

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 in (you can look up Oregon approved plans for 2024 [here](#)).

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

- Application ID # _____
- Plan name: _____
- Base Premium \$ _____
- Advance Premium Tax Credit Amount (APTC) \$ _____
- 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 application Double redirect

To find a client's existing Marketplace application, enter their information below. To start a new application, search using name and date of birth, and create a new application if no results are found.

Search by Social Security number and date of birth

Social Security Number

Date of birth

Find application

Verify identity

Please verify your identity by answering the questions below. If you have an existing application in Healthcare.gov, we will pre-fill the rest of this application from it.

Encountered errors. Cannot formulate questions for this consumer. Please reference Final Decision Code.RF4

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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 the 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 [here](#) and write down the plan name and ID.

YOUR INFO SAVINGS PERSONALIZE

Do you have any preferred doctors, pharmacies, or hospitals?

You'll be able to see which plans they accept.

Enter the name of a doctor, specialist, or hospital

Back Skip this step ->



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 not employer-sponsored or group coverage.



On the “Employer Sponsored Coverage” screen, **do not check yes** unless you are offered health coverage from another employer.

Employer Sponsored Coverage

Employer Sponsored Coverage

Will any of these people be offered health coverage through their own job? ⓘ

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

Before you start this section, gather HRA information.

You'll need any information about Health Reimbursement Arrangements (HRAs) that the people on this application may have gotten from an employer.

Do any of these people have an individual coverage HRA (ICHRA) through their job, or through the job of another person like a spouse or parent? ⓘ

[Learn more](#)

Have any of these people been offered an individual coverage HRA (ICHRA) they haven't yet accepted through their job, or through the job of another person, like a spouse or parent? ⓘ

Only select a person's name if the person will be able to use their individual coverage HRA through 1/7/2024, or by January 1st if applying during Open Enrollment.

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 9/9/2023 and 1/7/2024?

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."

The screenshot shows a web interface for selecting a health plan. On the left, there are filters for "Carriers" and "Metal levels". Under "Carriers", "Kaiser Permanente" is selected. Under "Metal levels", "Silver" is selected. The main area displays a plan card for "KAISER PERMANENTE KP OR Silver 3000/40 - EPO" with a 4-star rating and "SILVER" label. The plan details are as follows:

Monthly premium	Health deductible	Out-of-pocket max	
\$314.00 <small>was \$692.00</small>	\$3,000	\$8,850	
		Doctor visits	\$40
		Specialist visit	\$65
		Generic drugs	\$25

At the bottom of the plan card, there is a "Compare" checkbox, a "Plan details" link, and an "Add to cart" button.

- 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 click on "Choose a plan."



Group shopping

When you click the Shop Multiple Plans button, you'll land here on the Group Shopping page. First, select which applicants you'd like to shop for, then press "Choose a plan."

1. Select which applicants you'd like to shop for

Applicant	Health plan	Dental plan
<input checked="" type="checkbox"/> Dwayne Curtis	None selected	None selected
<input checked="" type="checkbox"/> Jennifer Curtis	None selected	None selected
<input type="checkbox"/> Steven Curtis	None selected	None selected
<input type="checkbox"/> Jaime Curtis	None selected	None selected

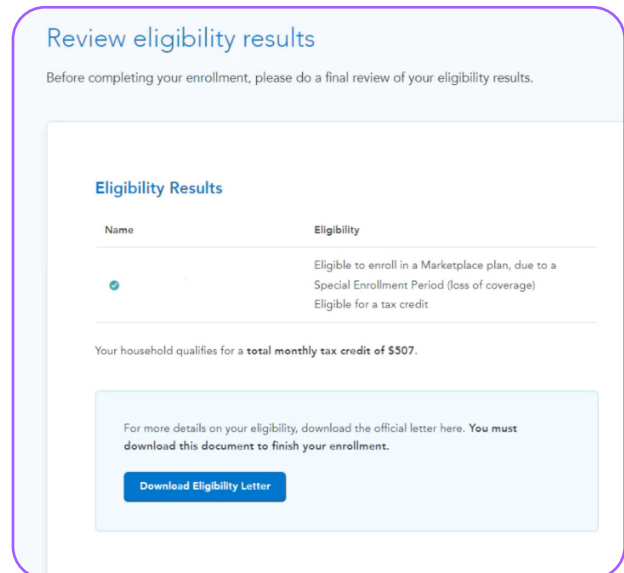
2. Shop for a plan for these applicants

- **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 already have free premium dental coverage through Kaiser Dental, so you don't need to add dental coverage.

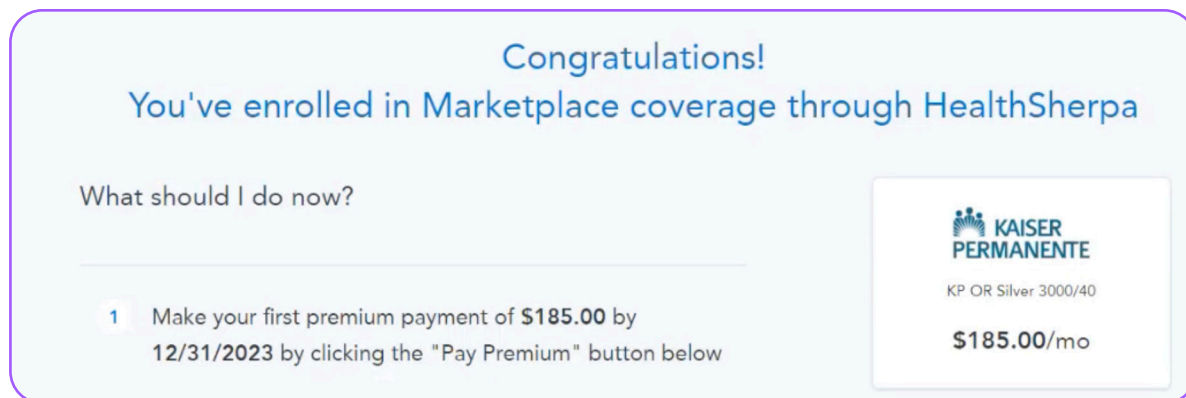
- **Review eligibility results**

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.



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



Please note your monthly premium.

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 [here](#).**

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 2024.

- If you're renewing your coverage and you've set up autopay with your health insurance carrier, call your carrier to make sure 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 in an approved plan for the first time, and you don't have a Benefit Convenience Card (BCC) 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 Carewell SEIU 503. Click [here](#) to complete this form.

Questions?

Visit [CarewellSEIU503.org](https://www.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.