

Initial Employee Application

This section reviews the process for a new employee to create their account.

What kind of health insurance do you need?



Individual & Family
Find the right medical, dental or vision insurance plan for you, or for you and your family. See if you qualify for a tax credit or Medicaid.

Small Business
Offer your employees quality, affordable medical, dental or vision insurance. Businesses with 1-50 employees are eligible and can enroll anytime.

Employee
If the company you work for offers health insurance through DC Health Link, learn more about what your company offers and enroll.

[GET STARTED](#) [GET STARTED](#) [GET STARTED](#)

[SHOP](#) [DOCTOR](#) [DENTAL](#) [VISION](#) [HEALTH & DENTAL](#) [GO WITHOUT](#)

New employees will go to DCHealthlink.com and select “get started” under employee



Signing up for employer-sponsored health insurance is an easy 3-step process



STEP 1
Tell us about yourself

First, you'll create an account. Then we'll need some personal information to verify your employer. After that, you'll tell us who needs coverage. Just you, or you and your family.



STEP 2
Compare plans and choose

Learn more about the health insurance your company offers and how much they contribute towards your premiums. If your company offers more than one plan, you can compare plans before you choose.



STEP 3
Confirm and Enroll

Once you choose a plan, confirm that your personal information is correct and includes the members of your household who should be covered by your plan. Then enroll.

CONTINUE

Select continue to understand your options.



Welcome to the District's Health
Insurance Marketplace

CALL CUSTOMER SERVICE

 1-855-532-5465

Create account

Email

Password (8 characters minimum)

Password confirmation

CREATE ACCOUNT

Sign In

The employee should enter their email address and create a password. Passwords must include 8 or more characters, 1 upper case, 1 lower case, and a special character. Then click “create account”.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Personal Information

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX
DATE OF BIRTH *	SOCIAL SECURITY *	<input type="radio"/> MALE	<input type="radio"/> FEMALE

0% Complete

- Personal Info
- Employer
- Contact Info
- Household
- Plan Selection
- Review
- Complete

CONTINUE

Fill out the indicated personal information in order to match to your employer. Click "Continue".



Welcome to the District's Health Insurance Marketplace

CALL CUSTOMER SERVICE
1-855-532-5465

HELP | LOGOUT
Audrey@Yopmail.Com



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Personal Information

Account Information

FIRST NAME* Audrey	MIDDLE NAME	LAST NAME* Griswold	SUFFIX
DATE OF BIRTH* 07/11/1980	SOCIAL SECURITY* 394-85-0989	<input type="radio"/> MALE	<input checked="" type="radio"/> FEMALE

Healthcare Marketplace

Ed Club has added you as an employee. You're eligible for coverage starting 02/01/2016.

<input checked="" type="radio"/> Enroll in Employer-Sponsored Benefits
<input type="radio"/> Enroll in Individual Benefits

15% Complete

- Personal Info
- Employer**
- Contact Info
- Household
- Plan Selection
- Review
- Complete

CONTINUE

PREVIOUS

You will be matched to your employer and you will have the option of enrolling in employer-sponsored benefits or individual benefits.



Employer : Ed Club
Hired : 03/03/2005
Eligible for Coverage : 02/01/2016

[Not your employer? Click Here](#)

NEW ADDRESS		Home Address	
ADDRESS LINE 1 * 162 1st Street		ADDRESS LINE 2	
CITY * Washington	DC	ZIP * 20040	
HOME PHONE		MOBILE PHONE	
WORK PHONE		FAX PHONE	
Home Email Address * audrey@yopmail.com		Work Email Address	
Please indicate preferred method to receive notices (OPTIONAL)			
Only Paper communication		English	

- Household
- Plan Selection
- Review
- Complete

CONTINUE

- ☰ PREVIOUS
- ☰ SAVE & EXIT

Fill out missing information and click continue



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Household Info: Family Members

If you need to get insurance coverage for other members of your household, select 'Add Member'. When you're finished, select CONTINUE.

* = required field

NAME	RELATION
Audrey Griswold	Self

[Add Member](#)

45% Complete

- Personal Info
- Employer
- Contact Info
- Household**
- Plan Selection
- Review
- Complete

[CONTINUE](#)

[PREVIOUS](#)

[SAVE & EXIT](#)

To add a family member to your employer sponsored coverage, select “Add Member”. If you are not adding a family member to your employer sponsored coverage, select “continue”

Choose Coverage for your Household

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

Effective Date: 04/01/2018

Who Needs Coverage?

