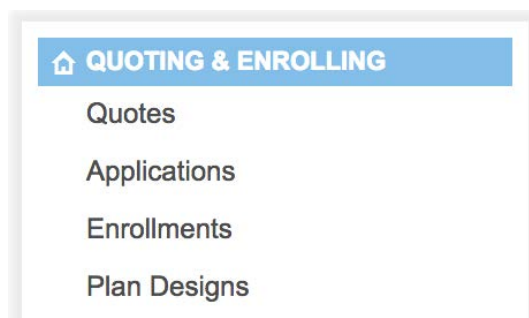




## InsxCloud Broker Platform

### Quoting and Enrolling Guide



#### Quoting and Enrolling

- **Quotes:** Create a quote to view plans and prices.
- **Applications:** View, edit, and complete applications that are ready to enroll.
- **Enrollments:** View completed enrollments.
- **Plan Designs:** View available plans.

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## Start a New Quote

Start a new quote,  
or edit an existing quote.

### Quotes

**What would you like to do?**

Start a new quote  
 Edit saved quotes

Individuals

### Quotes

- **Start a New Quote:** Create a quote to view plans and prices.
- **Edit Saved Quotes:** View, edit, and complete previously created quotes.

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## Quotes - Applicant Information

Enter the applicant's general information to begin the quote.

**Quotes**  
Applicant Information

**1** **Applicant Information**  
1 **Producer:** Klonowski Scott

2 **Zip Code/County:** 44221 Summit

3 **Effective Date:** 10/01/2014

4  Quote Child Only Plan

5 **Applicant Name and Email:** Applicant Last (Optional): Smith; Applicant First (Optional): John; Email Address (Optional): JSmith@example.com

6 **Applicant / Dependent Information:** Relationship: Applicant; Gender: Male; Date of Birth: 11/18/1955; Tobacco: No

Add Dependents +  
Spouse; Female; 03/14/1957; No

### Applicant Information

- 1 Producer:** Select the producer that should be attached to the quote.
- 2 Zip Code/County:** Enter the applicant's zip code and the available counties will automatically populate.
- 3 Effective Date:** Choose the appropriate effective date.
- 4 Quote Child Only:** Select this if child only plans should be displayed.
  - Note:** If quoting for child only, enter the child as the applicant.
- 5 Applicant Name and Email:** Input applicant information. (Optional).
  - Note:** Quote will be named based on applicant name. If no name is added, quote will be named N/A.
- 6 Applicant / Dependent Information:** Add information for people you wish to quote.

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## Quotes - Lines of Coverage

Select from the available lines of coverage and estimate a subsidy.

### Quotes

Applicant Information >> [Select Lines](#)

---

#### What Type of Plans are You Looking For?

**Select All**

Medical

Dental

I am interested in finding out if I qualify for reduced costs

### Lines of Coverage

- **What Type of Plans are You Looking For?:** Select the appropriate lines of coverage.
  - **Note:** Select “I am interested in finding out if I qualify for reduced costs” to estimate the applicant’s subsidy.

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## Quotes - Subsidy Estimator

Enter the applicant's household information to estimate the subsidy.

**Information About Your Household**

1 Enter Your Zip Code

2 County

3 Enter annual household income (2014 Dollars)

4 Number of people in your household

5 Number of people taking coverage

Age  Applicant

Age  Spouse

6 Is Employer Medical Coverage Available?

### Subsidy Estimator

- **Household Information:** Enter the appropriate household information.
- **Annual Household Income:** Include spouse and dependent income in this field.

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## Quotes - Plans Overview

An overview of the plan page layout and functionality.

The screenshot displays a web interface for medical plans. At the top, it says "Medical Plans" and "Rates Effective 10/01/2014". There are navigation buttons for "Back" and "Next", and a "Sort By" dropdown set to "Price - Lowest to Highest". Below this, there are buttons for "Compare Plans" (marked with a blue circle 1) and "Recommend Plans". A "Narrow Results By" dropdown is also present. The main content area features a plan card for "UltraMed 5000 / 30%". This card includes a "Quick View of In-Network Benefits" table, an "Additional Information" section with buttons for "Summary", "Lookup Provider", "Lookup Rx", and "Plan Details" (marked with a blue circle 3), and a "Monthly Cost" summary showing a current selection of \$243.07. A "Remove Plan" button is located at the bottom right of the card. A blue circle 2 highlights the plan name and its basic details.

