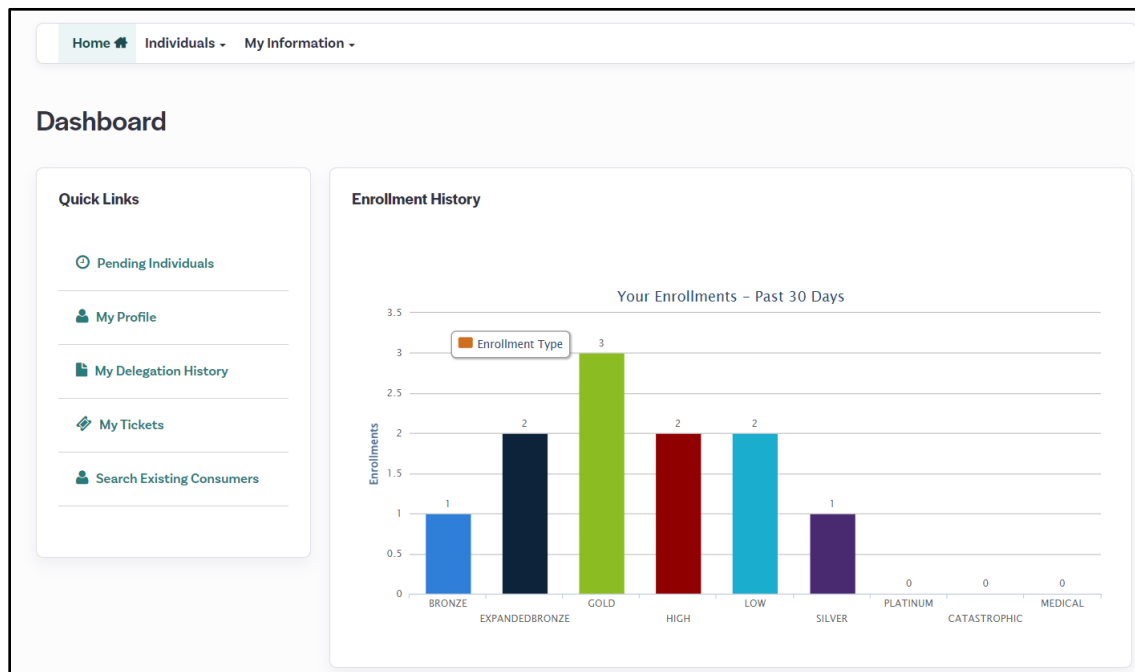


How to Enroll Members of a Household in Different Plans

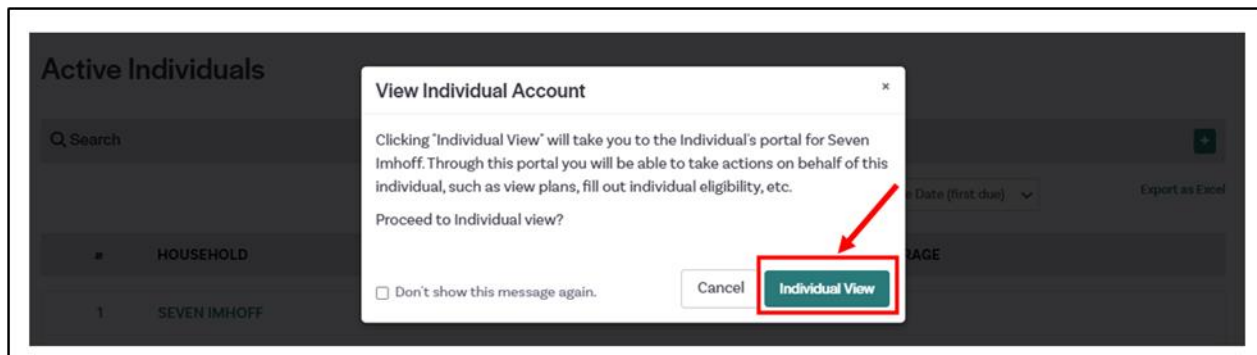
Step 1: Log-in to your agent account and navigate to the Dashboard:



