

Florida Blue 

MARKETPLACE APP 3.0

2020 Open Enrollment

98309 1019



At the end of this lesson you will be able to:

- Identify the changes made to the Marketplace application completed via SalesConnect Direct Enrollment for 2020 Open Enrollment and when you will complete the new App 3.0 vs. the original Classic Application for this years Open Enrollment.
 - [CLICK HERE TO REVIEW THE CHANGES FOR 2020](#)
- Understand the flow of the Marketplace Application 3.0, which will be the version agents will complete for Direct Enrollment.
 - [CLICK HERE TO REVIEW THE MARKETPLACE 3.0 APPLICATION](#)

MARKETPLACE APP 3.0 – WHAT’S CHANGING?

Marketplace Application Up-Front Screen Changes

- In today’s current process for completing the Marketplace Eligibility Application via Direct Enrollment, agents and consumers are routed through a set of screener questions prior to completing their application.
- The screener determines whether they need to complete the Classic App, which was the original Marketplace application, or the new App 3.0 version.
- For 11/1, CMS is expanding App 3.0 for completing most application scenarios through Direct Enrollment. To support this, the screener has been reduced to a small set of questions.
- After 11/1, the Classic version of the application will only be presented for Special Enrollment changes to a 2019 policy and associated applications.

Agent Attestation Checkbox

- The Marketplace has added a checkbox for agents to check that attests the consumer has given them approval to access their application and make changes on their behalf.

Other Changes

- The ability to navigate to previous pages within the application has been removed. Agents can use the Application Summary to navigate to sections that need updates.
- The Marketplace Application ID now displays on all application pages under the “Save & Continue” button.

MARKETPLACE APP 3.0 – WHAT’S CHANGING?

- **New agent attestation**
 - Agents will need to select a new checkbox prior to searching for their customers application.
 - Agents will need to select the checkbox prior to each new search.

HealthCare.gov [Logout](#) [Español](#)

Find an application

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

First name Last name

Date of birth Social Security Number (SSN) *optional*

Confirmation

Check here to indicate that you've gotten permission from this person to search for his or her application.

SEARCH

MARKETPLACE APP 3.0 – WHAT’S CHANGING?

- **Eliminated Up-Front Screener**

- The up front set of questions that determined which application to route the consumer/agent to is now reduced to 5 basic household questions.
- These pages collect only high level household information and now will route to the new Marketplace App 3.0 for all 2020 applications.

HealthCare.gov Individuals & Families Small Businesses Log out

Apply Get Results Get Coverage

Be sure to finish your application before you return to the enrollment partner's website.

Before you get started

Fill in the information below about your household. Not applying for coverage in Florida? [Change your state.](#)

Are you single or married?

SINGLE **MARRIED**

How many tax dependents, like your children, will you claim on your 2020 tax return?

Include all of your dependents on your 2020 tax return, even those not applying for coverage. Don't include yourself.

Select...

CONTINUE



Of the 4 people above, who are you applying for coverage for? Select all that apply.

ME

MY SPOUSE

BOTH OF MY DEPENDENTS

How much income will your household make this year? (optional)

\$108,000 OR LESS **MORE THAN \$108,000**

Based on your estimated household income in 2020 of more than \$108,000, you most likely won't get help paying for coverage. Do you still want to answer extra questions to see if you qualify for help paying for coverage?

YES **NO**

CONTINUE

MARKETPLACE APP 3.0 – WHAT’S CHANGING?

- **Marketplace Application ID – New display location**
 - The Marketplace Application ID is now displayed on every page under the Save & Continue button.
 - Note the new location if you need to locate the Marketplace App-ID.

The screenshot shows the HealthCare.gov interface. At the top, there is a dark blue header with the text 'HealthCare.gov' on the left and 'Robert' followed by a 'Menu' button on the right. Below the header, there is a white content area. On the left side of this area, there is a blue arrow pointing left with the text 'Back'. The main heading is 'Who needs health coverage?' in a large, dark font. Below this heading is a blue link that says 'Learn more about who not to include.'. Underneath is a section titled 'Needs coverage' in bold, followed by another blue link: 'Learn more about editing or removing someone.'. Below the link is a white rectangular box containing a green checkmark, the name 'Robert', and a blue 'Edit' link. Below this box is a blue button with the text 'Add a person who needs coverage'. At the bottom of the content area, there is a green button with the text 'Save & continue'. Directly below this button is a white box with a red border containing the text 'Application ID: 11016464'.

MARKETPLACE APP 3.0

Florida Blue  FRANK ACOSTA 

Home Create Proposal My Prospects Dashboard Helpful Resources

Welcome

Create Proposal

Individual & Family Plans
Create a proposal and submit an application for the following plans:

- Marketplace Health
- Off Marketplace Health
- Qualified Dental
- USABLE Life Accident
- USABLE Life Critical Illness
- USABLE Life Hospital
- Temporary

[Create Proposal](#)

[Create New Proposal \(Español\)](#)

Medicare Plans
Create a proposal and submit an application for the following BlueMedicare health and ancillary products:

- Medicare Advantage
- Medicare Pharmacy
- Medicare Supplement

[Create Proposal](#)

[Florida Blue Age In Recommendations](#)

Other Plans
Create a proposal and submit an application for the following plans:

- Non Qualified Dental

[Create Proposal](#)

Change Plans

Individual & Family
Plan changes, add / delete dependents for existing Florida Blue Plans.

