

Apply for Coverage in the Marketplace

HealthCare.gov

Individuals & Families

Small Businesses

Log in

Español

Get Coverage

Keep or Change Your Plan

Get Answers ▾

SEARCH

Need 2015 coverage? Act by December 15

Your last chance to enroll in coverage that starts January 1 is **Monday, December 15**

SEE PLANS & PRICES

GET STARTED

Have a baby or adopt in the last 60 days? [See if you can get coverage through the end of the year.](#)



HAVE A 2014 PLAN? DECEMBER 15 IS AN IMPORTANT DEADLINE.

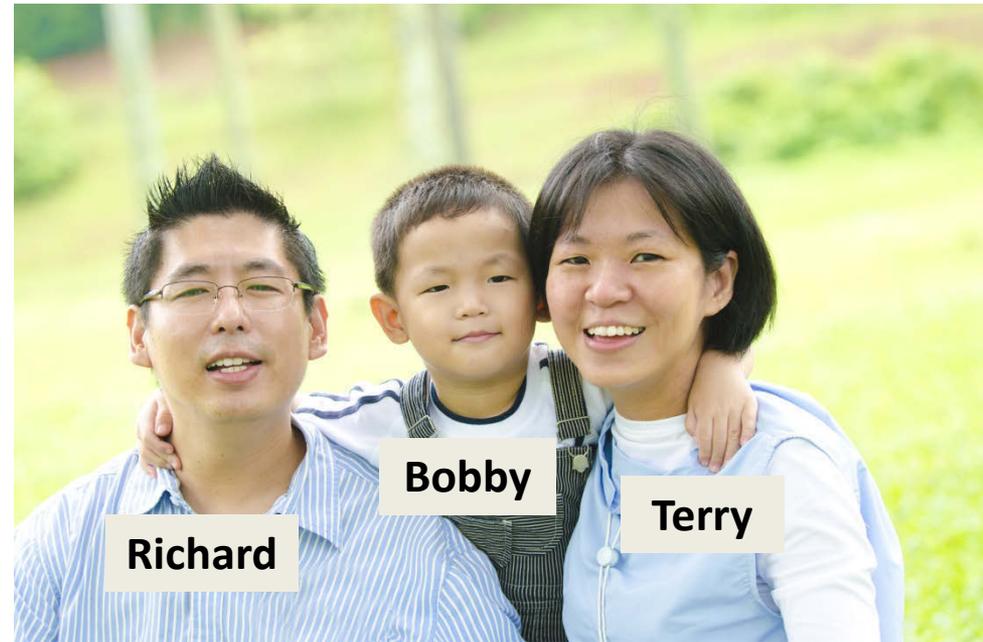
SEE WHY

*Streamlined Application
Process for Consumers
New to the Marketplace*

December 2014

Meet the Chen Family (Simple Household Scenario)