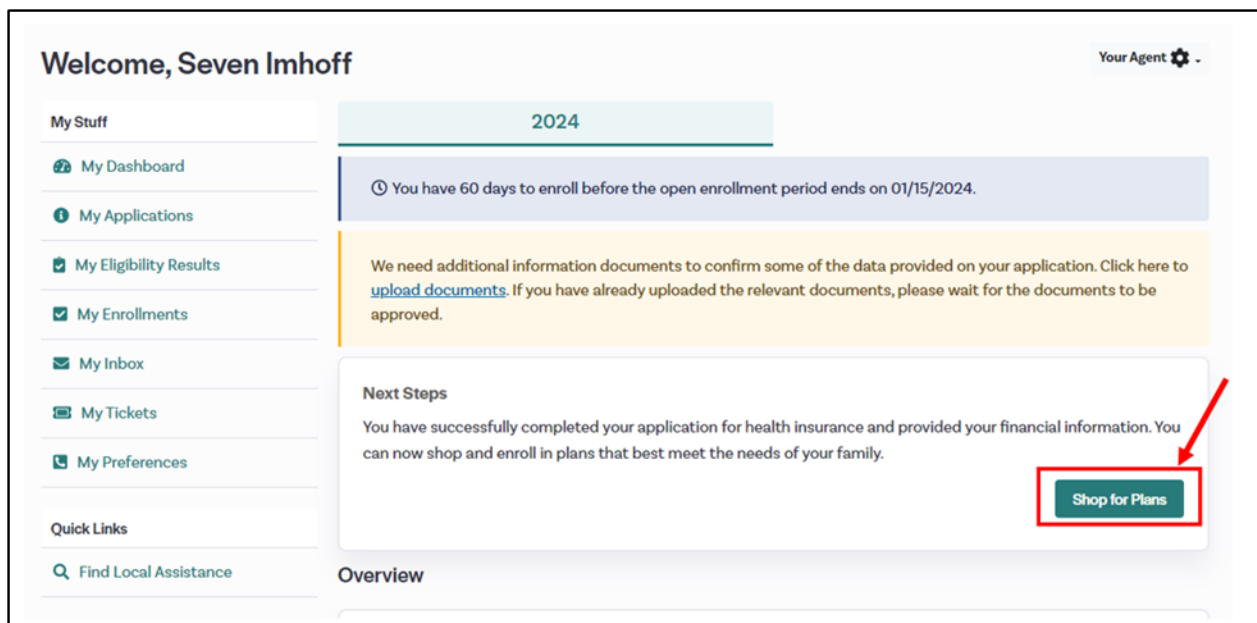
Step 2: Identify the consumer who you are working with and select the “Account” option from their individual entry.

#	HOUSEHOLD	STATUS	COVERAGE
1	SEVEN IMHOFF		
	Phone: 6503673665 Email: seven168506056163... Address: 8742322 Monoceros Cir Suite 123 Sandston VA 23150	Application Type: Financial Application Year: 2024 Current Status: Eligible for Shopping Next Steps: Shop for Plans Due Date: Jan 15, 2024	
	Account Household Eligibility Comments Resend Activation Email Mark As Inactive Applicant Verifications Submit New Ticket View Enrollment Details		

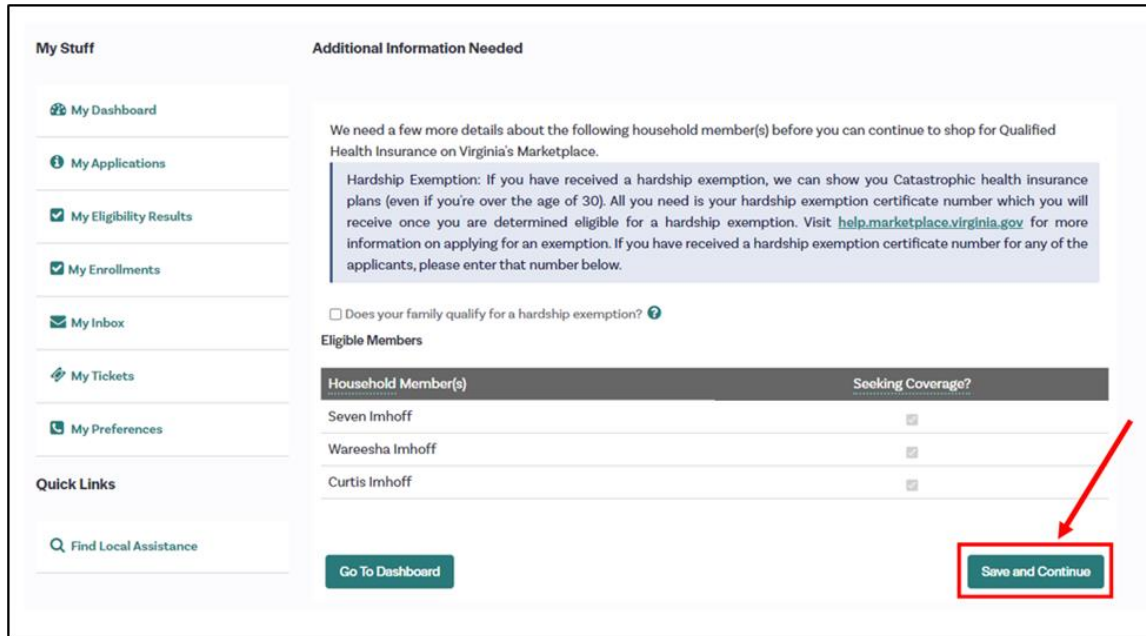
Step 3: Select the “Individual View” option when prompted to enter their Individual Account.



Step 4: You will land on the dashboard for the consumer. Select “Shop for Plans.”



Step 5: The page will ask if the consumer has qualified for a hardship exemption. If the consumer has not qualified for a hardship exemption, select “Save and Continue”.



My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

Quick Links

- Find Local Assistance

Additional Information Needed

We need a few more details about the following household member(s) before you can continue to shop for Qualified Health Insurance on Virginia's Marketplace.

Hardship Exemption: If you have received a hardship exemption, we can show you Catastrophic health insurance plans (even if you're over the age of 30). All you need is your hardship exemption certificate number which you will receive once you are determined eligible for a hardship exemption. Visit help.marketplace.virginia.gov for more information on applying for an exemption. If you have received a hardship exemption certificate number for any of the applicants, please enter that number below.