Benefit	Amount / Rate
Single Deductible	\$5,000
Single Max Out-of-Pocket	\$6,350
Coinsurance	30%
Primary Care Visit	Ded + Coinsurance
Generic Drugs	Ded + \$20 Copay

Monthly Cost:	<del>\$769.07</del>
Est. Subsidy:	\$526.00
<b>Est. Monthly:</b>	<b>\$243.07</b>

### Plan Overview

- 1 View / Compare Plans:** Filter, Compare, and Recommend plans.
- 2 Plan Information:** View a snapshot of plan benefits.
- 3 Additional Information:** View the full plan summary, attached documents, and the provider and Rx lookups.

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## Quotes - Compare Plans

Create a side-by-side plan comparison to view plan information and cost.

1

Quotes

Applicant Information >> Select Lines >> Subsidy Calculator >> Choose Plans

Medical Plans

Compare Plans ? Recommend Plans ?

2

UltraMed 5000 / 30%  
HMO Network | On Exchange Plan  
HSA Compatible ?

Quick View of In-Network Benefits

		Additio
Single Deductible	\$5,000	
Single Max Out-of-Pocket	\$6,350	
Coinsurance	30%	
Primary Care Visit	Ded + Coinsurance	

3

Quotes

Applicant Information >> Select Lines >> Subsidy Calculator >> Choose Plans

Medical Plans

Display Plans ? Recommend Plans ?

### Compare Plans

- 1 Compare Plans:** Compare plans allows plan descriptions to be viewed in a side by side comparisons.
  - **Note:** Up to four plans can be compared at once.
- 2 Select Plans:** Use the checkbox at the top left of each plan to add it to the comparison.
- 3 Display Plans:** When all necessary plans have been selected, hit the same button from step one (now "Display Plans") to view the comparison.

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## Quotes - Recommend Plans

Highlight recommended plans for the applicant to view.

1

Quotes

Applicant Information >> Select Lines >> Subsidy Calculator >> Choose Plans

**Medical Plans**

Compare Plans ? Recommend Plans ?

2

UltraMed 5000 / 30%  
HMO Network | On Exchange Plan  
HSA Compatible ?

Quick View of In-Network Benefits		Additional
Single Deductible	\$5,000	Search
Single Max Out-of-Pocket	\$6,350	Share
Coinsurance	30%	Like
Primary Care Visit	Ded + Coinsurance	Recommend

3

Quotes

Applicant Information >> Select Lines >> Subsidy Calculator >> Choose Plans

**Medical Plans**

Compare Plans ? Recommend Selected Plans ?

### Recommend Plans

- 1 Recommend Plans:** Recommend plans allows plans to be highlighted for the applicant. This is useful if the quote is going to be emailed to the applicant as opposed to being completed by the broker.
- 2 Select Plans:** Use the checkbox at the top left of each plan to add it to the comparison.
- 3 Recommend Selected Plans:** When all necessary plans have been selected, hit the same button from step one (now "Recommend Selected Plans") to highlight.

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## Quotes - Narrow Results

Use the provided filters to display only the selected plans.

Narrow Results By

- 1 Insurance Companies
- 2 Metal Tiers
  - Select All
  - Bronze
  - Silver
  - Gold
  - Platinum
  - Catastrophic
- 3 Plan Types
- 4 Networks
- 5 On/Off Exchange

### Narrow Results By

- 1 Insurance Companies
- 2 Metal Tiers
- 3 Plan Types
- 4 Networks
- 5 On/Off Exchange

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## Quotes - Plan Summary

Use the Plan Summary to view the provided plan information.

