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.

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.

Confirm your Plan Selection

Health Plan	Max Forcewinds , Gayle Forcewinds		
Mountain Health CO-OP	Monthly Premium		$854.74
Link Ind Silver ID	Monthly Tax Credit (APTC)	ADJUST APTC	-$396.01
	Change Effective Date: 07/01/2023	HEALTH MONTHLY PAYMENT	$458.73

Dental Plan	Max Forcewinds , Gayle Forcewinds	Change Enrollees	
DELTA DENTAL	Monthly Premium		$62.05
	Monthly Tax Credit (APTC)		-$0.00
Delta Dental of Idaho Smile Adult • Basic Pediatric	Change Effective Date: 07/01/2023	DENTAL MONTHLY PAYMENT	$62.05

Cart Total			
	Health Monthly Payment		$458.73
	Dental Monthly Payment		$62.05
	TOTAL MONTHLY PAYMENT		$520.78

SHOP FOR A DIFFERENT PLAN   SIGN APPLICATION

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 your enrollment information.

FURTHER ACTION REQUIRED:
You must pay your first month's premium before your enrollment can be finalized. This health insurance is not yet in force.

Health

Calvert Consumer   Coverage Start Date: 01/01/2018

Blue Cross of Idaho
IDID Southwest Catastrophic 7350   Monthly Price $ 226.31

PAY FOR HEALTH INSURANCE

Your Total Monthly Premium Payment $226.31

Making Changes to Your Plans

If for any reason you need to make changes to the selections shown here, you can go back to the your account overview.

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