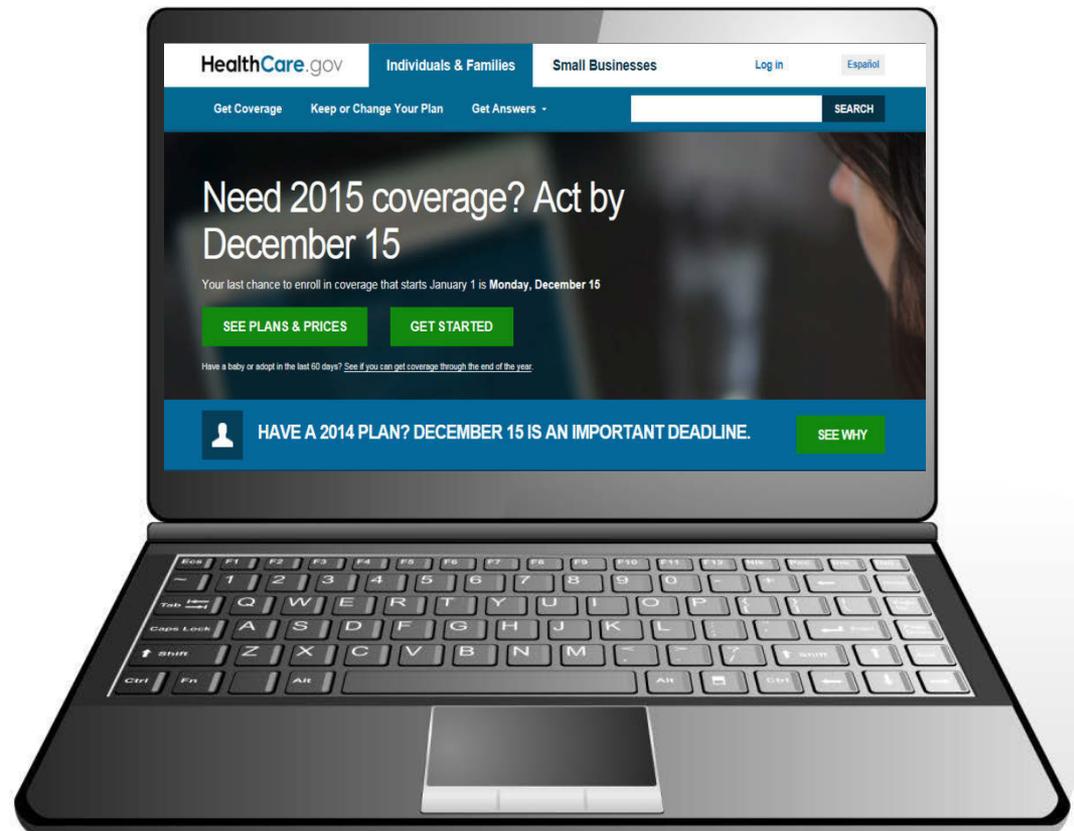
The Chen family is uninsured. They have decided to get health coverage through the Health Insurance Marketplace.



Richard Visits HealthCare.gov to Shop for Affordable Health Care

The family lives in Delaware

HealthCare.gov allows everyone to enter their state and automatically be directed to the proper Marketplace.



Get Coverage/ Select Your State

HealthCare.gov

Individuals & Families

Small Businesses

Log in

Español

Get Coverage

Keep or Change Your Plan

Get Answers

SEARCH

Get started now. Act by Dec. 15

You must enroll in a plan by **December 15** to get coverage that starts January 1

Alabama

Apply for 2015 health coverage right now, or browse plans & prices before you apply.

[SEE PLANS & PRICES](#)

[APPLY NOW](#)

Have a baby or adopt in the last 60 days? [See if you can get coverage through the end of the year.](#)

HAVE A 2014 PLAN? DECEMBER 15 IS AN IMPORTANT DEADLINE.

[SEE WHY](#)

Richard picks his state to create a Marketplace account and start an application for coverage.

Create an Account

Create an account

After you create an account, you can manage your coverage, update your information, and get updates on your coverage.

Richard

Chen

Your email address will also be your username when you log in.

rchen11985@yopmail.com

I want to have news and updates sent to this email address. (optional)

Use: 8-20 characters Upper & lowercase letters Number(s)

••••••••

••••••••

We need you to pick a few questions that only you'll be able to answer. If you ever forget your password, we'll ask you these questions to verify your identity.

What is your favorite radio station?

station

What was your favorite toy when you were a child?

toy

What is your favorite cuisine?

cuisine

I understand and agree with the [HealthCare.gov privacy policy](#).

The privacy policy must be accepted.

CREATE ACCOUNT

I ALREADY HAVE AN ACCOUNT

1. Your email address is also username
2. Real-time verification of email typos
3. Green checkmarks that dynamically pop up as you successfully complete each section and meet password criteria

Verify Your Email

Create an account

After you create an account, you can manage your coverage, update your information, and get updates on your coverage.

Richard

Chen

Your email address will also be your username when you log in.

rchen11985@gmail.com

I want to have news and updates sent to this email address. (optional)

Use: 8-20 characters Upper & lowercase letters Number(s)

.....

.....

We need you to pick a few questions that only you'll be able to answer. If you ever forget your password, we'll ask you these questions to verify your identity.

What is your favorite radio station?

station

What was your favorite toy when you were a child?

toy

What is your favorite cuisine?

cuisine

I understand and agree with the HealthCare.gov [privacy policy](#).