**UltraMed 5000 / 30%**  
HMO Network | On Exchange Plan  
HSA Compatible

**Quick View of In-Network Benefits**

Single Deductible	\$5,000
Single Max Out-of-Pocket	\$6,350
Coinsurance	30%
Primary Care Visit	Ded + Coinsurance
Generic Drugs	Ded + \$20 Copay

**Additional Information**

1

Monthly Cost: **\$769.07**

Est. Subsidy: \$582.00

Est. Monthly: **\$187.07**

### Plan Summary

- 1 **Summary:** Select the “Summary” button on the appropriate plan.
- 2 **Plan Summary:** View the plan information in the window.
- 3 **Print Plan Summary:** To print or save the summary as a PDF, select “Print.”

**UltraMed**  
**UltraMed 5000 / 30%**

In Network Benefits	See plan details for a complete listing of benefits
Single Deductible	\$5,000
Family Deductible	\$10,000
Generic Drugs	Ded + \$20 Copay
Preferred Brand	Ded + Coinsurance
Non-Preferred Brand	Ded + Coinsurance

3

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## Quotes - Provider and Rx Lookup

View covered providers and prescriptions.

**UltraMed 5000 / 30%**  
HMO Network | On Exchange Plan  
HSA Compatible ?

Quick View of In-Network Benefits	
Single Deductible	\$5,000
Single Max Out-of-Pocket	\$6,350
Coinsurance	30%
Primary Care Visit	Ded + Coinsurance
Generic Drugs	Ded + \$20 Copay

**Additional Information**

- Summary
- 1 Lookup Provider
- 2 Lookup Rx
- Plan Details

Monthly Cost: ~~\$769.07~~  
Est. Subsidy: \$582.00  
Est. Monthly: **\$187.07**

Select this Plan

### Provider and Rx Lookup

- 1 Lookup Provider:** Select the “Lookup Provider” button on the appropriate plan to open the Provider Lookup in a new window.
- 2 Lookup Rx:** Select the “Lookup Rx” button on the appropriate plan to open the Rx Lookup in a new window.

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## Quotes - Plan Details

Use the Plan Details option to view any documents that have been attached to the plan.

**UltraMed 5000 / 30%**  
HMO Network | On Exchange Plan  
HSA Compatible

Quick View of In-Network Benefits	
Single Deductible	\$5,000
Single Max Out-of-Pocket	\$6,350
Coinsurance	30%
Primary Care Visit	Ded + Coinsurance
Generic Drugs	Ded + \$20 Copay

**Additional Information**

- Summary
- Lookup Provider
- Lookup Rx
- 1 Plan Details**

Monthly Cost: ~~\$769.07~~  
Est. Subsidy: \$582.00  
Est. Monthly: **\$187.07**

Select this Plan

### Plan Details

- 1 Plan Details:** Select Plan Details to view documents attached to the selected plan.

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## Quotes - Plan Icons

Hover over the plan icons for a description.

1 Eligible for Subsidy

UltraMed 5000 / 30%  
HMO Network | On Exchange Plan  
HSA Compatible ?

2 Bronze Plan

UltraMed 5000 / 30%  
HMO Network | On Exchange Plan  
HSA Compatible ?

3 This plan can be purchased in conjunction with a Health Savings Account

UltraMed 5000 / 30%  
HMO Network | On Exchange Plan  
HSA Compatible ?

### Plan Icons

- 1 **Eligible for Subsidy:** This icon will appear if the plan is "On-Exchange."
- 2 **Metal Tier:** This icon will display the plan's metal tier.
- 3 **HSA Compatible:** This icon will display if the plan is HSA compatible.

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## Quotes - Select People to be Covered

Verify dependent information and select the dependents to be covered.

**Select People to be Covered** 1  ×

RELATIONSHIP	DOB	TOBACCO USE
Self	11/18/1955	No
<input checked="" type="checkbox"/> Spouse	03/14/1957	No

### Select People to be Covered

- 1 Edit:** Use to return to the applicant information screen to change applicant or dependent information.
- 2 Applicant Information:** Verify that applicant and depending information is correct, and select the dependents to be covered.

