household need to send documents because your information doesn't match what data the Marketplace currently has, or they are unable to verify all of the information in your application.

If you enrolled in Marketplace coverage but don't send in the documents needed, the Marketplace could stop your coverage and/or adjust your financial help.

The table below shows what is needed to verify eligibility.

Documents needed	Needed for	Date needed by
Proof of Household Income	testing ede	2019-01-07
Proof of Citizenship	testing ede	2019-01-12
Proof of Citizenship	spouse ede	2019-01-12

You can provide your documents using one of the options below:

- 1 Contact your agent
- 2 Upload documents electronically
 - Click the "Login to your account now" button below and select the option to "Sign up now". If you previously created a consumer account, you can skip these steps and just log in.
 - Create a user ID and provide a valid email address to create your account.
 - Verify your identity by answering some basic questions based on information in your credit report.
 - On the application search results page, you will select Update Application for the application ID provided in this email in order to view your application details and items needing resolution.
 - Click the "Upload" button on the item name(s) to upload documents.

[Login to your account now](#)

- 3 Mail document copies
 - Do not send original documents: Send photocopies only.
 - Include your printed bar code page. It's on the last page of your eligibility notice. If you don't have a bar code, include your printed name and the application ID. Your application ID is near your mailing address at the top of your notice.

Mail documents to this address:

Health Insurance Marketplace
Attn: Supporting Documentation
465 Industrial Blvd.
London, KY 40750-0001

If you have any questions regarding this message, call your agent for assistance.

Sincerely,
Florida Blue
Floridablue.com

- After selecting “Choose your Tax Credit”, you land in the Subsidy Determination steps where you will select the Primary applicant, Tobacco usage and select the amount of subsidy you wish to apply to your monthly premiums (if applicable).
- If outside of OEP and the consumer does not qualify for an SEP, then the Primary Applicant and Tobacco selections will be read only.
- Click “**Save and Continue**” to continue to the next page.

Step 1

Subsidy Determination

1 Select Primary Applicant 2 Eligible Applicant(s) 3 Adjust subsidy Amount

Select Primary Applicant

Please select the primary applicant from the list of eligible individuals below.

Select	Applicant Name	Eligibility Status	Eligibility Information
<input checked="" type="radio"/>	Michael Testb	Eligible	

Step 2

Subsidy Determination

✓ Select Primary Applicant 2 Eligible Applicant(s) 3 Adjust subsidy Amount

Eligible Applicant(s) Details

Please make your Tobacco User selection below for each eligible applicant prior to finalizing your subsidy.

Relationship	First Name	Gender	DOB (mm/dd/yyyy)	Zip Code	County	Used Tobacco in the Past?
Applicant	Michael	Male	03/17/1987	32216	DUVAL	6 months or less -

- Once you complete the first two steps, you will then choose the amount of subsidy to apply to your monthly premiums.
- You can also see the Cost Share Reduction level and Plan Eligibility (if outside of OEP) for the enrollment group.
- Click **“Save and Continue”** to continue to the next page.

Step 3

Subsidy Determination

✓ Select Primary Applicant ✓ Eligible Applicant(s) 3 Adjust Subsidy Amount

Your Premium Tax Credit, Cost Share and Plan Eligibility

Below you'll see all the financial help and plans you're eligible for. Click [Learn More](#) for more information on each one.

Monthly Premium Tax Credit

You can use the full amount of your tax credit toward your monthly payment (premium) or change the amount to something less than that, if you like.

– \$ 1083.00 + [Learn more](#) ▾

Cost Share Reduction

Your Cost Share Reduction (CSR) level shows if you qualify for a discount on the amount you have to pay when you get medical care.

CSR Level: **01** [Learn more](#) ▾

Plan Eligibility

According to the Marketplace, your enrollment group is eligible to choose from plans in the following plan categories.

B **S** **G** **P**
Bronze Silver Gold Platinum [Learn more](#) ▾

[Back](#) [Save and Continue](#)

- Read the required Marketplace disclaimer to your customer.

Marketplace Disclaimer

You must read the following disclaimer to your client in order to continue.

Attention: This website is operated by Florida Blue and is not the Health Insurance Marketplace website at HealthCare.gov. This website does not display all Qualified Health Plans available through the Health Insurance Marketplace website. To see all available Qualified Health Plan options, go to the Health Insurance Marketplace website at www.healthcare.gov. Also, you should visit the Health Insurance Marketplace website at www.healthcare.gov if:

- You want to select a catastrophic health plan.
- You are applying for financial assistance through the Marketplace and want to enroll members of your household in separate Qualified Health Plans.
- You want to choose a Qualified Health Plan offered by a different issuer that covers pediatric dental services or a separate stand-alone dental plan with pediatric coverage as most of the plans offered here do not offer pediatric dental coverage.

[Back](#)

[Continue](#)

- Now you will select a plan before you complete the issuer application and submit your plan selection for enrollment.
- Select the plans you want to add to the cart and select **“Update Proposal”**.
- Existing customers will see their existing plan and if OEP/SEP eligible, will be able to select a new plan.

New Customer

View / Add 2018 Marketplace plans

A tax credit or subsidy of **\$220.00** has been applied to the monthly premium amount shown below.

My Favorite 2018 Plans [Favorite plans help](#)

Haven't designated any favorites yet? Just decide which plans are your favorites and select the star next to each one. We'll save this information and present your favorites for easy selection the next time you visit.

Select 2018 Plans [Filters](#)

Our health plans do not require medical underwriting and are available to any individual regardless of age.

Favorite Plans	Select	Plan Name	CSR	Annual Deductible	Annual Maximum Out of Pocket	Metal Levels	Monthly Premium
★	<input type="checkbox"/>	myBlue Bronze 1602	01	\$7,350	\$7,350	Bronze	\$104.91
★	<input type="checkbox"/>	BlueSelect Bronze 1452	01	\$7,350	\$7,350	Bronze	\$118.70
★	<input type="checkbox"/>	myBlue Bronze 1711S	01	\$6,650	\$7,350	Bronze	\$124.54
★	<input type="checkbox"/>	BlueSelect Bronze (HSA) 1735	01	\$6,000	\$6,000	Bronze	\$132.07
★	<input type="checkbox"/>	BlueSelect Bronze 1737S	01	\$6,650	\$7,350	Bronze	\$137.46
★	<input type="checkbox"/>	BlueOptions Silver 1431	04	\$4,950	\$5,850	Silver	\$649.57
★	<input type="checkbox"/>	BlueOptions Platinum 1418	01	\$800	\$2,500	Platinum	\$848.50
★	<input type="checkbox"/>	BlueOptions Platinum 1424	01	\$0	\$2,000	Platinum	\$875.29

[Compare Plans](#) [Cancel](#) [Update Proposal](#)

Existing Customer

Change Your Plan?

Based on the information provided your new effective date, current plan and subsidized premium amounts are shown below. Please review the information and click "Continue" to keep the same plan or click "Change Your Plan" to select a new one.

<p>Current Plan</p> <p>myBlue Silver 1604</p> <p>Effective Date :12/01/2018</p>	<table border="1"> <tr> <td>Original Premium</td> <td>New Premium</td> </tr> <tr> <td>\$1,228.73/mo</td> <td>\$1,228.73/mo</td> </tr> </table>	Original Premium	New Premium	\$1,228.73/mo	\$1,228.73/mo
Original Premium	New Premium				
\$1,228.73/mo	\$1,228.73/mo				

[Back](#) [Continue](#)

- At this point you can send the proposal to your client for review or continue to apply and plan submission.
- When ready to apply for a plan, select the plan and click “**Apply Now**”.

Review Proposal for Michael Testb

Created On: 10/27/2017 | Last Modified On: 10/27/2017

Individuals Included: Michael
[View details](#)

[My Prospects](#)

Select Plans Actions



Marketplace



Qualified Dental

Marketplace Plans Actions

Our health plans do not require medical underwriting and are available to any individual regardless of age.

Plan Name	Metal Levels	Monthly Premium	Actions
<input checked="" type="checkbox"/> BlueOptions Bronze 1419	Bronze	\$251.27	Remove
None			

Total Premium

\$251.27
(Proposed Amount)

[Apply Now](#)

[Cancel](#)

Want To Finish Later?

[Save Changes](#)

- Review the Confirm your plan page and ensure everything is correct.
- Click “**Start app English**” or “**Start app Spanish**” based on the language preference.

Confirm Your Plan Selection

Application Information

Please review your plan selection details below. After you have confirmed your plan selection, you can begin the application process. You may change your selected plan(s) by clicking [Edit Your Plan](#).

Name	Relationship	Gender	Date of Birth	Zip Code	County	Used Tobacco in the Past?
Michael Testo	Applicant	Male	03/17/1987	32216	DUVAL	6 months or less

Your Selected Products

Marketplace Plan

⚠ Enrollment Period: Open Enrollment
Effective Date of Coverage: 01/01/2018

Cost Share Reduction	01
BlueOptions Bronze 1419 :	\$471.27
Subsidy Applied:	-\$220.00
Sub Total:	\$251.27

Total Premium

\$251.27

(Proposal Amount)

Edit Your Plan

Start App-English

Start App-Spanish

- Complete the application as directed.
- The application is the same as you will complete through traditional Direct Enrollment.
- Review the checklist with the consumer.
- Click “**Continue**” to continue to the next page.

The screenshot displays a web interface for an application checklist. At the top, it shows the applicant's name 'Michael Testb', their role 'Primary Applicant, Effective 01/01/2018', the adjusted premium '\$251.27', and the plan 'BlueOptions Bronze 1419'. A 'Finish Later' button is located at the top left. The main heading is 'Application Checklist', followed by the instruction: 'Have the following information at hand for a faster application:'. A checklist item 'Payment information: Visa, MasterCard, Bank Account.' is marked with a green checkmark. On the left, a vertical progress indicator shows four steps: '1 Personal Information' (active), '2 Signature', '3 Final Review', and '4 Complete'. A 'Cancel Application' button is at the bottom left, and a 'Continue' button is at the bottom right.

- Complete the Contact Information page.
- Click “**Continue**” to continue to the next page.

Contact Information for Michael

Contact Details

By providing your phone number(s), you agree that Florida Blue, Florida Blue HMO, and those acting on their behalf can contact you about your application, enrollment, coverage and benefits at the number(s) provided. Mobile call rates may apply based on your plan with your mobile phone carrier.

Primary Phone Number: (904) 905-1234 Home Phone -

Secondary Phone Number: Select Type - *Optional*

Your email address is required because you are applying online. We may email you about your application. If you prefer not to provide an email address, you can contact an agent or call the number on the website.

Applicant Email Address: brandon.coalson@bcbsfl.com

Re-enter Applicant Email Address:

Preferences

I prefer electronic communications.
By checking this box, you authorize Florida Blue and Florida Blue HMO to communicate with you electronically at the address(es) and cell phone number you provided. Most documents will be available through your online Member account. Note that not all documents are available electronically. You may still receive some documents in the mail.

You have the right to stop receiving documents electronically at any time. You may also request a free paper copy of any communication. Just log on to your online Member account or call us.

Some of the information we send to you may be Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act ("HIPAA"). By choosing electronic communication:

- You allow us to send PHI to you electronically, including by email and text message.
- You agree that you are solely responsible for the security of the email address and phone number you provide, the security of the computed device used to view the communication, and the risks of electronic communication.
- You understand that you should keep your email address and cell number updated to receive timely information and prevent delivery of PHI to an unintended recipient.
- You have provided a working and private email address and/or cell number.
- You confirm that you have internet access, a current web browser, and can open PDF files using Adobe Acrobat Reader or its equivalent.