[Start](#)

Medicare
Plan changes for existing Florida Blue Medicare Supplement Plans members.

[Start](#)

Marketplace

[Go to Marketplace](#) >

[Go to Marketplace \(Español\)](#) >

[Go to Single Site Enrollment \(NEW\)](#) >

Tools

[Skip to FFE Eligibility Stub](#) >

[Single Site Enrollment Queue \(NEW\)](#) >

[Dashboard](#) >

[Process Binder for Under-Written Health Paper application](#) >

Direct Enrollment (DE) is initiated from the Sales Connect landing page. Select the Go to Marketplace option under Marketplace. As a reminder, DE is where you are re-directed out to the Marketplace to complete the Marketplace application.

MARKETPLACE APP 3.0

Welcome agents & brokers

Helping your client apply or update their application

To get started, click the button below, then enter your client's information. If we find their existing Marketplace application, you'll use it to help them update or enroll in coverage. If there's no existing application, you'll be able to create a new one.

SEARCH FOR APPLICATION



Find an application

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

2020 FL

First name Last name

tester test

Date of birth Social Security Number (SSN) *optional*

01/01/1970

MM/DD/YYYY

XXX-XX-XXXX

Confirmation

- Check here to indicate that you've gotten permission from this person to search for his or her application.

SEARCH

No Matches found

No results? [Create a new application.](#)

After selecting Go to Marketplace and logging in, the agent will perform a search for any existing applications for their consumer. Note you will need to gain permission to perform these functions for your consumer and select the new checkbox indicating this before each search.

MARKETPLACE APP 3.0

Start a client's new application

To start a new application, select the year your client wants coverage and the state they live in.

Coverage year Application state

Select Year Select State



Apply > Get Results > Get Coverage

Be sure to finish your application before you return to the enrollment partner's website.

Your identity has been verified

You can now fill out your application for health coverage through the Marketplace.

Important Marketplace emails

If the Marketplace has your email address, we'll 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 & the use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data](#), or view the [Privacy Act Statement](#).

- I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.
- I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a [Special Enrollment Period](#), if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

Select the Coverage Year and State then review the Privacy and Use of your Information page with your customer before continuing.

MARKETPLACE APP 3.0

HealthCare.gov Individuals & Families Small Businesses Log out

Apply Get Results Get Coverage

Be sure to finish your application before you return to the enrollment partner's website.

Before you get started

Fill in the information below about your household. Not applying for coverage in Florida? [Change your state.](#)

Are you single or married?

SINGLE MARRIED

How many tax dependents, like your children, will you claim on your 2020 tax return?

Include all of your dependents on your 2020 tax return, even those not applying for coverage. Don't include yourself.

Select...

CONTINUE



Of the 4 people above, who are you applying for coverage for? Select all that apply.

ME

MY SPOUSE

BOTH OF MY DEPENDENTS

How much income will your household make this year? (optional)

\$108,000 OR LESS MORE THAN \$108,000

Based on your estimated household income in 2020 of more than \$108,000, you most likely won't get help paying for coverage. Do you still want to answer extra questions to see if you qualify for help paying for coverage?

YES NO

CONTINUE

The up-front screening questions are eliminated, and now only high level household information is collected begin the application process.

MARKETPLACE APP 3.0

The screenshot shows a web form on the HealthCare.gov website. At the top left is the logo 'HealthCare.gov' and at the top right is the user name 'Robert' next to a 'Menu' button. Below the header is a blue bar with a white 'Back' link. The main heading is 'Tell us about yourself'. The first question is 'Do you need coverage for yourself?' with radio buttons for 'Yes' (selected) and 'No'. Below are text input fields for 'First name' (containing 'Robert'), 'Middle name' (optional, empty), 'Last name' (containing 'Birmingham'), and 'Suffix' (optional, dropdown menu). The 'Date of birth' section includes an example '3/4/2018' and three input boxes for 'Month', 'Day', and 'Year'. At the bottom are radio buttons for 'Sex' (Female and Male) and a green 'Save & continue' button.

First step of the application collects information for the household and household contact.

Provide this information and select **"Save & Continue"**.

MARKETPLACE APP 3.0

HealthCare.gov Testr Menu

[← Back](#)

Home address

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

Street address

Street address 2
Optional

City

State

ZIP Code

I don't have a home address

[Save & continue](#)



HealthCare.gov Testr Menu

[← Back](#)

Home address

The U.S. Postal Service (USPS) returned different information for your address. Select the correct address.

USPS record:

1335 Ryar Rd
Jacksonville, FL 32216-2802

Your entry:

1335 Ryar Rd
Jacksonville, FL 32216

[Save & continue](#)

Continue completing the information for the Household and Household contact.

MARKETPLACE APP 3.0

HealthCare.gov Testr Menu

[← Back](#)

Mailing address

Is this also your mailing address?

1335 Ryar Rd
Jacksonville, FL 32216

Yes
 No

[Save & continue](#)



HealthCare.gov Testr Menu

[← Back](#)

Mailing address

Is this also your mailing address?

1335 Ryar Rd
Jacksonville, FL 32216

Yes
 No

Enter your mailing address

Enter a street address or a PO Box. It can't be a foreign address.

Street address

Street address 2
Optional

City

State

ZIP Code

[Save & continue](#)

Continue completing the information for the Household and Household contact.