Marta Smith (Age : 38 years)

Employer

Apollo test

Benefit Type

Health

Dental

[Back To My Account](#)

If shopping for family members, please make sure that you indicate which members to include by selecting or unchecking the checkbox next to their name. Click “Continue” to proceed to plan shopping or “Back to my account” to go to the account home page.

Choose Plan

Find a quality, affordable health insurance plan that's right for you, or for you and your family. Use 'Filter Results', 'Compare' and 'Details' features to narrow your choices. When you find the plan you want, 'Select Plan'.

COVERAGE FOR: **Marta Smith** Employer: **Apollo test** PLANS: **31** EFFECTIVE DATE: **04/01/2018**

[Find Your Doctor](#)
[Estimate Your Costs](#)

Filter Results

Plan Type

- HMO
- PPO
- POS

Sort By Plan Name Premium Amount Deductible Carrier

**KP DC Platinum**
500/20/Dental/Ped Dental
Kaiser

\$148.65
/Month

TYPE	LEVEL	NETWORK	DEDUCTIBLE
HMO	<input checked="" type="radio"/> Platinum	DC-Metro	\$500

Compare  Summary of Benefits and Coverage

**UHC OCI HMO Platinum 0 B**
UnitedHealthcare

\$154.21
/Month

TYPE	LEVEL	NETWORK	DEDUCTIBLE
HMO	<input checked="" type="radio"/> Platinum	DC-Metro	\$500

Compare  Summary of Benefits and Coverage

60% Complete

- Personal Info
- Employer
- Contact Info
- Household
- Plan Selection**
- Review
- Complete

All the plans offered by your employer will be listed on this page. You can filter by Metal level, Plan type, Network, Carrier, HSA Eligibility, Premium Amount, and Deductible Amount. When an employee is ready to make their plan selection, click "Select Plan".

Alternately, to waive coverage, click "Waive Coverage" on the right side of the screen and select the appropriate reason from the drop down menu.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Confirm Your Plan Selection

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Apollo test
Kaiser KP DC Platinum 500/20/Dental/Ped Dental
Benefit: health
Metal Level : Platinum
Market: Employer Sponsored

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Marta Smith	self	38	\$384.73	\$236.08	\$148.65
TOTALS			\$384.73	\$236.08	\$148.65
Your coverage start date : 04/01/2018					

75% Complete

- Personal Info
- Employer
- Contact Info
- Household
- Plan Selection
- Review
- Complete

CONFIRM

Waive Coverage

- PREVIOUS
- SAVE & EXIT

Review the information listed, then select confirm.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Enrollment Submitted

Your enrollment has been submitted as of 04/18/2018 11:46 EDT -04:00.

Please print this page for your records. A copy of this confirmation has also been emailed to you.

Apollo test

Kaiser KP DC Platinum 500/20/Dental/Ped Dental

Benefit: health

Market: Employer Sponsored

Metal level : Platinum

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Marta Smith	self	38	\$384.73	\$236.08	\$148.65
TOTALS			\$384.73	\$236.08	\$148.65

Your coverage start date : 04/01/2018

Print

100% Complete

- Personal Info
- Employer
- Contact Info
- Household
- Plan Selection
- Review
- Complete

CONTINUE

This is the confirmation page once an employee has submitted their plan selection. Select “continue” to be redirected to your employee homepage

My DC Health Link

Messages **7**

My Account
Marta Smith

Manage Family

My DC Health Link

2017 HEALTH COVERAGE APOLLO TEST

Coverage Selected



KAISER PERMANENTE

KP DC Platinum 500/20/Dental/Ped Dental

Premium: \$148.65/month

Plan Selected: 04/18/2018 (11:44AM)

Market Type: Employer Sponsored

DC Health Link HBX ID: 1015640

Covered: Marta

Plan Start: 04/01/2018

Plan Type: HMO Platinum



Summary of Benefits and Coverage



Plan Contact Info

Make Changes

VIEW DETAILS



Shop for health and dental plans

Shop For Plans

Enroll in health or dental coverage on the District of Columbia's individual market

Enroll

Apply, renew, read notices or find out what documents are needed for Medicaid or tax credit assisted coverage

Medicaid & Tax Credits



Have life changes?

See how it may affect your health insurance.

TOP LIFE CHANGES

Started a new job

Married

< Entered into a legal domestic partnership >

Had a baby

Adopted a child



On the employee's homepage, you will see your enrollment summary tile. Information included here includes the coverage effective date, the date the plan was selected, and the plan name. If your employer offers dental coverage, please select shop for plans to review the dental options available to you.