CREATE ACCOUNT

I ALREADY HAVE AN ACCOUNT

Check your email

We sent you an email. Click the link in the email to verify your email address.

Then, log in with this username: rchen11985@gmail.com.

 OPEN YOUR GMAIL

- Notification includes a direct link to major email providers

Check your email

Check your inbox for a verification link to continue.

Then, log in with rchen11985@gmail.com as your username.

 OPEN YOUR GMAIL

- Some email addresses will not include a direct link

Check your email

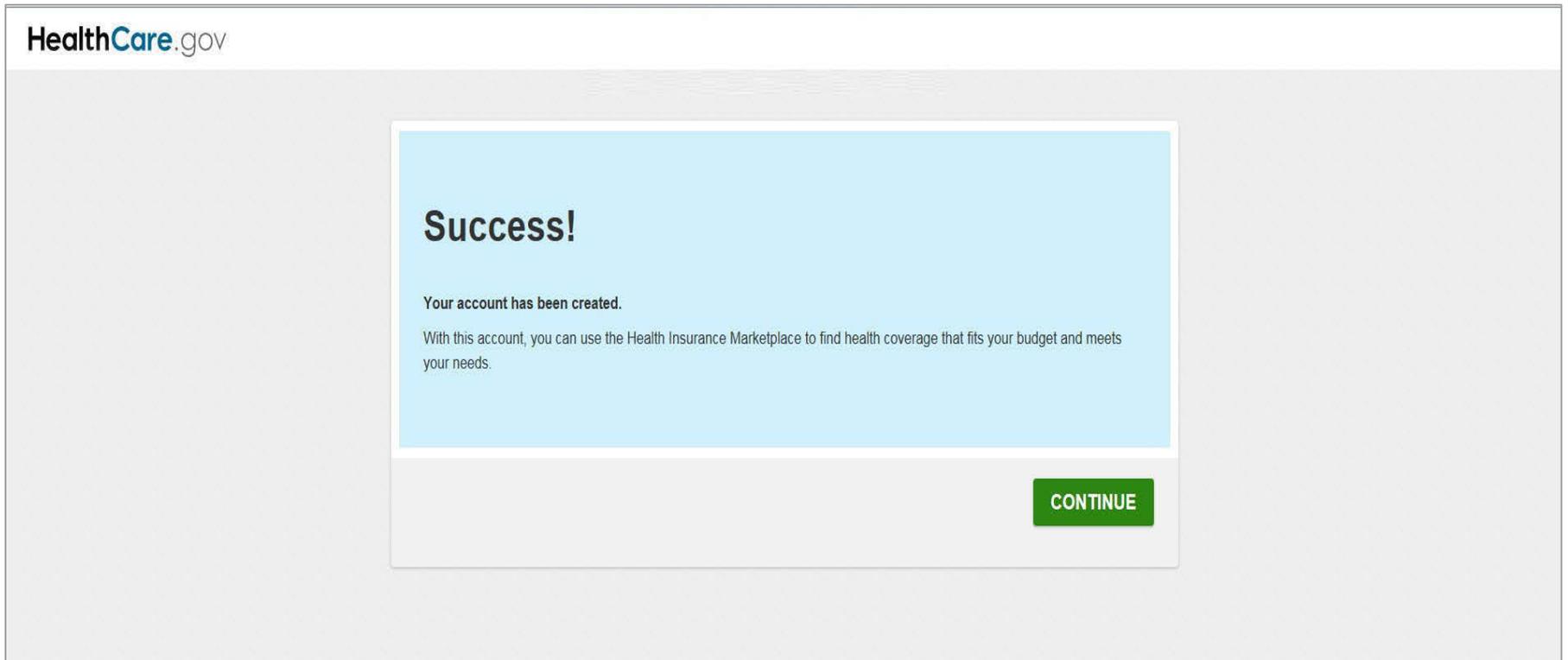
We sent you an email. Click the link in the email to verify your email address.

Then, log in with this username: rchen11985@yopmail.com

Verify Your Email

The image shows a screenshot of a YOPMAIL web interface. The user's email address is rchen11985@yopmail. The inbox shows an email from Health Insurance Marketplace with the subject "Marketplace account created". The email content states: "Your Marketplace account has been created. There is one more step left before you can use your account. Click on this link to verify your email address." followed by a blue hyperlink. A red arrow points from this link to a separate window showing a "Please wait..." loading screen from HealthCare.gov, with the text "We're processing your request. This may take a few moments."