MARKETPLACE APP 3.0

Continue completing the information for the Household and Household contact.

HealthCare.gov Testr Menu

[← Back](#)

Contact information

Email address

Phone number

Extension
Optional

Phone type

Mobile

Home

Work



HealthCare.gov Robert Menu

[← Back](#)

Preferred language

Selecting your preferred language will help the U.S. Department of Health and Human Services improve service to all Americans. Providing this information won't affect your eligibility, options, or costs. Your selection won't change the language of the correspondence we send.

Preferred written language

Preferred spoken language

Application ID: 11016464



HealthCare.gov Robert Menu

[← Back](#)

Contact preferences

How would you like to get notices about your application?

Email or text me when there's a new notice in my HealthCare.gov account

Send me paper notices in the mail

How should we let you know when there's a new notice in your account?

Email me at testest@yopmail.com

Text me (messaging rates apply)

Application ID: 11016464

MARKETPLACE APP 3.0

HealthCare.gov Robert Menu

[← Back](#)

Application help

Is a professional helping you complete your application?
If a family member or friend is helping you, select "No."
[Learn about professionals who can help with your application.](#)

Yes
 No

Which type of professional is helping you?
Select all that apply.

Navigator
 Certified application counselor
 Agent or Broker
 Other assister

Tell us about the agent or broker

First name

Middle Initial
Optional

Last name

Suffix
Optional

National Producer Number (NPN)

[Save & continue](#)

Application ID: 11016464

After the Household Contact information is collected, the application will ask if the applicant is receiving any assistance applying for coverage.

Agents should add their agent information here to ensure their information is associated with the Marketplace application.

MARKETPLACE APP 3.0

After collecting high level information on the household, the application will then collect more detailed information for the household members, including who is applying for coverage. The user will submit answers for each member of the household.

HealthCare.gov Robert Menu

* Back

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Robert Edit

Add a person who needs coverage

Save & continue

Application ID: 11016464



HealthCare.gov Robert Menu

* Back

Add a person who needs health coverage

First name

Middle name
Optional

Last name

Suffix
Optional

Date of birth
For example: 3/4/2018
Month / Day / Year

Sex
 Female
 Male

How is this person related to Robert?
This person is Robert's...

Save & continue



HealthCare.gov Robert Menu

* Back

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ Robert Edit

✓ Spouse Edit Remove

✓ Son Edit Remove

Add a person who needs coverage

Save & continue

Application ID: 11016464

MARKETPLACE APP 3.0

Continue providing information on the household including the tax filing status.

HealthCare.gov Robert Menu

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Marital status

[Learn more about marital status.](#)

What's Robert's marital status?

Single

Married to

[Save & continue](#)

Application ID: 11016464



HealthCare.gov Robert Menu

[← Back](#)

Tax relationships

Now, tell us about the household's federal income tax returns. We'll use this information to see who's eligible for savings, like premium tax credits.

Robert's tax relationships

Will Robert file a 2020 joint federal income tax return with Spouse?

[Learn more about joint tax filing.](#)

Yes

No

Will Robert and Spouse claim any dependents on their 2020 federal tax return?

[Learn more about dependents.](#)

Yes

No

Who will Robert and Spouse claim as a dependent on their 2020 federal tax return?

Son

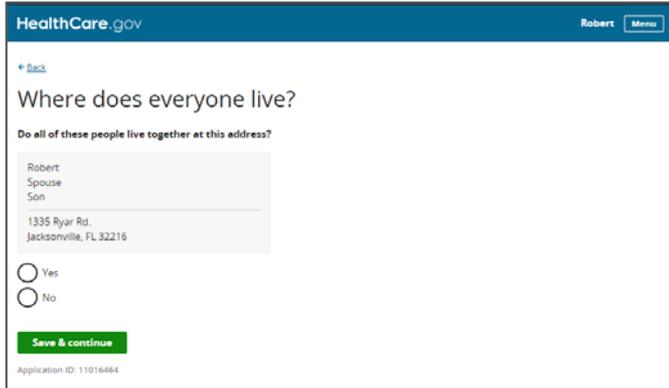
[Add a dependent](#)

[Save & continue](#)

Application ID: 11016464

MARKETPLACE APP 3.0

Continue providing information on the household including the living situation for all members.



HealthCare.gov Robert Menu

← Back

Where does everyone live?

Do all of these people live together at this address?

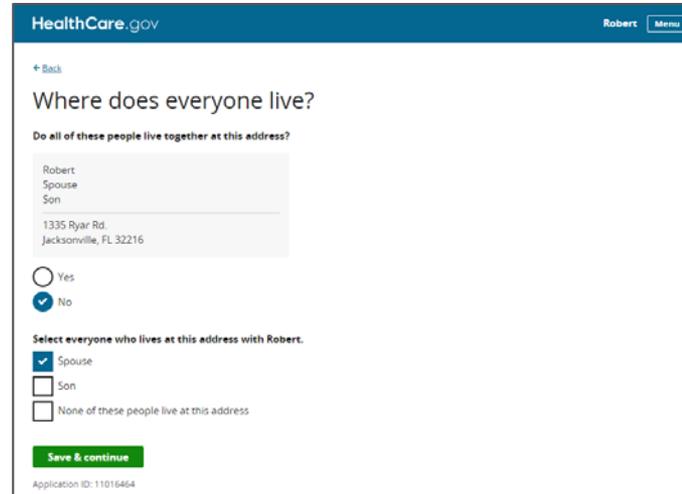
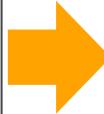
Robert
Spouse
Son

1335 Ryar Rd.
Jacksonville, FL 32216

Yes
 No

Save & continue

Application ID: 11016464



HealthCare.gov Robert Menu

← Back

Where does everyone live?

