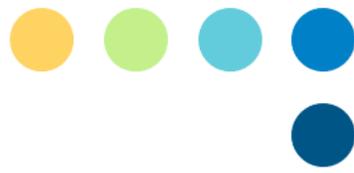




Enhanced Direct Enrollment (EDE) via the Retail Shopping Cart

August 2021

Contents



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Enhanced Direct Enrollment Overview

Background

Main Features

Phased Approach

Background



What is EDE?

- Enhanced Direct Enrollment (EDE) via our Retail Shopping Cart is a way for consumers to enroll, end-to-end, in our Marketplace plans.
- CMS partners with entities like ours and allows consumers to apply for and enroll in a Marketplace plan directly through our site without being redirected to healthcare.gov. For more on how CMS grants EDE to insurers, [visit here](#).
- EDE eliminates the need for a consumer shopping for an on-exchange plan to leave our site to fill out an eligibility application on healthcare.gov.

BlueCross BlueShield of Illinois

Welcome Mjmonday Language Assistance Need Help? 0 Cart Log out

Application ID: 13540899

- ✓ GET STARTED
- ✓ FAMILY AND HOUSEHOLD
- INCOME**
 - Tell Us About Your Income & Deductions
 - ROBYN L PIPER
 - Husband Piper**
 - Income Summary
- ADDITIONAL INFO
- REVIEW AND SIGN

Income

Add a type of income Husband Piper currently gets. ⓘ

Learn more about types of income to report

Job	Edit	Remove
-----	------	--------

Employer Name:
ABC

Amount Paid:
\$5,000.00 / Monthly

ADD INCOME

Add Husband Piper's current expense. ⓘ

Learn more about reporting these expenses

ADD DEDUCTION

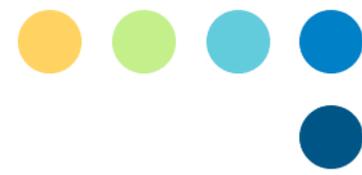
We calculated \$60,000.00 as expected yearly income amount based on what you entered for Husband Piper's monthly income and expenses. Is this correct?

Yes
 No

Back **Exit Application** **Save and Continue**



Background



What is EDE?

- If Producers have helped a consumer on healthcare.gov, EDE on the Retail Shopping Cart asks the same questions and follows the same steps.
- Through the Retail Shopping Cart, consumers applying for Marketplace plans can now complete the following on our site:
 - Identification proofing
 - Apply for eligibility and receive and view eligibility results
 - View notices and tax forms
 - Terminate/cancel their active medical and dental plans
 - Opt-out of automatic renewals for next year's coverage
 - Revoke and remove existing eligibility applications
 - See the list of documents they must upload to resolve an outstanding Data Matching Issue (DMI)
 - See the list of documents they must upload to resolve an outstanding SEP Verification Issue (SVI item)



Background

EDE Supports the following:

- Excludes off-exchange plans from displaying on the Plan Selection page
- Supports non-SEP Change in Circumstance (CIC) enrollments
- Excludes SEP enrollments that require upload of documents to verify SEP from making a binder payment
- Sends an email notice after successful enrollment when the consumer has one or more outstanding DMIs

BlueCross BlueShield of Oklahoma

Welcome 736x14 5/16/20

Language Assistance [Need Help?](#)

Cart [Logout](#)

Plan Summary **Eligibility Results** Add Proof Update Application Tax Forms Notices

Eligibility Results

Here you will see results for application ID 13668525 submitted on 06/11/2020.

Note: Your results that are shown below are decided by Centers for Medicare & Medicaid Services. These are based on the details you entered on your application.

Coverage Options at a Glance

Harity A Tateki sdf dsts		Eligible to buy a Marketplace plan. Eligible for a premium tax credit of up to \$595 each month for your tax household. Your eligibility is temporary: By 09/13/2020, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.
-----------------------------	--	--

Required Action: View Your Eligibility Notice

If you have questions, you can learn more about your eligibility results.

You must open and review your Eligibility Notice to start shopping. It lists your:

- Health plan choices
- Costs and deadlines
- Eligibility results
- Next steps

You're eligible for a Special Enrollment Period. You must pick a plan by 07/31/2020. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE](#)

Continue to Enrollment

Now that you have reviewed your Eligibility Notice, you can continue shopping. Please select the button to review your health plan choices and complete your application.

[Change Plans](#)

Main Features



Identity Proofing

- First-time on-exchange shoppers to the Retail Shopping Cart application must create a Retail Shopping Cart account.
- Users must have their identity verified by CMS's vendor, Experian.
- Once verified, the consumer does not need to verify their identity again.

Application Initiation

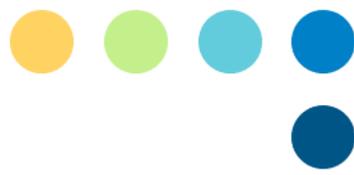
- After the identity has been verified, the EDE system will retrieve any existing applications for the consumer and display them on the EDE application initiation page.
- This allows a consumer to start a new eligibility application for a selected coverage year.

Enrollment Groups

- Enrollment Group functionality allows an on-exchange consumer to split their household members eligible for a QHP into multiple enrollment groups when they want to enroll them in different plans.
- Consumers can make changes to the groups and later make plan selections and payments based on the groups.



Main Features



Authorization, Consent and Attestation

- The applicant must consent to allow us to monitor, record, or audit the applicant's usage of our site.
- In addition, consumers must give us permission to access their application data after clicking the “Start new Application” button or clicking on one of the existing applications listed on the Application Initiation page.

Learn More tooltips

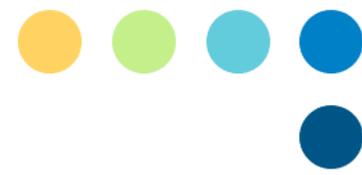
- CMS requires the Learn More tooltips are displayed to the shopper
- These tooltips will provide extra help and answers to common questions for the EDE shopper

Screening questions

- The screen questions ensures the user can use Phase 1 EDE. If a screening questions results in the consumer being excluded from Phase 1 EDE, a modal displays explaining they must go to the [healthcare.gov](https://www.healthcare.gov) to enroll.



Phased Approach

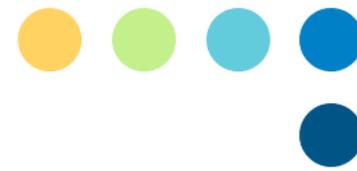


EDE Phases

- There are 3 EDE phases. We are implementing Phase 1.
- Phase 1 supports some, but not all enrollment scenarios and situations. Some consumers may be directed to enroll via [healthcare.gov](https://www.healthcare.gov) if they fall into enrollment scenarios not supported by Phase 1.
- When that occurs, consumers will see messaging directing them to visit [healthcare.gov](https://www.healthcare.gov) to enroll.
- We're planning to implement Phases 2 and 3 in a future year.



Phased Approach



EDE Phase 1 – Now Available

With the implementation of phase 1, we can support the following Marketplace enrollment scenarios (as of August 24, 2021):

- Single consumers who filed a federal tax return for the coverage year
- Single consumers with no dependents who can provide a home address in the state in which they are applying for coverage
- Married consumers where the household files a joint tax return for the coverage year, and neither spouse can be claimed as dependents on another person's tax return
- Consumers with household members who all live at the same address in the state for which they are applying for coverage
- Dependents who live with the parent(s) who claims them on the tax return
- Dependents who are: (1) under 25, (2) not married, and (3) children of the household contact (i.e., not stepchildren or grandchildren)
- Children 18 or younger who live with the application filer and who will be claimed on their tax return for the coverage year
- Household members who aren't full-time students ages 18-22
- Household members who aren't pregnant
- Applicants who are U.S. Citizens or U.S. nationals
- Applicants who provide Social Security numbers (SSNs) and apply for coverage using the same name as the one on their SSN card
- Applicants who aren't incarcerated (detained or jailed)
- Applicants who aren't American Indian/Alaska Native
- Applicants weren't in foster care at 18 and are currently 25 and younger

EDE Phase 2

When this phase is implemented, we will be able to support all phase 1 enrollment scenarios, as well as the following:

- Household members who are full-time students ages 18 through 22
- Household members who are pregnant
- Applicants who are not U.S. citizens
- Applicants who are naturalized U.S. citizens
- Applicants who do not provide an SSN
- Household members with a different name than the one on their SSN card
- Incarcerated applicants
- American Indian or Alaskan Native household members
- Applicants who previously were in foster care
- Dependents who are step-children of the household contact

EDE Phase 3

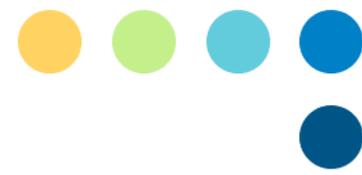
When this phase is implemented, we will be able to support the same enrollment scenarios as healthcare.gov.





Application Walkthrough

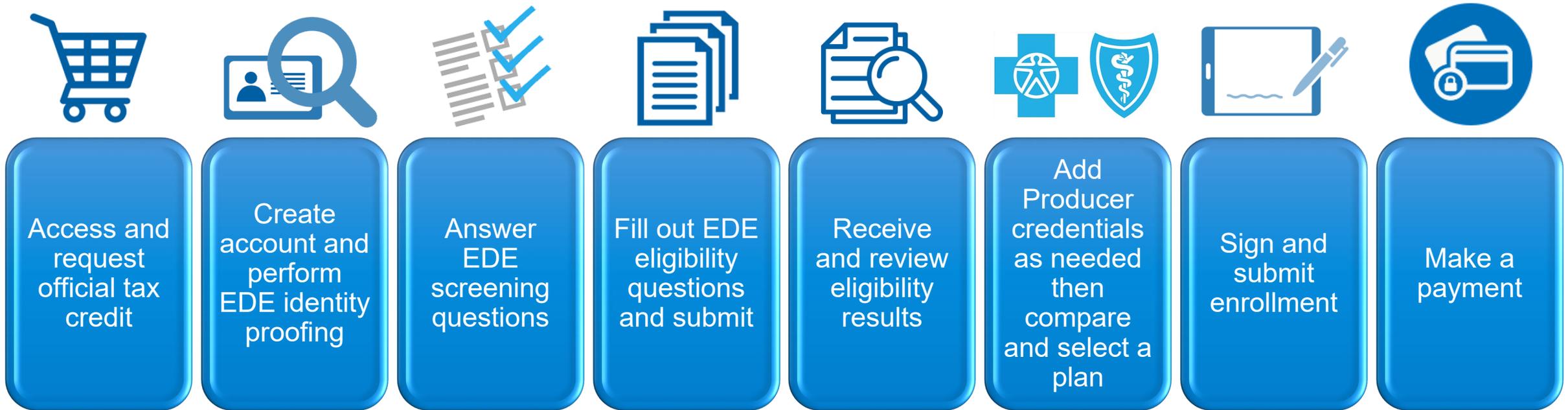
Overview



1. The EDE Process allows consumers who qualify for Phase 1 to submit an On Exchange application without leaving our site to qualify for APTC.
2. At any point during the EDE process, if the consumer hits a point where they are not qualified to continue, they will be redirected to apply directly on the healthcare.gov site.
3. The On Exchange application process has not changed, only the location where the EDE application information is entered and submitted.
4. The EDE process is evolving and not everyone will qualify for Phase 1.
5. EDE can be used by consumers who are and who are not seeking financial assistance with the premium (APTC).
6. The EDE Process still results in an On Exchange enrollment and is subject to the normal On Exchange rules.