Account Created

A screenshot of the HealthCare.gov website showing a success message. The page has a white header with the 'HealthCare.gov' logo. Below the header is a light gray background. In the center, there is a white box with a light blue header containing the word 'Success!'. Below this, the text reads: 'Your account has been created. With this account, you can use the Health Insurance Marketplace to find health coverage that fits your budget and meets your needs.' At the bottom right of the white box is a green button with the word 'CONTINUE' in white capital letters.

HealthCare.gov

Success!

Your account has been created.

With this account, you can use the Health Insurance Marketplace to find health coverage that fits your budget and meets your needs.

CONTINUE

Log In to Marketplace Account

[DON'T HAVE AN ACCOUNT?](#)

Log in

[See tips for remembering your username and password.](#) Remember, your user name may be your email address. All fields are required unless they're marked optional. If you'd like to apply or enroll over the phone, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Important: Please complete this required field

LOG IN

[Forgot your username?](#) | [Forgot your password?](#) | [Having trouble logging in?](#)

Note: If you're using a shared computer or a computer in a public place, like a library or community center, don't forget to close all browser windows and tabs and log out when you're done. This will help keep your information secure.

Accept Terms & Conditions

Terms & Conditions

So that [HealthCare.gov](#) remains accurate and available to you and all other visitors, we monitor network traffic to identify unauthorized attempts to upload or change information or otherwise cause damage to the web service. Use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030.

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

DECLINE

I ACCEPT



Consumer Paths

 Richard Chen

 WELCOME

 MY PROFILE

 MESSAGES (0)



Richard, where would you like to go?

INDIVIDUALS & FAMILIES

[VISIT THE MARKETPLACE FOR INDIVIDUALS AND FAMILIES »](#)

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

FOR EMPLOYERS

[VISIT EMPLOYERS MARKETPLACE »](#)

If you're a small business employer, you'll soon be able to choose this option to provide health coverage to you and your employees. You'll also be able to view and make changes to your current coverage offering.

FOR EMPLOYEES

[VISIT EMPLOYEES MARKETPLACE »](#)

Starting November 15, you'll be able to choose this option if you're a small business employee and you've received a Participation Code from your employer. You'll also be able to view and make changes to your coverage. Click on the link to find out what you can do to get ready now and learn more about coverage options for employees of small businesses.

Richard will be applying for his family.

Guiding Question

What would you like to do?

Richard Chen

WELCOME

MY APPLICATIONS & COVERAGE

MY PROFILE

MESSAGES (0)

What would you like to do?

Apply for or renew my coverage for 2015.

We'll take you to start your 2015 application. If you need to renew your coverage for 2015, you'll have a chance to update your information and enroll.

Apply for 2014 coverage or make changes to my 2014 application.

NEXT

Not sure which option to choose? [Learn more about Special Enrollment Periods.](#)

[Return to My applications & Coverage](#)

Update and enroll for 2015 Collapse

Complete all steps and enroll, even if you want to stay in the same plan.

If **you don't**, we'll try to enroll you automatically based on last year's information, but you'll get your best coverage and costs for 2015 if you update and enroll by December 15.

Select "YES" to:

- Update your application information.
- Compare costs and benefits.
- Choose your plan.
- Enroll by December 15 so you're covered beginning January 1, 2015.

Select "NO" if you already started a 2015 application or got a message from the Marketplace saying that you're automatically enrolled.

[Learn more about the steps for staying covered in 2015.](#)

State Application

Alabama 2015 application for individuals & families

You can apply for any of these people on this same application, even if they already have health insurance now:

- Yourself
- Other family members
- Anyone on your same federal income tax return (if you file one)

You may need:

- Names, birth dates, and income information for your family
- Social Security numbers (if they're available) for the people who want coverage

NEXT

Not a resident of Alabama? [Choose a different state.](#)

Richard gathers the information he will need.

