

Initial Employer Application

Instructions

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.

[GET STARTED](#)

Small Business

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

[GET STARTED](#)

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](#)

New employers will go to DCHealthlink.com and select “get started” under Small Business

Small Business Health Insurance



Creating a Health Benefits Program for your company is important

-  **STEP 1: Understand your options** 
-  **STEP 2: Set up your account, coverage and plans** 
-  **STEP 3: Manage enrollment and share** 

There are more than 500 licensed brokers ready to help you set up and administer your Health Benefits Program at no cost to you.

[Find a Broker](#)



[CONTINUE TO STEP 1](#)

[Skip to STEP 2, I already understand my options](#)

Click Step 1 if you would like to understand more about your options to enroll as a small business. If you already understand your options Click Step 2 to begin establishing your employer account.



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 employer will 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”.

Welcome to DC Health Link. Your account has been created. ×

Thank you for logging into your DC Health Link employer account.

Before we get started, we need to confirm the primary point of contact for your business. Please confirm that the name and email address listed below are correct, update the information or provide the name and email address for your primary point of contact. When you're finished, select 'Confirm'.

Personal Information

FIRST NAME *	LAST NAME *	DATE OF BIRTH *
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Employer Information

LEGAL NAME	DBA	FEIN*	Select Entity Kind ▼
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Office Location

ADDRESS	Primary ▼		
ADDRESS LINE 1	ADDRESS LINE 2		
CITY	SELECT STATE ▼	ZIP	
Phone main ▼	AREA CODE	NUMBER	EXTENSION

[Add Office Location](#)

CONFIRM

Once the employer enters their email address and creates a password to establish login credentials, they will be taken to an initial screener page.

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- Brokers
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- Inbox 0

DC Employer
Update Business Info
View Billing Reports
MY EMPLOYEES: 0

My Health Benefits Program

It's time to set up your Health Benefits Program. You can either get help from a Broker, or set up your Health Benefits Program yourself. Choose the path that's right for you.



Get Help From a Broker

You may want to select a Broker as your personal advocate and trusted adviser, who at no cost to you, can help you set up and administer your Health Benefits Program. If you'd like to select a Broker, we suggest doing so first. [View More](#) ▾



Set Up Your Health Benefits Program Yourself

If you want to set up your Health Benefits Program yourself, we'll walk you through it step-by-step. [View More](#) ▾



DID YOU KNOW?
You can always get help from a broker **at no cost** to you.

Important: You'll want to enter your employee roster first before selecting your Benefits so that you'll be able to see cost data when you select your Benefits.

[Download Step-by-Step Instructions](#)

Once the employer enters their email address and creates a password to establish login credentials, they will be taken to an initial screener page.



My DC Health Link

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Brokers

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DC Employer

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MY EMPLOYEES: 0

Brokers

You have no active Broker. A Broker is your personal advocate and trusted adviser who at no cost to you, can help you set up and administer your Health Benefits Program. You can get help from a Broker at any time.

To learn more about what a Broker can do for you, [Download DC Health Link's Guidance for Business Owners.](#)

Select 'Browse Brokers' to continue.

BROWSE BROKERS

To select a broker, the employer clicks the “Brokers” tab and then click “Browse brokers”

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- Brokers**
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Broker Agencies

Agency/Broker Name, N
[Advanced Options](#)

Search for a Broker near you. When you find the Broker you want to use, choose 'Select Broker' to hire the Broker.