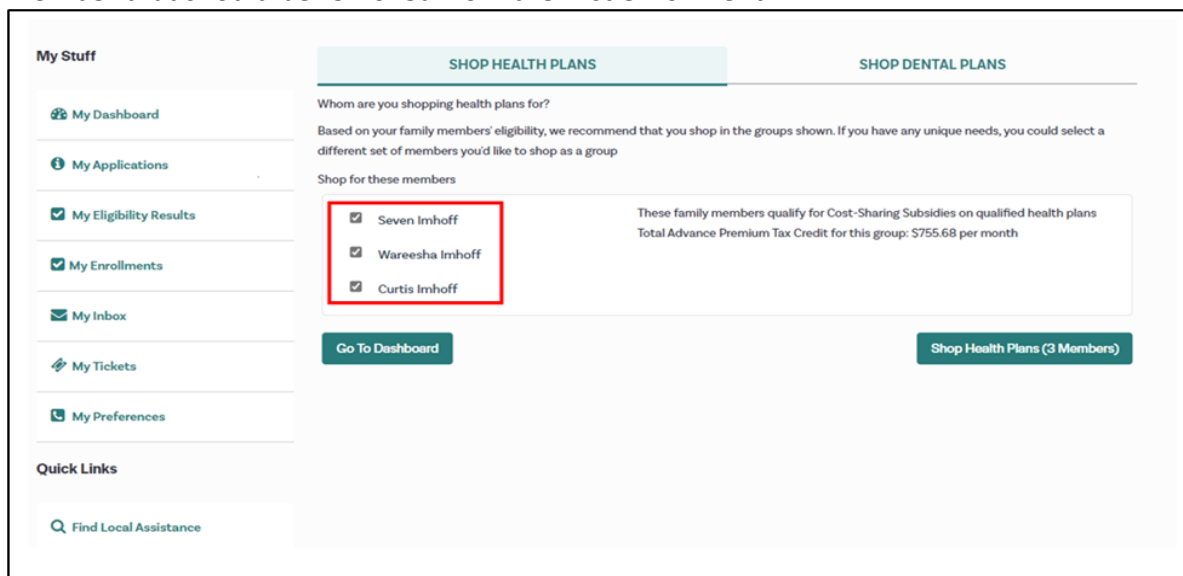
☐ Does your family qualify for a hardship exemption? [?](#)

Eligible Members

Household Member(s)	Seeking Coverage?
Seven Imhoff	☒
Wareesha Imhoff	☒
Curtis Imhoff	☒

[Go To Dashboard](#) [Save and Continue](#)

Step 6: The shopping screen will show all family members seeking coverage. The system will default all 3 individuals checked off. To shop for only one or two individuals, un-check the member that should be removed from the first enrollment:



My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

Quick Links

- Find Local Assistance

SHOP HEALTH PLANS **SHOP DENTAL PLANS**

Whom are you shopping health plans for?

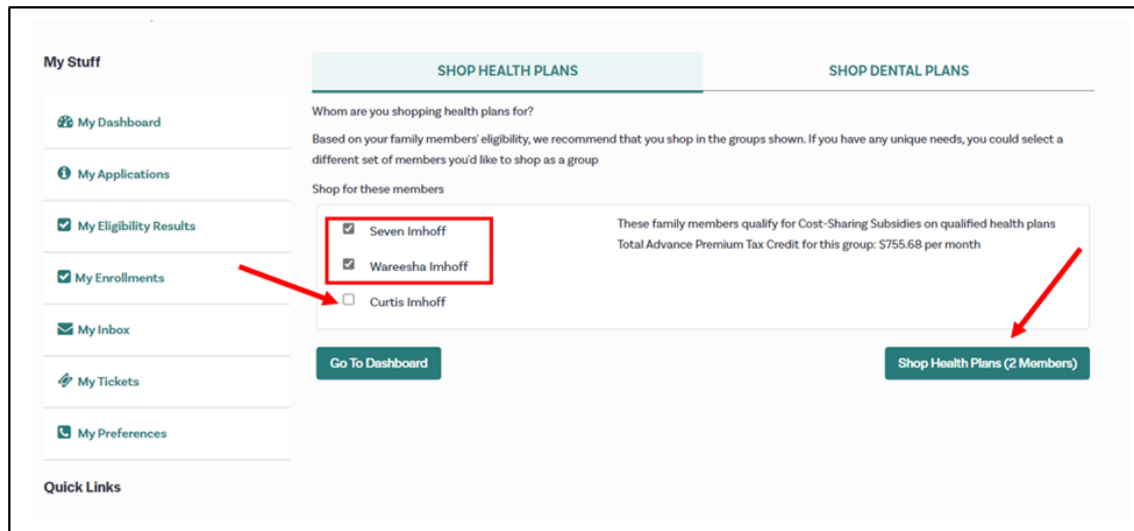
Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