Enters Your Information

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). Why do I need to verify my identity? ⓘ

Richard	Middle	Chen	Suffix ▾
Phone number	Date of birth		
123-45-6789	Home ▾	06/06/1985	
135 Catoma ST			Apt./Ste. #
Montgomery	Alabama ▾	36104	
Social Security Number (SSN) ⓘ			
317-20-1469			

CONTINUE

Richard enters his information as it appears on his drivers license or Social Security card.

Verify Your Identity

And answers
questions
based on
information
he provided
to verify his
identity

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. [Why do I need to verify my identity?](#)

Please select the county for the address you provided.

- WICOMICO
- NEW CASTLE
- SUSSEX
- KENT COUNTY
- NONE OF THE ABOVE

Which of the following businesses have you been associated with? If there is not a matched business name, please select 'NONE OF THE ABOVE'.

- UNIVERSITY OF DELAWARE
- BOUTIFUL FARMS
- CYBER REP
- ANDREWS EXPRESS DATA
- NONE OF THE ABOVE

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

- NATIONAL CAB
- BOYSVILLE OF
- CORNING INCORPORATED
- BOYSVILLE OF DOVER
- NONE OF THE ABOVE

Which of the following is a previous phone number of yours? If there is not a matched phone number, please select 'NONE OF THE ABOVE'.

- (234) 235-9024
- (234) 234-3456
- (234) 220-8312
- (234) 206-4064
- NONE OF THE ABOVE

VERIFY MY IDENTITY

Privacy Policy

Richard understands and checks he agrees with how his information will be used



Your identity has been verified

You can now fill out your application for health coverage through the Marketplace.

Privacy & the use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data](#), or view the [Privacy Act Statement](#).

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

TAKE ME TO THE APPLICATION



Household Information

Richard's response to these questions will divert him between two possible paths:

- Financial Assistance
- Non-Financial Assistance

Apply > Get Results > Get Coverage

Before you get started

Fill in the information below about your household. [Click here](#) if you're not applying for coverage in Delaware.

Are you single or married?

SINGLE MARRIED

How many tax dependents, like your children, will you claim on your 2015 tax return?

Include all of your dependents on your 2015 tax return, even those not applying for coverage. Don't include yourself or your spouse.

1

How much income will you make this year? (optional)

\$83,000 OR LESS MORE THAN \$83,000

Based on your estimated household income in 2015 of less than \$83,000, you may get help paying for coverage. Do you want to answer additional questions to see if you qualify for help paying for coverage?

YES NO

CONTINUE

Richard's household income is less than \$83,000, and wants to know whether he qualifies for help paying for coverage.

Response to These Questions Direct Consumer to Proper Application

Answer some questions

Read the questions below, and select "Yes" or "No."

- YES NO Does everyone applying for coverage have the same permanent home address AND currently live in Delaware?
- YES NO Is everyone applying for coverage a U.S. citizen?
- YES NO Can you enter the Social Security Number (SSN) of everyone applying for coverage?
- YES NO Is everyone who's applying for coverage claimed as tax dependents on your federal tax return for 2015, other than yourself and your spouse?
(Select "No" if someone will also be claiming you or your spouse as a dependent on their return.)
- YES NO Are all of these dependents your children who are 25 or younger AND single (not married)?
- YES NO Are any of these dependents your stepchildren?
- YES NO Is anyone applying for coverage currently incarcerated (detained or jailed)?
- YES NO Is anyone applying for coverage an American Indian or Alaska Native?
- YES NO Is anyone applying for coverage a naturalized or derived citizen? (This usually means a U.S. citizen who was born outside the U.S.)
- YES NO Is anyone applying for coverage under a name different than the one on their Social Security card?
- YES NO Is anyone applying for coverage pregnant, or have they had a child in the last 60 days?
- YES NO Is anyone applying for coverage eligible for health coverage through their job, someone else's job, or COBRA?
(Select "Yes" if they are now or will be in 2015.)
- YES NO Is anyone applying for coverage a full-time student aged 18-22?
- YES NO Was anyone who's applying for coverage in foster care at 18 and currently 25 or younger?
- YES NO Are you and your spouse responsible for a child 18 or younger who lives with you, but isn't on your tax return?
- YES NO Do any of your dependents live with a parent who's not on your tax return?