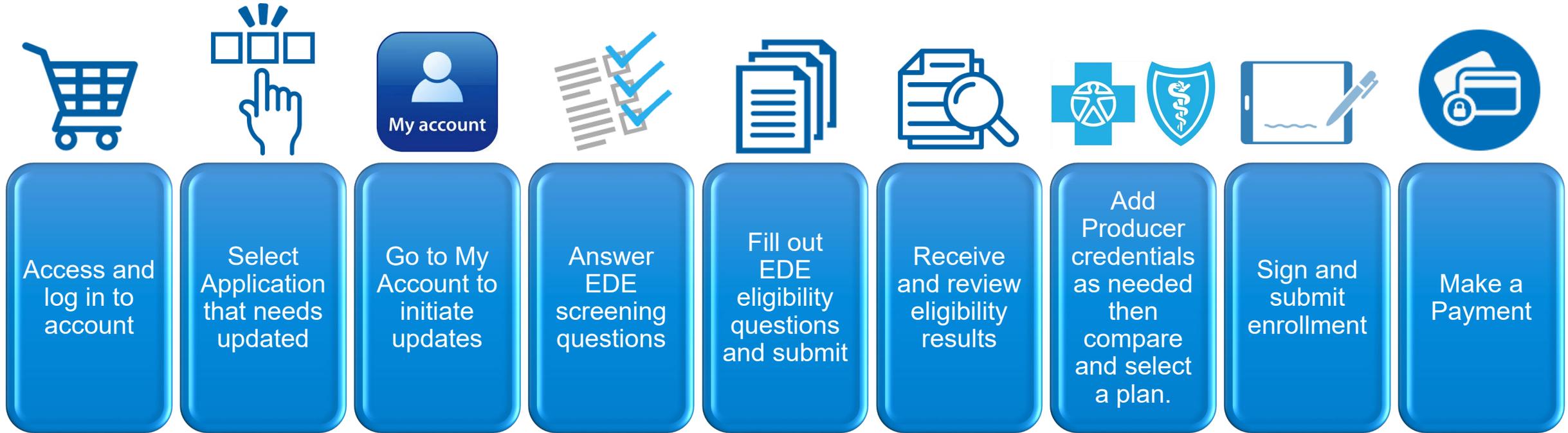


Enrollment Flow: New Member

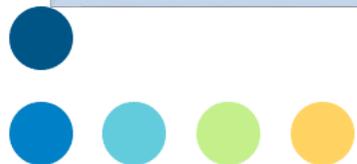


First time Shopper for On Exchange with Financial Assistance

Enrollment Flow: Returning Member



Returning Shopper for a Change in Circumstance Update



Account Creation and Login

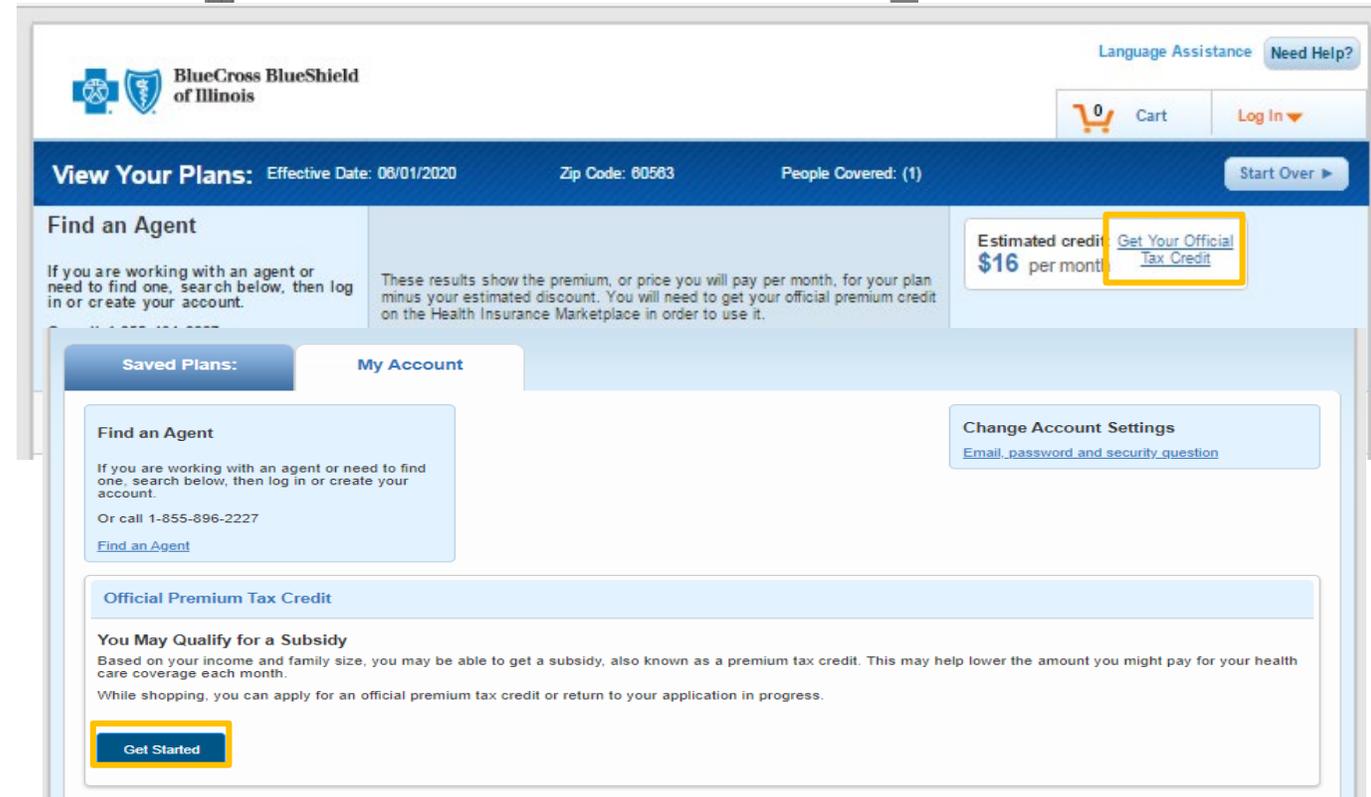
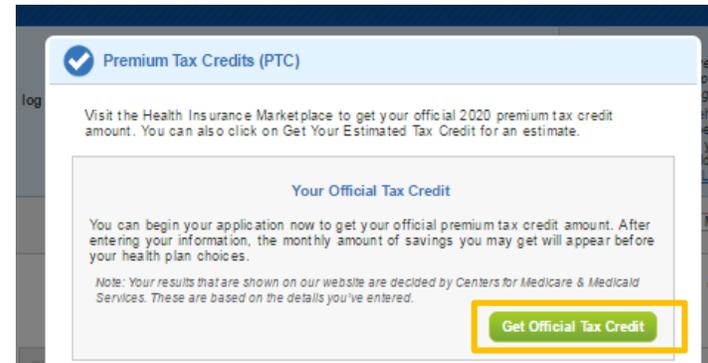
- The application requires a consumer to create a Retail Shopping Cart account (if they don't already have one) and login into their account before proceeding to create a new Eligibility Application or access an existing Eligibility Application.
- A confirmation email is sent to the EDE Consumer after creating a new Retail Shopping Cart Account. The consumer must respond to the email in order to activate the new Retail Shopping Cart Account.
- If a user enters their account login information that was created for a different state than the state they are logging into, the Retail Shopping Cart login processing automatically flips the user to the appropriate Retail Shopping Cart State site.

The screenshot displays a web interface for account management. At the top right, there is a shopping cart icon with '0' items and a 'Log In' button. The main content area is divided into two sections: 'Log in to your account' and 'Create an account'. The 'Log in' section includes a text box for 'User Name' (containing 'MJacot2'), a password field, a checked checkbox for 'Remember me on this computer', a 'Log In' button, and a link for 'Forgot User Name or Password?'. The 'Create an account' section features a note that the user name must be at least 7 characters long, followed by text boxes for 'User Name', 'Email Address', and 'Retype Email'. Below these are fields for 'Password' and 'Retype Password', with a note that the password must be 8-40 characters and include a mix of uppercase, lowercase, numbers, and special characters. There are also checkboxes for 'I understand and accept the Terms of Use and Privacy Statement', 'Would you like to be contacted by one of our representatives?', and 'Remember me on this computer'. A 'Create Account' button and another 'Forgot User Name or Password?' link are at the bottom of the form.

Starting Eligibility

After logging in, a consumer that has *not* yet created an eligibility application on the site will be able to create an *Eligibility Application* by:

1. Clicking the “Get Official Tax Credit” button when the Premium Tax Credits modal is displayed will take the consumer to the On-Exchange Send-Off page. **Note:** Clicking “Get Your **Estimated** Tax Credit” will take the consumer through the same steps that currently exist – these steps do not communicate with the Marketplace in any way.
OR
2. Clicking the “Get Your **Official** Tax Credit” link on the Quoting page when an Estimated Credit amount is displayed will take the consumer to the On-Exchange Send-Off page.
OR
3. Clicking the “Get stated” button on the My account Page will take the consumer to the On-Exchange Send-Off page.



On-Exchange Send-Off page

- The On-Exchange Send-Off page is displayed after the consumer is logged in and indicates:
- they want to get an Official Tax Credit or review/keep working on their application when the consumer has not completed an Eligibility Application.
- The consumer should read both options thoroughly and select the option that they are eligible for based on their situation.
 - Go to Marketplace: This option sends the consumer to the main Marketplace website, healthcare.gov.
 - Start Application: This option begins the EDE enrollment for the consumer.
- This will begin the process of identity proofing, EDE Screening and income verification to see if they can use the new EDE process.

BlueCross BlueShield of Texas

Company Information | Language Assistance | Need Help?

Welcome onlydm1 | Cart | Log out

Qualifying for Financial Assistance

Here at Blue Cross Blue Shield of Texas (BCBSTX), we work with the Health Insurance Marketplace to help you get health coverage. First, you'll learn if you and your family can get financial help. For example, our partnership lets you learn if you qualify for a subsidy, also known as a premium tax credit. This is based on your income and family size and may help you lower your monthly premium bill.

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

See if You Can Get Financial Help

Please review the options below and follow the path that best describes you and your family, if you are described in Option 1, you will need to select the Marketplace button to leave our website and visit their website to shop for your health plan.

Option 1

If any of these describe you, you'll need to buy your health plan on the Health Insurance Marketplace website.