Yes, text Me About My Plan and Other Information.
I would like to receive Florida Blue and Florida Blue HMO text message alerts (SMS/MMS) at the mobile phone number provided above. This alerts include notices about enrollment, membership, coverage, benefits, health, fitness, reminders, member surveys, and other related topics. (Message and data rates may apply.)

[Continue](#)

- Complete the Tobacco Usage, which will display if any applicants indicate they are tobacco users.
- If outside of OEP and the consumer does not qualify for an SEP, then Tobacco selections will be read only.
- Click **“Save and Continue”** to continue to the next page.

Tobacco Usage

You specified that individual(s) in this application have or have not used tobacco before. Please provide the last date of tobacco use for applicants 18 years old or over, who have used tobacco in the past six (6) months.

You may be required to return to the Health Insurance Marketplace and determine eligibility once more if there are changes to any information previously provided.

Applicant Tobacco Usage Information

Name	Relationship to Applicant	Gender	Used Tobacco in the Past?	Last Date of Tobacco Used
Michael Testb	Applicant	Male	6 months or less	<input type="text"/>

[Back](#) [Save and Continue](#)

- Review the Effective date page and expected date of coverage.
- After effective date page, you will select your submission type. Refer to existing documentation for flow specific pages.
- For this document, we will select the “Online” submission type, which indicates the consumer is with you in the office completing the process.
- Click “**Continue**” to continue to the next page.

Signature

Effective Date

If you submit this application today 11/01/2017 and it is approved, **your effective date of coverage will be 01/01/2018.**

[Back](#) [Continue](#)

Signature

Submission Type

Please click on a submission type below to select it and provide the necessary details to submit a signature.

 In-Person	 Email	 Web Conferencing	 Voice Signature
--	---	---	--

In-Person
Use this submission type when the Agent and Applicant are sitting "in-person" or "face-to-face" and completing the application together.

[Back](#) [Continue](#)

- Complete the agent acknowledgments page.
- Click “**Continue**” to continue to the next page.

Signature

Agent Agreements/Acknowledgments

[View/Print Application \(PDF\)](#)

I hereby certify that the applicant has used the Florida Blue approved electronic format to record his or her answers to all of the questions included in this application. I further certify that I have explained the exclusions and limitations of the contract for which he or she is applying.

I have explained the application acknowledgement process and payment options to the applicant.

Add Your Remarks

I, **FRANK ACOSTA** Agree Disagree

NPN: 444803
State License Number: A000893
Date: 11/01/2017
Agency/Agent Code: 5923-002
Agency Email: enid@frankacosta.com

[Back](#) [Continue](#)

- Complete the tax filer acknowledgment page.
- Click “**Continue**” to continue to the next page.

Signature

Tax Filer

[View/Print Application \(PDF\)](#)

Agreements/Acknowledgements

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- I must file a federal income tax return in 2018 for the tax year 2017.
- If I'm married at the end of 2017, I must file a joint income tax return with my spouse, unless an exception applies.

I also expect that no one else will be able to claim me as a dependent on their 2017 federal income tax return.

- I'll claim a personal exemption deduction on my 2017 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit for which I am the applicable taxpayer.

If any of the above changes, I understand that it may impact my ability to get the Premium Tax Credit.

I also understand that when I file my 2017 federal income tax return, the Internal Revenue Service (IRS) will compare the household income on my tax return with the household income on my application. I understand that if the household income on my tax return is lower than the amount of expected household income on my application, I may be eligible to get an additional Premium Tax Credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

I acknowledge that the Health Insurance Marketplace application, which included my income information, was completed by the identified Agent. The Agent completed this application and attested on my behalf with my express verbal permission, or with the permission of my designated proxy.

Tax Filer Signature

I, **Michael Testb**, Primary Tax Filer, have read and understand the above statements.

Agree Disagree

- Complete the Consumer Acknowledgment page.
- You will need to open/review the application, click **“View/Print Application (PDF)”** to open the application for review.
- Once confirmed, consumer will enter their DOB and select Agree.
- Click **“Save and Continue”** to continue to the next page.

Signature

Application Information [View/Print Application \(PDF\)](#)

Enrollment Period: Open Enrollment
Effective Date of Coverage: 01/01/2018
County: DUVAL
Home Address: 1335 RYAR RD , JACKSONVILLE , FL 32216

Consumer Acknowledgement

Consent to Electronic Contract

Please remember that you can call us to ask for a free paper copy of your completed application.

You agree to submit your application electronically to Florida Blue HMO, a Health Maintenance Organization affiliate of Blue Cross and Blue Shield of Florida, Inc. You are also agreeing to receive email communications from Florida Blue HMO about your application.

You have the right to withdraw this consent at any time. You can withdraw your consent by clicking on the "Disagree" button or by discontinuing this application.

I have read this application carefully. The responses within are entirely true and complete to the best of my knowledge and belief.

I understand that, under Florida law, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I understand and recognize that the authorization language and my electronic signature may be separately printed and applied as needed, and/or provided to other entities. These include financial institutions for payment purposes, entities from which medical records may be obtained, and/or my employer for payroll deductions, if applicable.

If I am accepted for coverage, I understand I have 10 days after I receive my contract to review it and submit any information that is incorrect or incomplete.

I, **Michael Testb**, have read and understand the above statements.

Enter Date of Birth:

Agree Disagree

[Save and Continue](#)

- Final review page is the last opportunity to make changes prior to submission.
- Be sure to review and once confirmed, click **“Submit Application”**.

Final Review

Application Information

[View/Print Application \(PDF\)](#)

Please take a moment to review your application by clicking on the View/Print Application (PDF) link above. Please click the back button to return to the previous page to submit your corrections.

Enrollment Period: Open Enrollment

Effective Date of Coverage: 01/01/2018

County: DUVAL

Home Address: 1335 RYAR RD , JACKSONVILLE, FL 32216

Eligible Applicants

Product Rates Are Subject to Change
The premium estimated below includes any rate adjustment(s) applied to your current policy. This rate may change based on demographics and other factors, such as tobacco status.

Name	Relationship	Gender	Age	Used Tobacco in the Past?	Premium
Michael Testb	Applicant	Male	30	6 months or less	\$471.27
Total Monthly Premium:					\$471.27
Subsidy Applied:					-\$220.00
Initial Payment Due:					\$251.27

Back

Submit Application

- Once successfully submitted, you will land on the final confirmation page.
- Review any required documentation needed as well as the Important Reminders with your consumer to ensure they understand the next steps.
- Your client will also receive a confirmation email informing them of their submission and important Marketplace information and next steps. Example email on the next slide.

Congratulations!
You've chosen a plan, now we need more information.

⚠ Action Needed: You must take action before you can pay and start using your coverage.

Submit documents by **April 26, 2019**.

- You have 30 days to submit required documents.
- If the documents are not approved when your plan is supposed to start, you'll pay full price for services until the documents are approved, then submit claims to your plan to get paid back.
- It takes time to approve documents, so you could owe premiums to your plan for more than one past month.

To upload documents now, click "[Return to My Account](#)".

[SEE IMPORTANT REMINDERS](#)

Action Needed message displays when a Special Enrollment verification issue is open that requires additional information to be provided.

Application Information [View/Print Application \(PDF\)](#)

Application ID: 2-100091655278
 Application Submit Date: 10/27/2017
 Enrollment Period: Open Enrollment
 County: DUVAL
 Home Address: 1335 RYAR RD , JACKSONVILLE, FL 32216

Eligible Applicants

Product Rates Are Subject to Change
 The premium estimated below includes any rate adjustment(s) applied to your current policy. This rate may change based on demographics and other factors, such as tobacco status.

Name	Relationship	Gender	Age	Used Tobacco in the Past?	Premium
Michael Testb	Applicant	Male	30	6 months or less	\$471.27
Total Monthly Premium:					\$471.27
Subsidy Applied:					-\$220.00
Initial Payment Due:					\$251.27

Agent/Agency Information

Agent: FRANK ACOSTA
 Agent Phone: 3052658118
 Agent Email: sushma.shrestha@bcbsfl.com

Agency: ACOSTA INSURANCE GROUP INC
 Agency Phone: 3052658118
 Agency Email: enid@frankacosta.com

SEE IMPORTANT REMINDERS

What should I do now?

- Pay your premiums. To do this, select the "Make a Payment" option below. If you don't submit payment with your application, don't worry we'll send you a bill in the mail or you can call 1-800-352-2583 to submit your payment. Just remember you'll need to submit your payment before your effective date in order for your coverage to begin.
- Submit required documents to the Marketplace by the deadline (if required). Click "[Return to My Account](#)" to access a list of required documents and deadlines.
- Expect communications from us and from the Marketplace. HealthCare.gov will still send you notices and communication about your coverage but you can log into your consumer account with us to view all your Marketplace notices, make updates to your application or coverage, and manage your information.

When you hear from HealthCare.gov.

- Read your notices and get important emails.
- Upload documents through your Florida Blue consumer account. We can help you submit documents if the Marketplace needs to confirm information on your application. In some cases, you'll need to submit these documents before your coverage can start.
- Download forms you'll need when you file your federal income tax return.

What if I need to update my information later?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. You can update your application through your consumer account with Florida Blue. After logging into your account, select the option to "[Start a Marketplace Application or Update an Existing Application](#)", then select your application, the option for reporting a life change and update your application with the new information.

- Your customer will receive a confirmation email once the application has been submitted with plan selection for enrollment confirming the submission.
- The email will contain important Action Items that your consumer must respond to including requests for missing or inaccurate information.
- This is a separate email from the email received for submitting the Marketplace SSE application.

Congratulations!

You've enrolled in Marketplace coverage through Florida Blue.

What should I do now?

1. Pay your premiums. If you didn't submit payment with your application, don't worry. We will send you a bill in the mail or you can call 1-800-352-2583 to submit your payment. Just remember you'll need to submit your payment before your effective date in order for your coverage to begin.
2. Submit required documents to the Marketplace for the following items by the deadline indicated. Refer to the "Register an account" steps below to create an account and upload your documents.

Documents needed	Needed for	Date needed by
Proof of Household Income	megh mark	06/10/2019
Proof of Citizenship	megh mark	06/15/2019

3. Expect communications from us and from the Marketplace. HealthCare.gov will still send you notices and communication about your coverage but you can log into your consumer account with us to view all your Marketplace notices, make updates to your application or coverage, and manage your information.

Register an account

- Click [Register Your Account Now](#) and select the option to "Sign up now". If you previously created a consumer account, you can skip the next 2 steps and just log in.
 - Create a user ID and provide a valid email address to create your account.
 - Verify your identity by answering some basic questions based on information in your credit report.
- Select your Marketplace application in the search results in order to view your action items and upload documents.

When you hear from HealthCare.gov:

- Read your notices and get important emails.
- Upload documents through your Florida Blue consumer account. We can help you submit documents if the Marketplace needs to confirm information on your application. In some cases, you'll need to submit these documents before your coverage can start.
- Download forms you'll need when you file your federal income tax return.

What if I need to update my information later?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, you can contact your agent or update your application through your consumer account with Florida Blue. After logging into your account, select your application, the option for reporting a life change and then update your application with the new information.