Choose Coverage for your Household

33% Complete

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

Effective Date: 04/01/2018

- Plan Selection
- Review
- Complete

Who Needs Coverage?

Marta Smith (Age : 38 years)

Employer

Apollo test

Benefit Type

Health

Dental

What would you like to do?

[SHOP FOR NEW PLAN](#)

Select dental under benefit type



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Choose Plan

Find a quality, affordable health insurance plan that's right for you, or for you and your family. Use 'Filter Results', 'Compare' and 'Details' features to narrow your choices. When you find the plan you want, 'Select Plan'.

COVERAGE FOR: **Marta Smith** PLANS: **2** EFFECTIVE DATE: **04/01/2018**

[Find Your Doctor](#)

Sort By Plan Name Premium Amount Deductible Carrier

Filter Results

Plan Type i

- HMO
- PPO
- POS

Network i

- Nationwide
- DC-Metro

CareFirst **BlueDental Preferred High** \$28.30 /Month
CareFirst

TYPE	LEVEL	NETWORK	DEDUCTIBLE
PPO	High	Nationwide	\$60

Compare [Plan Summary](#) [Select Plan](#) [See Details](#)

CareFirst **BlueDental Traditional** \$32.01 /Month
CareFirst

TYPE	LEVEL	NETWORK	DEDUCTIBLE
PPO	High	Nationwide	\$60

Compare [Plan Summary](#) [Select Plan](#) [See Details](#)

33% Complete

- Plan Selection**
- Review
- Complete

[Waive Coverage](#)

All dental plans offered by your employer will be listed on this page. You can filter by Metal level, Plan type, Carrier, Premium Amount, and Deductible Amount. When an employee is ready to make their plan selection, click “Select Plan”.

Alternately, to waive coverage, click “Waive Coverage” on the right side of the screen and select the appropriate reason from the drop down menu.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Confirm Your Plan Selection

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Apollo test
CareFirst BlueDental Preferred High
Benefit: dental
Metal Level : High
Market: Employer Sponsored

66% Complete

- Plan Selection
- Review
- Complete

Waive Coverage

CONFIRM

PREVIOUS

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Marta Smith	self	38	\$28.30	\$0.00	\$28.30
TOTALS			\$28.30	\$0.00	\$28.30

Your coverage start date : 04/01/2018

Review the information listed, then select Confirm.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Enrollment Submitted

Your enrollment has been submitted as of 04/18/2018 11:52 EDT -04:00.

Please print this page for your records. A copy of this confirmation has also been emailed to you.

Apollo test

CareFirst BlueDental Preferred High

Benefit: dental

Market: Employer Sponsored

Metal level : High

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Marta Smith	self	38	\$28.30	\$0.00	\$28.30
TOTALS			\$28.30	\$0.00	\$28.30

Your coverage start date : 04/01/2018

Print

100% Complete

- Plan Selection
- Review
- Complete

CONTINUE

Review the information listed, then select Continue.

My DC Health Link

Messages **8**

My Account
Marta Smith

Manage Family

My DC Health Link

2017 DENTAL COVERAGE APOLLO TEST

Coverage Selected

CareFirst  BlueDental Preferred High

Premium: \$28.30/month

Plan Start: 04/01/2018

Plan Selected: 04/18/2018 (11:50AM)

Plan Type: PPO High NATIONWIDE NETWORK

Market Type: Employer Sponsored

DC Health Link HBX ID: 1015641

Covered: [Marta](#)



Plan Summary



Plan Contact Info

Make Changes

VIEW DETAILS

2017 HEALTH COVERAGE APOLLO TEST

Coverage Selected



KAISER PERMANENTE

KP DC Platinum 500/20/Dental/Ped Dental

Premium: \$148.65/month

Plan Start: 04/01/2018

Plan Selected: 04/18/2018 (11:44AM)

Plan Type: HMO Platinum

Market Type: Employer Sponsored

DC Health Link HBX ID: 1015640

Covered: [Marta](#)



Summary of Benefits and Coverage



Plan Contact Info

Make Changes

VIEW DETAILS



Have life changes?

See how it may affect your health insurance.

TOP LIFE CHANGES

Started a new job

Married

< Entered into a legal domestic partnership >

Had a baby

Adopted a child



On the employee's homepage, you will see two enrollment tiles: one for health and the other for dental.