Agency Name	Evening/Weekend Hours	Language(s) spoken	Broker Name	NPN	
A & F INSURANCE SERVICES	No	English	ABBAS HABIBZADEH	3113358	Select Broker
ABC Insurance Services, Inc.	No	English	Joseph E Rossmann	939912	Select Broker
ABSI	No	English	Simone John Pace	2862174	Select Broker
ACA Marketplace Enrollment Solutions	No	English	James Hallberg	242092	Select Broker
AHT Insurance	No	English	William Long Freeman	3023188	Select Broker
ALAN J. ZUCCARI, INC.	No	English	ALAN ZUCCARI	239175	Select Broker
AY Benefits, LLC	No	English	Joshua N Jeffries	7320950	Select Broker
Aaron Margolies	No	English	Aaron Raphael Margolies	2507757	Select Broker

Brokers are searchable by Agency name, Broker Name, or NPN. The Employer will click “Select Broker” to assign a broker. When the employer completes this, the broker will receive a notice to their secure broker mail in their DC Health Link account informing them that they have a new small group client. The small group will also appear under the “Employers” tab in the assigned broker’s DC Health Link account.



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MY EMPLOYEES: 0

Your broker has been notified of your selection and should contact you shortly. You can always call or email them directly, but if this is not the broker you want to use, select 'Change Broker'. x

Active Broker

TEST BROKER DO NOT USER

Test Broker Agency

TEST BOULEVARD
TEST CITY, DC 20001

(202) 999-9999
 testbrokeragency@yopmail.com

[Change Broker](#)

NEW CLIENTS: Yes
WEEKEND/EVENING HOURS: Yes

LANGUAGE: Amharic,English

[BROWSE BROKERS](#)

After selecting a Broker the employer will see confirmation of the Broker selection in a green box at the top of the page. Employers may change their Broker by selecting the change broker button



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MY EMPLOYEES: 0

Employee Roster

You haven't added any employees to your roster. Select 'Add New Employee' to begin, or select 'Upload Employee Roster' if you'd like to download the roster template and/or upload it now or later.

For each employee you add, you'll need:

- Name
- Date of birth
- Social Security number
- Date of hire

If you plan to make an optional contribution towards employee family coverage and need an accurate cost estimate, you'll also need the date of birth for all family members because monthly premiums are based on age.

ADD NEW EMPLOYEE

UPLOAD EMPLOYEE ROSTER

The employer, or assigned broker, should then upload an employee roster, or add employees one at a time until all of the eligible employees are on the employee roster. See the “Manage employee roster” section later in the training.

My DC Health Link

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Messages 2

SmallBiz Company
{Demo 2}
[Update Business Info](#)
[View Enrollment Reports](#)

MY
EMPLOYEES: 10

Employee Roster



Search

Select 'Add New Employee' to continue building your roster, or select 'Upload Employee Roster' if you're ready to download or upload the roster template. If you need to edit information for an employee, or if you're ready to add your employee to a benefit package you created, scroll over the employee's name and select the pencil icon to the right. When you're finished with your roster, select 'Benefits' in the blue menu bar to the left to continue.

Add New Employee

Upload Employee Roster

Download Employee Roster

ACTIVE

Employee Name	Date of Birth	Date of Hire	Employee Account Status	Benefit Package	Current Enrollment Status
Ivonne Basilio	11/25/1976	06/02/2008	No Account Linked	Benefits	
Dorsey Deady	05/02/1992	02/04/2015	No Account Linked	Benefits	
Rosalind Donelan	05/28/1989	10/15/2014	No Account Linked	Benefits	
Leota Flagler	01/22/1986	12/31/2012	No Account Linked	Benefits	
Jerald Ho	11/06/1990	04/19/2013	No Account Linked	Benefits	
Paola Jungers	04/03/1972	07/17/2008	No Account Linked	Benefits	
Krystina Roder	12/03/1992	04/01/2015	No Account Linked	Benefits	
Clair Roussel	06/04/1974	02/10/2012	No Account Linked	Benefits	

Once employees have been added to the roster, brokers and employers are able to add additional employees, terminate employees, and manage dependents' or spouse's characteristics. If you have a large roster of employees you may want to upload an employee census file. This file can be downloaded clicking "upload employee roster"



I'm an Employer

CALL CUSTOMER SERVICE
1-855-532-5465

MY EMPLOYER PORTAL | HELP | LOGOUT
My ID: 39104761 **Dc Employer**

My DC Health Link

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Benefits - Coverage You Offer

It's time to create a benefits package. Select 'Add Plan Year' to create your first one. Most employers only create one benefits package but you'll have the opportunity to create more than one if you want to offer different benefits to different groups of employees.