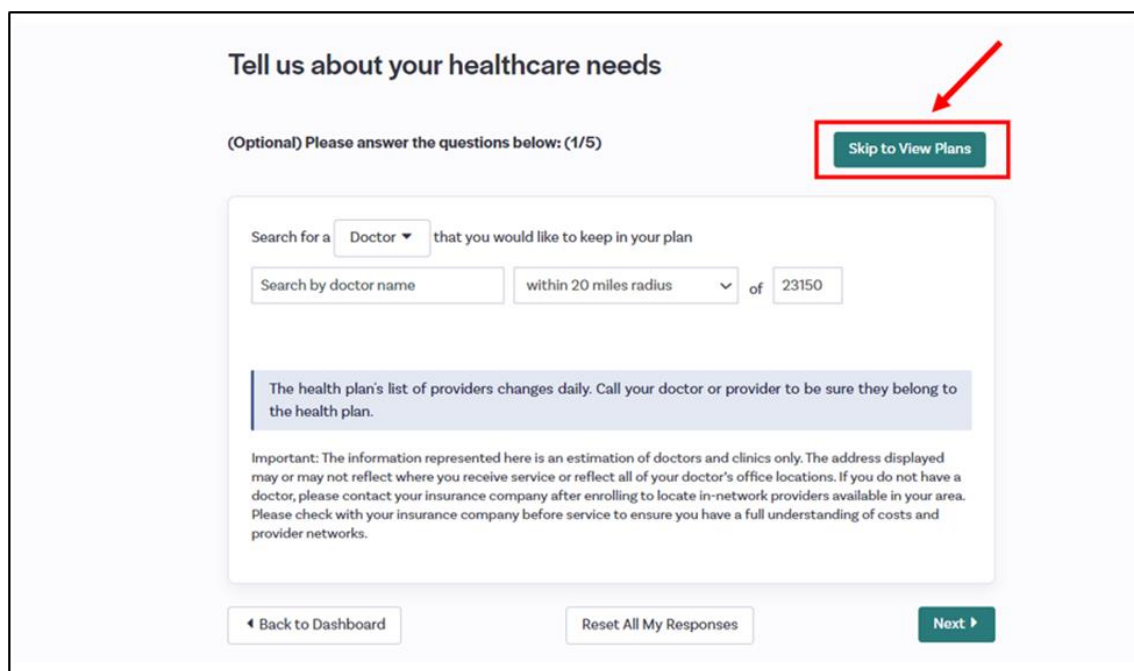
☒ Seven Imhoff	These family members qualify for Cost-Sharing Subsidies on qualified health plans Total Advance Premium Tax Credit for this group: \$755.68 per month
☒ Wareesha Imhoff	
☒ Curtis Imhoff	

[Go To Dashboard](#) [Shop Health Plans \(3 Members\)](#)

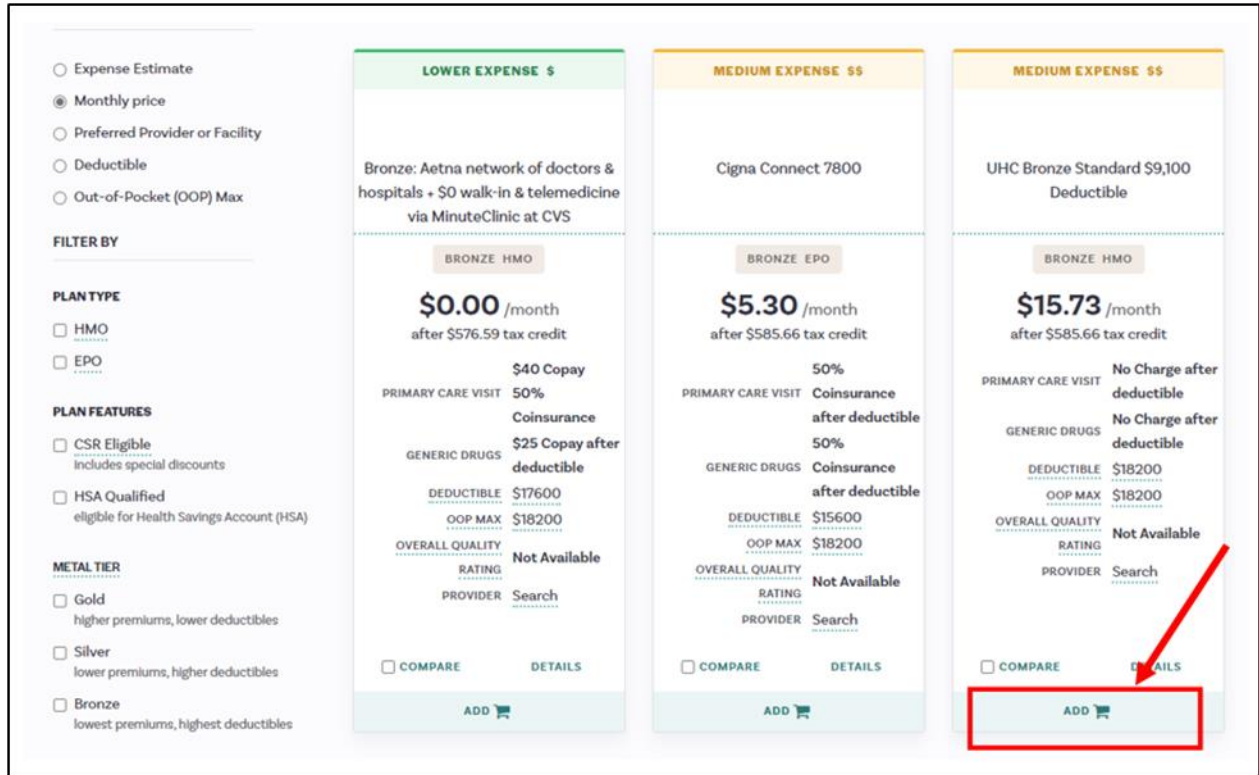
Step 7: After un-checking the member to be removed, the other members will remain checked. Select “Shop Health Plans” to select a health plan for the two members who remain checked.