Do all of these people live together at this address?

Robert
Spouse
Son

1335 Ryar Rd.
Jacksonville, FL 32216

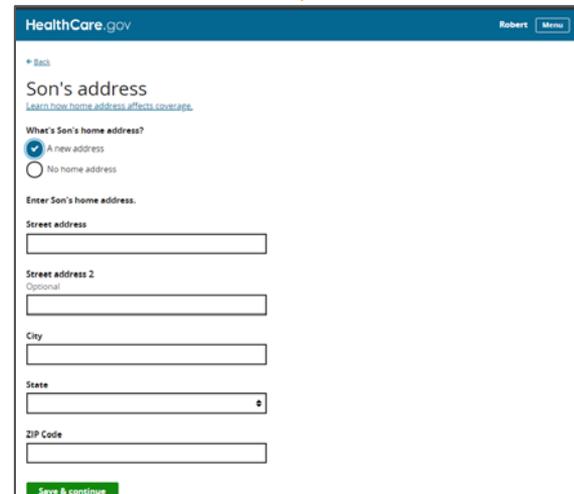
Yes
 No

Select everyone who lives at this address with Robert.

Spouse
 Son
 None of these people live at this address

Save & continue

Application ID: 11016464



HealthCare.gov Robert Menu

← Back

Son's address

[Learn how home address affects coverage.](#)

What's Son's home address?

A new address
 No home address

Enter Son's home address.

Street address

Street address 2
Optional

City

State

ZIP Code

Save & continue

MARKETPLACE APP 3.0

Continue providing information on the household.

HealthCare.gov Robert Menu

[← Back](#)

Household information

Do any of these situations apply to any of the people in the household?
Select all that apply. This information may help with savings on coverage.

Is pregnant

Is American Indian or Alaska Native

Is currently incarcerated (detained or jailed)

None of these apply to the people in the household

[Save & continue](#)

Application ID: 11016464

Is Pregnant

Household information

Is Spouse pregnant?
Optional. Select all that apply. If a person is pregnant, you may be able to get more savings paying for coverage, depending on the household income.

Yes

No

How many babies is Spouse expecting during this pregnancy?
Telling us this may help the whole household get more savings paying for coverage.

[Save & continue](#)

Application ID: 11016464

Is American Indian/Alaskan Native

Household information

Which of these people are American Indians or Alaska Natives?
Select all that apply.
[Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.](#)

Robert Birmingham

Spouse Tester

Son Testing

None of these people listed above

[Save & continue](#)

Application ID: 11016464

Is currently incarcerated

Household information

Which of these people are incarcerated?
Select all that apply.
[Learn more about incarceration and the Marketplace.](#)

Robert Birmingham

Spouse Tester

Son Testing

None of these people listed above

[Save & continue](#)

Application ID: 11016464

MARKETPLACE APP 3.0

HealthCare.gov Robert Menu

[← Back](#)

Robert's information

Providing this information won't impact eligibility, plan options, or costs.

Is Robert of Hispanic, Latino, or Spanish origin?
Optional

Yes
 No

[Clear your selection](#)

What's Robert's race?
Optional. Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Pacific Islander
- Samoan
- Vietnamese
- White
- Another race not listed above

[Save & continue](#)

Application ID: 11016464



HealthCare.gov Robert Menu

[← Back](#)

Spouse's information

Providing this information won't impact eligibility, plan options, or costs.

Is Spouse of Hispanic, Latino, or Spanish origin?
Optional

Yes
 No

[Clear your selection](#)

What's Spouse's race?
Optional. Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Pacific Islander
- Samoan
- Vietnamese
- White
- Another race not listed above

[Save & continue](#)

Application ID: 11016464

Next the application will collect ethnicity information for all household members. These questions are optional to answer and do not impact eligibility.

MARKETPLACE APP 3.0

After collecting high level information on the household, the application will then collect more detailed information for the household members. The user will submit answers for each member of the household.

HealthCare.gov Robert Menu

[← Back](#)

Robert's information

Providing this information won't impact eligibility, plan options, or costs.

What's Robert's Social Security Number (SSN)?
Enter Robert's 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
[Learn more about entering SSNs.](#)

Robert doesn't have an SSN.

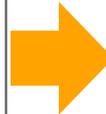
Does the name below match the name on Robert's Social Security card?

Robert Birmingham

Yes
 No

[Save & continue](#)

Application ID: 11016464



HealthCare.gov Robert Menu

[← Back](#)

Spouse's information

Providing this information won't impact eligibility, plan options, or costs.

What's Spouse's Social Security Number (SSN)?
Enter Spouse's 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
[Learn more about entering SSNs.](#)

Spouse doesn't have an SSN.

Does the name below match the name on Spouse's Social Security card?