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## Quotes - Summary Page Overview

An overview of the  
Summary Page functionality.

The screenshot shows a web interface for 'Rates & Benefits'. At the top, there is a tab labeled 'Edit Medical Plans' with a callout '1'. Below this is a table with columns: INSURANCE CO, PLAN NAME, PLAN TYPE, NETWORK, QHP, and EST. COST. A callout '2' points to the first row of the table. Below the table are two buttons: 'Invite Applicant' (callout '3') and 'Start Application' (callout '4'). At the bottom, there is a section titled 'What would you like to do next?' with a dropdown menu set to 'Start a new quote', another dropdown set to 'Individuals', and a 'Go' button.

INSURANCE CO	PLAN NAME	PLAN TYPE	NETWORK	QHP	EST. COST
UltraMed	5000 / 30%	HMO	HMO	Yes	\$243.07 <a href="#">View</a>

### Summary Page

- 1 Edit Medical Plans:** Use to return to the plan selection step.
- 2 Selected Plan:** View the selected plan with the estimated cost. “View” will give a printable plan summary.
- 3 Invite Applicant:** Invite the applicant to review the quote and begin the application.
- 4 Start Application:** Start the application as the broker.

<https://broker.insxcloud.com>



## Quotes - Invite Applicant

Invite the applicant to view the quote and complete the subsidy and enrollment steps.

**Email Quote**

1 To: John Smith

2 From: Luke Mattson

Email Address: [Empty]      Email Address: luke.m@my1hr.com

3 Subject: Luke Mattson has sent you a quote

4 Message: Dear John,  
Please click on the following link to view your quote:  
[http://devenroll.insxcloud.com/my-quote/index/broker?\\_h=MFIXa2FJNEtHTVVGaWnkQVhXOXkyQT09&ref=MGYyZjI5MTgzMmIxYjNiNjMwYTlhNmFhYWVjOGU2ZTdkMTNjMzk3MTAxNjEyMWE4Zml1OWNkYWVjMwU5NWE3Ym1VOExIS0NZckhwUzIzXUko3Zy9NRXk4OU9lZEJZZk9lTjB0cHRlMVNIOG89](http://devenroll.insxcloud.com/my-quote/index/broker?_h=MFIXa2FJNEtHTVVGaWnkQVhXOXkyQT09&ref=MGYyZjI5MTgzMmIxYjNiNjMwYTlhNmFhYWVjOGU2ZTdkMTNjMzk3MTAxNjEyMWE4Zml1OWNkYWVjMwU5NWE3Ym1VOExIS0NZckhwUzIzXUko3Zy9NRXk4OU9lZEJZZk9lTjB0cHRlMVNIOG89)

Cancel      Send

### Invite Applicant

- To:** This will determine the email address that the invite will be sent to, and the individual's name.
- From:** This will determine the email address that the invite will be sent from.
- Subject:** This will be used as the subject of the email.
  - Note:** This can be edited.
- Message:** This will be used in the body of the email.
  - Note:** The Message can be edited. **The link must remain in the body of the email to give the applicant access to the quote.**

### NOTE:

For On-Exchange: If you invite the applicant to complete their enrollment, they will be required to do the identity verification step on HealthCare.gov.

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## Start Application

The broker will be prompted to create a username and password.

1

**Create Username and Password** ×

---

**Your Information**

Last Name	Create Username
<input type="text" value="Smith"/>	<input type="text"/>
First Name	Password
<input type="text" value="John"/>	<input type="text"/>
	Re-Enter Password
	<input type="text"/>

### Create Username and Password

- 1 **Create Username and Password:** For On Exchange Applications: The broker will create a username and password for the applicant. This will allow the applicant to login to the InsxCloud site.

**Note:**

Username and password will not give the applicant access to HealthCare.gov. They will need to create an account on HealthCare.gov in addition to their InsxCloud account should they wish to access HealthCare.gov directly.