ADD PLAN YEAR

DC Employer

Update Business Info
View Billing Reports

MY EMPLOYEES: 12

To begin creating the benefit package, click “Benefits” in the box on the left side of the screen. The Employer will be able to create the group benefits package by selecting “add plan year”



My DC Health Link

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MY EMPLOYEES: 12

Add Plan Year

When would you like your coverage to start? (in the next 90 days)

SELECT START ON	END ON
SELECT START ON	
April 2016	
May 2016	OPEN ENROLLMENT END DATE

Add the total number of employees in your workforce

FULL TIME EMPLOYEES	PART TIME EMPLOYEES	MEDICARE SECOND PAYERS
0	0	0

Select the Start Date for the employer's health insurance coverage. This date will pre-populate the open enrollment start and end dates. However, these dates can also be adjusted. Enter the number of full time employees, part time employees, and Medicare second payers.

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Add Plan Year

When would you like your coverage to start?(in the next 90 days) ?

May 2016	END ON 04/30/2017
----------	----------------------

Select your open enrollment dates ?

OPEN ENROLLMENT START DATE 03/01/2016	OPEN ENROLLMENT END DATE 04/10/2016
------------------------------------------	----------------------------------------

Add the total number of employees in your workforce

FULL TIME EMPLOYEES 0	PART TIME EMPLOYEES 0	MEDICARE SECOND PAYERS 0
--------------------------	--------------------------	-----------------------------

YOUR APPLICATION DEADLINE

Based on the dates you entered, the latest you can submit this application is:

5
APRIL

PAYMENT DEADLINE

Your first payment to DCHealth Link is due no later than:

12
APRIL

CONTINUE

The employer application deadline and the payment deadline displays at the bottom of this section. After you review this information click “continue”.

My DC Health Link

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Benefit Package - Set Up

NAME YOUR BENEFIT PACKAGE

DC Office

WHEN SHOULD NEWLY HIRED EMPLOYEES START THEIR COVERAGE?

First Of The Month Following Or Coinciding With Date Of Hire

Health – Set Up Benefit Package

Let's start by creating a benefit package. As you complete the fields below, you can scroll up or down to change your choices at any time to see how it impacts your costs.

	OFFERED	EMPLOYER CONTRIBUTION
<input checked="" type="checkbox"/> Employee	80	80%
<input checked="" type="checkbox"/> Spouse	60	60%
<input checked="" type="checkbox"/> Domestic Partner	60	60%
<input checked="" type="checkbox"/> Child Under 26	60	60%

Now the benefit group needs to be established. Name the benefit package . This name is important if you plan to create multiple benefit groups. Multiple groups can be setup for different locations, or for retirees. Here you can also choose the coverage effective date for new hires. Indicate the desired premium contribution for employees as well as whether the group is offering coverage and a premium contribution to dependents. Employers are required to contribute at least 50% to the employees' premiums, unless the employer is offering coverage beginning January 1. Employers are not required to offer coverage to dependents and do not need to contribute a minimum percentage.

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Select Your Plan Offering

Let your plan participants choose any plan offered by one carrier, any plan available within a specific metal level or you can offer just one plan. It doesn't cost you more to let them choose by carrier (insurance company) or metal level.

BY CARRIER **BY METAL LEVEL** **SINGLE PLAN**

Select your preferred metal level. Your plan participants will be able to choose any plan by any carrier within the metal level you select. Your costs will be fixed to a specific plan you'll choose in a minute. Bronze means the plan is expected to pay 60% of expenses for an average population of consumers, Silver 70%, Gold 80% and Platinum 90%.