Richard's answers to these screening questions gets him to the shorter streamlined application.

Contact Information

Continue your application

After you complete this section, you'll answer a few more questions before you compare plans.

Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

Richard	Middle	Chen	Suffix ▾
Email address	Phone number		
rchen11985@yopmail.com	410-777-2222		Home ▾
Preferred written language	Preferred spoken language		
English ▾	English ▾		
<input checked="" type="checkbox"/>	Go paperless! Get your notices by email, instead of paper copies in your mailbox.		
<input type="checkbox"/>	Another person is helping me complete my application.		

Richard enters his information as the point of contact for his household.

<input checked="" type="checkbox"/>	Another person is helping me complete my application.		
First name	Middle	Last name	
Select type ▾	Organization name	ID number	
Select type			
Navigator			
Certified application counselor			
Non-Navigator assistance personnel			
Agent or broker			
Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.			

Contact Information Continued

Home address

Enter the [permanent address](#) where everyone on your application lives. The apt./ste. # field is optional.

135 Catoma Street			Apt./Ste. #
Montgomery	Alabama	36104	Select your county

YES

NO

Is your mailing address the same as your permanent address?

Check & update your information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card. These fields are optional: middle name, suffix, and race & ethnicity.

Richard	Middle	Chen	Suffix
Date of birth	Social Security Number (SSN)	Male	Race & ethnicity
06/06/1980	XXX-XX-1489		

YES

NO

Are you applying for coverage for yourself?

Adding Household Members

Spouse information

These fields are optional: middle name, suffix, and race & ethnicity.

Terry	Middle	Chen	Suffix ▾
Date of birth	Social Security Number (SSN)		
12/30/1980	XXX-XX-1470	Female ▾	Race & ethnicity ▾

YES NO Are you applying for coverage for this person?

Dependent information

These fields are optional: middle name, suffix, and race & ethnicity.

Robert	Middle	Chen	Suffix ▾
Date of birth	Social Security Number (SSN)		
01/02/2005	XXX-XX-1471	Male ▾	Race & ethnicity ▾

YES NO Are you applying for coverage for this person?

CONTINUE

Income Information

Income information

People can get income in many ways. [Learn more about income.](#)

Job
Social Security
Alimony

Self-employment
Capital gains
Farming or fishing

Unemployment
Investment
Rental or royalty

Pension
Retirement
Other income

Richard's Income

Current income for Miles Scott

Tell us about any income Miles had in the last month.

Select an income type Tell us about the regular pay (before taxes are taken out) from all jobs that Richard Chen gets, as well as any one-time amounts this month , like a bonus or a severance payment.

Job	<input type="text" value="XYZ Inc."/>	<input type="text" value="800-555-5555"/>	\$	<input type="text" value="3362.97"/>	How often <input type="text"/>
<small>These fields are optional: Employer Identification Number (EIN) and employer address</small>					
	<input type="text" value="Employer Identification Number (EIN)"/>	<input type="text" value="Employer street address"/>			

How often dropdown menu:
per hour
per day
per week
every 2 weeks
twice a month
per month
per year
one time only

Does Richard have any deductions for 2015?

Yearly income for Miles Scott

Based on what you entered, Richard's income minus any deductible for 2015 will be about \$40,355.65 is this correct?

Spouse Income

Richard adds his spouse's income for a total household income

Current income for Terry Chen

Tell us about any income Terry had in the last month.

Type	How much	
Job / Wendy's Inc. (800-555-1234)	\$41,343.60 per year	Edit Ren

[ADD NEW SOURCE OF INCOME](#)

Does Terry have any [deductions](#) for 2015?

YES NO

Yearly income for Terry Chen

Based on what you entered, Terry's income minus any deductions for 2015 will be about **\$41,343.60**. Is this correct?

YES NO

Current income for Robert Chen

Tell us about any income Robert had in the last month.

[ADD NEW SOURCE OF INCOME](#)

Does Robert have any [deductions](#) for 2015?

YES NO

Yearly income for Robert Chen

Based on what you entered, Robert's income minus any deductions for 2015 will be about **\$0.00**. Is this correct?