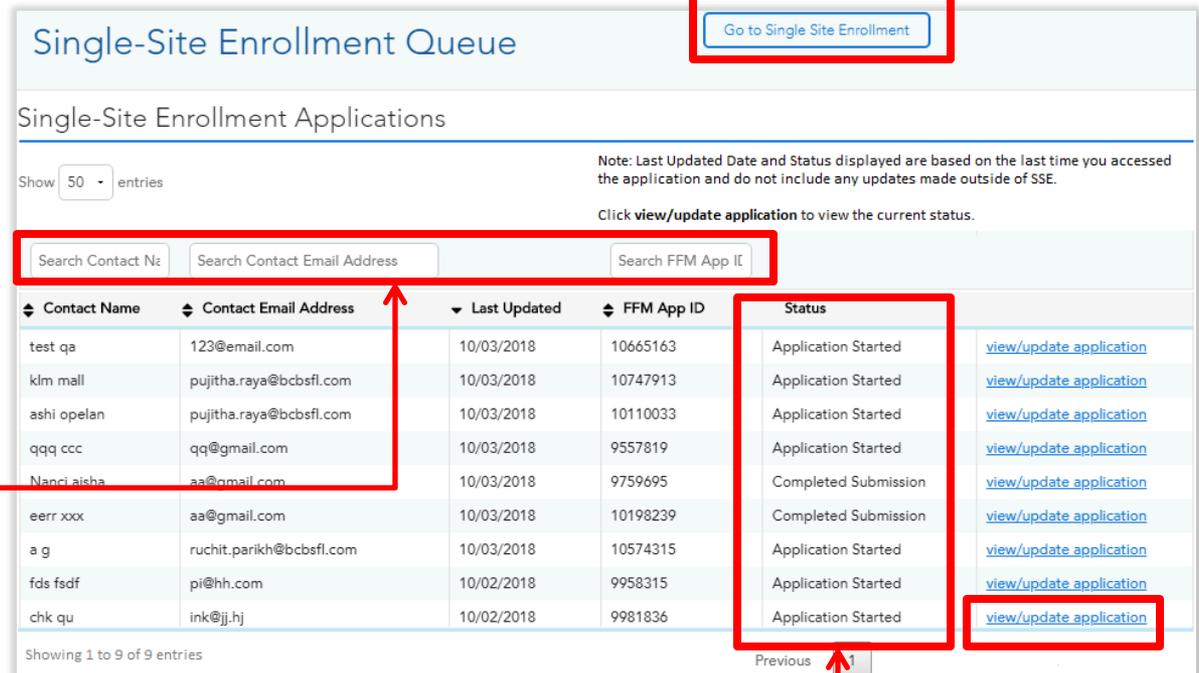
If you have any questions regarding this message, call your agent for assistance.

Sincerely,
 Florida Blue
Floridablue.com

Single Site Enrollment agent queue

- The SSE queue is where agents will manage any applications they start via the SSE process.
- Applications will show in the queue after the “Applying for Coverage” page. Apps completed through Direct Enrollment or other means will not display in the queue.
- Use the filters to locate a specific application using the contacts name, email address or FFM App ID. For App-ID search, you will need to enter the entire app id and hit “Enter”.
- Click “**View/Update application**” to make changes or view current status of an existing application.

Use the “Go to Single Site Enrollment” button to start a new application through SSE



Single-Site Enrollment Queue

Go to Single Site Enrollment

Single-Site Enrollment Applications

Show 50 entries

Note: Last Updated Date and Status displayed are based on the last time you accessed the application and do not include any updates made outside of SSE.

Click **view/update application** to view the current status.

Search Contact Name Search Contact Email Address Search FFM App ID

Contact Name	Contact Email Address	Last Updated	FFM App ID	Status
test qa	123@email.com	10/03/2018	10665163	Application Started
klm mall	pujitha.raya@bcbsfl.com	10/03/2018	10747913	Application Started
ashi opelan	pujitha.raya@bcbsfl.com	10/03/2018	10110033	Application Started
qqq ccc	qq@gmail.com	10/03/2018	9557819	Application Started
Nanci aisha	aa@gmail.com	10/03/2018	9759695	Completed Submission
eerr xxx	aa@gmail.com	10/03/2018	10198239	Completed Submission
a g	ruchit.parikh@bcbsfl.com	10/03/2018	10574315	Application Started
fds fsdf	pi@hh.com	10/02/2018	9958315	Application Started
chk qu	ink@jj.hj	10/02/2018	9981836	Application Started

Showing 1 to 9 of 9 entries

Previous

Status options

- Application Started
- Completed Submission

Note: Status and last updated date is based on the last time you updated the application through SSE.

1. Page timeouts – After 15 minutes, users will be logged out for security reasons.
 - a. Issue – User is about to be logged out for inactivity.
 - b. Resolution – Click continue in the dialog box to maintain your session. If you get logged out, log back into SalesConnect and re-access the application from the SSE queue to continue where you left off.
2. Search issues
 - a. Issue – No results found for a known application
 - b. Resolution – Add additional search criteria in the demographic search and try your search again.
3. Marketplace unavailable message.
 - a. Issue – Occurs when making an update or retrieving information from the Marketplace.
 - b. Resolution - Click back and/or try again to see if the Marketplace is back up.

We're sorry...

The Marketplace appears to be experiencing technical issues at this time and is currently unavailable. Please try your request again later.

4. Direct Enrollment as a workaround for SSE issues.
 - a. You can attempt to complete any application started in SSE through Direct Enrollment.
 - b. This includes applications experiencing those issues listed above. Note that plan submission issues experienced in SSE will also occur in Direct Enrollment.
 - c. Use the FFM App ID that is displayed within SSE to locate the consumers application through Direct Enrollment.

Application Details

- Provides high level status and actions for a given application as well as access to Marketplace notices and DMI/SVI issues needing resolution.
- Actions available include:
 - **Continue** an existing application.
 - Available when the application is in progress.
 - Routes to the first page of the application ([Contact Information](#)).
 - **View Eligibility Results** for a submitted application.
 - Available when the application is submitted.
 - **Change Plans** for an existing application
 - Available during OEP only for a submitted application.
 - **Remove your Application**
 - Available when the application is in progress.
 - **Revoke Permissions** for an existing application.
 - Available for all applications.
 - **Report a Life Change**
 - Select this option to update the application once it's been submitted.
 - Routes to the first page of the application ([Contact Information](#)).

Your Marketplace Application

[Your Marketplace Notices](#)

App ID: #10700607

Status: Pending Effectuation

Plan: **BlueSelect Bronze 1452**

Issuer: **Florida Blue**

Start date: **07/01/2019**

End date: **12/31/2019**

Actions:

- [Change Plans](#) ⓘ
- [Continue your Application](#) ⓘ
- [Remove your Application](#) ⓘ
- [Revoke Authorization](#) ⓘ
- [View your eligibility results](#) ⓘ

Premium Tax Credit Information

You are eligible for: **\$196/mo.**

You are using: **\$196/mo.**

Plan Cost

Base premium: **\$400.16/mo.**

Premium tax credit: **\$-196/mo.**

You pay: **\$204.16/mo.**

⚠ Action Needed

You must provide additional documentation for the items below by the due date indicated. Failure to provide the documentation by the due date may result in delays and/or loss of coverage.

Documents Needed	Needed for	Date needed by	Status
Proof of Household Income	abc xyz	08/18/2019	Action Needed
Proof of Citizenship	abc xyz	08/23/2019	Action Needed

[Upload Documents](#)

Report a Life Change

What kind of changes should I report?

Your household's income and size affect what you qualify for, including help with costs. Check your income information frequently and as soon as you have a change, report it here. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying your monthly bill.
- You can check your enrollment details before CMS sends your updates to us or the state of Florida.

[Report a Life Change](#) ⓘ

View the Marketplace Notices associated with this application. [Go to Notices slide.](#)

View the premium and plan information for enrolled applications.

View action items, current status and upload documents to resolve open action items. [Go to Upload Documents slide.](#)

Marketplace Notices

- In addition to actions specific to the application, agent will also have access to view all notices sent for the application.
- Upon clicking the link, all notices are retrieved in order to display the most current Marketplace notices.

The screenshot displays two sections of a web interface. The top section, titled "Your Marketplace Application", contains an envelope icon and a link labeled "Your Marketplace Notices" which is highlighted with a red rectangular box. Below this, a status bar shows "Status: Submitted" on the left and "App ID: #10465792" on the right. A red arrow originates from the "Your Marketplace Notices" link and points down to the "Your Notices" section. The "Your Notices" section features another envelope icon, the text "2018 Eligibility Determination Notice - posted 09/05/2018", and a "Download" link. At the bottom of this section is a "Go Back" button with a left-pointing arrow.

Document Upload

- Another feature in Application Details is the ability to view status and upload documents for any Data Matching Issues (DMI) or Special Enrollment Verification Issues (SVI).
- If there are action items needed, you will see the Action Needed table displayed on the Application Details page.
- When ready to upload documents for your clients, select “Upload Documents”.
- You can upload multiple documents for each type as needed.

Upload Steps:

1. Select the document type.
2. Drag and drop or navigate to the document you want to upload.
3. Click upload document.
4. Confirm document was uploaded successfully.

⚠ Action Needed

You must provide additional documentation for the items below by the due date indicated. Failure to provide the documentation by the due date may result in delays and/or loss of coverage.

Documents Needed	Needed for	Date needed by	Status
Proof of Gaining a Dependent	Sample Name	10/31/2018	Action Needed
Proof of Household Income	Sample Name	12/04/2018	Action Needed
Proof of Citizenship	Sample Name	12/09/2018	Action Needed

[Upload Documents](#)

Upload Documents

You must provide additional documentation for the items below by the due date indicated. Please review the instructions for each section and upload the requested documents.

Unable to upload your documents?

Mail your documents to the Marketplace:

- Do not send original documents: Send photocopies only.
- Include your printed bar code page. It's on the last page of your eligibility notice. If you don't have a bar code, include your printed name and the application ID. Your application ID is on the previous screen and also at the top of your notice.

Mail documents to this address:

Health Insurance Marketplace
Attn: Supporting Documentation
465 Industrial Blvd.
London, KY 40750-0001

What happens after you submit?

You'll get a notice with the status or results. If it's been over a month since you provided your documents and you haven't heard from the Marketplace, the information is likely being processed, or we may not have received the documents.

Verify a g's Gaining a Dependent

a g needs to send Proof of Gaining a Dependent.

[Acceptable Documents](#) ▾

Upload a g's Documents

Please send one of more of the listed documents. Note that you can upload more than one document.

1 Document Type:

2

DRAG AND DROP FILES HERE

OR CLICK TO SELECT A FILE

3

Document Name	Document Type	Actions
Marketplace_Phone_Content.pdf	Adoption letter or record	Upload Delete

4

Document Name	Document Type	Actions
Marketplace_Phone_Content.pdf	Adoption letter or record	Uploaded 10/05/2018

Consumers and the SSE process

- The process outlined in prior slides outline the screens and flows agents go through when completing the application on the consumers behalf.
- You can also send a link to the consumer (ie Agent Live Proposal) for them to complete the process on their own.
- Select the “**Email Live Proposal**” option from the Review Proposal page to generate a link for your customers to complete the process on their own.
- Remember to remove other products not applicable so that they are not presented as recommended agent plans.