Spouse Tester

Yes
 No

[Save & continue](#)

Application ID: 11016464

MARKETPLACE APP 3.0

HealthCare.gov Robert Menu

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Citizenship & Immigration Status

Is every person applying for coverage a U.S. citizen or U.S. national?
Most U.S. citizens, U.S. nationals, and lawfully present immigrants are eligible for coverage. (U.S. nationals are American Samoans who meet certain criteria.)
[See all immigration statuses that qualify for Marketplace coverage.](#)

Yes
 No

Which of these people aren't U.S. citizens or U.S. nationals?
Select all that apply. People who aren't U.S. citizens or U.S. nationals can still apply for coverage.

Robert Birmingham
 Spouse Tester
 Son Testing

[Save & continue](#)

Application ID: 11016464



Citizenship

HealthCare.gov Robert Menu

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Citizenship

Which of these people are naturalized or derived citizens?
Select all that apply.
[Learn more about naturalized or derived citizenship.](#)

Spouse Tester
 Son Testing

None of these people

[Save & continue](#)

Application ID: 11016464

Immigration

HealthCare.gov Robert Menu

[← Back](#)

Robert's immigration status

Does Robert have eligible immigration status?
[Not sure? See a list of eligible statuses.](#)

Yes, Robert has eligible immigration status.
 I would like to withdraw the application without answering this question. I understand that if I don't answer it, **Robert won't be eligible for full Medicaid or Marketplace coverage** and will be considered only for coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Robert's most current documentation and status.

Optional

Permanent Resident Card (Green Card) or Reentry Permit
:SS1, Temporary (SS1) status, :327

Machine Readable Immigrant Visa with temporary (SS1) language

Employment Authorization Card
:366

Arrival/Departure Record
:2A, :304

Refugee Travel Document
:571

Nonimmigrant Student or Exchange Visitor Status
:20, 012019

Notice of Action
:797

Other document or status

Unexpired foreign passport

None of these

[Clear your selection](#)

Next the application will collect the immigration status for the members in the household.

MARKETPLACE APP 3.0

After collecting information for each household member, the application will ask questions in order to determine if anyone is preliminarily eligible for Medicaid or CHIP. These preliminary questions will determine if additional follow up questions will be asked later in the application.

HealthCare.gov Robert Menu

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Disabilities & help with activities

Do any of these people have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

Optional.
[How to answer and why we're asking.](#)

Robert Birmingham
 Spouse Tester
 Son Testing

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home?

Optional.
[Why we ask about needing help with daily activities.](#)

Robert Birmingham
 Spouse Tester
 Son Testing

[Save & continue](#)

Application ID: 11016464



HealthCare.gov Robert Menu

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Medicaid or CHIP denial

Were any of these people found not eligible for Florida Medicaid or Florida KidCare (CHIP) by Florida since 7/16/2019?

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Robert Birmingham
 Spouse Tester
 Son Testing

[Save & continue](#)

Application ID: 11016464



HealthCare.gov Robert Menu

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Changes in coverage

Did anyone have Florida Medicaid or Florida KidCare (CHIP) that recently ended or will end soon because they are no longer eligible?

Robert Birmingham
 Spouse Tester
 Son Testing

[Save & continue](#)

Application ID: 11016464

MARKETPLACE APP 3.0

HealthCare.gov testing Menu

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Household income

Will any of these people have income this month?
[Learn about types of income to report](#)

testing test
 Spouse Test
 Son Test

[Save & continue](#)

Application ID: 11895939



HealthCare.gov testing Menu

← Back

Household expenses

Do any of these people pay student loan interest, alimony, or educator expenses, or contribute to an IRA in 2020?
[Learn more about reporting these expenses](#)

testing test
 Spouse Test
 Son Test

[Save & continue](#)

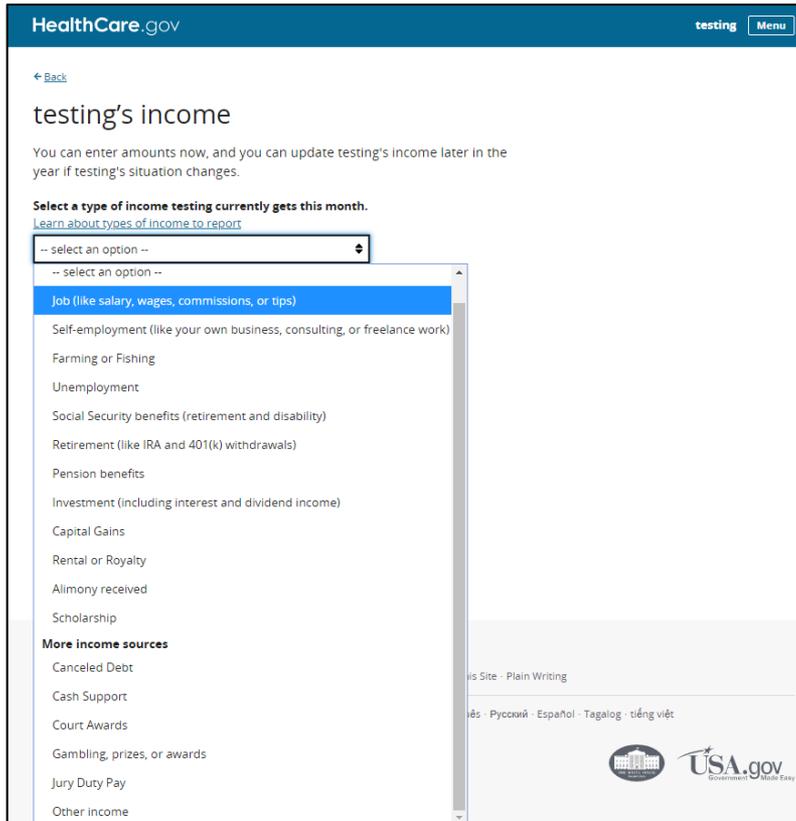
Application ID: 11895939

After collecting preliminary information for Medicaid or CHIP, the application will collect income and expenses for all household members.

