How to Complete Your Application for Medical Coverage through the Enrollment Platform

Checklist 1: Make sure to collect all this information — you're going to need it for enrollment! For everyone in your tax-filing household, meaning anyone that is included on your tax return, even if they're not applying for coverage, you'll need:

- Name
- Date of Birth
- Social Security Number (only if enrolling)
- Estimated pre-tax (gross) income and deductions, including things like Social Security and Disability benefits, rental income or wages, and alimony payments
- If anyone in your tax-filing household has access to employer coverage, you will need the employer name, employer phone number, and the monthly cost for the insurance
- The approved plan name and ID for the plan you are enrolling into (look up Oregon approved plans for 2022 <u>here</u>).

Checklist 2: As you enroll, please write down and save the following information:

- Application ID # ______
- Plan name: _____
- Base Premium \$ _____
- APTC Amount \$ _____
- Net premium after APTC \$ (your monthly payment) ______
- Effective Date of the Plan ______
- Date any verification documents are due ______

For enrollment, please go to: CarewellSEIU503.org/enrollment-platform





If you are already enrolled and renewing your coverage, you can search for your application by Social Security Number and date of birth. This is great because the application will already be pre-filled.

Find an applic	ation	Double redirect
	arketplace application, enter their inforr me and date of birth, and create a new	
Search by Social Secur	ity number and date of birth	~
Search by Social Secur Social Security Number	ity number and date of birth Date of birth	~

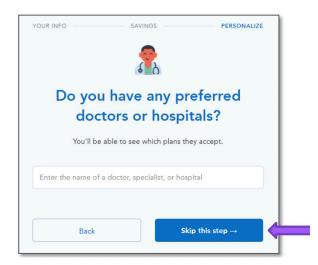
	•	. If you have an existing application in Healthcare.gov, v
pre-fill the rest of this a	pplication from it.	
Encountered err	ors. Cannot formulate questions for th	is consumer. Please reference Final Decision Code.RF4
	Back	Continue

If you get this error message as you try to verify your identity, try entering your information again without punctuation (the system does not handle periods, commas and apostrophes well).

For example, do not type "ave." Use either the full word "avenue" or shorten to "ave" without period.

Early in the enrollment process, you may be asked about preferred doctors or hospitals. This is a great feature to explore the variety of plans that may be available to you. However, in order to receive Healthcare Cost Assistance benefits from Carewell SEIU 503, you need to enroll in the approved health insurance plan for your area!

Check the approved plan for your area <u>here</u> and write down the plan name and ID.





Important information to remember

- For your homecare and personal support work, your employer should be listed as: Consumer Client, 550 Capitol St. NE, Salem OR 97301, 1-877-867-0077.
- Carewell SEIU 503 Healthcare Cost Assistance is a benefit that helps you pay for individual plans, and it is <u>not</u> employer-sponsored or group coverage.



On the "Job-based health coverage" screen, please do <u>not</u> check yes unless you are offered health coverage from another employer.



• Carewell SEIU 503 Healthcare Cost Assistance is not an ICHRA (Individual Coverage Health Reimbursement Arrangement). It's not a QSEHRA (Qualified Small Employer Health Reimbursement Arrangement) either.

Have any of these people been offered an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) with a start date between 9/2/2020 and 12/31/2020?

A person may have more than one health coverage offer. Only select if both of these apply:

- They've been offered an individual coverage HRA or QSEHRA, which provides reimbursement for certain health care costs.
- At least one offer's start date is within the date range above.

Selecting a plan

• Search by carrier and by metal level (all approved plans are Silver level.) Once you've got the correct approved plan, click on "Add to cart."