Step 8: Select “Skip to “View Plans” or input any provider/medication needs.



Step 9: Review the plans and add the desired plan to the cart for the two members selected.



☐ Expense Estimate
☒ Monthly price
☐ Preferred Provider or Facility
☐ Deductible
☐ Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

☐ HMO
☐ EPO

PLAN FEATURES

☐ CSR Eligible
 Includes special discounts

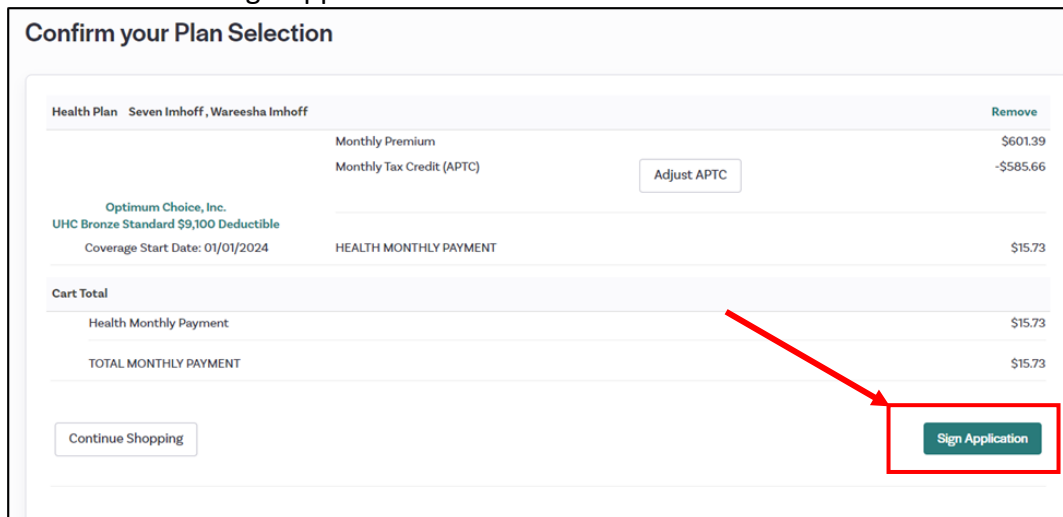
☐ HSA Qualified
 eligible for Health Savings Account (HSA)

METAL TIER

☐ Gold
 higher premiums, lower deductibles
☐ Silver
 lower premiums, higher deductibles
☐ Bronze
 lowest premiums, highest deductibles

LOWER EXPENSE \$	MEDIUM EXPENSE \$\$	MEDIUM EXPENSE \$\$\$
Bronze: Aetna network of doctors & hospitals + \$0 walk-in & telemedicine via MinuteClinic at CVS	Cigna Connect 7800	UHC Bronze Standard \$9,100 Deductible
BRONZE HMO	BRONZE EPO	BRONZE HMO
\$0.00 /month after \$576.59 tax credit	\$5.30 /month after \$585.66 tax credit	\$15.73 /month after \$585.66 tax credit
PRIMARY CARE VISIT: \$40 Copay	PRIMARY CARE VISIT: 50% Coinsurance after deductible	PRIMARY CARE VISIT: No Charge after deductible
GENERIC DRUGS: 50% Coinsurance	GENERIC DRUGS: 50% Coinsurance after deductible	GENERIC DRUGS: No Charge after deductible
DEDUCTIBLE: \$25 Copay after deductible	DEDUCTIBLE: \$15600	DEDUCTIBLE: \$18200
DEDUCTIBLE: \$17600	DEDUCTIBLE: \$18200	DEDUCTIBLE: \$18200
OOP MAX: \$18200	OOP MAX: \$18200	OOP MAX: \$18200
OVERALL QUALITY: Not Available	OVERALL QUALITY: Not Available	OVERALL QUALITY: Not Available
RATING: Search	RATING: Search	RATING: Search
PROVIDER: Search	PROVIDER: Search	PROVIDER: Search
☐ COMPARE DETAILS	☐ COMPARE DETAILS	☐ COMPARE DETAILS
ADD	ADD	ADD

Step 10: The summary page will display the plan selection and the members who will be covered. Select "Sign Application."



Confirm your Plan Selection

Health Plan	Seven Imhoff, Wareesha Imhoff	Remove
Monthly Premium	\$601.39	
Monthly Tax Credit (APTC)	Adjust APTC	-\$585.66
Optimum Choice, Inc. UHC Bronze Standard \$9,100 Deductible	Coverage Start Date: 01/01/2024	HEALTH MONTHLY PAYMENT
		\$15.73
Cart Total		
Health Monthly Payment		\$15.73
TOTAL MONTHLY PAYMENT		\$15.73

Step 11: Check the attestations and select “Sign and Enroll.”

II. Tax Filer Agreement

I agree to file a 2024 Tax Return before April 15 of 2025 to claim the Premium Tax Credit. I understand that I am required to submit changes that affect my eligibility, including, but not limited to, my income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled in. I cannot change plans unless I have a life-changing event.

☐ I agree to file a 2024 Tax Return before April 15 of 2025 to claim the Premium Tax Credit. I acknowledge that my failure to do so could have tax and legal consequences, as well as affect my coverage in future years. *

Application Filer Signature

To provide your eSignature please enter your full name. *

All fields on this application marked with an asterisk (*) are required unless otherwise indicated.