Bronze **Silver** **Gold** **Platinum**

Select Your Reference Plan

Now select a reference plan. The reference plan is used to cap employer costs. You'll choose a reference plan. Then, your contribution towards employee premiums will be applied to the reference plan you choose regardless of which plans your employees select. After you select your reference plan, scroll down to review your costs.

Displaying: **52 Plans**

- Aetna Gold HNOOnly 1700 100% HSA
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO
- Aetna Gold HNOOnly 2000 70%
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO
- Aetna Gold HNOOnly 500 90%
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO

Next the employee choice model must be selected. Employers can offer all plans from one carrier ["BY CARRIER,"] all plans from all carriers in one metal level ["BY METAL LEVEL"], or a single plan ["SINGLE PLAN."] Based on the employee choice model selected, the plans will populate below and the employer must select a reference plan. The reference plan is used to cap employer costs. Employer costs are fixed and predictable to help you stay within your budget.

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MY EMPLOYEES: 12

Reference Plan Details

PLAN BENEFITS	CO-PAY	COINSURANCE
Primary Care Visit to Treat an Injury or Illness	Not Applicable	10% Coinsurance after deductible
Urgent Care Centers or Facilities	Not Applicable	10% Coinsurance after deductible
Specialist Visit	Not Applicable	10% Coinsurance after deductible
Emergency Room Services	Not Applicable	10% Coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	Not Applicable	10% Coinsurance after deductible
Laboratory Outpatient and Professional Services	Not Applicable	10% Coinsurance after deductible
X-rays and Diagnostic Imaging	Not Applicable	10% Coinsurance after deductible
Generic Drugs	\$10 Copay after deductible	Not Applicable
Preferred Brand Drugs	Not Applicable	20% Coinsurance after deductible
Non-Preferred Brand Drugs	Not Applicable	40% Coinsurance after deductible
Specialty Drugs	Not Applicable	50% Coinsurance after deductible



Summary of Benefits and Coverage

More Details

Close

For each available reference plan, the employer can click to see the co-pay and coinsurance information for the 10 most used benefits' the summary of benefits and coverage, as well as "More Details" which is a longer frequently used benefits summary.

Your Reference Plan

Employee Detail Costs

KP DC GOLD 0/20/DENTAL /PED DENTAL

Employee Costs

Plan Offerings - Gold Plans (52)

Employer Lowest/Reference/Highest - \$4,397.55/\$4,397.55/\$4,397.55

Employee	Dependent Count	Lowest Cost Available Plan	Reference Plan	Highest Cost Available Plan
Sarah Allen	0	\$16.03	\$55.87	\$135.53
Frank Barnes	0	\$32.79	\$114.28	\$277.21
Andy Dwyer	0	\$16.03	\$55.87	\$135.53
Jerry Gergich	0	\$48.10	\$167.62	\$406.61
Tom Haverford	0	\$16.03	\$55.87	\$135.53
Leslie Knope	0	\$20.45	\$71.24	\$172.82
April Ludgate	0	\$14.42	\$50.26	\$121.92
Ann Perkins	0	\$18.44	\$64.25	\$155.85
Lauren Smith	0	\$19.32	\$67.32	\$163.30
Tony Soprano	0	\$35.40	\$123.35	\$299.21
Ron Swanson	0	\$48.10	\$167.62	\$406.61
Ben Wyatt	0	\$30.37	\$105.83	\$256.71

The employee detail cost button will show a detailed list of all the employees on the roster. The list will breakdown the employees' dependent count, the lowest cost available plan, the reference plan, highest cost available plan. This screen is helpful when quoting an estimate to the employer.

You'll choose a reference plan. Then, your contribution towards employee premiums will be applied to the reference plan you choose regardless of which plans your employees select. After you select your reference plan, scroll down to review your costs.