YES NO

[CONTINUE](#)

Special Circumstances

Additional questions

You're almost done. Answering these questions will give you a better chance of getting coverage.

Do any of these people have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (optional)

- Richard Chen
- Terry Chen
- Robert Chen

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home? (optional)

- Richard Chen
- Terry Chen
- Robert Chen

Do any of these people need help paying their medical bills from the last 3 months? (optional)

- Richard Chen
- Terry Chen
- Robert Chen

These few questions help determine whether Richard qualifies for Medicaid programs.

CONTINUE

Current Coverage

Richard Chen's coverage information

Is Richard Chen currently enrolled in health coverage?

YES NO

Terry Chen's coverage information

Is Terry Chen currently enrolled in health coverage?

YES NO

Robert Chen's coverage information

Is Robert Chen currently enrolled in health coverage?

YES NO

Additional coverage questions

Does a child on this application have a parent living outside the home?

YES NO

Were any of these people found not eligible for either Medicaid or the Children's Health Insurance Program (CHIP), after November 15, 2014?

- Richard Chen
- Terry Chen
- Robert Chen

Life Changing Events

Questions about life changes

Select anyone in your household who had these changes. [Learn about these life changes.](#)

Did anyone listed below lose health coverage on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Will anyone listed below lose coverage before 2/9/2015?

- Richard Chen
- Terry Chen
- Robert Chen

Did anyone listed below get married on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Did anyone listed below get released from incarceration (detention or jail) on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Did anyone listed below gain eligible immigration status on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Was anyone listed below adopted, placed for adoption, or placed for foster care on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Did anyone listed below move on or after 10/12/2014?

- Richard Chen
- Terry Chen
- Robert Chen

Renewal of Coverage

Renewal of coverage

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 five years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

I AGREE

I DISAGREE

How long would you like your eligibility for help paying for coverage to be renewed?

Opting out of eligibility renewal now may impact your ability to get help paying for coverage at renewal later.

5 YEARS

4 YEARS

3 YEARS

2 YEARS

1 YEAR

DON'T RENEW

REVIEW APPLICATION

Application Summary

Application summary

Take a few minutes to review the information you gave us and make changes, if necessary. Once everything is correct, you can sign and submit your application.

Household contact

[EDIT](#)

Full name Richard Chen
Address 135 Catoma Street
Montgomery, AL 36104
Phone number 444-444-4444
Email address rchen11985@yopmail.com
Get updates by email Yes
Preferred written language English
Preferred spoken language English

Household members

[EDIT](#)

Full name	Date of birth	SSN	Relationship	Sex
Richard Chen	06/06/1985	XXX-XX-1469	Self	Male
Terry Chen	12/30/1980	XXX-XX-1470	Spouse	Female
Robert Chen	01/02/2005	XXX-XX-1471	Child	Male



Richard reviews the information entered for accuracy and can make any corrections using the edit function.

Review Household Income

Household income

[EDIT](#)

Name	Type	Amount
Richard Chen	XYZ, Inc, (777-777-7777)	\$40,355.65 per year
Terry Chen	Wendy's, Inc.555-555-5555)	\$3,445.30 per month
Robert Chen	-	-

Income summary

[EDIT](#)

Name	Last month's income	Expected income in 2015
Richard Chen	\$3,362.97 per month	\$40,355.65 per year
Terry Chen	\$3,445.30 per month	\$41,343.60 per year
Robert Chen	\$0.00	\$0.00

Review Basic Household Questions

Basic household questions

EDIT

Everyone applying for coverage:

- has the same permanent home address, and currently lives there
- is a U.S. citizen or U.S. national
- is included on the tax return for 2015 that I'll file jointly with my spouse, and we're not claimed as dependents by anyone else

Everyone who's claimed as a dependent on our tax return:

- is our child
- is not our stepchild
- is 25 or younger
- is not married

No one applying for coverage:

- is currently incarcerated (detained or jailed)
- is American Indian or Alaska Native
- is a naturalized or derived citizen
- listed a name on the application that's different from the one on their Social Security card
- is currently pregnant or has had a child in the last 60 days
- is eligible for health coverage from their job (including COBRA) or someone else's job, or will be in 2015
- is 18-22 and a full-time student
- was in foster care at 18, and is now 25 or younger

I'm not living with and responsible for a child who's 18 or younger and not on our tax return.