Note that these questions are only asked when the applicants are seeking financial assistance.

MARKETPLACE APP 3.0 – PHASE 1

If the applicant indicates they are receiving some form of income, the application will then collect the details for all selected applicants.



HealthCare.gov testing Menu

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testing's income

You can enter amounts now, and you can update testing's income later in the year if testing's situation changes.

Select a type of income testing currently gets this month.
[Learn about types of income to report](#)

-- select an option --

- Job (like salary, wages, commissions, or tips)
- Self-employment (like your own business, consulting, or freelance work)
- Farming or Fishing
- Unemployment
- Social Security benefits (retirement and disability)
- Retirement (like IRA and 401(k) withdrawals)
- Pension benefits
- Investment (including interest and dividend income)
- Capital Gains
- Rental or Royalty
- Alimony received
- Scholarship

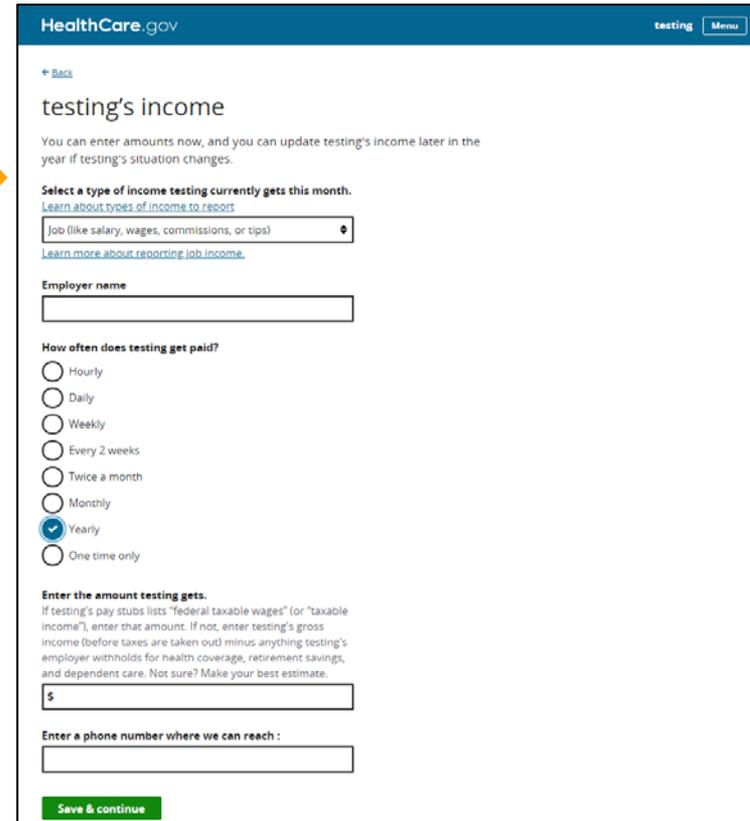
More income sources

- Canceled Debt
- Cash Support
- Court Awards
- Gambling, prizes, or awards
- Jury Duty Pay
- Other income

is Site - Plain Writing

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 USA.gov
Government Make Easy



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testing's income

You can enter amounts now, and you can update testing's income later in the year if testing's situation changes.

Select a type of income testing currently gets this month.
[Learn about types of income to report](#)

Job (like salary, wages, commissions, or tips)

[Learn more about reporting job income.](#)

Employer name

How often does testing get paid?

Hourly

Daily

Weekly

Every 2 weeks

Twice a month

Monthly

Yearly

One time only

Enter the amount testing gets.
If testing's pay stubs lists "federal taxable wages" (or "taxable income"), enter that amount. If not, enter testing's gross income (before taxes are taken out) minus anything testing's employer withholds for health coverage, retirement savings, and dependent care. Not sure? Make your best estimate.

\$ _____

Enter a phone number where we can reach :

Save & continue

MARKETPLACE APP 3.0 – PHASE 1

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testing's expenses

You can deduct only certain expenses from testing's income on this application.

Select testing's current expenses.
[Learn more about reporting these expenses.](#)

Student loan interest

Alimony payments
Only tell us about alimony if the divorce or separation was finalized before January 1, 2019.

One of these expenses:

- IRA contributions (if doesn't have a retirement account through a job)
- Educator expenses (if is a teacher and pays for supplies out-of-pocket)
- Penalty on early withdrawal of savings

How often does testing pay student loan interest?

Weekly

Every 2 weeks

Monthly

Quarterly

Yearly

Save & continue



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Review testing's income & expenses

testing's income

Job: Name \$23,000.00 every year [Edit](#) | [Remove](#)

[Add another income source for testing](#)

testing's expenses

Student loan interest \$2,500.00 every year [Edit](#) | [Remove](#)

[Add another expense for testing](#)

testing's net income totals

testing's expected monthly income for 2020

About \$1,708.33

We calculated this current monthly income amount based on what you entered for testing's income and expenses. Don't worry if this isn't the exact total — we just need a close estimate.

testing's expected yearly income for 2020

About \$20,500.00

We calculated this expected yearly income amount based on what you entered for testing's monthly income and expenses. Is this correct?