Provide eSignature: _____ Date: 11/16/2023

[Back](#) [Sign and Enroll](#)

Step 12: After the first enrollment group shopping is complete, select “Shop for More Members” to make a plan selection for the remaining members.

Health

Seven Imhoff, Wareesha Imhoff Coverage Start Date: 01/01/2024

Optimum Choice, Inc. UHC Bronze Standard \$9,100 Deductible	Monthly Price Tax Credit (APTC)	\$601.39 -\$585.66
--	------------------------------------	-----------------------

Health MONTHLY PAYMENT \$15.73

It is important to pay now to complete your enrollment to begin coverage on 01/01/2024
If you would like to complete your payment now, please click the "Pay Now" button to submit your first payment.

[Pay Now](#)

Your Total Monthly Premium Payment \$15.73

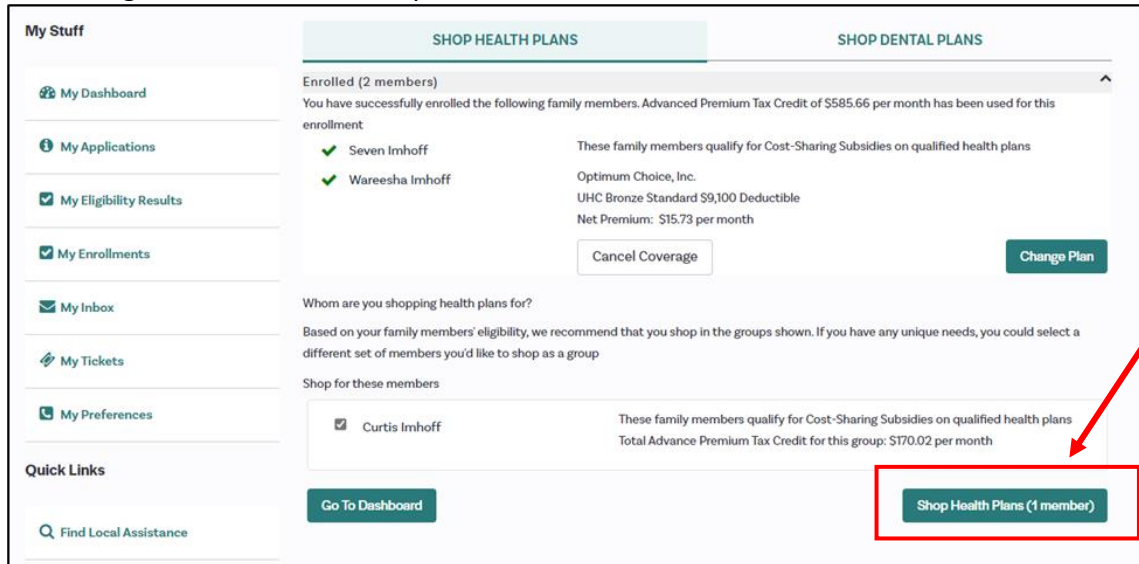
Making Changes to Your Plans

If for any reason you need to make changes to the selections shown here, you can go back to the your account overview.

[Shop For More Members](#) [Print Page](#) [Go to Dashboard](#)

[Exit & Pay Offline](#)

Step 13: You will be returned to the plan shopping page. To select a different plan for the remaining member, select “Shop Health Plans” for that member.



My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

Quick Links

- Find Local Assistance

SHOP HEALTH PLANS

Enrolled (2 members)

You have successfully enrolled the following family members. Advanced Premium Tax Credit of \$585.66 per month has been used for this enrollment

- Seven Imhoff
- Wareesha Imhoff

These family members qualify for Cost-Sharing Subsidies on qualified health plans

Optimum Choice, Inc.
UHC Bronze Standard \$9,100 Deductible
Net Premium: \$15.73 per month

Cancel Coverage

Change Plan

Whom are you shopping health plans for?

Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

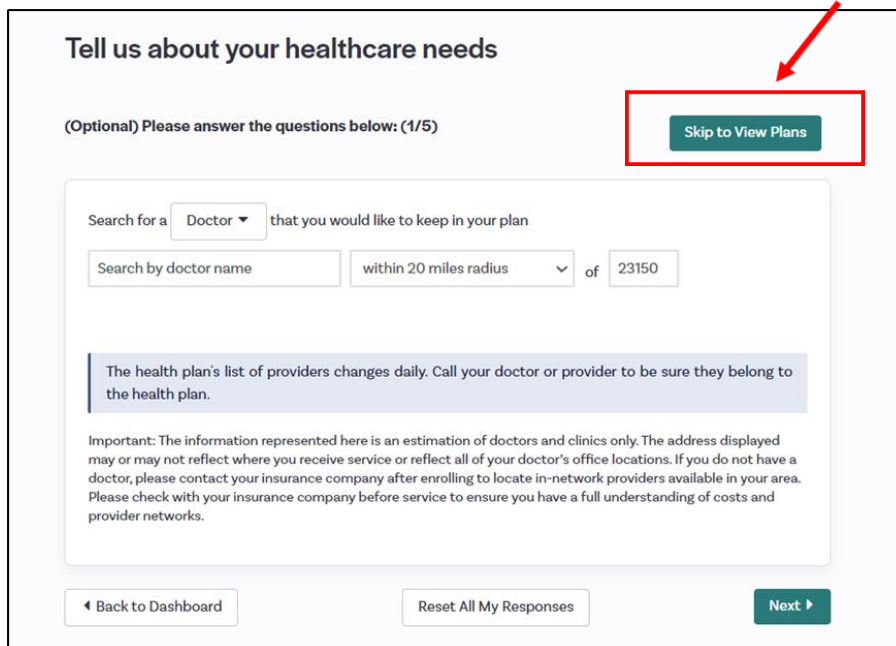
- ☒ Curtis Imhoff

These family members qualify for Cost-Sharing Subsidies on qualified health plans
Total Advance Premium Tax Credit for this group: \$170.02 per month

