Apply for Coverage in the Marketplace

HealthCare.gov

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 2014 PLAN? DECEMBER 15 IS AN IMPORTANT DEADLINE.

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

Notification includes a direct link to major email providers

Some email addresses will not include a direct link
Verify Your Email

[Image of email inbox showing a confirmation email from HealthCare.gov]

[Image of HealthCare.gov page with a message saying "Please wait... We're processing your request. This may take a few moments."]
Account Created

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

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).

rchen11985@yopmail.com

********

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 will be applying for his family.
Guiding Question
What would you like to do?

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

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.
Richard gathers the information he will need.

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 enters his information as it appears on his drivers license or Social Security card.
And answers questions based on information he provided to verify his identity.
Richard understands and checks he agrees with how his information will be used.
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 15-22?
- **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.
Richard enters his information as the point of contact for his household.
Contact Information Continued

Home address
Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.

135 Catoma Street
Montgomery  Alabama  36104

Apt./Ste. #
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)
06/06/1980
XXX-XX-1489

Male
Race & ethnicity

YES  NO  Are you applying for coverage for yourself?
Adding Household Members

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

<table>
<thead>
<tr>
<th>Terry</th>
<th>Middle</th>
<th>Chen</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Are you applying for coverage for this person?
Yes No

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

<table>
<thead>
<tr>
<th>Robert</th>
<th>Middle</th>
<th>Chen</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Are you applying for coverage for this person?
Yes No

CONTINUE
Income Information

People can get income in many ways. Learn more about income.

<table>
<thead>
<tr>
<th>Job</th>
<th>Self-employment</th>
<th>Unemployment</th>
<th>Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>Capital gains</td>
<td>Investment</td>
<td>Retirement</td>
</tr>
<tr>
<td>Alimony</td>
<td>Farming or fishing</td>
<td>Rental or royalty</td>
<td>Other income</td>
</tr>
</tbody>
</table>
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: XYZ Inc. 800-555-5555 $3362.97

These fields are optional: Employer Identification Number (EIN) and employer address

Employer Identification Number (EIN)
Employer street address

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

Does Richard have any deductions for 2015?

Yes No

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?

Yes No
Richard adds his spouse’s income for a total household income.
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.
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

Did 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
Richard reviews the information entered for accuracy and can make any corrections using the edit function.
# Review Household Income

## Household Income

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Chen</td>
<td>XYZ, Inc, (777-777-7777)</td>
<td>$40,355.65 per year</td>
</tr>
<tr>
<td>Terry Chen</td>
<td>Wendy’s, Inc. 555-555-5555</td>
<td>$3,445.30 per month</td>
</tr>
<tr>
<td>Robert Chen</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

## Income Summary

<table>
<thead>
<tr>
<th>Name</th>
<th>Last month’s income</th>
<th>Expected income in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Chen</td>
<td>$3,362.97 per month</td>
<td>$40,355.65 per year</td>
</tr>
<tr>
<td>Terry Chen</td>
<td>$3,445.30 per month</td>
<td>$41,343.60 per year</td>
</tr>
<tr>
<td>Robert Chen</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Review Basic Household Questions

Basic household questions

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**

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Current health coverage</th>
<th>Recently lost health coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Chen</td>
<td>-</td>
<td>No</td>
</tr>
<tr>
<td>Terry Chen</td>
<td>-</td>
<td>No</td>
</tr>
<tr>
<td>Robert Chen</td>
<td>-</td>
<td>No</td>
</tr>
</tbody>
</table>
Agree & Confirm, Sign & Submit 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 1-855-899-4325. I know a change in my information could affect eligibility for member(s) of my household.

Sign & submit
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.

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

Richard Chen
135 Catoma Street
Montgomery, AL 36104

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.

<table>
<thead>
<tr>
<th>Family Member(s)</th>
<th>Results</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Chen</td>
<td>Can choose a health plan with lower copayments, coinsurance, and deductibles (05)</td>
<td>Choose a health plan and make first month’s payment</td>
</tr>
<tr>
<td>Richard Chen</td>
<td>Eligible to purchase health coverage through the Marketplace, but more information is needed</td>
<td>Send the Marketplace more information</td>
</tr>
<tr>
<td></td>
<td>Eligible for a tax credit ($353.00 each month, which is $4,236.00 for the year), but more information is needed</td>
<td></td>
</tr>
<tr>
<td>Terry Chen</td>
<td>Can choose a health plan with lower copayments, coinsurance, and deductibles (05)</td>
<td>Choose a health plan and make first month’s payment</td>
</tr>
<tr>
<td>Robert Chen</td>
<td>Can choose a health plan with lower copayments, coinsurance, and deductibles (05)</td>
<td>Choose a health plan and make first month’s payment</td>
</tr>
</tbody>
</table>

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.

1 of 14
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.
Want More Information about the Marketplace?

▪ Stay connected
  • Sign up to get email and text alerts at HealthCare.gov/subscribe
    □ CuidadoDeSalud.gov for Spanish
  • Updates and resources for organizations are available at Marketplace.cms.gov
  • Twitter@HealthCareGov
  • Facebook.com/Healthcare.gov