In my household, someone is:

- A full-time student and age 18-22
- Pregnant
- A non-US citizen
- A naturalized or derived US citizen (born outside of the US)
- A stepchild or grandchild
- American Indian or Alaska Native
- Not willing to enter a Social Security Number
- Showing a different name on a Social Security card
- Offered health care coverage through a job, someone else's job or COBRA
- Living at another address or in another state
- My dependent who is married and/or age 26 or older
- Currently in jail
- Offered Health Reimbursement Arrangement (HRA) health care coverage
- Currently age 25 or younger and was in foster care at age 18

My annual income tax filing:

- I'm not filing a tax return
- I'm not filing a joint tax return, if married
- I have a child 18 or younger living with me, but is not on my tax return
- I'm claiming step-children or grandchildren on my tax return
- I have dependents, but some aren't on my tax return
- I have one or more dependents living with a parent that isn't on my tax return

[Go to Marketplace](#)

Option 2

If you're not described in Option 1, so I will shop for my health plan on this website.

As a reminder, you'll need to use the exact information shown on your documents when you apply. Please have this information on-hand before you begin.

Here are some document examples:

- US citizenship or legal residency
- State residency
- Previous year's tax return
- Income for family members
- Current health care coverage
- Payment method

[Start Application](#)

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[Legal and Privacy](#) | [Non-Discrimination Notice](#)

@ You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

retailshoppingcart 4.8.5-SNAPSHOT | VCS Revision: vcsum | Build: 9831 | Built on: 2021-05-28 13:30:47-0500

Identity Proofing

- The primary applicant on the application must be ID proofed. This should happen prior to the entity attesting that the consumer has granted the entity permission to work on his or her behalf.
- Per CMS requirements, a primary applicant will only have to be identity proofed by HCSC once, if the HCSC requires the consumer to create an account on their site and tracks that the ID proofing for the consumer occurred.
- ID proofing records will span the lifetime of a consumer's relationship with HCSC, including if the consumer leaves to work with another EDE entity and returns later.
- If HCSC receives a new consumer that has not previously been ID proofed, HCSC must ID Proof the consumer, even if the consumer has an existing application or enrollment with a different EDE entity or the FFM.

The screenshot shows the 'Verify your identity & contact information' page on the BlueCross BlueShield of Texas website. The page includes a header with the company logo and navigation links. The main content area explains the purpose of identity verification and provides a list of steps: 'Here's how it works:'. Below this, there is a form titled 'Tell us about yourself.' with fields for: First Name (Robyn), Middle Name (Optional) (L), Last Name (Piper), Suffix (Optional) (Select), Primary Phone, Phone Type (Select), Date of Birth (MM/DD/YYYY), Street Address (3010 FURMAN LN APT 402), Apt/Suite: # (Optional), City (ALEXANDRIA), State (Virginia), Zip Code, and Social Security Number (888888888). At the bottom, there are 'Back' and 'Continue' buttons, and a footer with legal notices.

BlueCross BlueShield of Texas

Company Information | Language Assistance | Español | Need Help?

Welcome, edge@texas | Cart | Log out

Verify your identity & contact information

Why do I need to verify my identity?

Without this process, an unauthorized person could create an account and apply for health coverage in your name without your knowledge. Identity verification asks questions that can only be answered by you, based on accounts and personal information in your credit report. Before you fill out an application, we verify your identity to protect your personal information.

Here's how it works:

- You're asked questions based on information in your credit report.
- You pick an answer from a list of possible choices.
- When you answer enough questions correctly, 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.

Tell us about yourself.

First Name * Middle Name (Optional) Last Name * Suffix (Optional)

Robyn L Piper Select

Primary Phone * Phone Type * Date of Birth *

Select MM/DD/YYYY

Street Address * Apt/Suite: # (Optional):

3010 FURMAN LN APT 402

City * State * Zip Code *

ALEXANDRIA Virginia

Social Security Number *

8888888888

Back Continue

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ⓘ You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

Identity Proofing



- Experian uses the data to match the person to a person in their system and returns security questions when a match is found.
- Experian returns an error message when a match is not found or when a match is found with an issue that prohibits returning the security questions.

Your identity wasn't verified

To verify your identity, call the Experian Help Desk at (866)578-5409 and give them your code below.

Call the Health Insurance Marketplace Call Center at 1-800-318-2596 to discuss any issues with verifying your identity. TTY users should call 1-855-889-4325.

Most Recent Hub Reference Number: **dd7f-a4-c3c9**

If you aren't able to call now, return to [My Account](#)

Your identity wasn't verified

To verify your identity, call the Experian Help Desk at (866)578-5409 and give them your code below.

Call the Health Insurance Marketplace Call Center at 1-800-318-2596 to discuss any issues with verifying your identity. TTY users should call 1-855-889-4325.

Most Recent Hub Reference Number: **6623-75-dee5**

If you aren't able to call now, return to [My Account](#)

Your identity wasn't verified

There was a problem with verifying your identity.

Please call the Experian¹ Help Desk at 1-866-578-5409 to give them your reference number (ef63-9c-1e70). This is also called your Application ID number.

Also make sure to write down this number in case you need to call again.

Response Message : **Questions were answered incorrectly**

If you aren't able to call now, return to [My Account](#)

Note: This is the current process applicants complete when applying directly through Healthcare.gov. Experian Identity Proofing does not impact the applicant's credit score.

HealthCare.gov | Health Insurance Marketplace of Texas

Company Information | Language Assistance | Get Support | Need Help?

Welcome to HealthCare.gov | Cart | Log out

Answer these questions so we can verify your identity

Based on your information, we've put together a few questions that only you'll be able to answer.

You may have opened an auto loan in or around June 2015. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- M AND T BANK
- FLEET FINANCIAL
- TOYOTA MOTOR CRED
- QNYK/ACCEPT
- NONE OF THE ABOVE/DOES NOT APPLY

Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

- THE BARGAIN SHOP
- KRAGEN
- CABI
- DUNN'S STORES
- NONE OF THE ABOVE/DOES NOT APPLY

You may have opened a mortgage loan in or around April 2018. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- BK OF AMER
- INDEPENDENCE ONE
- GMAC MORTGAGE
- ROCK FINANCIAL CORP
- NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (ARROWHEAD). Please choose the city from the following list where this street is located.

- TRIANGLE
- WOODBRIDGE
- HEATHSVILLE
- KING GEORGE
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following professions do you currently or have previously belonged to? If there is not a matched profession, please select 'NONE OF THE ABOVE'.

- OPTICIAN / OPTOMETRIST
- ARCHITECT
- SPEECH PATHOLOGIST / AUDIOLOGIST
- DOCTOR / PHYSICIAN / SURGEON
- NONE OF THE ABOVE/DOES NOT APPLY

[Back](#) [Verify My Identity](#)



Starting a New Application

- Once the Identity Proofing has been completed successfully and the security questions have been answered, the Application Initiation Page will display for the consumer.
- From here the consumer has several options depending on if any prior applications have been started or submitted.
- For consumers who are going through the EDE process for the first time, they need to select two options:
 - First, the plan year.
 - Second, the plan state.
- Then the consumer clicks the [Start New Application] button.
- This will take the consumer to the EDE Attestation Page and the screening questions after that.

BlueCross BlueShield of Illinois

Welcome MJ Monday

Language Assistance Need Help?

Cart Log out

Your identity has been successfully verified.
You can now fill out your application for health coverage through Retail Shopping Cart.

Welcome ROBYN,

Begin your application or update your Blue Cross and Blue Shield of Illinois (BCBSIL) health care coverage. On this page you can only view your existing Illinois applications (if any).

Get a Health and Dental Plan

Select Coverage Year

Select when your health care coverage will begin.

If you have had a qualifying life event within the past 60 days and missed the Open Enrollment Period (OEP), you may be able to get a health or dental plan during the Special Enrollment Period (SEP). If not, you'll most likely shop during OEP for coverage starting the next year.

Select Year

Select State

If you live in Texas, Oklahoma, New Mexico or Montana, please try again using one of our other state's website. For example, if you need health care coverage in Texas, use our BCBSTX website. If you don't live in one of these states, visit the [Health Insurance Marketplace](#).

Illinois

Start new Application

EDE Phase 1 Disqualification

- If a Consumer answers one of the screening questions that results in the consumer being excluded from the EDE Phase 1 simplified application scenarios, a popup is displayed explaining they must go to the Healthcare.gov site to enroll.
- These are examples of pop-up screens that a consumer may receive disqualifying them from the EDE process at this point.
- If the consumer passes the screening process, they are moved on to the Application Processing section.

Your Next Steps

This selection tells us that we can't accept your application on our website.

If you'd like to go back and make changes, please select the Back button.

If this selection best describes you, visit [the Health Insurance Marketplace](#) to apply for health care coverage. You can also call the Marketplace Call Center at 1-800-318-2596 [TTY: 1-855-889-4325]

Back

Your Next Steps

If you live in Illinois, Oklahoma, New Mexico or Montana, please try again using one of our other state's website. For example, if you need health care coverage in Texas, use our BCBSTX website.

If you don't live in one of these states, visit the [the Health Insurance Marketplace](#)

OK

Eligibility Application Processing

- The first page of the application displayed after the consumer passes all the Screening questions is the “Contact Information” page.
- The page is pre-populated with the primary’s information from ID Proofing when a new application is started or from an existing In-Progress application selected by the consumer in the Application Initiation page.
- The same page is displayed for applications seeking financial aid and applications NOT seeking financial aid.
- Certain selections will prompt requests additional information. For example, entering a different address will require the user to verify the format of the address.
- The application processing includes who needs coverage, if the consumer is getting assistance with completing the application as well as verifying financial information, if they are seeing financial assistance (APTC).

BlueCross BlueShield of Texas

Company Information | Language Assistance | Need Help?

Welcome referencecodetest

Cart

Log out

GET STARTED

Help Applying For Coverage

Who Needs Coverage?

FAMILY AND HOUSEHOLD

INCOME

ADDITIONAL INFO

REVIEW AND SIGN

Contact Information

First Name * **Middle Name (optional)**

Last Name * **Suffix (optional)**

Date of Birth *

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/Suite: # (optional):**

City: * **State: ***

Zip Code: * **Zip Plus 4 Code:(optional)** **County**

Is this also your mailing address? . . TX
[Learn how mailing address affects coverage](#)

Yes
 No

What's your contact information?

Phone Number **Extension (optional)** **Phone Type**

Secondary Phone Number (optional) **Secondary Phone Extension (optional)** **Secondary Phone Type**

Email Address

What's your preferred language?
Selecting your preferred language helps the U.S. Department of Health and Human Services improve service to all Americans people using the Marketplace. Providing this information won't affect your eligibility, options, or costs.
[Learn more about preferred languages.](#)

Preferred Spoken Language **Preferred Written Language**

How would you like to get notices about your application?
We need to know the best way to contact you about this application and your health coverage if you're eligible.

Email or text me when there's a new notice in my Marketplace account
 Send me paper notices in the mail

Back **Exit Application** **Save and Continue**

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You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

retailshoppingcart 4.8.5-SNAPSHOT | VCS Revision: vcsnum | Build: 9831 | Built on: 2021-05-28 13:30:47-0500

Eligibility Application Processing

- The “Sign & Submit” page is displayed after the consumer clicks the “Continue” button on the “Review your application” page.
- This page requires the consumer to attest to specific questions and sign the application before submitting it to CMS to receive their eligibility determination.
- The consumer must mark all the required fields to complete the application before it can be submitted to CMS for review.