Go To Dashboard

Shop Health Plans (1 member)

Step 14: Select “Skip to “View Plans” or input any provider/medication needs.



Tell us about your healthcare needs

(Optional) Please answer the questions below: (1/5)

Skip to View Plans

Search for a Doctor that you would like to keep in your plan

Search by doctor name within 20 miles radius of 23150

The health plan's list of providers changes daily. Call your doctor or provider to be sure they belong to the health plan.

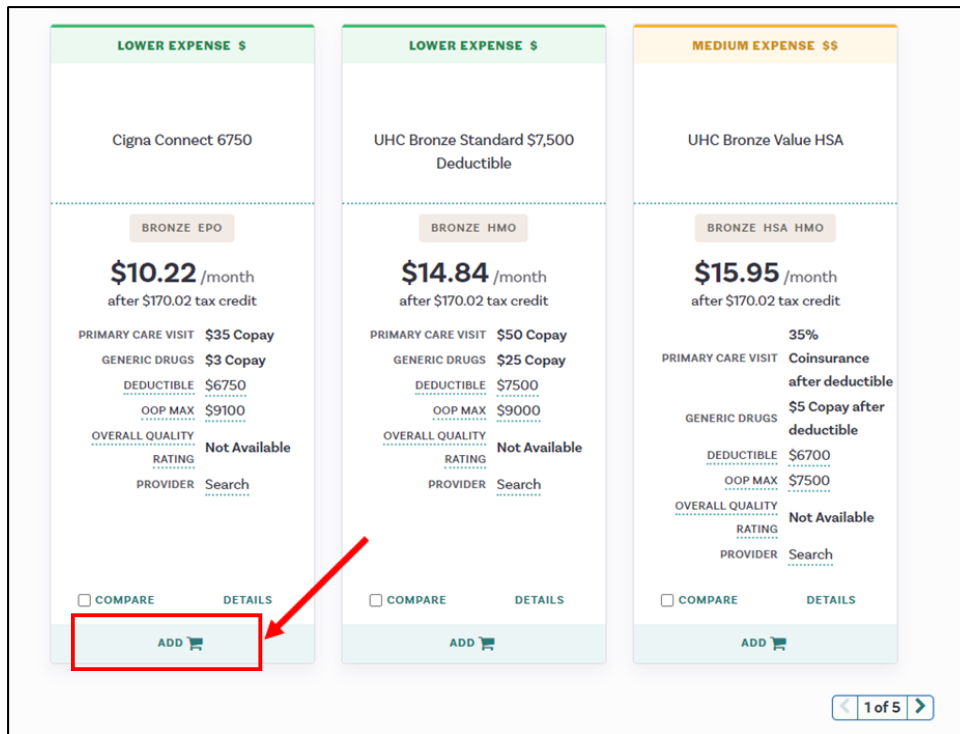
Important: The information represented here is an estimation of doctors and clinics only. The address displayed may or may not reflect where you receive service or reflect all of your doctor's office locations. If you do not have a doctor, please contact your insurance company after enrolling to locate in-network providers available in your area. Please check with your insurance company before service to ensure you have a full understanding of costs and provider networks.

Back to Dashboard

Reset All My Responses

Next

Step 15: Add the desired plan to the cart for this member:



LOWER EXPENSE \$

Cigna Connect 6750

BRONZE EPO

\$10.22 /month
after \$170.02 tax credit

PRIMARY CARE VISIT \$35 Copay
GENERIC DRUGS \$3 Copay
DEDUCTIBLE \$6750
OOP MAX \$9100
OVERALL QUALITY Not Available
RATING
PROVIDER Search

☐ COMPARE [DETAILS](#)

ADD 

LOWER EXPENSE \$

UHC Bronze Standard \$7,500 Deductible

BRONZE HMO

\$14.84 /month
after \$170.02 tax credit

PRIMARY CARE VISIT \$50 Copay
GENERIC DRUGS \$25 Copay
DEDUCTIBLE \$7500
OOP MAX \$9000
OVERALL QUALITY Not Available
RATING
PROVIDER Search

☐ COMPARE [DETAILS](#)