Review Proposal for tsster test
Created On: 10/31/2018 | Last Modified On: 10/31/2018
Individuals Included: tsster
[View details](#)

My Prospects

Select Plans

Marketplace Health Qualified Dental USAbled Life Accident

USAbled Life Critical Illness USAbled Life Hospital

Actions

Email Live Proposal
Email Proposal
Print Proposal

Total Premium
\$0.00
(Proposed Amount)

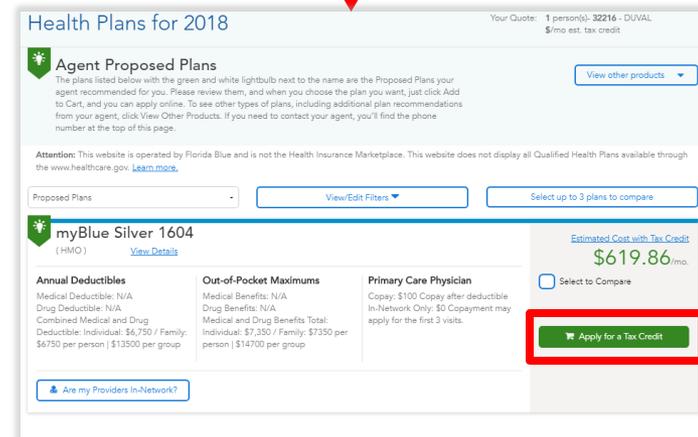
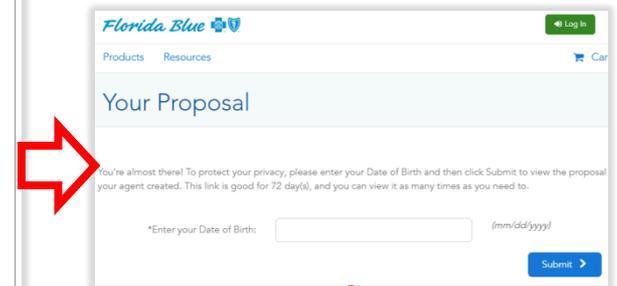
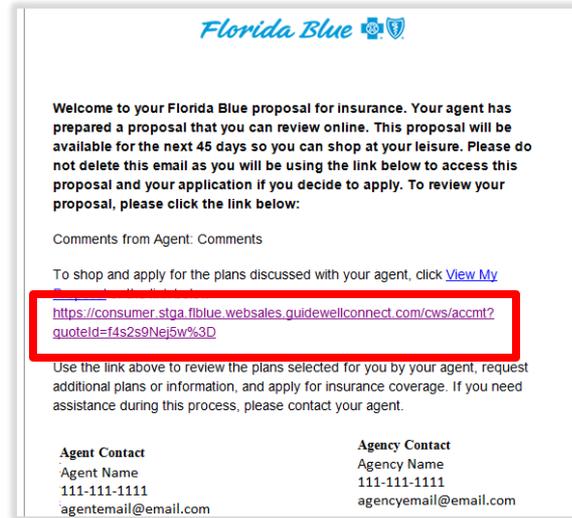
Apply Now
Cancel

Want To Finish Later?
Save Changes

Remove a product type by clicking on the product icon to remove the product type from the proposal.

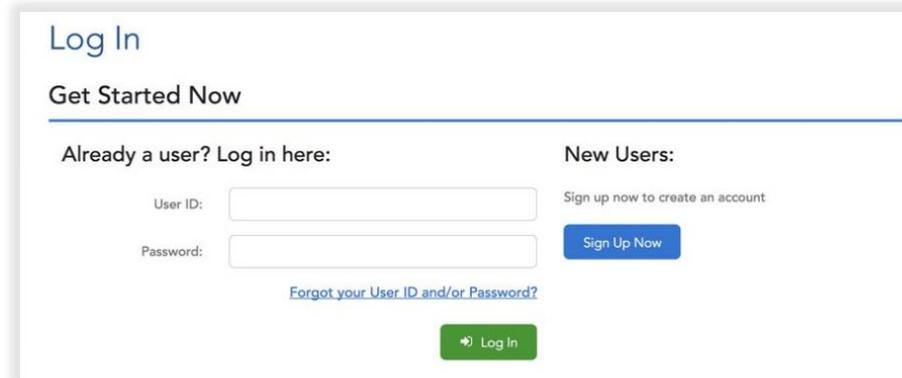
Consumers and the SSE process

- Consumers will receive an email with a link that will direct them to a consumer shopping and apply flow.
- The consumer will then be presented with the plan recommendations selected by the agent for review.
- Once they have confirmed a plan, consumers will select “Apply for a tax credit” to start the SSE application process.

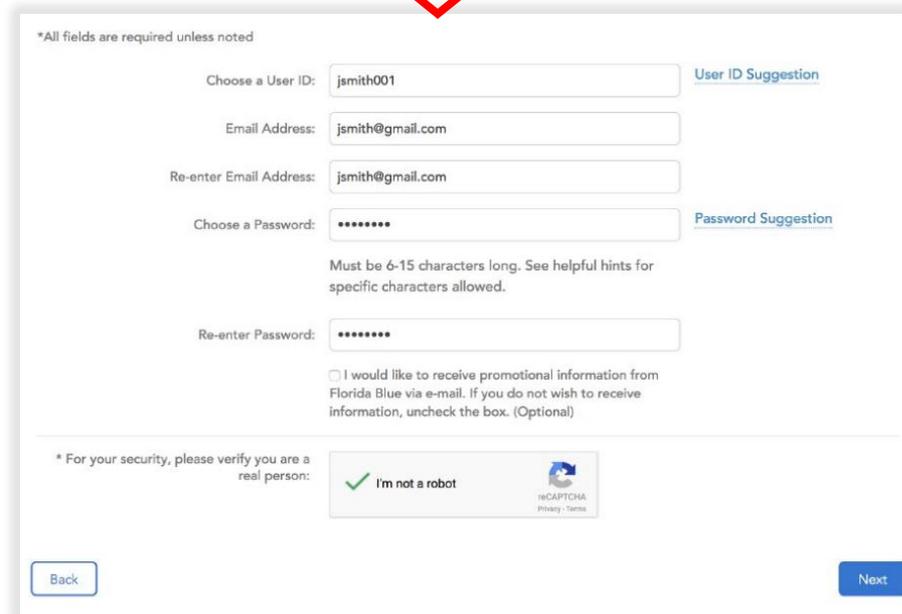
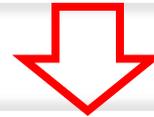


Consumer My Account registration/login.

- As a first step in the process, Consumers will need to register a consumer account or login if they already have an account.
- This information provided is saved and accessible later by the consumer via their my account.
- Consumers can always return to their my account to report life changes and view their marketplace notices.



The screenshot shows a 'Log In' page with the heading 'Get Started Now'. It is divided into two sections: 'Already a user? Log in here:' and 'New Users:'. Under 'Already a user?', there are input fields for 'User ID:' and 'Password:', followed by a blue 'Log In' button. Under 'New Users:', there is a 'Sign up now to create an account' link and a blue 'Sign Up Now' button. A link for 'Forgot your User ID and/or Password?' is located below the password field. A green 'Log In' button with a right-pointing arrow is positioned at the bottom center of the form.



The screenshot shows a registration form with the heading '*All fields are required unless noted'. It contains several input fields: 'Choose a User ID:' (with 'jsmith001' entered), 'Email Address:' (with 'jsmith@gmail.com' entered), 'Re-enter Email Address:' (with 'jsmith@gmail.com' entered), 'Choose a Password:' (with masked characters), and 'Re-enter Password:' (with masked characters). There are links for 'User ID Suggestion' and 'Password Suggestion'. A note states: 'Must be 6-15 characters long. See helpful hints for specific characters allowed.' Below the password fields is an optional checkbox: 'I would like to receive promotional information from Florida Blue via e-mail. If you do not wish to receive information, uncheck the box. (Optional)'. At the bottom, there is a security verification section with the text '* For your security, please verify you are a real person:' and a green checkmark next to 'I'm not a robot' and a reCAPTCHA logo. 'Back' and 'Next' buttons are located at the bottom left and right respectively.

Privacy Page

- The first page of the SSE process is the Privacy page.

Your Marketplace Eligibility Application

John L. Smith Finish Later

✓ First Steps

2 Your Marketplace Eligibility Application

✓ Select/edit your application

App ID #142216981

▶ Get Started

- Household Information
- Income Information
- Additional Information
- Review & Sign

3 Your Eligibility Results

4 Plan Selection & Enrollment

Privacy Information

Marketplace Emails

If the Marketplace has your email address, they will automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "Unsubscribe" link in the footer of any Marketplace email.

Privacy and the Use of Your Information

We'll use information you give to see if you are eligible for coverage and if you can get help with the costs of that coverage. We may check the information you give with other Federal government agencies and a consumer reporting agency. If the data doesn't match, you might need to send us documents to prove some information. Also, we might check information again at a later time to make sure it is up to date.

Do you agree that we can use data from these agencies for you and anyone on your application?

Do you understand that you need to give true answers to all questions, that you might need to provide additional proof of your answers, and that if you don't, you might face penalties that include losing your coverage?

← Back Save and Continue →

Screener

- The screener is in place to route users through the appropriate Marketplace application based on their household situation.
- Upon completing the screener, customers will be routed through the appropriate pathway:
 - Single site enrollment
 - Direct Enrollment
 - Multi-tax household

Preliminary Questions

To get started, you must first answer some questions about you and your household to determine how to proceed with your Marketplace Eligibility Application.

Coverage Year:

State:

Who's in your Tax Household? (All answers are required.)

Are you single or married? Single Married

How many tax dependents, like your children, will you claim on your 2018 tax return? 0 1 2 3
Include all of your dependents on your 2018 tax return, even those not applying for coverage. Don't include yourself. [Add More](#)

How much income will your household make this year? (optional) \$51,000 or less more than \$51,000

Do you want to see if you can get help paying for coverage? Yes No

[Save and Continue](#)

Questions about you and your Tax Household (All answers are required.)

Does everyone have the same permanent home address AND currently live in Florida? Yes No

Do you plan to file a joint federal income tax return with your spouse for 2018? Yes No
You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.

Are you and your spouse responsible for a child 18 or younger who lives with you, but isn't on your tax return? Yes No

Are any of you an American Indian or Alaska Native? Yes No

Are any of you offered health coverage through your job, someone else's job, or COBRA? Yes No

Questions about your Dependent(s) (All answers are required.)

Will you claim your dependent on your federal income tax return for 2018? Yes No

Is your dependent: Your child or stepchild single (not married) and 25 or younger? Yes No

Are all your dependent children under age 21 applying for coverage? Yes No

Do they live with a parent who's not on your tax return? Yes No

[Back](#) [Save and Continue](#)

Screener Knockouts

- Examples of knockouts are shown here.
- [First example](#) shows the re-direct to Direct Enrollment for completing enrollment.
- [Second example](#) is the message that displays when the screener identifies a multi-tax household scenario.
- ***SalesConnect only supports applications for a single tax household. Agents should complete separate applications for each tax household.***

Example 1 of the knockout for scenarios that get re-directed through Direct Enrollment.

We're sorry...

Based on your answers to the preliminary questions, we will need to direct you out to the Marketplace to complete your application. Click "Continue" to go to the next page to start the process.

[← Back](#)

[Continue →](#)

Example 2 of the knockout for multi-tax household scenarios not supported through SalesConnect.

We're sorry...

Based on your answers to the preliminary questions, it appears your household contains multiple tax filers which is not currently supported through this website.

If you feel this is not correct you can click the "Back" button to change your answers or continue your enrollment through the Federally Facilitated Marketplace (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

[← Back](#)

Marketplace Education

- If the user is deemed eligible for SSE, they will see the SSE overview page.
- This page provides a high level overview and information about the SSE process and the Marketplace.
- To learn more about the Health Insurance Marketplace, information is available by clicking **“Learn more about the Health Insurance Marketplace”**.
- To begin the process, users will click the **“Start a New Application or update an existing one”** button.

Overview of the Single-Site Application Process

Applying for your tax credit and enrolling a plan

With our enhanced process, you can now complete your Marketplace Eligibility application and enroll in a health plan without leaving our site and going to the Marketplace. To determine if you are eligible for this improved process, you must meet certain criteria. If it is determined that you are not eligible for this single-site process, we'll route you to the Marketplace to complete your tax credit application there.