The screenshot shows the 'Sign & Submit' page for an eligibility application. The page header includes the BlueCross BlueShield of Illinois logo, a 'Language Assistance' link, a 'Need Help?' button, and a user greeting 'Welcome Mjmonday' with a shopping cart icon and 'Log out' button. The application ID is 13540899. A progress bar on the left shows four completed steps: GET STARTED, FAMILY AND HOUSEHOLD, INCOME, and ADDITIONAL INFO. The current step is 'REVIEW AND SIGN' with a 'Review Application' link and a 'Sign & Submit' button. The main content area contains three sections of statements for agreement or disagreement, each with radio buttons for 'I Agree' and 'I Disagree'. The first section is about allowing the Marketplace to use income data for the next 5 years. The second section is about providing true information under penalty of perjury. The third section is about allowing the Marketplace to end coverage if other qualifying health coverage is found. At the bottom, there is a text input field for the user's name, 'ROBYN L PIPER', and three buttons: 'Back', 'Exit Application', and 'Submit Application'.

BlueCross BlueShield of Illinois

Welcome Mjmonday Cart [Log out](#)

Language Assistance [Need Help?](#)

Application ID: 13540899

Read these statements, and select whether you agree or disagree

GET STARTED ✓

FAMILY AND HOUSEHOLD ✓

INCOME ✓

ADDITIONAL INFO ✓

REVIEW AND SIGN

[Review Application](#)

[Sign & Submit](#)

***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. [Learn more about letting us use your income data](#)**

I Agree

I 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. [Learn More](#)**

I agree to this statement.

***If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.**

I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

***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.

ROBYN L PIPER, type your full name below to sign electronically.

[Back](#) [Exit Application](#) [Submit Application](#)

Eligibility Application Processing

- The “Eligibility Results” page is displayed after the consumer clicks the “Continue” button on the “Sign & Submit” page and CMS returns their eligibility results.
- This page displays a summary of the eligibility results and requires the consumer to open the eligibility results PDF provided by CMS to review their eligibility results.
- If one or more household members are eligible for a Qualified Health plan (QHP), then a button to shop for plans is enabled after the consumer opens the eligibility results PDF from CMS.
- Clicking the [Shop for Plans] button will bring the consumer to the plan selection process where they can view and select their plan for the upcoming coverage year.

The screenshot shows the 'Eligibility Results' page for application ID 15062644. The page is titled 'Eligibility Results' and includes a navigation bar with 'Plan Summary', 'Eligibility Results', 'Add Proof', 'Update Application', 'Tax Forms', and 'Notices'. The main content area is divided into several sections:

- Coverage Options at a Glance:** A table showing 'Rachel a green' with a green checkmark and the text 'Eligible to buy a Marketplace plan. Eligible for a premium tax credit of up to \$303 each month for your tax household. Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans. Your eligibility is temporary: By 08/15/2021, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.'
- Required Action: View Your Eligibility Notice:** A section with a 'VIEW ELIGIBILITY NOTICE' button and instructions to review the notice to start shopping.
- Continue to Enrollment:** A section with a 'Shop Plans' button and instructions to review health plan choices.
- Full Medicaid Determination in an Assessment State:** A section with a 'Send for Review' button and instructions to provide information for Medicaid eligibility.
- What if I need to update my information later?:** A section with a 'Report A Life Change' button and instructions to report changes in income or marital status.
- What should I do if I think my eligibility results are wrong?:** A section with instructions on how to appeal eligibility results.
- What if I'm eligible for Medicaid or CHIP?:** A section with instructions on how to apply for Medicaid or CHIP.
- Health Insurance Marketplace Communications:** A section with instructions on how to manage communications.
- You'll log into BCBSIL website if you need to complete actions, like:** A list of actions including 'View your notices', 'Make updates to your application or coverage', 'Manage your information', and 'Get your 1095A tax form'.
- Voter Registration:** A section with a 'Click here to register to vote' button.

The footer includes the Blue Cross Blue Shield of Illinois logo and contact information: 'A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Copyright 2021 Health Care Service Corporation. All Rights Reserved. retailshoppingcart 4.0.0-SNAPSHOT | VCS Revision vnum | Build 9603 | Built on: 2021-05-19 13:19:17-0500'.

The screenshot shows the 'Eligibility Results' page for application ID 15565485. The page is titled 'Eligibility Results' and includes a navigation bar with 'Company Information', 'Language Assistance', and 'Need Help?'. The main content area is divided into several sections:

- Coverage Options at a Glance:** A table showing 'Robyn L Piper' with a green checkmark and the text 'Eligible to buy a Marketplace plan.'
- Required Action: View Your Eligibility Notice:** A section with a 'VIEW ELIGIBILITY NOTICE' button and instructions to review the notice to start shopping.
- Continue to Enrollment:** A section with a 'Begin Plan Selection' button and instructions to review health plan choices.
- What if I need to update my information later?:** A section with a 'Report A Life Change' button and instructions to report changes in income or marital status.
- What should I do if I think my eligibility results are wrong?:** A section with instructions on how to appeal eligibility results.
- What if I'm eligible for Medicaid or CHIP?:** A section with instructions on how to apply for Medicaid or CHIP.
- Health Insurance Marketplace Communications:** A section with instructions on how to manage communications.
- You'll log into BCBSX website if you need to complete actions, like:** A list of actions including 'View your notices', 'Make updates to your application or coverage', 'Manage your information', and 'Get your 1095A tax form'.
- Voter Registration:** A section with a 'Click here to register to vote' button.

The footer includes the Blue Cross Blue Shield of Texas logo and contact information: 'retailshoppingcart 5.0.1-SNAPSHOT | VCS Revision vnum | Build 10412 | Built on: 2021-07-21 10:33:29-0500'.

Eligibility Determination Page

- “Eligibility Determination” is displayed after the consumer clicks the “Shop for Plans” button on the “Eligibility Results” page.
- This page displays a summary of the eligibility results for each household member.
- Clicking the “Continue” button goes to Census Page

✓ Eligibility Determination

Applicant Name	Eligible to Shop for New Health Care Coverage	Eligible for Subsidy, Known as Premium Tax Credit(PTC)	Eligible for Cost Sharing	Eligible Health Plan Level
Robny Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Wife Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Daughter Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Son Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic

*This is based on the information you've already entered.

The Health Insurance Marketplace shows this eligibility for yourself and the dependents you're covering on your health plan.*

Some of your family members can shop for more health plan levels than others.

If you want to cover some under one health plan and others under another, you can split them up into health plan groups. This means you'll end up shopping for a health plan for each group. This also means you'll pay a monthly bill for each separate health plan.

All of your family members can shop for Catastrophic level health plans. If you want to cover anyone under this plan type, you should all be placed in the same health plan group. Please note, a premium tax credit can't be used with these plans. [Get catastrophic plan details](#)

If anyone wants coverage under this plan type and others will be covered under different plans, [please visit the Health Insurance Marketplace.](#)

If everyone in your family will be covered under a Catastrophic level health plan or if no one in your family will be covered under this plan type, please continue.

Continue

Census page

- The “On-Exchange Census” page is displayed after the consumer clicks the “Continue” button on the “Eligibility Determination” Modal.
- The top part of the page displays:
 - The total APTC amount (if any) available to the household members eligible for a qualified health plan(QHP).
 - The “Tax credit you’d like to apply” amount is set to the total monthly tax credit amount. The consumer can change the amount to apply.
 - The “Remaining tax credit” amount is the difference between the total tax credit amount and the tax credit amount to apply.
- The main section of the page displays the household members eligible for a qualified health plan (QHP). The “Use Tobacco” indicator must be selected for each member that is 18 years old or older. A “Last Use Date” must be entered when the consumer selects “Yes” for “Tobacco Use”.
- The bottom part of the page will display household members (if any) that are not eligible for a qualified health plan (QHP).

BlueCross BlueShield of Illinois

Welcome M.J.Monday [Cart](#) [Log out](#) [Language Assistance](#) [Need Help?](#)

Continue Shopping

[Adjust Premium Tax Credit](#)

Here you'll see your monthly premium tax credit amount. As a reminder, this financial help can be used to lower your monthly premium bill. You can choose to use all, some or none of this credit amount.*

If you don't want to use the full amount shown, please enter the amount you'll use each month.

Your total monthly tax credit: \$1,120.00/month
 Tax credit you'd like to apply: \$1,120.00/month
 Remaining tax credit: \$0.00/month

[On Exchange Individual and Family Applicants \(4\)](#)

Effective Date: 08/01/2020 Zip Code: 60563 County: Dupage

Please answer the tobacco usage question for all applicants over age 18.

Name	Applicant Relationship	Sex	Date of Birth	Use Tobacco?	Last used Tobacco
ROBYN	Primary	Female	10/12/1988	<input checked="" type="checkbox"/> Yes	mm/dd/yyyy
Husband	Spouse	Male	11/12/1987	<input checked="" type="checkbox"/> Yes	mm/dd/yyyy
Childa	Dependent	Male	12/12/2010	<input type="checkbox"/> No	mm/dd/yyyy
Childb	Dependent	Female	01/12/2013	<input type="checkbox"/> No	mm/dd/yyyy

[Continue](#)

*You may need to claim the premium tax credit amount you don't use when you file your federal income tax return. Please contact your tax advisor for more information.



[On Exchange Individual and Family Applicants \(2\)](#)

Steps Needed: An application may need more documents before approval.

Effective Date: 11/01/2020 Zip Code: 60563 County: Dupage

Please answer the tobacco usage question for all applicants over age 18.

Name	Applicant Relationship	Sex	Date of Birth	Use Tobacco?	Last used Tobacco
ROBYN	Primary	Female	04/23/1988	<input type="checkbox"/> No	mm/dd/yyyy
Husband	Spouse	Male	05/03/1988	<input checked="" type="checkbox"/> Yes	mm/dd/yyyy

[Continue](#)

*You may need to claim the premium tax credit amount you don't use when you file your federal income tax return. Please contact your tax advisor for more information.

Applicant	Sex	Date of Birth	Use Tobacco?	Eligibility
Childa	Female	07/15/2012	-	Eligible for: CHIP

View Enrollment Groups

- The on-exchange “View Enrollment Groups” page is displayed after the consumer enters the required information in the On-Exchange Census page and clicks the “Continue” button.
- Consumers can apply for different plans for different members of the family.
- The consumer can change the default Enrollment Groups when there are two or more members that share one or more Metal Level restrictions in common.
- The consumer cannot change the default Enrollment Groups when:
 - There is only one household member
 - There is two or more household members, and ALL are restricted to the same Medical Plan
 - There are two or more household members and NONE of the members share any Metal Level restrictions in common.

BlueCross BlueShield of Texas

Company Information Language Assistance En español Need Help?

Welcome referencecodetest 0 Cart Log out

Continue Shopping

Health Plan Groups

Here you'll see your family members are grouped based on their health plan level eligibility. Please review your family's eligibility below. You can change a family member's group by using the menu underneath his or her name. This menu shows all the group options for each person. If a group option does not appear, that person is not eligible for that group.