Yes

No

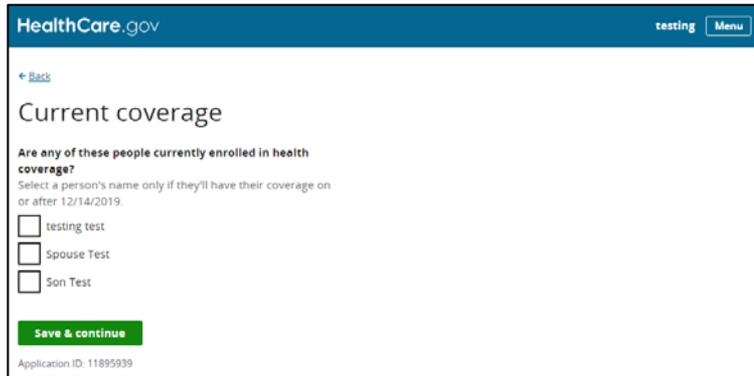
Save & continue

If any household member was selected as having expenses, the application will collect those details next after income. After providing the expenses, the application will have the applicant confirm their expected income for the year in which they are enrolling. If the Marketplace detects a discrepancy with the income information provided, the application will ask follow up questions.

Note: The discrepancy questions are asked in order to prevent the need to provide documentation post submission of the Marketplace application.

MARKETPLACE APP 3.0 – PHASE 1

After the Income and Expenses are collected, the application will ask about current coverage for anyone applying for coverage and who are preliminarily eligible for APTC/QHP, Medicaid, or CHIP based on answers to previous questions.



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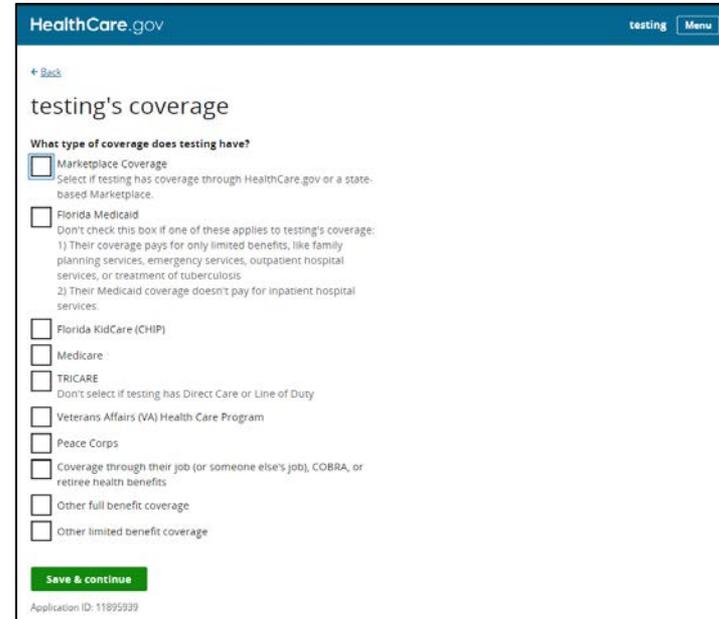
Current coverage

Are any of these people currently enrolled in health coverage?
Select a person's name only if they'll have their coverage on or after 12/14/2019.

- testing test
- Spouse Test
- Son Test

[Save & continue](#)

Application ID: 11895939



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testing's coverage

What type of coverage does testing have?

- Marketplace Coverage
Select if testing has coverage through HealthCare.gov or a state-based Marketplace.
- Florida Medicaid
Don't check this box if one of these applies to testing's coverage:
1) Their coverage pays for only limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis
2) Their Medicaid coverage doesn't pay for inpatient hospital services.
- Florida KidCare (CHIP)
- Medicare
- TRICARE
Don't select if testing has Direct Care or Line of Duty
- Veterans Affairs (VA) Health Care Program
- Peace Corps
- Coverage through their job (or someone else's job), COBRA, or retiree health benefits
- Other full benefit coverage
- Other limited benefit coverage

[Save & continue](#)

Application ID: 11895939



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Recent coverage changes

Did any of these people have coverage through a job that ended in the last 2 month(s)?

- Son Test

[Save & continue](#)

Application ID: 11895939

MARKETPLACE APP 3.0 – PHASE 1

Continue providing information for the households current coverage. These display to applicants who are preliminarily eligible for CHIP/Medicaid.

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Recent coverage changes

Did any of these people have coverage through a job that ended in the last 2 month(s)?

Son Test

[Save & continue](#)

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Household information

Is Son offered Florida's state employee health benefit plan through a job or a family member's job (like a parent)?

[Learn more about state employee health benefit plans.](#)

Yes

No

[Save & continue](#)

Application ID: 11895939

MARKETPLACE APP 3.0 – PHASE 1

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Job-based health coverage

[Need help completing this section?](#)

Will any of these people be offered health coverage through their job, or through the job of another person, like a spouse or parent?

Only select a person's name if they'll have an offer of coverage on 1/1/2020, even if they haven't enrolled or the enrollment period for the employer coverage is over.
[Learn more about who's offered job-based coverage.](#)

testing

Spouse

None of these people

[Save & continue](#)

Application ID: 11895939



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Job-based health coverage

[Need help completing this section?](#)

Which employers offer testing health coverage?