[Learn more about the Health Insurance Marketplace](#)

Here's what to expect:

1	2	3	4
First Steps	Your Marketplace Eligibility Application	Your Eligibility Results	Finish shopping and enroll in your plan
<ul style="list-style-type: none">• See if you are eligible for the single-site process• Create or Login to your Florida Blue Account• Verify your Identity	<ul style="list-style-type: none">• Select from an existing app or create a new one• Provide information about your family, household income and additional information	<ul style="list-style-type: none">• Receive your tax credit• Determine what portion you want to use towards your plan premium	<ul style="list-style-type: none">• Verify your health plan choice or shop for a different plan• Complete enrolling in the plan

Things you'll need to get started:

- Social Security Numbers (SSN) for all applicants
- Information including home/mailling addresses for everyone applying for coverage
- Estimated Household income for 2018
- Employer Information

[Start a New Application or update an existing one](#)

Learn More

Here at Florida Blue, we work with the Health Insurance Marketplace to help you get the health coverage you need. Read below to learn important information about how to get coverage through Florida Blue and the Marketplace

What's the Health Insurance Marketplace?

The Marketplace is a shopping and enrollment service for health coverage created by the Affordable Care Act. The official Marketplace website is HealthCare.gov. The Marketplace helps people find out if they qualify for lower premiums or savings on out-of-pocket costs based on their income, or to see if they're eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program.

How do I apply for and enroll in coverage?

You can apply and enroll with us. We'll send your information to the Marketplace through HealthCare.gov and let you know which programs and savings for which you're eligible.

What if I'm eligible for Medicaid or CHIP?

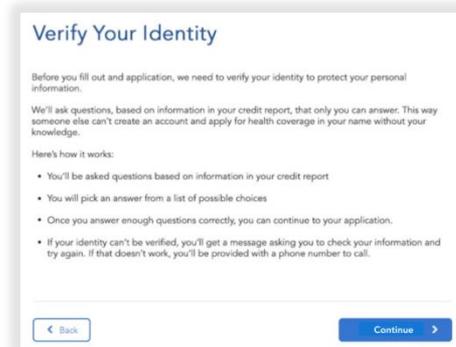
If you fill out an application and learn that you're eligible for coverage through Medicaid or CHIP, the Marketplace will automatically send your information to your state. We'll give you an eligibility results notice with more information.

What else do I need to know?

Even if you get coverage through Florida Blue, it's important that remember that you'll still get information directly from the Marketplace. Look for notices in the mail from the Health Insurance Marketplace and emails from HealthCare.gov. It's important to read these notices and emails because they contain important information about your coverage that you'll only get from the Marketplace. We'll tell you how to set up a Marketplace account after you finish applying for and enrolling in coverage.

Identity Verification - Consumer

- Consumers are required to complete Identity Proofing prior to being allowed to view their applications or start a new one.
- Once the consumer successfully verifies their identity, then we will save that to their account and they won't have to identity proof again.



Verify Your Identity

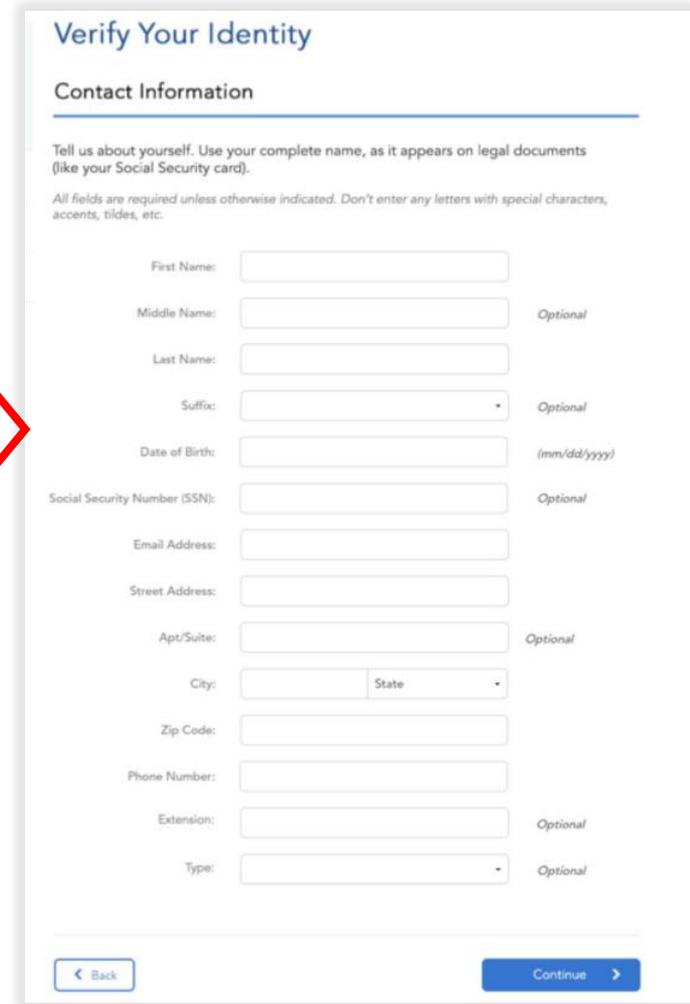
Before you fill out and application, we need to verify your identity to protect your personal information.

We'll ask questions, based on information in your credit report, that only you can answer. This way someone else can't create an account and apply for health coverage in your name without your knowledge.

Here's how it works:

- You'll be asked questions based on information in your credit report
- You will pick an answer from a list of possible choices
- Once you answer enough questions correctly, you can continue to your application.
- If your identity can't be verified, you'll get a message asking you to check your information and try again. If that doesn't work, you'll be provided with a phone number to call.

[← Back](#) [Continue →](#)



Verify Your Identity

Contact Information

Tell us about yourself. Use your complete name, as it appears on legal documents (like your Social Security card).

All fields are required unless otherwise indicated. Don't enter any letters with special characters, accents, tildes, etc.

First Name:

Middle Name: *Optional*

Last Name:

Suffix: *Optional*

Date of Birth: *(mm/dd/yyyy)*

Social Security Number (SSN): *Optional*

Email Address:

Street Address:

Apt/Suite: *Optional*

City: State:

Zip Code:

Phone Number:

Extension: *Optional*

Type: *Optional*

[← Back](#) [Continue →](#)

Identity Verification - Consumer

- Consumer is presented with questions based on the information returned from Marketplace.
- There may be instances where the consumer is referred to the Experian call center to complete identity verification.
- Once they have completed the Identity Verification process through the call center, the consumer should return to the application and click “**Identity Verified**” to complete Identity Proofing.

Verify Your Identity

Identity Questions

Answer these questions so we can verify your identity.
All answers are required.

1. Please select the county for the address you provided.

- BARTOW
- JEFF DAVIS
- HOUSTON
- LOWNDES
- NONE OF THE ABOVE/DOES NOT APPLY

2. Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

- ST JOHNS UNIVERSITY QUE
- SOC SEC AND PENSION
- US AIRFORCE
- ST MARYS HOSPITAL
- NONE OF THE ABOVE/DOES NOT APPLY

3. Which of the following is a previous phone number of yours? If there is not a matched phone number, please select 'NONE OF THE ABOVE'.

- (352)208-3652
- (352)230-6574
- (352)231-8735
- (352)223-3430
- NONE OF THE ABOVE/DOES NOT APPLY

4. Which of the following represents the last four digits of your cellular phone number?

- 5491
- 5892
- 2298
- 6857
- NONE OF THE ABOVE/DOES NOT APPLY

[← Back](#) [Continue →](#)

Verify Your Identity

We're sorry - we were unable to verify your identity.

We're sorry...We are unable to verify you online, please call the Experian Call Center at 1-866-578-5409 to complete identity verification and provide them with reference code a68c-9e-92b. Once you have successfully completed the verification through the call center, return here and click the "Identity Verified" button below.

[← Back](#) [Return to My Account](#)

[Identity Verified](#)

Click “**Identity Verified**” once you complete the ID proofing through the call center.

Search Results

- After identity Verification, we perform a back-end search on the Marketplace for any existing applications and display those results to the consumer.
- The top of the page contains helpful content for actions to complete on this page based on the results.
- If results are found, the system will return the applications based on the information entered as part of Identity Verification.
- If no results are found, consumer will have the option to create a new application.

Your Marketplace Application - Application Look-up

john, what would you like to do?

To start a new application, select the "Create New Application" option. If you already have an application in progress, you will need to update that one.

To finish an in-progress application, select your in-progress application below and click "Continue."

To make changes to an existing application and eligibility due to an income change or life change, like having a baby or moving, select your application below and use the "Report a Life Change" option to update your application and get updated eligibility results.

To copy a prior year application to the current year, select the "Create 2019 application" to copy the data to a new application.

Application Search Results

1 matches found

2019	john sample SSN: DOB: 01/01/1970 Address: 1335 RYAR RD, JACKSONVILLE, FL, 32216	ID#: 151246681	Update 2019 Application
------	--	----------------	---

[Search Again](#)

Marketplace Attestation

Consumers must provide an attestation giving authority to the agent/or Florida Blue to complete the Marketplace application on their behalf.

Carrier Attestation

I hereby authorize Florida Blue to:

1. Assist with the Federally-facilitated Exchange ("Marketplace") eligibility determination and/or enrollment in a Qualified Health Plan ("QHP") in accordance with 45 CFR 155.220, and the terms of the Agent Broker General Agreement for the Federally-Facilitated Exchange Individual Market ("General Agreement") and the Agreement Between Agent Or Broker and The Centers For Medicare and Medicaid Services for the Federally-Facilitated Exchange Individual Market ("IM Agreement");
2. Access the Personally Identifiable Information ("PII") of John Smith (137907007) for the purposes of assisting with the Marketplace eligibility determination and/or QHP enrollment according to 45 CFR 155.260, and the terms of the General Agreement and the IM Agreement.

This attestation has been reviewed and signed by me, and is true and accurate to the best of my knowledge. Type your name below to provide your electronic signature.

Enter your First and Last Name:

[< Back](#) [Save and Continue >](#)

Contact information

Key steps:

- ✓ Provide information for the contact of the household
- ✓ Select communication preference

Contact Information

If the Marketplace has your email address, we'll automatically send you important information, updates and reminders about your Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Name and Personal Details

First Name:

Middle Initial: *Optional*

Last Name:

Suffix: *Optional*

Date of Birth:

Email Address:

Phone Number: Type

Preferred Written Language: *Optional*

Preferred Spoken Language: *Optional*

Go paperless! Get your notices by email instead of paper copies in your mailbox.

[< Back](#) [Save and Continue >](#)

Contact Information

Continue answering questions about your contact information.

Home Address

What's your home address?

Use your home address in the state where you're applying for coverage. It can't be a PO Box. ⓘ

Street Address:

Apt/Ste #: *Optional*

City:

State:

Zip Code:

County:

Is your mailing address the same as your permanent address? Yes No

[< Back](#) [Save and Continue >](#)

Applying for Coverage

Key steps:

- ✓ Indicate if the consumer is seeking financial assistance as this dictates if the application asks income and other questions related to APTC determination.
- ✓ Select the household members applying for coverage and add their details.

Applying for Coverage

Tell us if you're getting help from one of these people

Select One:

- Navigator
- Certified application counselor
- Agent or Broker
- Other Assister
- None

Want to see if you can get help paying for coverage?

You may be eligible for a free or low-cost health plan, or a tax credit to help pay your monthly premiums.

- Yes - You'll answer income questions to see what you may qualify for
- No - You'll pay full cost for Marketplace health coverage.