Robny Piper
Group 1

Wife Piper
Group 1

Daughter Piper
Group 1

Son Piper
Group 1

Group 1		
Name	Date of Birth	Relationship
Robny Piper	1992-08-26	primary
Wife Piper	1994-08-12	spouse
Daughter Piper	2017-01-01	dependent
Son Piper	2021-06-08	dependent

Save & Continue Cancel

Eligibility Determination

Applicant Name	Eligible to Shop for New Health Care Coverage	Eligible for Subsidy, Known as Premium Tax Credit(PTC)	Eligible for Cost Sharing	Eligible Health Plan Level
Robny Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Wife Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Daughter Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic
Son Piper	Yes (Special Enrollment Eligible)	No	No	Bronze, Silver, Gold and Catastrophic

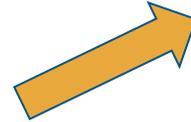
*This is based on the information you've already entered.
The Health Insurance Marketplace shows this eligibility for yourself and the dependents you're covering on your health plan.*
Some of your family members can shop for more health plan levels than others.
If you want to cover some under one health plan and others under another, you can split them up into health plan groups. This means you'll end up shopping for a health plan for each group. This also means you'll pay a monthly bill for each separate health plan.
All of your family members can shop for Catastrophic level health plans. If you want to cover anyone under this plan type, you should all be placed in the same health plan group. Please note, a premium tax credit can't be used with these plans. [Get catastrophic plan details](#)
If anyone wants coverage under this plan type and others will be covered under different plans, please visit the [Health Insurance Marketplace](#).
If everyone in your family will be covered under a Catastrophic level health plan or if no one in your family will be covered under this plan type, please continue.

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Plan Selection Page

- The Consumer will choose a medical and dental plan next.
- The Consumer can click on “Find an Agent” to add a Producer at this time if needed.
 - If using an ExpressLink or Producer quote to initiate the application, Producer details will display in the “Find an Agent” section already.




Enrollment Selection Summary

- The Enrollment Group Plan Selection Summary page displays the following information for each Enrollment Group:
 - Medical Plan Name
 - Outline of Coverage link for the medical plan
 - Deductible amount for the medical plan
 - Network Name for the medical plan
 - Coinsurance for the medical plan
 - Each person in the Enrollment Group (Relationship, Sex, DOB, Tobacco Use indicator)
- If a dental plan was selected for the Enrollment Group, then the following information is displayed:
 - Dental Plan Name
 - Outline of Coverage link for the dental plan
 - Deductible amount for the dental plan
 - Each person in the Enrollment Group (Relationship, Sex, DOB, Tobacco Use indicator)

1 Check Plan Insurance Details [Print](#)

Group 1 - Coverage Details

BlueCare Direct Silver 212 with Advocate

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
2800	BlueCare Direct	50	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
primary	ROBYN	female	10/12/1968	No
spouse	Husband	male	11/12/1967	No
dependent	Childa	male	12/12/2010	No
dependent	Childb	female	01/12/2013	No

BlueCare Dental 1B

Outline of Coverage [Download](#)

Deductible
75

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
primary	ROBYN	female	10/12/1968	No
spouse	Husband	male	11/12/1967	No
dependent	Childa	male	12/12/2010	No
dependent	Childb	female	01/12/2013	No

Monthly Premium

Medical Insurance Plan Cost:	\$1896.48 per month
Dental Insurance Plan Cost:	\$110.30 per month
Official Premium Credit:	-\$1218.00 per month
Final Cost	\$788.78 per month

2 Find In-Network Doctors

Before continuing, set some time aside to look up your health plan's network. You can find in-network doctors and Obstetrics and Gynecology doctors (OB-GYNs) using our online [Provider Finder for Group 1](#).

As a reminder, you can get OB-GYN care from your Primary Care Provider (PCP) or an OB-GYN.

Please Note:

- You don't need a referral from your PCP to see an OB-GYN.
- You won't need to tell us your OB-GYN's name before your visit.
- Some plans will cover your OB-GYN visits only if your OB-GYN is in your plan network.

3 Enroll

Please make sure everything above is right and that you'd like to enroll in this plan. Before moving on, you will need this information for each person you'd like to enroll:

- ✓ Primary care physician (PCP) information (if choosing an HMO product)
- ✓ Payment information (debit, credit, check or money order)

I understand that I'm purchasing this plan through the federal exchange and any future changes will need to be done through the exchange.

I acknowledge that I have reviewed the providers that are currently in the network for the plan I choose.

[Start Over](#) [Continue](#)

Enrollment Selection Summary (continued)

- Monthly Premium Amount:
 - Medical Insurance Plan Cost
 - Dental Insurance Plan Cost (\$0 if dental plan not selected)
 - Official Premium Tax Credit
 - Final Cost
- The following information is displayed after the Enrollment Group plan information:
 - Find In-Network Doctors – a link for each Enrollment Group is available to find in-network doctors
 - Enrollment checklist content
 - Acknowledgement check -boxes
 - “Continue” button

1 Check Plan Insurance Details

Group 1 - Coverage Details

BlueCare Direct Silver 212 with Advocate

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
2800	BlueCare Direct	50	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
primary	ROBYN	female	10/12/1968	No
spouse	Husband	male	11/12/1967	No
dependent	Childa	male	12/12/2010	No
dependent	Childb	female	01/12/2013	No

BlueCare Dental 1B

Outline of Coverage [Download](#)

Deductible
75

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
primary	ROBYN	female	10/12/1968	No
spouse	Husband	male	11/12/1967	No
dependent	Childa	male	12/12/2010	No
dependent	Childb	female	01/12/2013	No

Monthly Premium

Medical Insurance Plan Cost:	\$1896.48 per month
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Official Premium Credit:	-\$1218.00 per month
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As a reminder, you can get OB-GYN care from your Primary Care Provider (PCP) or an OB-GYN.

Please Note:

- You don't need a referral from your PCP to see an OB-GYN.
- You won't need to tell us your OB-GYN's name before your visit.
- Some plans will cover your OB-GYN visits only if your OB-GYN is in your plan network.

3 Enroll

Please make sure everything above is right and that you'd like to enroll in this plan. Before moving on, you will need this information for each person you'd like to enroll:

- ✓ Primary care physician (PCP) information (if choosing an HMO product)
- ✓ Payment information (debit, credit, check or money order)

I understand that I'm purchasing this plan through the federal exchange and any future changes will need to be done through the exchange.

I acknowledge that I have reviewed the providers that are currently in the network for the plan I choose.

[Start Over](#) [Continue](#)

Attestation

- The On-Exchange Attest page is displayed after the consumer clicks the “Continue” button on the Enrollment Selection Summary page.
- The Attestation page provides information regarding Premium Tax Credit and filing tax returns. The consumer must attest to the terms described on the page and click the “Continue” button to advance to the next Enrollment page

BlueCross BlueShield of Illinois

Welcome MJmonday

Language Assistance [Need Help?](#)

0 Cart [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

Attest Terms Medical Group Payment Sign Make Payment Finished

Collection of Advanced Premium Tax Credit (APTC) Attestation [Ver en español](#)

[Print](#)

Please review the statements below for

I understand that because 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 2021 for the tax year 2020
- If I'm married at the end of 2020, I must file a joint income tax return with my spouse.
- I also expect that:
 - No one else will be able to claim me as a dependent on their 2020 federal income tax return.
 - I'll claim a personal exemption deduction on my 2020 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

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 2020 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional 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.

Tax File Signatures
ROBYN L PIPER

I accept these terms
You must agree to these terms to enroll in this plan using your official premium credit.

Husband Piper

I accept these terms
You must agree to these terms to enroll in this plan using your official premium credit.

09-10-2020 11:20:37 AM CDT

[Start Over](#) [Next ▶](#)

Terms and Agreements



 **BlueCross BlueShield of Illinois**

Language Assistance [Need Help?](#)

Welcome MJMonday  Cart [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

[Attest](#) **Terms** [Medical Group](#) [Payment](#) [Sign](#) [Make Payment](#) [Finished](#)

Terms and Agreements

[Print](#)

By clicking "I Agree" below, you signify that:

You understand and accept the Blue Cross and Blue Shield of Illinois (BCBSIL) general website [Terms of Use and Privacy Statement](#).

By clicking "I Agree" below, you signify that:

Accepting these terms does not obligate you to complete or submit your application for insurance. If you do not understand or accept these terms or the Terms of Use and Privacy Statement, you will not be able to continue with this online application process.

Acknowledgements and authorizations

BY COMPLETING AND SIGNING THIS FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- This Application is not coverage. Coverage will not begin until (1) the effective date of the policy and (2) the first month's payment is made. Some exceptions during SEP. Check with your BCBSIL agent or Customer Service.
- If I use an agent, they cannot accept risks or change BCBSIL policies or rules.
- If an agent was helping me to purchase an individual or family health or dental plan, BCBSIL may pay the agent a commission and/or other payment. If I want more detail about any payment to the agent, I should ask the agent.
- If any person knowingly submits a false claim for payment of a loss or benefit or falsely misstates an important fact on this Application, coverage may be rescinded. This includes false claims or facts about me or any of my dependents. Rescission cancels the coverage back to the first day it became effective. I will be given at least 30 days' written notice before my coverage or that of my dependents is rescinded.
- My monthly premium will be calculated using factors approved by the State's Department of Insurance and other applicable state and federal laws and regulations. Rates are calculated based on age, tobacco use and geographic rating factors. These factors are also used to calculate premiums for any dependents covered on my policy.
- I authorize any of the following people or organizations to share my health information with BCBSIL or their authorized representative:
 - Health professionals, hospitals, or clinics
 - Other health or health-related facilities

[I agree to the Proxy Statement \(optional\)](#)

I agree *

[Start Over](#) [Next ▶](#)



Choosing a PCP/Medical Group



BlueCross BlueShield of Illinois

Welcome MJ Monday Cart Log out

Language Assistance Need Help?

Are you working with a licensed agent? [Find An Agent](#)

Attest **Terms** **Medical Group** Payment Sign Make Payment Finished

Find Your Doctor and Medical Group

With your HMO health plan, you must choose a Medical Group/IPA Number. This will be the group you see for check-ups and referrals. If you do not choose a Medical Group at the time of enrollment, one will be assigned to you based on your home address.

Services must be provided by a Primary Care Physician(PCP) within the Medical Group selected. You may be responsible for the full cost of claims for services from providers that are not listed on your ID card.

To find your Medical Group/IPA Number:

1. Select the Find Doctor/Medical Group button (Provider Finder® will open in a new window)
2. Enter specialty, name, or location (optional)
3. Select the Search button
4. When you find a Medical Group, click on their name
5. Write down their 3 digit Medical Group number
6. Enter the 3 digit Medical Group number below

OB-GYN ACCESS

You may get OB-GYN services from:

- 1) your Primary Care Provider (PCP), or
- 2) an OB-GYN. You do not need a referral from your PCP to see an OB-GYN for preventive OB-GYN services. You do not have to tell us your choice of OB-GYN before a preventive OB-GYN visit.

NOTE: Some plans will cover your OB-GYN visits only if your OB-GYN is in your plan network.