ADD 

MEDIUM EXPENSE \$\$

UHC Bronze Value HSA

BRONZE HSA HMO

\$15.95 /month
after \$170.02 tax credit

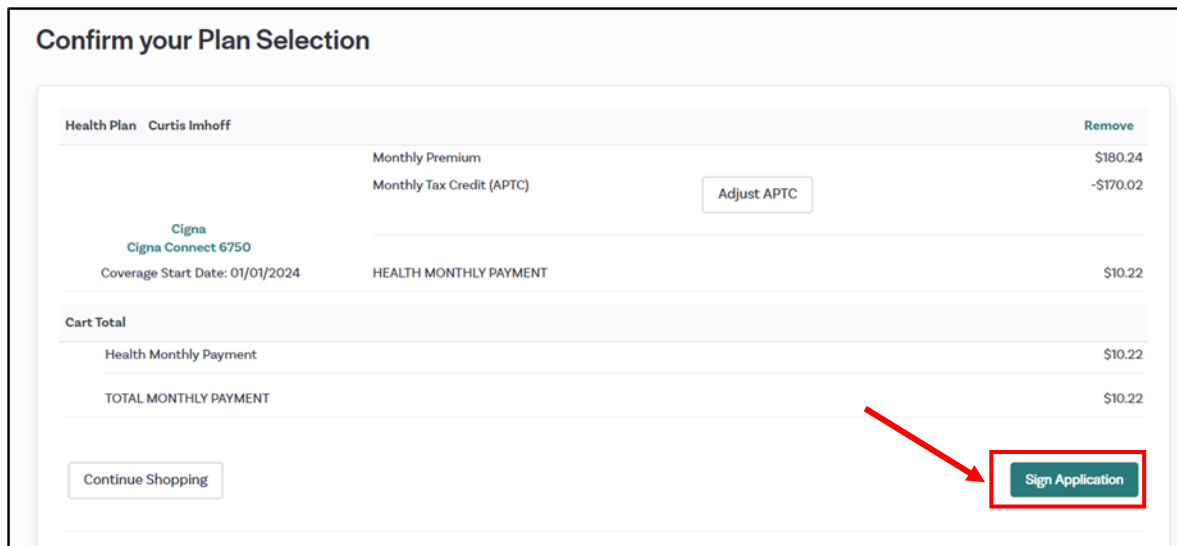
PRIMARY CARE VISIT 35% Coinsurance
after deductible
GENERIC DRUGS \$5 Copay after deductible
DEDUCTIBLE \$6700
OOP MAX \$7500
OVERALL QUALITY Not Available
RATING
PROVIDER Search

☐ COMPARE [DETAILS](#)

ADD 

1 of 5

Step 16: Confirm the plan selection for this member and select “Sign Application”:



Confirm your Plan Selection

Health Plan	Curtis Imhoff	Remove
	Monthly Premium	\$180.24
	Monthly Tax Credit (APTC)	-\$170.02
	Adjust APTC	
Cigna Cigna Connect 6750	Coverage Start Date: 01/01/2024	HEALTH MONTHLY PAYMENT \$10.22
Cart Total		
Health Monthly Payment		\$10.22
TOTAL MONTHLY PAYMENT		\$10.22

[Continue Shopping](#) **Sign Application**

Step 17: Check the attestations and select “Sign and Enroll.”

II. Tax Filer Agreement

I agree to file a 2024 Tax Return before April 15 of 2025 to claim the Premium Tax Credit. I understand that I am required to submit changes that affect my eligibility, including, but not limited to, my income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled in. I cannot change plans unless I have a life-changing event.

☒ I agree to file a 2024 Tax Return before April 15 of 2025 to claim the Premium Tax Credit. I acknowledge that my failure to do so could have tax and legal consequences, as well as affect my coverage in future years. *

Application Filer Signature

To provide your eSignature please enter your full name. *

Seven Imhoff

All fields on this application marked with an asterisk (*) are required unless otherwise indicated.

Provide eSignature: Seven Imhoff Date: 11/16/2023

[Back](#) [Sign and Enroll](#)

Step 18: The enrollment confirmation for the remaining member will be displayed. Select “Go to Dashboard” after the enrollments have been completed for all members of the household.

Congratulations! You've completed the Virginia's Marketplace enrollment process. Your enrollment will be sent to the insurance company.

FURTHER ACTION REQUIRED:
Please pay your premium by your coverage effective date to ensure that your policy is activated on time. To pay immediately, please use the "Pay Now" button below. You will also receive information in the mail from your insurance company about making a payment.

Health

Curtis Imhoff Coverage Start Date: 01/01/2024

Cigna	Monthly Price	
Cigna Connect 6750	Tax Credit (APTC)	\$180.24 -\$170.02

Health MONTHLY PAYMENT \$10.22

It is important to pay now to complete your enrollment to begin coverage on 01/01/2024
If you would like to complete your payment now, please click the "Pay Now" button to submit your first payment.

[Pay Now](#)

Your Total Monthly Premium Payment \$10.22

Making Changes to Your Plans
If for any reason you need to make changes to the selections shown here, you can go back to the your account overview.

[Shop For More Members](#) [Print Page](#) [Go to Dashboard](#)

Step 19: When you return to the dashboard, scroll down to view the different plans selected for the different enrollment groups within the household.

Your Household Eligibility This eligibility is conditional. [See more details](#) to upload the required documents.

Seven Imhoff	Advanced Premium Tax Credit	View Details
Wareesha Imhoff	\$755.68 per month	
Curtis Imhoff	One or more members of your household are eligible for <u>Cost Sharing Reductions</u>	Edit Application

Your Health Plans

Cigna Cigna Connect 6750 For 1 member	<u>Pending</u>	View Details
Optimum Choice, Inc. UHC Bronze Standard \$9,100 Deductible For 2 members	<u>Pending</u>	View Details