Reporting Qualifying Life Events (QLEs)

This section will review how to report qualifying life events within an employee's account.

My DC Health Link
My Broker
Documents
Messages 3

My Account
Josh Snider
Manage Family

My DC Health Link

2016 HEALTH COVERAGE • CHLOE BERGER

UnitedHealthcare Coverage Selected
UHC Navigate HSA HMO Gold 1300

HMO • GOLD PREMIUM: \$151.46/month
EFFECTIVE DATE: 04/01/2016
DC HEALTH LINK ID: 445273
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage Carrier Contact Info

Make Changes
VIEW DETAILS

2016 HEALTH COVERAGE • CHLOE BERGER

KAISER PERMANENTE Canceled
KP DC Gold 1500/10/HSA/Dental/Ped Dental

HMO • GOLD PREMIUM: \$149.37/month
NATIONWIDE NETWORK
EFFECTIVE DATE: 04/01/2016
DC HEALTH LINK ID: 440714
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage Carrier Contact Info

Make Changes
VIEW DETAILS

Shop for health and dental plans Shop for Plans

Apply Apply for Medicaid or for Tax Credit Assisted Coverage

Your Broker
Test broker Do not user
testbrokeragency@yopmail.com
Test broker agency

Have life changes?
See how it may affect your health insurance.

TOP LIFE CHANGES

- Started a new job
- Married
- Entered into a legal domestic partnership
- Had a baby
- Adopted a child

An employee's account will display their current plan selection in the top tile. This is indicated by the "coverage selected" showing. To report a qualifying life event, please use the box on the right side titled "Have life changes?" For this example, we will use "Had a baby."



My DC Health Link
My Broker
Documents
Messages 3

My Account
Josh Snider

Manage Family

My DC Health Link

REPORT LIFE CHANGES

Had a baby

Date of birth

(must fall between February 09 and March 10)

mm/dd/yyyy

CONTINUE

2016 HEALTH COVERAGE • CHLOE BERGER



UHC Navigate HSA HMO Gold 1300

Coverage Selected

HMO • GOLD

PREMIUM: \$151.46/month

EFFECTIVE DATE: 04/01/2016

DC HEALTH LINK ID: 445273

COVERED: Josh • Baby • Josh



Summary of Benefits
and Coverage



Carrier
Contact Info

Make Changes

VIEW DETAILS



Test
broker
agency

Your Broker

Test broker Do not user
testbrokeragency@yopmail.com



Have life changes?

See how it may affect your
health insurance.

TOP LIFE CHANGES

Started a new job

Married

Household adds a member due
to birth

Had a baby

Adopted a child



After clicking “Had a baby,” a box will appear where you can enter the date of birth. Qualifying life events must be reported within 30 days of the event and cannot be reported in advance. After you enter the date of birth, click “Continue.”

- My DC Health Link
- My Broker
- Documents
- Messages 3

My Account
Josh Snider

Manage Family

My DC Health Link

REPORT LIFE CHANGES

Based on the information you entered, you may be eligible to enroll now but there is limited time.

CONTINUE

2016 HEALTH COVERAGE • CHLOE BERGER



UHC Navigate HSA HMO Gold 1300

Coverage Selected

HMO • GOLD

PREMIUM: \$151.46/month

EFFECTIVE DATE: 04/01/2016

DC HEALTH LINK ID: 445273

COVERED: Josh • Baby • Josh



Summary of Benefits and Coverage



Carrier Contact Info

Make Changes

VIEW DETAILS



Your Broker

Test broker Do not user
testbrokeragency@yopmail.com

Test
broker
agency



Have life changes?

See how it may affect your health insurance.

TOP LIFE CHANGES

Started a new job

Married

Entered into a legal domestic partnership

Had a baby

Adopted a child



A text box will appear saying “Based on the information you entered, you may be eligible to enroll now but there is limited time.” Click “Continue”.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Married, on: 02/17/2016

Household Info: Family Members

If you need to get insurance coverage for other members of your household, select 'Add Member'. When you're finished, select CONTINUE.

* = required field

NAME	RELATION
Josh Snider	Self

FIRST NAME	MIDDLE NAME	LAST NAME	
Baby		Snider	
DATE OF BIRTH	SOCIAL SECURITY	RELATIONSHIP	GENDER
11/25/2015	---	Child	Male

FIRST NAME	MIDDLE NAME	LAST NAME	
Josh		Wife	
DATE OF BIRTH	SOCIAL SECURITY	RELATIONSHIP	GENDER
04/03/1970	312-32-1233	Spouse	Female

Add Member

CONTINUE

25% Complete

- Household
- Plan Selection
- Review
- Complete

Click "Add Member" to add the newborn's information to the account.