Find and Enter Medical Group

ROBYN PIPER Primary	Find Doctor/Medical Group	<input type="text" value="Enter Medical Group Number"/>	Use this Medical Group Number for all Applicants
Husband Piper Spouse	Find Doctor/Medical Group	<input type="text" value="Enter Medical Group Number"/>	
Childa Piper Dependent	Find Doctor/Medical Group	<input type="text" value="Enter Medical Group Number"/>	
Childb Piper Dependent	Find Doctor/Medical Group	<input type="text" value="Enter Medical Group Number"/>	

[Back](#) [Start Over](#) [Next >](#)

BlueCross BlueShield of Illinois

Language Assistance En español

Find a Doctor or Hospital

Need Help with Provider Finder®?

We've created a step-by-step printable guide and video to help you find what you're looking for.

Find an In-Network Provider
Tell us about yourself, and we'll help you find a provider so you can get the care you need.

How do you get insurance?
I buy it myself

Member Login
View your account and plan information in Blue Access for Members™.

[Log in](#)

Plans & Pricing
See what health care plans are available.

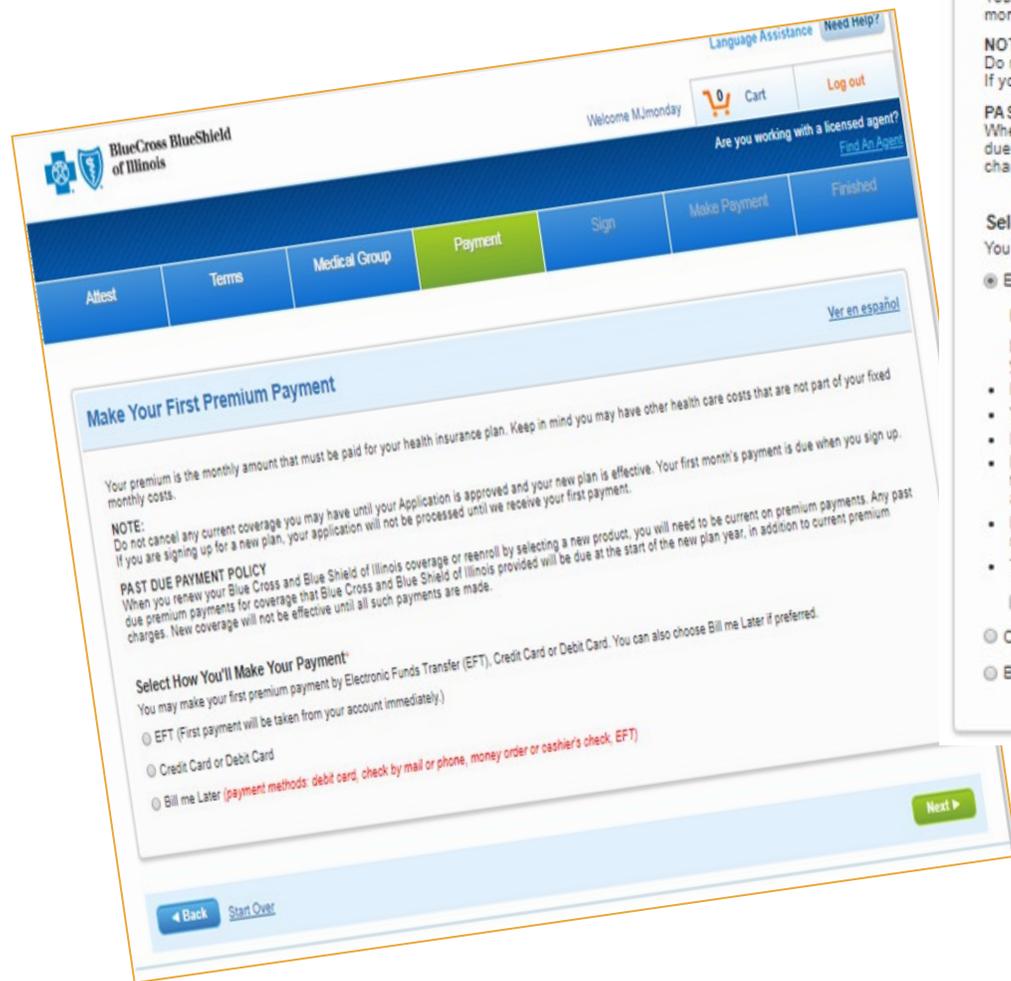
Primary Care Physicians

It may take longer to process your application because one or more of your applicants did not select a Medical Group/IPA Number. If you do not select a medical group, then one will be assigned to you. You can change your medical group once you are a member.

Are you sure you want to skip this step?

[No](#) [Yes](#)

Payment



Make Your First Premium Payment

[Ver en español](#)

Your premium is the monthly amount that must be paid for your health insurance plan. Keep in mind you may have other health care costs that are not part of your fixed monthly costs.

NOTE:

Do not cancel any current coverage you may have until your Application is approved and your new plan is effective. Your first month's payment is due when you sign up. If you are signing up for a new plan, your application will not be processed until we receive your first payment.

PAST DUE PAYMENT POLICY

When you renew your Blue Cross and Blue Shield of Illinois coverage or reenroll by selecting a new product, you will need to be current on premium payments. Any past due premium payments for coverage that Blue Cross and Blue Shield of Illinois provided will be due at the start of the new plan year, in addition to current premium charges. New coverage will not be effective until all such payments are made.

Select How You'll Make Your Payment*

You may make your first premium payment by Electronic Funds Transfer (EFT), Credit Card or Debit Card. You can also choose Bill me Later if preferred.

EFT (First payment will be taken from your account immediately.)

ELECTRONIC FUNDS TRANSFER (EFT) BILLING RULES

If you allow EFT, you understand and agree that BCBSIL and/or the company BCBSIL chooses to process payments may withdraw monthly payments from your checking or savings account in accordance with the terms below:

- Payments are due on the last day of the month before the month of coverage.
- Your bank or credit union will process these payments.
- If the payment date falls on a nonbusiness day or a holiday, the payment will be taken on the next business day.
- Please make sure you have enough money in your account when you submit this Application. If a payment is denied for non-sufficient funds (NSF), BCBSIL may try to process the charge again at any time in the next 30 days. BCBSIL will not pay you back for any fees your bank or credit union charges you for not having enough money in your account.
- Both the bank or credit union and BCBSIL reserve the right to end this payment program or your participation in it if payment is denied for NSF. This means payments would not be made automatically anymore. Coverage may stop (claims would not be paid) if you do not pay your monthly bill.
- To change the bank or credit union these payments are paid from, you will need to give at least 15 days' notice to BCBSIL by telephone before a scheduled payment date.

I HAVE READ AND ACCEPT THE ABOVE AGREEMENT*

Credit Card or Debit Card

Bill me Later (payment methods: debit card, check by mail or phone, money order or cashier's check, EFT)

Additional Steps Necessary for Bill Me Later

WARNING: By choosing this payment method, your coverage will not be activated until payment is received, regardless of your selected effective date.

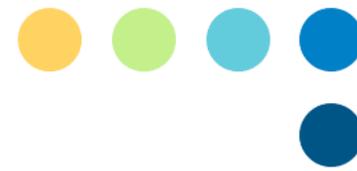
To prevent any lapse in coverage, some additional steps will be needed to complete your enrollment.

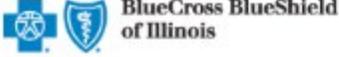
You will receive a letter that includes the amount you owe for your first month of coverage and instructions on how to pay. Your payment is due 10/01/2020. Coverage will not be activated until payment is received.

[Go Back](#)

[Continue](#)

Payment





Language Assistance [Need Help?](#)

Welcome MJwednesday2  Cart [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

Attest Terms **Payment** Sign Make Payment Finished

Electronic Billing

[Ver en español](#)

How would you like to receive your bill? *

Electronic Bill

Paper Bill

[Back](#) [Start Over](#)



Language Assistance [Need Help?](#)

Welcome MJwednesday2  Cart [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

Attest Terms **Payment** Sign Make Payment Finished

Billing Address

Is this the correct billing address for the initial payment method?

1000 E Warrenville Rd
Naperville IL 60563

Yes No

[Back](#) [Start Over](#) [Next](#)



Add Proof

- The Add Proof page is displayed for EDE Consumers with a pending SVI and/or pending DMI when the EDE consumer is enrolling their On-Exchange application.
- This page allows the EDE consumer to upload the required documentation to resolve their pending SVI(s) and/or DMI(s).
 - SVI: SEP Verification Issue
 - DMI: Data Matching Issue

BlueCross BlueShield of Montana

Welcome Nhooshtoku 0 Cart Log out

Are you working with a licensed agent? [Find An Agent](#)

Attest Terms **Add Proof** Sign Finished

Add My Proof

Here you'll see a list of documentation you'll need to upload as proof for your application. Please review and complete these steps by your deadline date.

You can continue with your application now and return later, if preferred.

As a reminder, watch for Marketplace communications about follow-ups for your application. You may review the Marketplace notices and complete actions by logging back in to our website. [Steps to return back to My Account section.](#)

Application Data Needed

Robyn Smith: Eligibility for Citizenship

Status: In Progress

The deadline date is 10-30-2020.

Here's a list of approved documents:

- U.S. Passport
- Certificate of Naturalization
- Certificate of Citizenship
- State-issued enhanced Driver's License
- Document from a federally recognized Indian tribe
- Other

[Get the full list of acceptable documents here if](#)

Select Files Each File Cannot Exceed 10MB
File Formats Accepted: PDF, JPEG, JPG, GIF, PNG, TIFF, BMP
File Names Consisting of ** OR / \ \\ Not Be Accepted

Life event proof needed

Robyn Smith, John Smith, you need to submit confirmation of ADOPTION for the person (or people) on your application.

Status: In Progress

The deadline date is 09-17-2020.

Here's a list of approved documents:

- Adoption letter or record
- Court order
- DHS Immigration document
- Foster care papers
- Legal guardianship document
- Medical support order
- Letter of explanation
- Other

[Get the full list of acceptable documents here if](#)

If you can't send one of these documents, you can write a letter with the date of your life event and the reason you can't provide what's needed.

Select Files Each File Cannot Exceed 10MB
File Formats Accepted: PDF, JPEG, JPG, GIF, PNG, TIFF, BMP
File Names Consisting of ** OR / \ \\ Not Be Accepted

[Back](#) [Start Over](#) [Next](#)

Sign and Submit



BlueCross BlueShield of Montana

Welcome through/robyn

Language Assistance [Need Help?](#)

Cart 0 [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

Abstract Terms Add Proof **Sign** Finished

Review Your Application

Take a few minutes to review the information you gave us. This is your chance to go back and make changes before you submit your final application.

Group 1 - Coverage Details

Blue Preferred Silver PPO 308

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
1400	Blue Preferred PPO	100	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
Primary	ROBYN	Female	02/22/1988	No
Spouse	John	Male	05/18/1973	No

No Dental Plan Selected

Monthly Premium

Medical Insurance Plan Cost:	\$1332.86 per month
Official Premium Credit:	-\$1062 per month
Final Cost	270.86 per month

Your Payment Options

Payment Type: **Bill Me Later** Electronic Billing

How May We Contact You?