Carriers	Compare			Plan details	Add to cart
BridgeSpan Health Company					
✓ Kaiser Permanente					
Moda Health	KAISER PERMANENTE, KP OR	Silver 2500/40 - EPO			SILVER
PROVIDENCE HEALTH PLAN	Premium	Deductible	Out-of-pocket max	\$8,550	
Regence BlueCross BlueShield	\$ 497 /mo	\$2,500/yr	Doctor visits	\$40	
of Oregon			Specialist visit	\$65	
			Generic drugs	\$25	
Metal levels	Compare			Plan details	Add to cart
Expanded Bronze					Add to cart
Silver					
Gold					

- If you are renewing your approved plan, make sure you indicate under "Existing coverage information" that you are currently enrolled in "Individual Insurance (including Marketplace or private market non-group coverage.")
- If you want to choose a different plan for different applicants, click on the "Shop Multiple Plans" button.

You'll land on the "Group Shopping" page.

First select which applicants you'd like to shop for, then press "Choose a plan."

Group shopping

1. Select which applicants you	a'd like to shop for	
Applicant	Health plan	Dental plan
Dwayne Curtis	None selected	None selected
Jennifer Curtis	None selected	None selected
Steven Curtis	None selected	None selected
Jaime Curtis	None selected	None selected
2. Shop for a plan for these ap	oplicants	

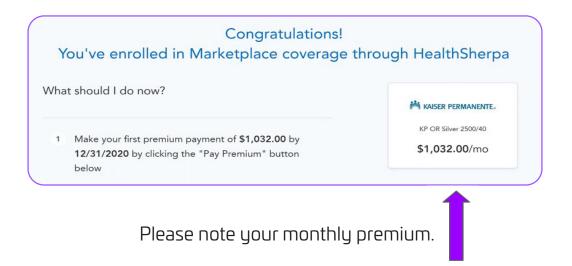
- Take the full Advance Premium Tax Credit (APTC) if you are eligible for one.
- You may be given the option to add a dental plan: remember that if you are eligible for Carewell SEIU 503 benefits, you <u>already</u> have premium free dental coverage through Kaiser Dental, so you don't need to add dental coverage.
- Review eligibility results

Please note how much you may be receiving in monthly tax credits (or Advance Premium Tax Credits).

You must download and review your Eligibility letter before continuing. This Eligibility notice will list any items the Marketplace may be requesting for your enrollment. Please read this letter and respond to requests for additional documentation. If you need assistance with this process, please call us at 1-844-503-7348.

ompleting your enrollin	rent, please do a final review of your eligibility results.
Applicants	
Name	Eligibility
0	Eligible to enroll in a Marketplace plan
Your household did not qu	ualify for a monthly tax credit.
	your eligibility, download the official letter here. You must
	iment to finish your enrollment.

• You've finished your application! Check your email for a verification message.



You may receive emails from HealthSherpa (also known as the Enrollment Platform) and the federal Marketplace, both reminding you to pay your first premium. The emails will ask you to pay using a link in the email but **please do NOT use those links! Instead, call your medical insurance carrier to make a payment. You can find contact information for carriers <u>here</u>.**

After enrollment

Make your first payment to your insurance carrier before your first day of coverage. If you don't pay that first premium, your plan will not be activated and you may find yourself without coverage for 2022.

- If you're renewing your coverage and you've set up autopay with your health insurance carrier, call your carrier to check if autopay is properly set up with the right amount for your new plan premium and with your Benefit Convenience Card information. If your BCC is about to expire, keep an eye out for your new card in the mail. It will have a new card number and expiration date, so it will need to be updated with the carrier.
- If you're enrolling into an approved plan for the first time, and you don't have a Benefit Convenience Card yet, you may have to pay your first premium out of your own funds. Carewell SEIU 503 will reimburse you for that expense, but that payment may take up to 20 business days.

For faster reimbursement, you can **submit a Direct Deposit form** to the Benefits Administrative Office. Click <u>here</u> to complete this form.

Questions?

Visit **CarewellSEIU503.org** to learn more about benefits and to find resources.

If you're unsure that you successfully completed your application on the Enrollment Platform, or if at any point you encounter an issue with your application (for instance with the Identity Verification section), please call Valley Insurance Professionals at 503-974-8471.

For all other questions, you can call 1-844-503-7348.

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