STEP 1
Tell us about yourselfSTEP 2
Compare plans and chooseSTEP 3
Enroll

Had a baby, on: 02/17/2016

Household Info: Family Members

Please enter the information requested below. When you're finished, select 'Confirm Member' at the bottom of the page.

* = required field

NAME Josh Snider		RELATION Self	
FIRST NAME Baby	MIDDLE NAME	LAST NAME Snider	
DATE OF BIRTH 11/25/2015	SOCIAL SECURITY --	RELATIONSHIP Child	GENDER Male
FIRST NAME Josh	MIDDLE NAME	LAST NAME Wife	
DATE OF BIRTH 04/03/1970	SOCIAL SECURITY 312-32-1233	RELATIONSHIP Spouse	GENDER Female
FIRST NAME * Sarah	MIDDLE NAME	LAST NAME * Child	
DATE OF BIRTH * 02/17/2016	SOCIAL SECURITY <input checked="" type="checkbox"/> I don't have an SSN	Child	<input type="radio"/> MALE <input checked="" type="radio"/> FEMALE

[Cancel](#)[CONFIRM MEMBER](#)

25% Complete

- Household
- Plan Selection
- Review
- Complete

Please fill out the required fields, including name, date of birth, relationship, and gender. If you do not have the social security number, check the “I don’t have an SSN”. Social security numbers are not required for dependents. Once the information has been entered, click “Confirm Member”.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Had a baby, on: 02/17/2016

25% Complete

Household Info: Family Members

If you need to get insurance coverage for other members of your household, select 'Add Member'. When you're finished, select CONTINUE.

- Household
- Plan Selection
- Review
- Complete

* = required field

NAME Josh Snider	RELATION Self
---------------------	------------------

FIRST NAME Baby	MIDDLE NAME	LAST NAME Snider	
DATE OF BIRTH 11/25/2015	SOCIAL SECURITY --	RELATIONSHIP Child	GENDER Male

FIRST NAME Josh	MIDDLE NAME	LAST NAME Wife	
DATE OF BIRTH 04/03/1970	SOCIAL SECURITY 312-32-1233	RELATIONSHIP Spouse	GENDER Female

FIRST NAME Sarah	MIDDLE NAME	LAST NAME Child	
DATE OF BIRTH 02/17/2016	SOCIAL SECURITY --	RELATIONSHIP Child	GENDER Female

Add Member

CONTINUE

To add more family members, click "Add Member" and proceed through the steps as just discussed. When all family members have been added, click "Continue" to proceed to plan shopping.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Choose Coverage for your Household

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

Who Needs Coverage?

<input checked="" type="checkbox"/>	Josh Snider (Age : 33 years)
<input checked="" type="checkbox"/>	Baby Snider (Age : 0 years)
<input checked="" type="checkbox"/>	Josh Wife (Age : 45 years)
<input checked="" type="checkbox"/>	Sarah Child (Age : 0 years)

Benefit Type

Health

What would you like to do?

[SHOP FOR NEW PLAN](#)

[Back to my account](#)

50% Complete

- Household
- Plan Selection**
- Review
- Complete

Confirm that all desired family members are selected and click “Shop for new plan”. If the employee would like to remove a dependent from coverage, unselect the box next to the dependent’s name

STEP 1 Tell us about yourself

STEP 2 Compare plans and choose

STEP 3 Enroll

Choose Plan

Find a quality, affordable health insurance plan that's right for you, or for you and your family. Use 'Filter Results', 'Compare' and 'Details' features to narrow your choices. When you find the plan you want, 'Select Plan'.