Displaying: **56 Plans**

- Aetna Gold HMO 1600
100% HSA T
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO
- Aetna Gold HMO 500 90%
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO
- Aetna Gold HMO 70%
TYPE: HMO
CARRIER: AETNA
LEVEL: GOLD
NETWORK: DC METRO

Click "Add Dental Plans" to add one or more dental plans to this benefit package

[Add Dental Plans](#)

[Add Benefit Group](#)

[Cancel](#)

[SAVE PLAN YEAR](#)

Next, you can add a dental benefit group by clicking on “Add Dental Plans”

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MY EMPLOYEES: 12

Dental - Set Up Benefit Package

Let's start by creating a benefit package. As you complete the fields below, you can scroll up or down to change your choices at any time to see how it impacts your costs.

	OFFERED	EMPLOYER CONTRIBUTION
<input checked="" type="checkbox"/> Employee	80	80%
<input checked="" type="checkbox"/> Spouse	50	50%
<input checked="" type="checkbox"/> Domestic Partner	50	50%
<input checked="" type="checkbox"/> Child Under 26	50	50%

To add dental coverage you will need to set up another benefit package. Select the contribution amounts you would like each employee to receive.

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Select Your Dental Plan Offering

Let your plan participants choose any plan offered by one carrier, any plan available within a specific metal level or you can offer just one plan. It doesn't cost you more to let them choose by carrier (insurance company) or metal level.

CUSTOM

BY CARRIER

<input checked="" type="checkbox"/> BlueDental Traditional TYPE: PPO CARRIER: CAREFIRST LEVEL: DENTAL NETWORK: DC METRO	<input checked="" type="checkbox"/> Delta Dental PPO Basic Plan for Families for Small Businesses TYPE: PPO CARRIER: DELTA DENTAL LEVEL: DENTAL NETWORK: NATIONWIDE	<input checked="" type="checkbox"/> Delta Dental PPO Preferred Plan for Families for Small Businesses TYPE: PPO CARRIER: DELTA DENTAL LEVEL: DENTAL NETWORK: NATIONWIDE
<input checked="" type="checkbox"/> DeltaCare USA Basic Plan for Families for Small Businesses TYPE: HMO CARRIER: DELTA DENTAL LEVEL: DENTAL NETWORK: DC METRO	<input checked="" type="checkbox"/> DeltaCare USA Preferred Plan for Families for Small Businesses TYPE: HMO CARRIER: DELTA DENTAL LEVEL: DENTAL NETWORK: DC METRO	<input checked="" type="checkbox"/> Dentegra Dental PPO for Small Businesses Family Basic Plan TYPE: PPO CARRIER: DENTEGRA LEVEL: DENTAL NETWORK: NATIONWIDE
<input checked="" type="checkbox"/> Dentegra Dental PPO for Small Businesses Family Preferred Plan TYPE: PPO CARRIER: DENTEGRA LEVEL: DENTAL	<input checked="" type="checkbox"/> Family Basic Dental Plan (Low) TYPE: PPO CARRIER: METLIFE LEVEL: DENTAL NETWORK: NATIONWIDE	<input checked="" type="checkbox"/> Family Enhanced Dental Plan (High) TYPE: PPO CARRIER: METLIFE LEVEL: DENTAL NETWORK: NATIONWIDE

After selecting offered plans, click "Select Reference Plan"

[Select Reference Plan](#)

Dental plan offerings can consist of all plans from one carrier, or a custom list. In the custom option, and employer can choose as few or as many plans as they choose. Select a reference plan by clicking "SELECT REFERENCE PLAN."

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<input checked="" type="checkbox"/>	Spouse	<input type="text" value="60"/>	<div style="width: 60%;"><div style="background-color: blue; width: 100%;"></div></div>	60%
<input checked="" type="checkbox"/>	Domestic Partner	<input type="text" value="60"/>	<div style="width: 60%;"><div style="background-color: blue; width: 100%;"></div></div>	60%
<input checked="" type="checkbox"/>	Child Under 26	<input type="text" value="60"/>	<div style="width: 60%;"><div style="background-color: blue; width: 100%;"></div></div>	60%