Who are you applying for health coverage for?

Please select who you wish to apply for health coverage for.

- Tester Test Only
- Tester Test and other family members
- Other family members, but not Tester Test

[← Back](#) [Save and Continue →](#)

People in your Household

Below are the people in your household. Click **Add Person** to provide information for each person. Click **Add another Person** to add any household members not displayed. You must include all household members, not just those applying for coverage. Click **Save and Continue** once you are done adding all household members.

Household Members

Name/Relationship	Date of Birth	Applying for Coverage?	Actions
John L. Smith Self	01/01/1975	✓ Yes	Edit
Spouse	-	-	Add Person X Remove
Dependent 1	-	-	Add Person X Remove

[+ Add another Person](#)

[← Back](#) [Save and Continue →](#)

Add a person

First Name:

Middle Initial: Optional

Last Name:

Suffix: Optional

Date of Birth: (yyyy-mm-dd)

Relationship to Applicant: Optional

Is this person applying for coverage? Yes No

[Cancel](#) [Save](#)

Household Members

Name/Relationship	Date of Birth	Applying for Coverage?	Actions
John L. Smith Self	01/01/1975	✓ Yes	Edit
Mary J. Smith Spouse	01/01/2019	✓ Yes	Edit X Remove
Jenna Smith Dependent 1	01/01/2019	✓ Yes	Edit X Remove

[+ Add another Person](#)

[← Back](#) [Save and Continue →](#)

Household Detail

Key steps:

- ✓ Enter the SSN even though optional to ensure the application is processed timely.
- ✓ For non US citizens or US nationals, provide additional information related to immigration documentation.

NOTE: If the FFM is not able to verify the SSN, the system will return an error by the SSN field. Verify the SSN and try again. If the error persists you can continue without it so that the application is not delayed.

Household Information

Continue answering questions about your household.

Check and Update John's Information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card.

First Name:

Middle Name: *Optional*

Last Name:

Suffix: *Optional*

Date of Birth: *(mm/dd/yyyy)*

Social Security Number (SSN): *Optional*

IMPORTANT NOTE: While providing a Social Security number is optional, we encourage you to enter it here to alleviate the need to provide additional paper documentation to verify eligibility, and to reduce the time it may take to validate your information and process your application.

What is John's Gender? Male Female

Is John of Hispanic, Latino or Spanish origin? Yes No

What is John's race? *Check all that apply. (These fields are optional.)*

- American Indian or Alaskan Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White

An Asian race not listed above
 A Pacific Islander race not listed above
 A race not listed above

Please specify a race:

You don't have to be a U.S. citizen or U.S. national to qualify for health coverage. Select "No" to view a list of other eligible immigration statuses, and choose the status that best describes yours. [Learn more about immigration status.](#)

Is John Smith a U.S. citizen or U.S. national? Yes No

Does John Smith have eligible immigration status? Yes No

If this person's immigration status isn't listed here, he or she may still be able to get help paying for emergency services, including for labor and delivery if they have a baby. In some states, pregnant women may also be able to get health care coverage.

Select a Document Type:

Select...

Permanent Resident Card ("Green Card", I-551)

Temporary I-551 Stamp (on passport or I-94, I-94A)

Machine-Readable Immigrant Visa (with temporary I-551 language)

Employment Authorization Card (EAD, I-766)

Arrival/Departure Record (I-94, I-94A)

Arrival/Departure Record in foreign passport (I-94)

Foreign passport

Re-entry Permit (I-327)

Refugee Travel Document (I-571)

Certificate of Eligibility for Non-immigrant (F-1) Student Status (I-20)

Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

Notice of Action (I797)

Other documents or status types

We can't confirm the information you gave about <FN/LN>'s Social Security Number. Review and make any necessary changes here.

Preliminary Medicaid/CHIP eligibility

These questions are asked in order to determine preliminary eligibility for Medicaid and CHIP.

Key steps:

- ✓ Although optional, these questions should be answered if true in order to determine eligibility for other programs such as Medicaid and CHIP.

Household Information

Continue answering questions about your household, including your spouse and all dependents.

Does anyone have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? *(optional)*

- John
- Mary
- Susie
- None of the above

Does anyone need help with daily activities like dressing, using the bathroom, or live in a medical facility or nursing home? *(optional)*

- John
- Mary
- Susie
- None of the above

[< Back](#) [Save and Continue >](#)

Income

Income and Expenses are collected for each household member. If the application is not seeking financial assistance, then Income questions are not asked.

Key steps:

- ✓ Provide current income received in last month as indicated for each applicable applicant.
- ✓ Enter any applicable expenses.
- ✓ Confirm yearly income and if expected to change, provide the expected yearly amount.

Income Information

People can get income in many ways. We need to know about your income so we can figure out if you can get help paying for coverage. [Learn more.](#)

- Job
- Social Security
- Alimony
- Scholarship
- Self-Employment
- Capital Gains
- Farming or fishing
- Other income
- Unemployment
- Investment
- Rental or royalty
- Pension
- Retirement
- Cash Support

Current Income for John Smith

Does John currently get any income? Yes No

Tell us about any income John had in the last month. [?](#)

[Add New Source of Income](#)

Expenses for John Smith

Does John have any [expenses](#) for 2018? Yes No

Calculate John's Yearly Income

Please be sure to enter all income and expenses above and then click the button at the right to calculate your estimated yearly income.

[Calculate Yearly Income](#)

[Back](#)

Expected 2019 Yearly Income for John Smith: \$35,000

Based on what you entered, this is our calculation. Is this correct? Yes No

Based on what you know today, how much do you think you will make in 2019?

[I don't know, help me estimate my income](#)

[Back](#) [Save and Continue](#)

Add a Source of Income

Current Income for John

Tell us about any income John had in the last month. [?](#)

Select an income type:

Tell us about the regular pay (before taxes are taken out) from all jobs that John gets, as well as any one-time amounts this month, like a bonus or a severance payment.

Important: The Marketplace may contact your employer to get information about any health coverage that may be available to you. Be sure to enter the information, like phone number and address, of the person or department at your job that manages employee benefits.

Employer Name:

Employer Phone Number:

Amount: \$

How Often:

[Cancel](#) [Save](#)

Add an Expense

Current Expenses for John

Tell us about any expenses John has. [?](#)

Type:

Expense Type:

Amount: \$

How Often:

[Cancel](#) [Save](#)

Income

- Once all Income and Expenses are collected for all household members, the annual income is then calculated and validated by the consumer.
- After annual income is validated, if Marketplace returns any income discrepancies, we may present additional clarifying questions to determine the reason for the difference.

Key steps:

- ✓ Provide responses to the income discrepancies in order to prevent Data Matching Issues requiring additional documentation post submission.

Income Information

Income Discrepancies for John Smith

Did John stop working at **Burger King** within the last 45 days, permanently or temporarily? Yes No

Did John ever work at **Burger King**? Yes No

Have John's hours decreased at **Burger King** during the last [#] months, permanently or temporarily? Yes No

Has John's wage or salary been cut at **Burger King** during the last [#] months, permanently or temporarily? Yes No

Is there another reason why John's job income is lower than what our electronic records show?

Has John's income decreased because he changed jobs, stopped working, or worked less hours since [last available tax return year]? Yes No

Why is John's income in other months during [coverage year] different than this month's income?

Additional Information

- Application Information pages ask questions based on the preliminary eligibility determined by the Marketplace based on answers to previous questions.
- First set of questions is asked around current coverage for all applicants QHP/APTC, Medicaid and CHIP eligible.

Key steps:

- ✓ Answer the current coverage questions for each eligible applicant.

Additional Information: Current Coverage
You're almost done. Answering these questions will give you a better chance of getting coverage.

Is anyone currently enrolled in health coverage? John
Do not include anyone if their coverage will end on or before <date>. You may have gotten a termination notice from your plan or program. Mary
 Susie
 None of the above

[< Back](#) [Save and Continue >](#)

Additional Information: Current Coverage
You're almost done. Answering these questions will give you a better chance of getting coverage.

Current Coverage for John Smith

What type of coverage does John have?

- Marketplace coverage
- [State Medicaid name]
Don't check this box if 1) your coverage only pays for limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis OR 2) your medicaid coverage doesn't pay for inpatient hospital services.
- [State CHIP name]
- Medicare
- TRICARE
Don't select if this person has Direct Care or Line of Duty.
- Veteran Affairs Health Care Program
- Peace Corps
- Other full benefit coverage
Covers doctor's visits, hospitalizations, and prescription drugs
- Other limited benefits coverage
Like a school accident policy
- Other

Tell us about this Medicare plan

Medicare Policy Number:

Medicare Member ID:

Are any of these people also on the plan?

- Mary
- Susie
- None of the above

[< Back](#) [Save and Continue >](#)

Additional Information

Next the consumer will answer questions about any recent Life changes they have had which help to determine eligibility for a Special Enrollment Period. These questions are asked for all applicants that are deemed QHP eligible.

Key steps:

- ✓ Select any applicants that experienced one of the listed Life Changes and provide additional details including dates of occurrence.

Recent Changes

Did any of these people lose qualifying health coverage between September 2, 2018 - November 1, 2018?
You may need to submit documents to confirm that this person recently lost or will lose coverage before their new coverage can start. ?

testing ede
 spouse ede
 son ede
 None of the above

Will any of these people lose qualifying health coverage between November 1, 2018 - December 31, 2018?
You may need to submit documents to confirm that this person recently lost or will lose coverage before their new coverage can start. ?

testing ede
 spouse ede
 son ede
 None of the above

Has anyone listed below got married since September 2, 2018?

testing ede
 spouse ede
 son ede
 None of the above

Has anyone listed below gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order since September 2, 2018?
You may need to submit documents to confirm the recent adoption, foster care placement, or court order before their new coverage can start.

testing ede
 spouse ede
 son ede
 None of the above

Has anyone listed below gained eligible immigration status since September 2, 2018?

testing ede
 spouse ede
 son ede
 None of the above

Has anyone listed below moved since September 2, 2018? ?

testing ede
 spouse ede
 son ede
 None of the above

Was anyone listed below released from incarceration (detention or jail) since September 2, 2018?

testing ede
 spouse ede
 son ede
 None of the above

Back

Save and Continue >

Additional Information

- Tax filer reconciliation page

Key steps:

- ✓ Check the box based on the response from your customer regarding if they have reconciled any Advanced Premium Tax Credit (APTC) received.

Additional Questions

Did testing ede reconcile premium tax credits on your tax return for any past years? (optional) ⓘ

Check the box below if all of these apply to testing ede:

- testing ede got premium tax credits to help pay for Marketplace coverage.
- The tax filer(s) on testing ede's application filed a federal income tax return for the same year testing ede used tax credits. For example, in 2016 testing ede got help paying for coverage and testing ede also filed a tax return for that same year.
- The tax filer(s) submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits for past years.

Back

Continue

Additional Information

- Next the consumer will answer questions related to Medicaid/CHIP to determine eligibility for these programs.
- These questions are asked for all applicants that are deemed preliminarily eligible for Medicaid or CHIP eligible.

Key steps:

- ✓ Select any relevant applicants for the listed Medicaid/CHIP related questions and provide additional details including dates of occurrence.

Additional Questions

Would any of these people like help paying for medical bills from the last 3 months?  son medicaid None of the above

If any of these people have medical bills and are eligible for Medicaid, the Medicaid agency may follow up with you to ask more about the bills.

Does son medicaid have a parent living outside the home? Yes No

How many hours per week do son medicaid's parents work?

check medicaid's hours per week

spouse medicaid's hours per week

[Back](#) [Save and Continue >](#)

Application Summary

- Once you complete all the application questions, you'll come to the summary page for final review and submission.