Can we deliver your important policy documents electronically?
 By leaving this box checked, you agree we may send your policy information electronically. This electronic delivery will continue through any policy renewals or changes.
 You can go back to paper delivery at any time with no penalty. To make or change your choices, you may:
 • Go digital. Update your preferences and contact information at [bcbsmt.com/preferences](#) or Text CONTACTMT to 33633. Message and data rates may apply. Terms and conditions and privacy policy at [bcbsmt.com/mobile/text-messaging](#).
 OR
 • Call Customer Service at the number on your member ID card.
 Your documents can be viewed or printed using your computer or mobile device. This website may be accessed with most versions of Internet Explorer, Chrome or Firefox.

Your Signature Makes This a Contract if/when Fully Processed

Group 1

ROBYN SMITH I hereby acknowledge and accept the terms and wish to submit my application for health care coverage from Blue Cross and Blue Shield.

Authorized Representative

If this authorization is signed by a personal representative on behalf of an individual (other than a parent for a minor child), complete the following:
 I am an authorized representative filing out this application on behalf of the primary applicant.

First Name* Middle Initial Last Name* Relationship to Applicant*

Do you permit any other adult named on this form to answer questions about this form?
 Yes No

[Back](#) [Start Over](#) [Submit](#)

BlueCross BlueShield of Montana

Welcome through/robyn

Language Assistance [Need Help?](#)

Cart [Log out](#)

Are you working with a licensed agent? [Find An Agent](#)

Abstract Terms Medical Group Payment **Sign** Make Payment Finished

Review Your Application

Take a few minutes to review the information you gave us. This is your chance to go back and make changes before you submit your final application.

Group 1 - Coverage Details

BlueCare Direct Bronze 401 with Advocate

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
7400	BlueCare Direct	50	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
Primary	ROBYN	Male	04/23/1965	No
Spouse	Wife	Female	10/01/1975	No

No Dental Plan Selected

Monthly Premium

Medical Insurance Plan Cost:	\$930.8 per month
Official Premium Credit:	-\$578.65 per month
Final Cost	352.15 per month

Group 2 - Coverage Details

Blue Choice Preferred Bronze PPO 202

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
4500	Blue Choice Preferred PPO	60	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
Primary	Childa	Male	07/15/2010	No

BlueCare Dental 4 Kids 1B

Outline of Coverage [Download](#)

Deductible
75

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
Primary	Childa	Male	07/15/2010	No

Monthly Premium

Medical Insurance Plan Cost:	\$249.65 per month
Dental Insurance Plan Cost:	\$25.28 per month
Official Premium Credit:	-\$129.35 per month
Final Cost	144.58 per month

Your Payment Options

Payment Type: **Credit or Debit Card**

How May We Contact You?

Can we deliver your important policy documents electronically?
 By leaving this box checked, you agree we may send your policy information electronically. This electronic delivery will continue through any policy renewals or changes.
 You can go back to paper delivery at any time with no penalty. To make or change your choices, you may:
 • Go digital. Update your preferences and contact information at [bcbsmt.com/preferences](#) or Text CONTACTMT to 33633. Message and data rates may apply. Terms and conditions and privacy policy at [bcbsmt.com/mobile/text-messaging](#).
 OR
 • Call Customer Service at the number on your member ID card.
 Your documents can be viewed or printed using your computer or mobile device. This website may be accessed with most versions of Internet Explorer, Chrome or Firefox.

Your Signature Makes This a Contract if/when Fully Processed

Group 1

ROBYN PIPER I hereby acknowledge and accept the terms and wish to submit my application for health care coverage from Blue Cross and Blue Shield.

Group 2
 Relationship to Applicant*

First Name* Middle Initial Last Name*

Authorized Representative

If this authorization is signed by a personal representative on behalf of an individual (other than a parent for a minor child), complete the following:
 I am an authorized representative filing out this application on behalf of the primary applicant.

First Name* Middle Initial Last Name* Relationship to Applicant*

Do you permit any other adult named on this form to answer questions about this form?
 Yes No

[Back](#) [Start Over](#) [Checkout with Pay Later](#)

Payment - PaySafe

Clicking the “Make Payment” button triggers the current processing to display the PaySafe screen and receive payment information back from PaySafe.

The screenshot shows a web form for Blue Cross Blue Shield of Illinois. A modal window titled "Proceed to Payment" is overlaid on the form. The modal asks "Are you ready to pay?" and provides instructions: "If you're ready, please select yes. You will be sent to our payment vendor and your application will be submitted." It also includes a note: "Note: If you have any problems making the payment or close the payment window, please do not submit a second application. You will be sent a letter by US mail with next steps." and "If you're not ready and would like to change your payment option, please select no to return to the payment page." The modal has "No" and "Yes" buttons. The background form shows sections for "Your Payment Options", "How May We Contact You?", "Your Signature Makes This a Contract", "Group 1" (with applicant ROBYN PIPER), "Group 2", and "Authorized Representative".

The screenshot shows the "Make Your Payment" screen. It features a navigation bar with "Attest", "Terms", "Medical Group", "Payment", "Sign", "Make Payment", and "Finished". The main content area is titled "Make Your Payment" and includes the instruction: "To finish your application, you'll need to make your first payment." There are two sections for enrollment groups:

- Group 1 - Make Payment**: Here you'll see the amount you'll need to pay for your applicants in Group 1. To continue, please select MakePayment for this group.

BlueCare Direct Bronze 401 with Advocate	\$930.8 Amount Due	\$352.15 Make Payment
Applied Premium Tax Credit	-\$578.65 Applied	
Total Premium	\$352.15 Amount Due	
- Group 2 - Make Payment**: Here you'll see the amount you'll need to pay for your applicants in Group 2. To continue, please select MakePayment for this group.

Blue Choice Preferred Bronze PPO 202	\$249.65 Amount Due	\$144.58 Make Payment
BlueCare Dental 4 Kids 1B	\$25.28 Amount Due	
Applied Premium Tax Credit	-\$130.35 Applied	
Total Premium	\$144.58 Amount Due	

A "Continue" button is located at the bottom right of the page.

Once payments have been made for all Enrollment Groups, the Finish page is displayed.

Finish

- The Finish page for EDE Consumers is displayed after the consumer signs and submits his EDE Enrollment application with a Payment Type of Bill Me later or after the consumer returns from PaySafe site when his application Payment Type is NOT Bill Me Later.
- The content section in the middle of the page is dynamic depending on whether the consumer has pending SVIs only, Pending SVIs and pending DMIs, pending DIMs only or NO pending SVIs and DMIs

Clicking the follow these steps to update information later link displays the following:

Follow these steps to update information later

1. Login to our BCBSMT website
2. Select Review and keep working on your application
3. Select Start Application
4. Select the current application name
5. Confirm Use of your information and continue
6. To update your information, select the "Update Application" tab

OK

BlueCross BlueShield of Montana

Welcome faqybslkr:rf

Language Assistance Need Help?

0 Cart Log out

Attest Terms Primary Care Provider Payment Sign Make Payment **Finished**

Thank you for choosing a Blue Cross and Blue Shield of Montana (BCBSMT) health plan.

Your requested effective date for all plans is 09/01/2020. Below is your application ID and important plan information should you need to contact us regarding your application.

Application ID	Important Plan Information
Group 1 : 58135	Outline of Coverage (OOC) Summary of Benefits (SBC)
Group 2 : 58136	Outline of Coverage (OOC) Summary of Benefits (SBC)

Note: If you'd like to have a paper copy of your SBC mailed to you at no charge, please call 1-855-258-8471.

Congratulations! You've enrolled in Marketplace coverage through BCBSMT.

What should I do now?

- Pay your premiums. To do this, follow the instructions provided in the payment notices from BCBSMT.

Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:

- Read your notices and emails.
- HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information.
- 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, follow these steps to update information later

If you have questions, you can contact us for step-by-step instructions.

Contact Us

1-855-258-8471
Monday - Friday: 6 a.m. - 7 p.m. MT
Saturday: 7 a.m. - 4 p.m. MT
Sunday: Closed

Understanding Your Health Plan

[Get to Know Your Health Care Coverage](#) [Knowing your Network](#) [Learn About Pharmacy Benefits](#) [Useful Tools and Resources](#)

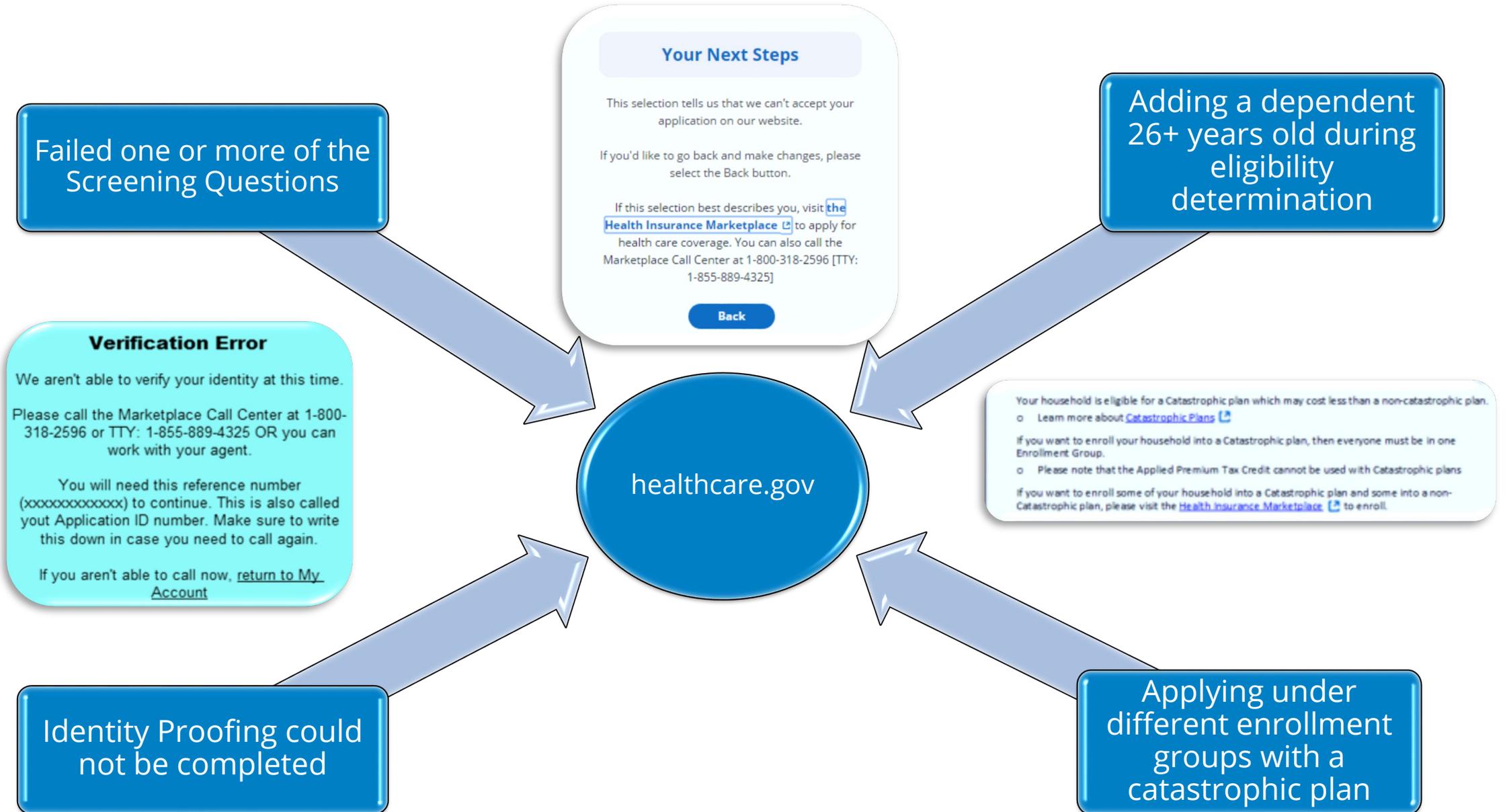
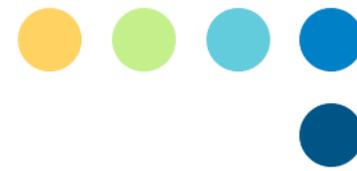
Think you might need more coverage?