33% Complete

- Plan Selection
- Review
- Complete

COVERAGE FOR: Josh Snider (employee) + 3 dependent(s) Employer: Chloe Berger PLANS: 52

Filter Results

Sort By Plan Name Premium Amount Deductible Carrier

Plan Type

- HMO
- PPO
- POS

Network

- Nationwide
- DC-Metro

Carrier

All

HSA Eligibility

All

Premium Amount

0 To 1000

Deductible Amount

0 To 2000

APPLY Reset

★ YOUR CURRENT 2016 PLAN

UnitedHealthcare **UHC Navigate HSA HMO Gold 1300** \$205.44 /Month
United Health Care

TYPE: HMO LEVEL: Gold NETWORK: DC-Metro DEDUCTIBLE: \$1,300

Compare Summary of Benefits and Coverage [Details](#) [Select Plan](#)

Kaiser Permanente **KP DC Gold 1500/10/HSA/Dental/Ped Dental** \$202.61 /Month
Kaiser

TYPE: HMO LEVEL: Gold NETWORK: Nationwide DEDUCTIBLE: \$1,500

Compare Summary of Benefits and Coverage [Details](#) [Select Plan](#)

UnitedHealthcare **UHC Core Essential HSA HMO Gold 1300** \$230.82 /Month
United Health Care

TYPE: HMO LEVEL: Gold NETWORK: DC-Metro DEDUCTIBLE: \$1,300

Compare Summary of Benefits and Coverage [Details](#) [Select Plan](#)

CareFirst **BlueChoice HMO Referral Gold 80** \$234.43 /Month
CareFirst

TYPE: HMO LEVEL: Gold NETWORK: DC-Metro DEDUCTIBLE: \$1,000

Waive Coverage

The available plans will display. Confirm that you are shopping for all desired dependents by viewing the number of dependents as displayed at the top of this page. The employee's current plan selection will be noted by a star with "your current 2016 plan" listed in the box. Employees can filter by plan name, premium amount, deductible, carrier, among other features. When ready, click "Select plan" in the desired box.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Confirm Your Plan Selection

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Chloe Berger
United Health Care UHC Navigate HSA HMO Gold 1300
Metal level : Gold

66% Complete

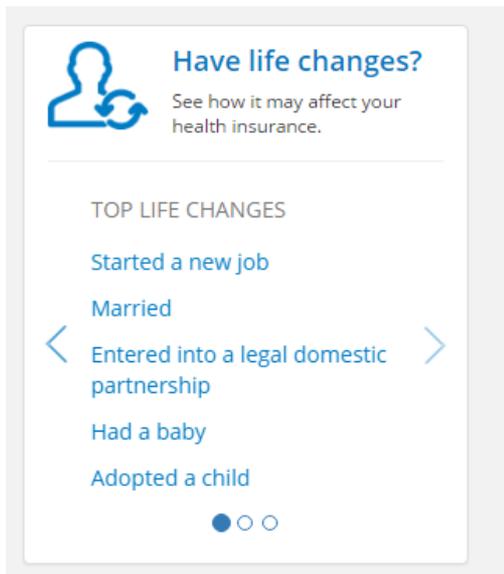
- Plan Selection
- Review
- Complete

[Waive Coverage](#)
[CONFIRM](#)

PREVIOUS

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Josh Snider	self	33	\$275.44	\$275.44	\$0.00
Baby Snider	child	4 months	\$215.47	\$161.49	\$53.98
Josh Wife	spouse	45	\$389.10	\$291.62	\$97.48
Sarah Child	child	23 days	\$215.47	\$161.49	\$53.98
TOTALS			\$1,095.48	\$890.04	\$205.44
			Your coverage start date : 		

Confirm that all desired dependents are included in the plan confirmation summary. The coverage effective date will display in the lower right corner. For a newborn, the coverage effective date is equal to their date of birth. Most other qualifying life events result in a coverage effective date of first of the month following the event. Click “confirm” when ready. To return to plan shopping, click the “Back” button in the browser or “previous”

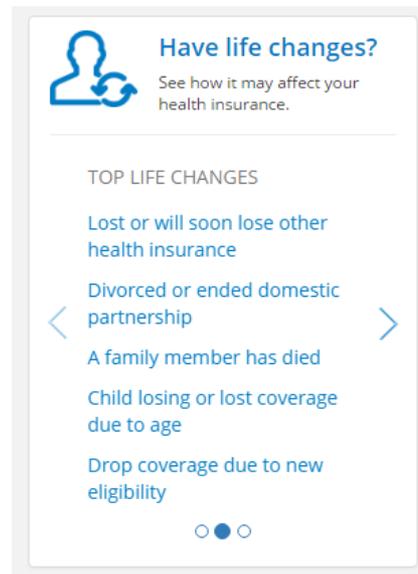


 **Have life changes?**
See how it may affect your health insurance.

TOP LIFE CHANGES

- Started a new job
- Married
- Entered into a legal domestic partnership
- Had a baby
- Adopted a child