Select all that apply.
[Learn more about which employers to select.](#)

Name (testing's job)

Name (Spouse's job)

Tell us about testing's other coverage offers.

Employer name

Who works for this employer?

testing

Spouse

Son

None of these people

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

[Save & continue](#)

Application ID: 11895939

Continue providing information for the households current coverage. These questions are asked of applicants who are QHP eligible.

MARKETPLACE APP 3.0 – PHASE 1

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Recent coverage changes

Did any of these people lose qualifying health coverage between 8/16/2019 and 10/15/2019?
[Learn more about qualifying health coverage.](#)

testing test
 Spouse Test

[Save & continue](#)

Application ID: 11895939



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Upcoming coverage changes

Will any of these people lose qualifying health coverage between 10/15/2019 and 12/14/2019?
[Learn more about qualifying health coverage.](#)

testing test
 Spouse Test

[Save & continue](#)

Application ID: 11895939

Continue providing information for the households current coverage. These questions are asked of applicants who are QHP eligible.

MARKETPLACE APP 3.0 – PHASE 1

The application will then ask about recent changes, such as marriage or a move, to QHP eligible applicants only. These questions will determine eligibility for a Special Enrollment Period (SEP) in addition to the prior question on loss of Minimal Essential Coverage (MEC).

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Life changes

Has testing or Spouse had any of these changes since 8/16/2019?

- Got married
- Gained a dependent (or became a dependent) due to an adoption, foster care, guardianship, or court order.
- Moved
Don't select if the person moved for vacation or medical treatment.
- Was released from incarceration (detention or jail)
- None of these changes

[Save & continue](#)

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testing's move

What's the ZIP Code of testing's previous address?

Check this box if moved from a foreign country or U.S. territory. You don't need to enter a ZIP Code above.

When did testing move?
For example: 8/16/2019

Month / Day / Year

 / /

Did testing have qualifying health coverage at any time in the 60 days before moving?

Yes

No

[Save & continue](#)

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Tell us about the new dependent

You may need to submit documents to confirm the recent adoption, foster care placement, or court order before your new coverage can start.

Who was adopted, got placed in foster care, or became a dependent through a child support order or other court order on or after 8/16/2019?

- testing test
- Spouse Test
- Son Test

[Save & continue](#)

Application ID: 11895939

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testing's incarceration release

When was testing released from incarceration?
For example: 8/16/2019

Month Day Year

/ /

[Save & continue](#)

Application ID: 11895939

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Tell us about the marriage

Which of these people got married since 8/16/2019?

- testing & Spouse
- None of these people

[Save & continue](#)

Application ID: 11895939

Above are additional Recent Change scenarios that help determine eligibility for a Special Enrollment Period.

MARKETPLACE APP 3.0 – PHASE 1

After the application questions are complete, the user will review the application to ensure all information is accurate. Note: Below is only a sample of the beginning and end of the summary page.

- Click “**Edit**” in either of the sections to be routed back to the beginning of that section to edit information.
- Click “**Save & Continue**” to continue to agreements and final submission.

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Review your application

Seeking help paying for coverage
Yes

Review your contact information

Mailing address
1335 Ryar Rd.
Jacksonville, FL 32216 [Edit](#)

Email address
123test@yopmail.com [Edit](#)

Phone numbers
Mobile: 9049054321 [Edit](#)

Preferred written language
English [Edit](#)

Preferred spoken language
English [Edit](#)

Preferred method of receiving notices
Email: 123test@yopmail.com [Edit](#)

Net income totals

Current monthly income [Edit](#)
\$0.00

Expected yearly income for 2020
\$0.00

Review additional information

Will be offered job-based health coverage [Edit](#)
None

Save & continue

MARKETPLACE APP 3.0 – PHASE 1

After successful submission of the application, you will be taken to the Eligibility Results page.

Step1 - Review the Eligibility Overview which provides the high level eligibility for the applicants.

Step2 – Download the Eligibility Notice (PDF) and review with your customer.

Step3 – Click the “**Return to Enrollment Partner’s Website**” to return to SalesConnect for final plan selection and submission.

This completes the changes to the Marketplace application for OE 2020.

Eligibility results

Results based on your application (ID 11895939) submitted on 10/15/2019. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

Eligibility overview

testing test	Eligible	To buy a Marketplace plan
Spouse Test		For a premium tax credit of up to \$1003 each month for your tax household
		For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans
		Your eligibility is temporary: By January 13, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
Son Test	May be eligible	For Children's Health Insurance Program (CHIP) You'll get a final decision from your state CHIP agency.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to enrollment

You've submitted your application and viewed your results. Next, you'll choose a plan.

[RETURN TO ENROLLMENT PARTNER'S WEBSITE](#)

Full Medicaid determination

It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the Florida Medicaid. Do any of these people want us to send their information to the Florida Medicaid so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?

- testing test
- Spouse Test
- Son Test
- None of these people

[SEND TO MEDICAID](#)

In this presentation you learned how to:

- Identify the changes made to the Marketplace application completed via SalesConnect Direct Enrollment for 2020 Open Enrollment and when you will complete the new App 3.0 vs. the original Classic Application for this years Open Enrollment.
- Understand the flow of the Marketplace Application 3.0, which will be the version agents will complete for Direct Enrollment.





**THANK
YOU!**