None of my dependents live with a different parent who's not on our tax return.

Review Additional Questions and Current Coverage

Additional questions

[EDIT](#)

No one applying for coverage has a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs.

No one applying for coverage needs help with daily activities (like dressing or using the bathroom) or lives in a medical facility or nursing home.

No one applying for coverage needs help paying their medical bills from the last 3 months.

No one applying for coverage lost coverage on or after 10/12/2014.

No one applying for coverage got married on or after 10/12/2014.

No one applying for coverage was released from incarceration (detention or jail) on or after 10/12/2014.

No one applying for coverage gained eligible immigration status on or after 10/12/2014.

No one applying for coverage was adopted, placed for adoption, or placed for foster care on or after 10/12/2014.

No one applying for coverage will lose coverage before 2/9/2015.

No one applying for coverage moved on or after 10/12/2014.

Name	Current health coverage	Recently lost health coverage
Richard Chen	-	No
Terry Chen	-	No
Robert Chen	-	No

Agree & Confirm, Sign & Submit Application

Richard provides electronic signature and submits his application

Agree & confirm

Select "Yes" or "No" for each statement below.

YES

NO

If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

YES

NO

I know 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 online or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I know a change in my information could affect eligibility for member(s) of my household.

Sign & submit

YES

NO

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.

Richard Chen, type your full name below to sign electronically.

Richard Chen

SUBMIT APPLICATION

Eligibility Results

Eligibility results

Learn more about your eligibility results

Results based on your application (ID 103359128) submitted on 2014-11-15

Your application was received and has been processed.

IMPORTANT
INFORMATION

Your detailed eligibility results are ready

Important: You must complete these steps before you can enroll in coverage:

1. View your eligibility results. We'll let you know if there are any problems with your application that you need to fix before continuing. Select "VIEW ELIGIBILITY RESULTS."
2. View and select plans, and confirm your enrollment to get coverage for 2015. Select "CONTINUE TO ENROLLMENT."
3. If you don't select a plan, we may enroll you based on your 2014 information, if available.

You must select a plan to confirm your enrollment and save your updated application information.

 [VIEW ELIGIBILITY RESULTS](#)

[CONTINUE TO ENROLLMENT](#)

View Eligibility Results

Richard Chen
135 Catoma Street
Montgomery, AL 36104

Nov 15, 2015

Application Date: Nov 15, 2015
Application ID: 99794546

Dear Richard:

Thank you for reporting a change in circumstance to the Marketplace.

What are the results of my application?

Review the table below with your eligibility results.

Family Member(s)	Results	Next Steps
Richard Chen	<ul style="list-style-type: none">Can choose a health plan with lower copayments, coinsurance, and deductibles (05)	<ul style="list-style-type: none">Choose a health plan and make first month's payment
Richard Chen	<ul style="list-style-type: none">Eligible to purchase health coverage through the Marketplace, but more information is neededEligible for a tax credit (\$353.00 each month, which is \$4,236.00 for the year), but more information is needed	<ul style="list-style-type: none">Send the Marketplace more information
Terry Chen	<ul style="list-style-type: none">Can choose a health plan with lower copayments, coinsurance, and deductibles (05)	<ul style="list-style-type: none">Choose a health plan and make first month's payment
Robert Chen	<ul style="list-style-type: none">Can choose a health plan with lower copayments, coinsurance, and deductibles (05)	<ul style="list-style-type: none">Choose a health plan and make first month's payment

If you have questions: Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

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Key Points to Remember

- ✓ Updated, shorter Marketplace application will be used with consumers who have simple household situations who are applying for the first time
- ✓ Consumers will be automatically routed through the correct application process for their situation
- ✓ You won't see the updated application for every consumer you help
- ✓ Consumers coming to report a change will see the traditional application

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Health Insurance Marketplace

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

[Applications & Forms](#) > [Technical Assistance Resources](#) > [Outreach & Education](#) >

Want More Information about the Marketplace?

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 - CuidadoDeSalud.gov for Spanish
 - Updates and resources for organizations are available at Marketplace.cms.gov
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