● ○ ○

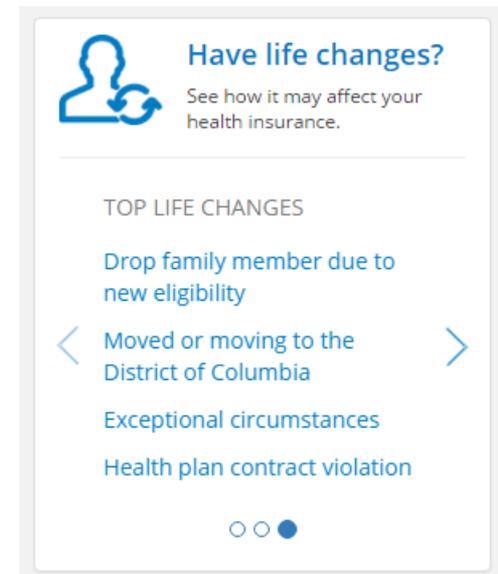


 **Have life changes?**
See how it may affect your health insurance.

TOP LIFE CHANGES

- Lost or will soon lose other health insurance
- Divorced or ended domestic partnership
- A family member has died
- Child losing or lost coverage due to age
- Drop coverage due to new eligibility

○ ● ○



 **Have life changes?**
See how it may affect your health insurance.

TOP LIFE CHANGES

- Drop family member due to new eligibility
- Moved or moving to the District of Columbia
- Exceptional circumstances
- Health plan contract violation

○ ○ ●

This is a list of qualifying life events as listed in the “Have life changes box” within the employees account.

My DC Health Link
My Broker
Documents
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My Account
Josh Snider

Manage Family

My DC Health Link

2016 HEALTH COVERAGE • CHLOE BERGER



UHC Navigate HSA HMO Gold 1300

Coverage Selected

HMO • GOLD PREMIUM: \$151.46/month
EFFECTIVE DATE: 04/01/2016
DC HEALTH LINK ID: 445273
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage

Carrier Contact Info

Make Changes

VIEW DETAILS

2016 HEALTH COVERAGE • CHLOE BERGER



KP DC Gold 1500/10/HSA/Dental/Ped Dental

Canceled

HMO • GOLD PREMIUM: \$149.37/month
NATIONWIDE NETWORK
EFFECTIVE DATE: 04/01/2016
DC HEALTH LINK ID: 440714
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage

Carrier Contact Info

Make Changes

VIEW DETAILS



Shop for health and dental plans

Shop for Plans

Apply

Apply for Medicaid or for Tax Credit Assisted Coverage



Your Broker

Test broker Do not user
testbrokeragency@yopmail.com



Have life changes?

See how it may affect your health insurance.

TOP LIFE CHANGES

Started a new job

Married

Entered into a legal domestic partnership

Had a baby

Adopted a child



To terminate coverage due to a qualifying life event, select the appropriate reason from the "Have life changes?" Box.



STEP 1
Tell us about yourself



STEP 2
Compare plans and choose



STEP 3
Enroll

Choose Coverage for your Household

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

Who Needs Coverage?

<input checked="" type="checkbox"/>	Josh Snider (Age : 33 years)
<input checked="" type="checkbox"/>	Baby Snider (Age : 0 years)
<input checked="" type="checkbox"/>	Josh Wife (Age : 45 years)
<input checked="" type="checkbox"/>	Sarah Child (Age : 0 years)

Benefit Type

<input checked="" type="radio"/>	Health
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What would you like to do?

SHOP FOR NEW PLAN

KEEP EXISTING PLAN

SELECT PLAN TO TERMINATE

Back to my account

33% Complete

- Plan Selection
- Review
- Complete

Waive Coverage

Click "Select plan to terminate"

[Back to My Account](#)

Plans

2016 HEALTH COVERAGE • DCHL

UnitedHealthcare

UHC Navigate HSA HMO Gold 1300

HMO • GOLD

PREMIUM: \$880.01/month DCHL ID: 19762485

COVERED: Josh • Baby • Josh

EFFECTIVE DATE: **04/01/2016**



Summary of Benefits and Coverage



Carrier Contact Info

TERMINATE PLAN

CHANGE PLAN

Confirm that this is the employee's current plan selection and click "Terminate Plan"



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Josh Snider

[Manage Family](#)

My DC Health Link

2016 HEALTH COVERAGE • CHLOE BERGER

UnitedHealthcare UHC Navigate HSA HMO Gold 1300 **Coverage Selected**

HMO • **GOLD** PREMIUM: \$151.46/month
EFFECTIVE DATE: **04/01/2016**
DC HEALTH LINK ID: **445273**
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage Carrier Contact Info