Key steps:

- ✓ Review the application summary.
- ✓ Update any incorrect information using the edit buttons before continuing.
- ✓ Click “Continue” when ready to sign and submit the application.

Review Your Application

Take a few minutes to review the information you gave us and make changes, if necessary. Once everything is correct, you can sign and submit your application.

View/Print

View/Print

Household Contact

Edit

Full Name: testing ede
Address: 1335 Ryar Rd
Jacksonville, FL, 32216
Phone Number: (904) 123-1234
Email Address: brandon.coalson@bcbsfl.com
Get updates by email? yes
Preferred written language: ENGLISH
Preferred spoken language: ENGLISH

Household Members

Edit

Section Edit

Full Name	Date of Birth	SSN	Relationship	Gender	Applying for Coverage?
testing ede	01/01/1987	-	Self	Male	Yes
spouse ede	01/01/1990	-	Spouse	Female	Yes
son ede	01/01/2015	-	Child	Male	Yes

Income Summary

Edit

Full Name	Income Type	Amount	Frequency	Expected Annual Income
testing ede	Job	\$35000	Annually	\$5000
spouse ede	Self Employment	\$250	Monthly	15000
son ede	-	\$0	-	\$0

Basic Household Questions

Everyone

- Has same permanent home address and currently live in Florida
- Plan to file a joint federal income tax return with spouse and aren't claimed as dependent by anyone else

No one

- Is living with or responsible for a child 18 or younger that isn't on your tax return
- Is American Indian or Alaska native
- Is offered health coverage through your job, someone else's job or COBRA

Everyone claimed as dependent

- Will be claimed as dependent on our federal income tax return for 2018
- Is 25 or younger
- Is not married
- Is our child or stepchild
- Doesn't live with a parent who is not on our tax return

Additional Questions

- No one have or has a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs.
- No one need(s) help with daily activities like dressing or using the bathroom, or live in a medical facility or nursing home.
- No one are or is full time students
- No one are or is pregnant
- No one are or was in foster care
- No one lost qualifying health coverage between September 2, 2018 - November 1, 2018
- No one will lose qualifying health coverage between September 2, 2018 - November 1, 2018
- No one was married since September 2, 2018
- No one gained a dependent (or became a dependent) due to an adoption, foster care placement, or court order since September 2, 2018
- No one gained eligible immigration status since September 2, 2018
- No one below moved since September 2, 2018
- No one was released from incarceration (detention or jail) since September 2, 2018

Back

Continue

Agree & Confirm

Key steps:

- ✓ Review the agreements and sign and submit the application.

Review Your Application

No one applying for health coverage on this application is incarcerated (detained or jailed). Agree Disagree

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice and let me make changes. I can opt out at any time. [?](#) Agree Disagree

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household. [?](#) Agree Disagree

Sign & Submit

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

I agree to this statement

Next, type your full name below to sign electronically.

Eligibility Results

- Upon successful submission, you will see the Eligibility Results page where you can view the applicants eligibility results including any Data Matching or Special Enrollment verification issues.

Key steps:

- ✓ Review the high level eligibility information in Step 1 with the customer.
- ✓ Click “**View Eligibility Results**” in Step 2 to download and view the Eligibility Determination Notice (EDN). This enables the button in step 3.
 - ✓ **IMPORTANT: Make sure you turn off your pop-up blocker so that the EDN can be downloaded.**
- ✓ Click “**Choose your Tax Credit Amount**” in Step 3 to continue to plan selection and final submission for enrollment.

Review your Marketplace Eligibility Results

✓ Your application was successfully processed

Results based on application ID 150705858 submitted on 10/10/2018. Review the information below for important information and next steps..

Step 1: View Your Coverage Options at a Glance

This section gives a quick snapshot of your eligibility. It's important to view your full 'Marketplace Eligibility Results' in the next step for more detailed information and next steps. Continue to Step 2.

✓ Eligible to purchase a Marketplace Plan

- testing ede, spouse ede
- Eligible for a premium tax credit of up to \$477.00 each month for your tax household
- Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver Plans
- Submit documents to finish enrolling. By 01/07/2019, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

✓ May be eligible for CHIP

- son ede
- You'll get a final decision from your state CHIP agency.
- Submit documents to finish enrolling. By 01/07/2019, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Step 2: View Your 'Eligibility Results'

Your 'Detailed Marketplace Eligibility Results' contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to **Step 3** to continue shopping and enrolling after you receive your results.

[View your Detailed Marketplace Eligibility Results](#)

Step 3: Next Steps

Now that you've completed your Marketplace application and viewed your final 'Eligibility Results', the next step is to choose how much of your tax credit you wish to apply to your premium (if applicable), pick your plan and enroll in coverage.

[Choose a plan and finalize your enrollment](#)

Marketplace Confirmation

- This is the email sent to the consumer upon submission of the Marketplace SSE application.
- It confirms their submission and reminds them to pick a plan if they have not already done so.
- It will also contain action items for Data Matching Issues and Special Enrollment Period documentation needed.
- This email is required and replaces the similar Marketplace email that is sent as part of the existing Direct Enrollment process.

Key steps:

- ✓ Inform the consumer to expect the confirmation email.
- ✓ Educate the consumer on post submission next steps.



testing ede

Agent Name recently completed a Marketplace application for health coverage through Florida Blue on your behalf. If you selected and submitted a plan with us, then you will receive a separate email confirming your plan selection.

In case you need it, your Marketplace Application ID is 150705858

According to our records, one or more people in your household need to send documents because your information doesn't match what data the Marketplace currently has, or they are unable to verify all of the information in your application.

If you enrolled in Marketplace coverage but don't send in the documents needed, the Marketplace could stop your coverage and/or adjust your financial help.

The table below shows what is needed to verify eligibility.

Documents needed	Needed for	Date needed by
Proof of Household Income	testing ede	2019-01-07
Proof of Citizenship	testing ede	2019-01-12
Proof of Citizenship	spouse ede	2019-01-12

You can provide your documents using one of the options below:

- 1 Contact your agent
- 2 Upload documents electronically
 - Click the "Login to your account now" button below and select the option to "Sign up now". If you previously created a consumer account, you can skip these steps and just log in.
 - Create a user ID and provide a valid email address to create your account.
 - Verify your identity by answering some basic questions based on information in your credit report.
 - On the application search results page, you will select Update Application for the application ID provided in this email in order to view your application details and items needing resolution.
 - Click the "Upload" button on the item name(s) to upload documents.
- 3 Mail document copies
 - Do not send original documents: Send photocopies only.
 - Include your printed bar code page. It's on the last page of your eligibility notice. If you don't have a bar code, include your printed name and the application ID. Your application ID is near your mailing address at the top of your notice.

[Login to your account now](#)

Mail documents to this address:

Health Insurance Marketplace
 Attn: Supporting Documentation
 465 Industrial Blvd.
 London, KY 40750-0001

If you have any questions regarding this message, call your agent for assistance.

Sincerely,
 Florida Blue
Floridablue.com

- After selecting “Choose your Tax Credit”, you land in the Subsidy Determination steps where you will select the Primary applicant, Tobacco usage and select the amount of subsidy you wish to apply to your monthly premiums (if applicable).
- If outside of OEP and the consumer does not qualify for an SEP, then the Primary Applicant and Tobacco selections will be read only.
- Click “**Save and Continue**” to continue to the next page.

Step 1

Subsidy Determination

1 Select Primary Applicant
2 Eligible Applicant(s)

Select Primary Applicant

Please select the [primary applicant](#) from the list of eligible individuals below.

Select	Applicant Name	Eligibility Status	Eligibility Information
<input type="radio"/>	Dixie Austiniss	Eligible	

Cancel
Continue

Step 2

Subsidy Determination

✓ 1 Select Primary Applicant
2 Eligible Applicant(s)

Eligible Applicant(s) Details [Tobacco Use](#)

Please make your Tobacco User selection below for each eligible applicant prior to finalizing your subsidy.

Relationship	First Name	Gender	Date of Birth	Zip Code	County	Tobacco Use
Applicant	Dixie	F	10/15/1983	32562	SANTA ROSA	Select ▼

Go Back
Continue

- Once you complete the first two steps, you will then choose the amount of subsidy to apply to your monthly premiums and select a plan.
- Existing customers not OEP/SEP eligible, will only be able to select their existing plan.
- Click **“Save and Continue”** to continue to the next page.

Health Plans for 2018

Your Quote: 1 person(s)- 32562 - SANTA ROSA
\$/mo est. tax credit

You are eligible for a **\$0.00** monthly government [tax credit](#) Adjust Your Subsidy

If you do not want to use the entire subsidy amount available from the Marketplace ([learn more](#)), please click Adjust Your Tax Credit to change the amount.
[Edit your applicant details](#)

Sort by Most Popular Plans

View/Edit Filters

Select up to 3 plans to compare

BlueSelect Silver 1443

(PPO/EPO) [View Details](#)

Annual Deductibles	Out-of-Pocket Maximums	Primary Care Physician
Medical Deductible: N/A Drug Deductible: N/A Combined Medical and Drug Deductible: Individual: \$6,050 / Family: \$6050 per person \$12100 per group	Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$7,350 / Family: \$7350 per person \$14700 per group	Copay: \$100 Copay after deductible In-Network Only: \$0 Copayment may apply for the first 3 visits.

Are my Providers In-Network?

Total Premium

\$466.07

/mo.

Select to Compare

Add to Cart

BlueSelect Silver 1456

(PPO/EPO) [View Details](#)

Annual Deductibles	Out-of-Pocket Maximums	Primary Care Physician
Medical Deductible: Individual: \$5,950 / Family: \$5950 per person \$11900 per group Combined Medical and Drug Deductible: N/A	Medical Benefits: N/A Drug Benefits: N/A Medical and Drug Benefits Total: Individual: \$7,150 / Family: \$7150 per person \$14300 per group	Copay: \$50

Are my Providers In-Network?

Total Premium

\$507.00

/mo.

Select to Compare

Add to Cart

- Once added to the cart, the consumer has an opportunity to review their plan selection before starting the Florida Blue application.
- When ready to apply for a plan, consumers will select “**Begin Application**”.

Shopping Cart

Plan Type	Plan Name	Monthly Premium
Health	BlueSelect Silver 1443 Effective Date of Coverage: 07/01/2018 View premium for each individual Change plan	Monthly Premium: \$466.07 ✖ Actual Subsidy: -\$0.00 Total Premium: \$466.07

! This plan will be retired after December 31 of this year. You can enroll in it now, and we'll send you details about your 2019 plan with similar benefits shortly. Then we'll automatically renew you into your 2019 plan beginning January 1. If you have questions or want to look at other plans, call us at 1-800-876-2227, visit a Florida Blue Center near you or contact your local Florida Blue agent.

Total: \$466.07
per month

Looking for other types of coverage? [→ Keep Shopping](#)

CWS SHP 026 NF 092017

Total Premium
\$466.07
per month

[Begin Application](#)

[Keep Shopping](#)



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ABOUT SSL CERTIFICATES

- Complete the application as directed.
- The application is the same as you will complete through traditional Direct Enrollment.
- Click “**Continue**” to continue to the next page.

The screenshot shows a web interface for an application checklist. At the top, it displays the applicant's name 'Michael Testb', their role 'Primary Applicant, Effective 01/01/2018', the adjusted premium '\$251.27', and the plan name 'BlueOptions Bronze 1419'. Below this, there is a 'Finish Later' button. The main section is titled 'Application Checklist' and includes a sub-header: 'Have the following information at hand for a faster application:'. A green checkmark indicates that 'Payment information: Visa, MasterCard, Bank Account.' is provided. On the left side, there is a vertical progress indicator with four steps: 1. Personal Information (highlighted in blue), 2. Signature, 3. Final Review, and 4. Complete. At the bottom left, there is a 'Cancel Application' button, and at the bottom right, there is a 'Continue' button.

