How do I Enroll in a Plan?

09/17/2024 12:27 pm MDT

- 1. Navigate to your dashboard.
- 2. Select Shop for Plans or Finalize Plans if a plan is already in your cart.
- 3. Review the details in the Additional Information Needed section.
 - a. If applicable, check the Does your family qualify for a hardship exemption? checkbox.
- 4. Confirm the *Tobacco Use* status for household members.

Welcome, Gayle Forcev	vinds		
My Stuff	Additional Information Needed		
My Dashboard			
My Applications	We need a few more details about the following household member(is) before you can continue to shop for Qualified Health Insurance on Your Health Idion. Tobacco Use: Insurers can charge tobacco users up to 50% more than those who don't use tobacco.		
My Eligibility Results			
My Enrollments	Hardship Exemption: If you have received a hardship exemption, we can show you Catastrophic health insurance ple		
👹 My Delegates	(even if you're over the ege of 30). All you need is you herdnifp exemption certificate number which you will receive once you are determined eligible for a hardhing exemption. Valit www.vouri-estificate of the more information on epplying for an exemption. If you have received a hardhing exemption certificate number for any of the explicants, please netter that number below.		
My Inbox			
My Preferences	Does your family qualify for a hardship exemption?		
Quick Links	Eligible Members		
Q Find Local Assistance	Household Member(s)	Tobacco Use	
🛓 Download Appeals Form	Cayle Forcewinds	∰ No⊖ Yes	
	Max Forcewinds	N/A	
Access Code			
SUBMIT	CO TO DASHBOARD	SAVE AND CONTINUE	

- 5. Click Save and Continue after completing your review.
- 6. Select checkboxes next to household members to enroll in the same plan.
- 7. Click Shop Health Plans. (Repeat for different groupings if necessary.)
 - a. Consider specific healthcare providers or medications needed for coverage.
 - b. Complete the healthcare needs questionnaire if applicable, or click Skip to View Plans.
 - c. Add up to 5 providers and medications through the questionnaire if needed, then click **View Plans.**
 - d. Use sorting and filtering options for health or dental plans as necessary.
- 8. Click the Add button on the selected plan tile after making a decision.
- 9. Click **Continue to Cart** to review the plan summary a review selected plans, enrolled individuals, premiums, tax credits, and total payments.
 - a. Check the option to adjust your APTC if necessary.

onfirm your Plan Selection		
Health Plan Max Forcewinds , Gayle Fo	ncewinds	
*** 920*	Monthly Tax Credit (APTC)	-\$39
Mauntain Health CO. OD	ADJOSTAPIC	
Link Ind Silver ID		
Change Effective Date: 07/01/2023	HEALTH MONTHLY PAYMENT	\$454
Dental Plan Max Forcewinds , Cayle Fo	rcewinds Change Enrollees	
A DELTA DENTAL		
	Monthly Premium	\$63
	Monthly Premium Monthly Tax Credit (APTC)	\$62 -\$0
À DELTA DENTAL Delta Dental of Idaho Smile Adult • Basic Pediatric	Monthly Premium Monthly Tax Credit (APTC)	\$6: -\$0
△ DELYA DENYAL Delta Dental of Idaho Smile Adult - Basic Pediatric Change Effective Date: 07/01/2023	Monthly Premium Monthly Tax Credit (APTC) – DENTAL MONTHLY PAYMENT	\$6 -\$C \$6
△ DELTA DENTAL Delta Dental of Idaho Smile Adult - Basic Pediatric Change Effective Date; 07/01/2023	Monthly Premium Monthly Tax Credit (APTC) DENTAL MONTHLY PAYMENT	\$6: -\$C \$6:
▲ DEXA DEHTAL Delta Dental of Idaho Smile Adult • Bacic Pediatric Change Effective Date, 07/01/2023	Monthly Premium Monthly Tax Credit (APTC) DENTAL MONTHLY PAYMENT Health Monthly Payment	\$6: -\$0 \$6: \$45
△ bet/A bet/AL Deita Dental of Idaho Smile Adult - Bail: Dediatio Change Effective Date 07/01/2023	Monthly Premium Monthly Tex Credit (APTC) DENTAL MONTHLY PAYMENT Health Monthly Payment Dental Monthly Payment	\$6: -\$C \$62 \$45 \$65
A DENA DENTAL Delta Dental of Idaho Smile Adult • Badic Dediatric Change Effective Date, 07/01/2023	Monthly Premium Monthly Tax Credit (APTC) DENTAL MONTHLY PAYMENT Health Monthly Payment Dental Monthly Payment TOTAL MONTHLY PAYMENT	\$6: -\$C \$6: \$45: \$6: \$52:
▲ bet/A bet/AL Deita Dental of Idaho Smile Adult - Bail: Dediatio Change Effective Date: 07/01/2023	Monthly Premium Monthly Tax Credit (APTC) DENTAL MONTHLY PAYMENT Health Monthly Payment Dental Monthly Payment TOTAL MONTHLY PAYMENT	\$65 -50 \$65 \$45 \$65 \$520

- 10. Click **Sign Application** after verifying all information is accurate.
- 11. Read the Electronic Signature for Your Enrollment and Exchange Agreement .
- 12. On the confirmation page, review options for making your binder payment.
 - a. Choose to pay via the **Pay for Health Insurance button**, **Pay Now** button, or contact the carrier directly for payment once you are ready to do so.

Confirmation		
Congratulations! You have submitted you	ir enrollment information.	
FURTHER ACTION REQUIRED: You must pay your first month's premiun	n before your enrollment can be finalized. This health insuranc	e is not yet in force.
Health		
Calvert Consumer		Coverage Start Date: 01/01/201
Blue Cross of Idaho	Blue Cross of Idaho IDID Southwest Catastrophic 7350	Monthly Price \$ 226.31
		PAY FOR HEALTH INSURANCE
	Your Total Mo	nthly Premium Payment \$226.
Making Changes to Your Plans		
If for any reason you need to make chang	es to the selections shown here, you can go back to the your a	account overview.