Review accidental, hospital indemnity, legal or vision plans and pricing.

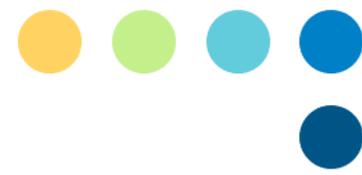


Barriers to Enrollment

Barriers to Enrollment: Overview



Barriers to Enrollment: Top Reasons



Top reasons consumers won't be able to complete a Marketplace enrollment application:

Screening Questions

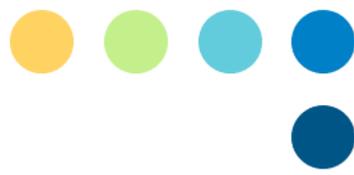
The user is in a scenario not supported by our Phase 1 implementation of EDE. The user will have to start the application process over at healthcare.gov.

Identity Proofing

1. The Social Security Number was invalid. If it *is* correct, the consumer will have to contact the Marketplace Call Center at 800-318-2596.
2. Verification questions were answered incorrectly. If the consumer feels that they did answer the questions correctly, they will have to contact CMS's identity proofing vendor, Experian, by calling their help desk at 866-578-5409.
3. If the consumer exceeded the limit of retries (6) for answering the identify proofing questions, they will have to contact CMS's identity proofing vendor, Experian, by calling their help desk at 866-578-5409.



Barriers to Enrollment: Top Reasons



Top reasons consumers won't be able to complete a Marketplace enrollment application:

Contact Information/Address Verification

If the address entered does not match the address verification system or if the address is not standardized, the user has three options available in order to continue

1. Edit original address: the address validation process will run again after edits have been made to the address
2. Select or use recommended address: if found, a standardized address will be provided
3. Use original address: the user can select this option and still proceed but because it's not "standardized" there may be delays in mailing.

No answers, blanks, no selections

No part of the application can be left blank. The user won't be able to proceed to the next step without answering all questions or completing all fields.



Barriers to Enrollment: Next Steps

Scenarios outside of Phase 1

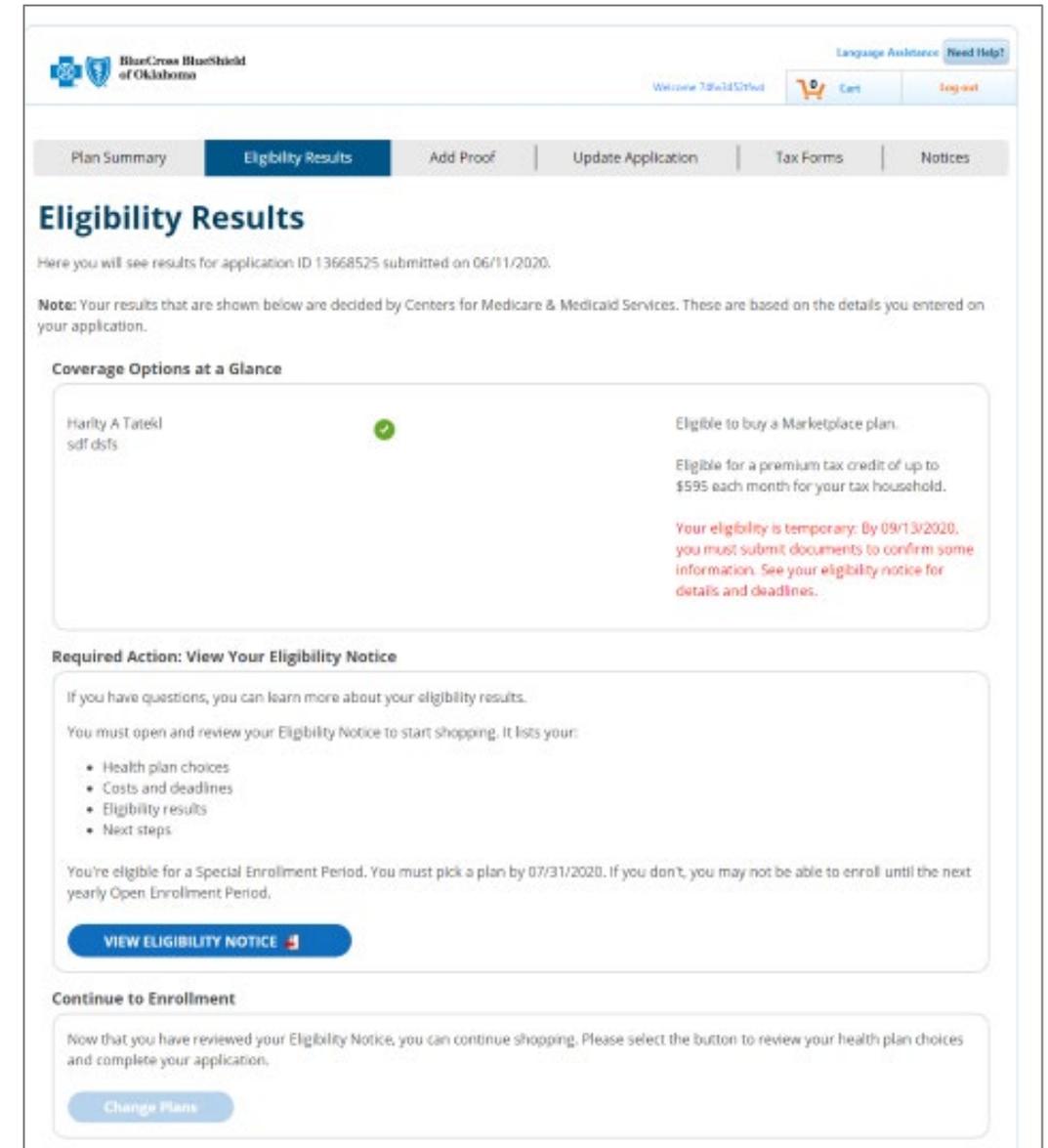
- Remember, we have implemented Phase 1 of EDE, which supports most, but not all enrollment scenarios. For circumstances outside of Phase 1, consumers will have to enroll via healthcare.gov.

Experian and the Marketplace

- If consumers can't complete Marketplace applications through our site, in most cases they will need to:
 - Contact Experian's help desk
 - Contact the Marketplace's call center

Starting Over at healthcare.gov

- Partial applications from our Retail Shopping Cart are not sent to healthcare.gov; that means consumers will have to start over.



The screenshot displays the BlueCross BlueShield of Oklahoma website's "Eligibility Results" page. The page header includes the BlueCross BlueShield of Oklahoma logo, a "Language Assistance" link, a "Need Help?" link, and a "Welcome Tasha D. Smith" message. A navigation bar contains links for "Plan Summary", "Eligibility Results" (which is highlighted), "Add Proof", "Update Application", "Tax Forms", and "Notices".

The main heading is "Eligibility Results", followed by the text: "Here you will see results for application ID 13668525 submitted on 06/11/2020." A note states: "Note: Your results that are shown below are decided by Centers for Medicare & Medicaid Services. These are based on the details you entered on your application."

The section "Coverage Options at a Glance" shows a table with one entry for "Harlly A Tateki sdf dsls". The entry is marked with a green checkmark and indicates that the user is "Eligible to buy a Marketplace plan." and "Eligible for a premium tax credit of up to \$595 each month for your tax household." A red warning message states: "Your eligibility is temporary. By 09/13/2020, you must submit documents to confirm some information. See your eligibility notice for details and deadlines."

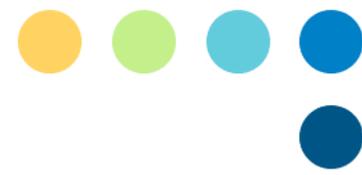
The "Required Action: View Your Eligibility Notice" section provides instructions: "If you have questions, you can learn more about your eligibility results. You must open and review your Eligibility Notice to start shopping. It lists your:" followed by a bulleted list: "Health plan choices", "Costs and deadlines", "Eligibility results", and "Next steps." Below this, it states: "You're eligible for a Special Enrollment Period. You must pick a plan by 07/31/2020. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period." A blue button labeled "VIEW ELIGIBILITY NOTICE" is provided.

The "Continue to Enrollment" section states: "Now that you have reviewed your Eligibility Notice, you can continue shopping. Please select the button to review your health plan choices and complete your application." A blue button labeled "Change Plans" is provided.



Producer Attachment and Assignment

Producer Attachment and Assignment



- Producers can ensure they are attached to an application as the Producer of Record by:
 - Entering producer data during Retail Shopping Cart quoting
 - Initiating quoting process through ExpressLink or a Quote Link via the Retail Producer Portal
- If the Producer is not certified with the Marketplace (aka, Registered with the FFM), they will be dropped off the quote.



Producer Attachment and Assignment

- Producers & Applicants can click “Need Help” on the Sign page to confirm the producer details are still there as a “double check”.

BlueCross BlueShield of Illinois

Welcome MJwedsnew!

Language Assistance [Need Help?](#)

Cart [Log out](#)

Are you working with a licensed agent? [Foot An Agent](#)

Attest Terms Medical Group Payment **Sign** Make Payment Finished

Review Your Application

Take a few minutes to review the information you gave us. This is your chance to go back and make changes before you submit your final application.

Group 1 - Coverage Details

BlueCare Direct Bronze 401 with Advocate

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
7400	BlueCare Direct	50	-

People Covered

Applicant	Insured	Sex	Date of Birth	Tobacco Use
Primary	ROBYN	Male	04/23/1968	No
Spouse	Wife	Female	10/01/1975	No

No Dental Plan Selected

Monthly Premium

Medical Insurance Plan Cost:	\$930.8 per month
Official Premium Credit:	-\$578.65 per month
Final Cost	352.15 per month

Group 2 - Coverage Details

Blue Choice Preferred Bronze PPO 202

Outline of Coverage [Download](#)

Deductible	Network	Coinsurance	Additional Coverage
------------	---------	-------------	---------------------