DELTA DENTAL PPO BASIC PLAN FOR FAMILIES FOR SMALL BUSINESSES [Change Reference Plan?](#)

Type	Carrier	Metallic Level	Network
PPO	Delta Dental	Dental	Nationwide

Your Estimated Monthly Cost	Estimated monthly cost including all roster employees	Min	Max
\$211.04		\$4.39	\$4.50

Currently Offering: All Plans
[View Plan Summary](#)

- [Add Benefit Group](#)
- [Remove Benefit Group](#)
- [Cancel](#)
- [CREATE PLAN YEAR](#)

Here you will see a plan summary of the Dental selections you have entered. To change the dental plan offerings, click “change reference plan?”. At this point in the application, you can make changes to any of the added benefit groups or you can remove benefit groups. If you are satisfied with the selections, click the create plan year button

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Plan Year successfully created. ×

Benefits - Coverage You Offer

[Add Plan Year](#)

Carefully review the plan information and pricing below. If you haven't added employees to your plan yet, select 'Employees' in the blue menu bar to the left and edit each of your employees to add them to your benefit package. If you want to create more than one benefit package and offer different benefits to different employees, select 'Add Plan Year'. When you're satisfied with your benefit package(s), select 'Publish Plan Year'.

IMPORTANT – Once you select 'Publish Plan Year', your employees will receive a notification and open enrollment will begin according to the timeline you selected for your plan year.

DRAFT Plan Year for 2016

BENEFIT PACKAGE: DC LOCATION [View Details](#)



COVERAGE YEAR May 1st, 2016 - April 30th, 2017
ELIGIBILITY First of the month following or coinciding with date of hire

REFERENCE PLAN KP DC GOLD 0/20/DENTAL/ PED DENTAL	CARRIER Kaiser	TYPE HMO	METALLIC LEVEL Gold	ID 561855285472 6535953c1301	PLANS BY All Plans From A Given Metal Level
-------------------------------------------------------------------	--------------------------	--------------------	-------------------------------	-------------------------------------------	-------------------------------------------------------------



BENEFIT PACKAGE: NY OFFICE [View Details](#)

COVERAGE YEAR May 1st, 2016 - April 30th, 2017
ELIGIBILITY First of the month following or coinciding with date of hire

HEALTH

Once your plan year is created it will enter into a DRAFT status. During this time you can make any desired changes. Please review your selections thoroughly.

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COVERAGE YEAR May 1st, 2016 - April 30th, 2017
ELIGIBILITY First of the month following or coinciding with date of hire

REFERENCE PLAN	CARRIER	TYPE	METALLIC LEVEL	ID	PLANS BY
KP DC GOLD 0/20/DENTAL/ PED DENTAL	Kaiser	HMO	Gold	561855285472 6535953c1301	All Plans From A Given Metal Level

BENEFIT PACKAGE: NY OFFICE [View Details](#)

COVERAGE YEAR May 1st, 2016 - April 30th, 2017
ELIGIBILITY First of the month following or coinciding with date of hire

HEALTH

REFERENCE PLAN	CARRIER	TYPE	METALLIC LEVEL	ID	PLANS BY
HEALTHYBLUE PPO GOLD 1500	CareFirst	PPO	Gold	561855225472 65359587fe00	All Plans From A Given Metal Level

DENTAL

REFERENCE PLAN	CARRIER	TYPE	METALLIC LEVEL	ID	PLANS BY
Delta Dental PPO Basic Plan for Families for Small Businesses	Delta Dental	PPO	Dental	561855235472 653595fd0201	All Plans

[Publish Plan Year](#) [Edit Plan Year](#)

To make any edits at this time click the “EDIT PLAN YEAR” button. Please note that once the plan year has been published, the benefit offerings cannot be changed. If you are ready to proceed, click “PUBLISH PLAN YEAR.” Open enrollment for the employees will begin on the date indicated within the plan year application and emails will be sent to employees alerting them they can now create their DC Health Link account and make a plan selection.