<https://broker.insxcloud.com>



## HealthCare.gov Application - Login

Login to HealthCare.gov as the broker.

**Log In**  
All fields are required unless they're marked optional.

**1** Username  
AB\_Issuer184

Password

### HealthCare.gov Login

- 1 Username:** Your FFM User ID should be populated here. If it is not, it will need to be added under the producer's profile. (See FAQ).

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## Enrollment - Start Application

Start a new application on behalf of the applicant, or lookup a started application.

1

### Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Application state

Select... ▾

**START APPLICATION**

2

### Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

**LOOK UP APPLICATION**

### Start Application

- 1 Start a New Application:** This will start a new HealthCare.gov application on behalf of the applicant.
  - **Note:** Starting an application will allow the identity verification step to be skipped.
- 2 Lookup an Existing Application:** This will allow the broker to lookup an application that has been previously started or completed.
  - **Note:** If an application has been completed for the individual, the results can be pulled back into InsxCloud by looking up the application and selecting “Return to Issuer Website.”

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## HealthCare.gov Application

Complete the HealthCare.gov application on behalf of the applicant.

1

### Contact information

If we need to contact you, we'll use this information from your Marketplace account (If any of these fields are blank, you can add information here.) Don't enter any letters with special characters, like accents, tildes, etc.

First name	Middle <i>optional</i>	Last name	Suffix <i>optional</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select... ▾

Date of birth

MM/DD/YYYY

### HealthCare.gov Application

- 1 **Application:** The application on HealthCare.gov can be completed as the broker on behalf of the applicant without the identity verification step.

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## HealthCare.gov - Eligibility Results

Eligibility complete.

**Your detailed eligibility results are ready**

**Important:** Read your eligibility results before you enroll. We'll let you know if there are problems with your application that you'll need to resolve.

1 **VIEW ELIGIBILITY RESULTS**      2 **RETURN TO ENROLLMENT WEBSITE**

### Eligibility Results

- 1 **View Eligibility Results:** This will download a PDF of the applicant's eligibility results.
- 2 **Return to Enrollment Website:** This will return the broker to the InsxCloud site with the eligibility results to complete the enrollment.

<https://broker.insxcloud.com>



## Enrollment - Taxpayer Attestation

Accept the taxpayer  
attestation on behalf of the applicant.

**1** **Taxpayer Attestation** ×

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 2015 for the tax year 2014.
- If I'm married at the end of 2014, 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 2014 federal income tax return.
- I'll claim a personal exemption deduction on my 2014 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 2014 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

**2**

### Taxpayer Attestation

- 1 Taxpayer Attestation:** Accept the Taxpayer Attestation on behalf of the applicant.
- 2 Print:** Print a copy for your records.

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## Enrollment - Sign and Submit

Create a digital signature  
and submit the application.

1

### Electronic Signature Agreement

Type It [Draw It](#)

2

### Submit Your Application

Click the Submit button below to submit your application for approval.

Submit

### Sign and Submit

- 1 **Electronic Signature:** Sign on behalf of the applicant.
- 2 **Submit:** Submit the enrollment.
  - **Note:** An error message on this screen is a result of the application being rejected by HealthCare.gov. Check the FAQ for a list of common errors and solutions.

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## Enrollments - Submitted Enrollments

View completed enrollments.

**Submitted Enrollments**

1

Applicant First Name      Any Year     Any Line Of Coverage     Any Type

Applicant Last Name      Any Month     Any Insurance Company     Any Status

Policy Number      Member IE      Any Producer     Individual Enrollments

2

NAME	DATE SUBMITTED	EFFECTIVE DATE	END DATE	PRODUCER	INSURANCE CO	PLAN	STATUS
Dillardohi, Brief	09/03/2014	10/01/2014	12/31/2014	Klonowski, Scott	UltraMed	5000 / 30%	Submitted <a href="#">View</a>

### Eligibility Results

- 1 Filter Enrollments:** Filter by Applicant, Time Period, Plan, or Status.
- 2 View Enrollments:** View basic enrollment information or select "View" to view more detailed information.

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