- Complete the Contact Information page.
- Click “**Continue**” to continue to the next page.

Contact Information for Michael

Contact Details

By providing your phone number(s), you agree that Florida Blue, Florida Blue HMO, and those acting on their behalf can contact you about your application, enrollment, coverage and benefits at the number(s) provided. Mobile call rates may apply based on your plan with your mobile phone carrier.

Primary Phone Number: (904) 905-1234 Home Phone ▾

Secondary Phone Number: Select Type ▾ *Optional*

Your email address is required because you are applying online. We may email you about your application. If you prefer not to provide an email address, you can contact an agent or call the number on the website.

Applicant Email Address:

Re-enter Applicant Email Address:

Preferences

I prefer electronic communications.
By checking this box, you authorize Florida Blue and Florida Blue HMO to communicate with you electronically at the address(es) and cell phone number you provided. Most documents will be available through your online Member account. Note that not all documents are available electronically. You may still receive some documents in the mail.

You have the right to stop receiving documents electronically at any time. You may also request a free paper copy of any communication. Just log on to your online Member account or call us.

Some of the information we send to you may be Protected Health Information (“PHI”) under the Health Insurance Portability and Accountability Act (“HIPAA”). By choosing electronic communication:

- You allow us to send PHI to you electronically, including by email and text message.
- You agree that you are solely responsible for the security of the email address and phone number you provide, the security of the computed device used to view the communication, and the risks of electronic communication.
- You understand that you should keep your email address and cell number updated to receive timely information and prevent delivery of PHI to an unintended recipient.
- You have provided a working and private email address and/or cell number.
- You confirm that you have internet access, a current web browser, and can open PDF files using Adobe Acrobat Reader or its equivalent.

Yes, text Me About My Plan and Other Information.
I would like to receive Florida Blue and Florida Blue HMO text message alerts (SMS/MMS) at the mobile phone number provided above. This alerts include notices about enrollment, membership, coverage, benefits, health, fitness, reminders, member surveys, and other related topics. (Message and data rates may apply.)

- Complete the Tobacco Usage, which will display if any applicants indicate they are tobacco users.
- If outside of OEP and the consumer does not qualify for an SEP, then Tobacco selections will be read only.
- Click **“Save and Continue”** to continue to the next page.

Tobacco Usage

You specified that individual(s) in this application have or have not used tobacco before. Please provide the last date of tobacco use for applicants 18 years old or over, who have used tobacco in the past six (6) months.

You may be required to return to the Health Insurance Marketplace and determine eligibility once more if there are changes to any information previously provided.

Applicant Tobacco Usage Information

Name	Relationship to Applicant	Gender	Used Tobacco in the Past?	Last Date of Tobacco Used
Michael Testb	Applicant	Male	6 months or less	<input type="text"/>

- Complete the tax filer acknowledgment page.
- Click “**Continue**” to continue to the next page.

Signature

Tax Filer [View/Print Application \(PDF\)](#)

Agreements/Acknowledgements

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- I must file a federal income tax return in 2018 for the tax year 2017.
- If I'm married at the end of 2017, I must file a joint income tax return with my spouse, unless an exception applies.

I also expect that no one else will be able to claim me as a dependent on their 2017 federal income tax return.

- I'll claim a personal exemption deduction on my 2017 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Marketplace and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit for which I am the applicable taxpayer.

If any of the above changes, I understand that it may impact my ability to get the Premium Tax Credit.

I also understand that when I file my 2017 federal income tax return, the Internal Revenue Service (IRS) will compare the household income on my tax return with the household income on my application. I understand that if the household income on my tax return is lower than the amount of expected household income on my application, I may be eligible to get an additional Premium Tax Credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

I acknowledge that the Health Insurance Marketplace application, which included my income information, was completed by the identified Agent. The Agent completed this application and attested on my behalf with my express verbal permission, or with the permission of my designated proxy.

Tax Filer Signature

I, **Michael Testb**, Primary Tax Filer, have read and understand the above statements.

Agree Disagree

- Complete the Consumer Acknowledgment page.
- You will need to open/review the application, click **“View/Print Application (PDF)”** to open the application for review.
- Once confirmed, consumer will enter their DOB and select Agree.
- Click **“Save and Continue”** to continue to the next page.

Signature

Application Information [View/Print Application \(PDF\)](#)

Enrollment Period: Open Enrollment
Effective Date of Coverage: 01/01/2018
County: DUVAL
Home Address: 1335 RYAR RD , JACKSONVILLE , FL 32216

Consumer Acknowledgement

Consent to Electronic Contract

Please remember that you can call us to ask for a free paper copy of your completed application.

You agree to submit your application electronically to Florida Blue HMO, a Health Maintenance Organization affiliate of Blue Cross and Blue Shield of Florida, Inc. You are also agreeing to receive email communications from Florida Blue HMO about your application.

You have the right to withdraw this consent at any time. You can withdraw your consent by clicking on the "Disagree" button or by discontinuing this application.

I have read this application carefully. The responses within are entirely true and complete to the best of my knowledge and belief.

I understand that, under Florida law, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I understand and recognize that the authorization language and my electronic signature may be separately printed and applied as needed, and/or provided to other entities. These include financial institutions for payment purposes, entities from which medical records may be obtained, and/or my employer for payroll deductions, if applicable.

If I am accepted for coverage, I understand I have 10 days after I receive my contract to review it and submit any information that is incorrect or incomplete.

I, **Michael Testb**, have read and understand the above statements.

Enter Date of Birth:

Agree Disagree

[Save and Continue](#)

- Final review page is the last opportunity to make changes prior to submission.
- Be sure to review and once confirmed, click **“Submit Application”**.

Final Review

Application Information

[View/Print Application \(PDF\)](#)

Please take a moment to review your application by clicking on the View/Print Application (PDF) link above. Please click the back button to return to the previous page to submit your corrections.

Enrollment Period: Open Enrollment

Effective Date of Coverage: 01/01/2018

County: DUVAL

Home Address: 1335 RYAR RD , JACKSONVILLE, FL 32216

Eligible Applicants

Product Rates Are Subject to Change
The premium estimated below includes any rate adjustment(s) applied to your current policy. This rate may change based on demographics and other factors, such as tobacco status.

Name	Relationship	Gender	Age	Used Tobacco in the Past?	Premium
Michael Testb	Applicant	Male	30	6 months or less	\$471.27
Total Monthly Premium:					\$471.27
Subsidy Applied:					-\$220.00
Initial Payment Due:					\$251.27

Back

Submit Application

- Once successfully submitted, you will land on the confirmation page.
- Your client will also receive a confirmation email informing them of their submission and important Marketplace information and next steps. Example email on the next slide.
- Click “Return to My Prospects”.

Congratulations!
You've chosen a plan, now we need more information.

⚠ Action Needed: You must take action before you can pay and start using your coverage.

Submit documents by **April 26, 2019**.

- You have 30 days to submit required documents.
- If the documents are not approved when your plan is supposed to start, you'll pay full price for services until the documents are approved, then submit claims to your plan to get paid back.
- It takes time to approve documents, so you could owe premiums to your plan for more than one past month.

To upload documents now, click "[Return to My Account](#)".

[SEE IMPORTANT REMINDERS](#)

Action Needed message displays when a Special Enrollment verification issue is open that requires additional information to be provided.

Application Information [View/Print Application \(PDF\)](#)

Application ID: 2-100091655278
 Application Submit Date: 10/27/2017
 Enrollment Period: Open Enrollment
 County: DUVAL
 Home Address: 1335 RYAR RD , JACKSONVILLE, FL 32216

Eligible Applicants

Product Rates Are Subject to Change
 The premium estimated below includes any rate adjustment(s) applied to your current policy. This rate may change based on demographics and other factors, such as tobacco status.

Name	Relationship	Gender	Age	Used Tobacco in the Past?	Premium
Michael Testb	Applicant	Male	30	6 months or less	\$471.27
Total Monthly Premium:					\$471.27
Subsidy Applied:					-\$220.00
Initial Payment Due:					\$251.27

Agent/Agency Information

Agent: FRANK ACOSTA
 Agent Phone: 3052658118
 Agent Email: sushma.shrestha@bcbsfl.com

Agency: ACOSTA INSURANCE GROUP INC
 Agency Phone: 3052658118
 Agency Email: enid@frankacosta.com

SEE IMPORTANT REMINDERS

What should I do now?

- Pay your premiums. To do this, select the "Make a Payment" option below. If you don't submit payment with your application, don't worry we'll send you a bill in the mail or you can call 1-800-352-2583 to submit your payment. Just remember you'll need to submit your payment before your effective date in order for your coverage to begin.
- Submit required documents to the Marketplace by the deadline (if required). Click "[Return to My Account](#)" to access a list of required documents and deadlines.
- Expect communications from us and from the Marketplace. HealthCare.gov will still send you notices and communication about your coverage but you can log into your consumer account with us to view all your Marketplace notices, make updates to your application or coverage, and manage your information.

When you hear from HealthCare.gov.

- Read your notices and get important emails.
- Upload documents through your Florida Blue consumer account. We can help you submit documents if the Marketplace needs to confirm information on your application. In some cases, you'll need to submit these documents before your coverage can start.
- Download forms you'll need when you file your federal income tax return.

What if I need to update my information later?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. You can update your application through your consumer account with Florida Blue. After logging into your account, select the option to "[Start a Marketplace Application or Update an Existing Application](#)", then select your application, the option for reporting a life change and update your application with the new information.

- Your customer will receive a confirmation email once the application has been submitted with plan selection for enrollment confirming the submission.
- This is a separate email from the email received for submitting the Marketplace SSE application.

Congratulations!

You've enrolled in Marketplace coverage through Florida Blue.

What should I do now?

1. Pay your premiums. If you didn't submit payment with your application, don't worry. We will send you a bill in the mail or you can call 1-800-352-2583 to submit your payment. Just remember you'll need to submit your payment before your effective date in order for your coverage to begin.
2. Submit required documents to the Marketplace for the following items by the deadline indicated. Refer to the "Register an account" steps below to create an account and upload your documents.

Documents needed	Needed for	Date needed by
Proof of Household Income	megh mark	06/10/2019
Proof of Citizenship	megh mark	06/15/2019

3. Expect communications from us and from the Marketplace. HealthCare.gov will still send you notices and communication about your coverage but you can log into your consumer account with us to view all your Marketplace notices, make updates to your application or coverage, and manage your information.

Register an account

- Click [Register Your Account Now](#) and select the option to "Sign up now". If you previously created a consumer account, you can skip the next 2 steps and just log in.
 - Create a user ID and provide a valid email address to create your account.
 - Verify your identity by answering some basic questions based on information in your credit report.
- Select your Marketplace application in the search results in order to view your action items and upload documents.

When you hear from HealthCare.gov:

- Read your notices and get important emails.
- Upload documents through your Florida Blue consumer account. We can help you submit documents if the Marketplace needs to confirm information on your application. In some cases, you'll need to submit these documents before your coverage can start.
- Download forms you'll need when you file your federal income tax return.

What if I need to update my information later?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, you can contact your agent or update your application through your consumer account with Florida Blue. After logging into your account, select your application, the option for reporting a life change and then update your application with the new information.

If you have any questions regarding this message, call your agent for assistance.

Sincerely,
 Florida Blue
Floridablue.com