[Make Changes](#)

[VIEW DETAILS](#)

2016 HEALTH COVERAGE • CHLOE BERGER

KAISER PERMANENTE KP DC Gold 1500/10/HSA/Dental/Ped Dental **Canceled**

HMO • **GOLD** PREMIUM: \$149.37/month
NATIONWIDE NETWORK
EFFECTIVE DATE: **04/01/2016**
DC HEALTH LINK ID: **440714**
COVERED: Josh • Baby • Josh

Summary of Benefits and Coverage Carrier Contact Info

[Make Changes](#)

[VIEW DETAILS](#)

[Shop for health and dental plans](#)

[Shop for Plans](#)

[Apply](#)

[Apply for Medicaid or for Tax Credit Assisted Coverage](#)



Your Broker

Test broker Do not user
testbrokeragency@yopmail.com

Test
broker
agency



Have life changes?

See how it may affect your health insurance.

TOP LIFE CHANGES

Started a new job

Married

< Entered into a legal domestic partnership >

Had a baby

Adopted a child



To make changes to the employee's or dependent's demographic information, click "Manage Family" on the left side of the screen.



My DC Health Link
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Documents
Messages **3**

My Account
Josh Snider

YOUR HOUSEHOLD OF 4
Josh Snider
Baby Snider
Josh Wife
Sarah Child

[Manage Family](#)

Manage Family

Personal **Family**

NAME Josh Snider		RELATIONSHIP Self	
FIRST NAME Baby	MIDDLE NAME	LAST NAME Snider	
DATE OF BIRTH 11/25/2015	SOCIAL SECURITY --	RELATIONSHIP Child	GENDER Male
FIRST NAME Josh	MIDDLE NAME	LAST NAME Wife	
DATE OF BIRTH 04/03/1970	SOCIAL SECURITY 312-32-1233	RELATIONSHIP Spouse	GENDER Female
FIRST NAME Sarah	MIDDLE NAME	LAST NAME Child	
DATE OF BIRTH 02/17/2016	SOCIAL SECURITY --	RELATIONSHIP Child	GENDER Female

ADD MEMBER

Click the pencil icon that displays on each family member’s information to make any changes to their demographic information. You can also add family members here by selecting “add member.” If you add a family member on this page, please do not forget to report a qualifying life event. In order for the newly added family member to have coverage, a qualifying life event must be reported to trigger a new enrollment. If you just add your family member to this page and do not report a qualifying life event, they will not be added to your coverage.

My DC Health Link

My Broker

Documents

Messages 3

My Account

Josh Snider

YOUR HOUSEHOLD OF 4

Josh Snider
Baby Snider
Josh Wife
Sarah Child[Manage Family](#)

Manage Family

Personal Family

FIRST NAME Josh	MIDDLE NAME	LAST NAME Snider	SUFFIX
DATE OF BIRTH 05/19/1982	SOCIAL SECURITY 166545555	<input checked="" type="radio"/> MALE	<input type="radio"/> FEMALE

NEW ADDRESS		Home Address	
ADDRESS LINE 1 * 415 L street NW	ADDRESS LINE 2 #5		
CITY * Washington	DC	ZIP * 20001	
ADDRESS LINE 1 * 415 L street NW	ADDRESS LINE 2		
CITY * Washington	DC	ZIP * 20001	

HOME PHONE	MOBILE PHONE
WORK PHONE	FAX PHONE

Home Email Address joshsnider82@yopmail.com

SAVE

To make changes to the employee's information, click the "Personal" tab. Demographic changes such as name changes and address changes can be made here. Once an employee has matched to their employer, the date of birth and social security number cannot be changed through the employees account and must be made by calling or emailing DC Health Link. Click "Save" to confirm the changes.

My DC Health Link

My Broker

Documents

Messages **3**

My Account

Josh Snider

Manage Family

Messages

- Inbox **3**
- Deleted

Inbox:			
FROM	Date	Subject	
DC Health Link	12/08/2015 18:14	Welcome to DC Health Link	SHOW Delete
DC Health Link	02/18/2016 15:55	Your Secure Enrollment Confirmation	SHOW Delete
DC Health Link	03/10/2016 15:20	Your Secure Enrollment Confirmation	SHOW Delete

Employees will have a message center within their accounts. Confirmations about changes made to their plans selections will be sent here.