



## 2016 ACA Marketplace Producer Guide

Helping your clients through the complex health care system.

**Not For Consumer Use**



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This insurance coverage is not designed or marketed as employer-provided insurance. It does not comply with small-employer group health insurance laws. These plans cannot be used, now or in the future, by a client or an employer to provide insurance for employees.



## eligibility rules

Clients are eligible from birth up to age 64 and 364 days, subject to state regulation. For purposes of this coverage, eligible dependents are a lawful spouse and eligible children, as defined in the policy.

# Affordable Care Act (ACA)

### Required: Minimum Essential Coverage

Minimum Essential Coverage (MEC) is the type of coverage an individual needs to have to meet the individual responsibility requirement under the ACA. Those that do not have a health insurance plan may incur a penalty when they file their taxes at the end of the year.

The 2016 penalty for not having ACA coverage in 2015 is whichever is the greater of:

- \$695 per adult and \$347.50 per child or,
- 2.5% of your client's household income.

In future years the penalty will be adjusted according to inflation. If your client is uninsured:

- Less than 3 months, no penalty is due.
- 3 months or more, your client's penalty would be 1/12 of the yearly penalty for every month the client is uninsured.

### Essential Health Benefits\*

The ACA requires basic health care services to be covered. Below is a generalized list of those benefits:

- Doctor office visits and outpatient care services.
- Emergency services.
- Hospital care (such as surgery).
- Lab services.
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy).
- Pediatric dental and vision.
- Pregnancy and newborn care.
- Prescription drugs.
- Preventive and wellness services.
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills).

\* Your client should use a doctor in their network, as services received outside the network may not be covered or covered at a lower amount. **Please note:** These benefits are covered as part of the ACA, but not necessarily at 100%. Benefits, exclusions, and limitations vary by network and state, as defined in the policy.



# Marketplace or Off-Marketplace?

Americans must have a health insurance plan with MEC under the ACA or pay a penalty (with some exceptions). Your client may qualify for a health insurance plan on the Marketplace, in which case, they could receive financial assistance from the government in the form of a tax credit on their monthly health insurance premiums. Use the questions below to assist your clients with the decision making process.

## 1. Does your client have access to other ACA-compliant coverage?

### yes

Your client should use ACA-compliant coverage if available, such as employer coverage (even through a spouse), Medicaid, or Medicare.

### no

Your client can choose to enroll in a plan on or off the Marketplace. However, in order to qualify for a tax credit (only available with on Marketplace plans), your client must not have access to other ACA-compliant coverage.

## 2. What is your client's household income and is it below 400% of the Federal Poverty Level (FPL)?

2015 Federal Poverty Level Annual Household Income Guidelines

Family size	100%	400%
1	\$11,770	\$47,080
2	\$15,930	\$63,720
3	\$20,090	\$80,360
4	\$24,250	\$97,000
5	\$28,410	\$113,640
6	\$32,570	\$130,280

Source: 2015 Annual Federal Poverty Level Guidelines Chart



Household income	Options <sup>1</sup>	Tax credit eligible?
Under 100% of the FPL <sup>2</sup>	Medicaid	no
100 - 400% of the FPL	<b>Marketplace plans</b>	<b>yes<sup>3</sup></b>
	Off-Marketplace plans	no
Over 400% of the FPL	Marketplace plans	no
	Off-Marketplace plans	no

<sup>1</sup> Clients may choose either a Marketplace plan or an Off-Marketplace plan regardless of their tax credit eligibility. See our 2016 Off-Marketplace Producer Guide.

<sup>2</sup> The qualifying income levels for Medicaid vary by state. Visit [healthcare.gov](http://healthcare.gov) for details.

<sup>3</sup> Catastrophic plans are not eligible for a tax credit.



# when to enroll

There are 2 types of enrollment periods during which your client may apply for our plans – Open Enrollment and Special Enrollment.

## Open Enrollment Period (OEP)

The Open Enrollment Period is the set time period when your client can apply for coverage.

Enrollment Period for 2016 Plans	Application Received	Effective Date*
<b>November 1, 2015 – January 31, 2016</b>	November 1, 2015 – December 15, 2015	<b>January 1, 2016</b>
	December 16, 2015 – January 15, 2016	<b>February 1, 2016</b>
	January 16, 2016 – January 31, 2016	<b>March 1, 2016</b>

\* Open Enrollment Effective Date is dependent upon timely receipt of premium due. We must receive the first full premium payment before the coverage can be effective. Coverage can only be effective on the first day of the month.

**Important Note:** If submitting an electronic ACA enrollment thru E-Store, it must be received by midnight, eastern standard time (ET) on the last day of the OEP. If we receive the enrollment after the last day of the OEP, it will be treated as Special Enrollment and require proof of a qualifying life event.



## Special Enrollment Period (SEP)

At any time during the year, if your client experiences a qualifying life event, they may become eligible to enroll in health coverage during the Special Enrollment Period. Your client may apply for either a plan on or off the Marketplace/Exchange. The chart below lists the most common qualifying life events. For more on qualifying life events and the required documentation, visit [healthcare.gov](https://www.healthcare.gov).

Qualifying Life Event	Enrollment Period	Application Received	Effective Date <sup>1</sup>
<b>Loss of minimum essential coverage</b> (does not include failure to pay premium)	Within 60 days before or after loss of coverage	Within 60 days before or after loss of coverage	1st day of the month following receipt of the application
<b>New dependent</b> such as: birth, adoption, or placement for adoption	Within 60 days following the event	Within 60 days following the event	Date of event
<b>Permanent move from another state<sup>2</sup></b>	Within 60 days following the move	Day 1 – 15 of the month	1st day of the month following receipt of the application
		Day 16 – last day of the month	1st day of the 2nd month following receipt of the application
<b>Marriage or loss of coverage due to divorce</b>	Within 60 days following the event	Within 60 days following the event	1st day of the month following receipt of the application

<sup>1</sup> Special Enrollment Effective Date is dependent upon timely receipt of premium due. We must receive the first full premium payment before the last day of the Enrollment Period. Coverage can only be effective on the first day of the month, unless a “New dependent.”

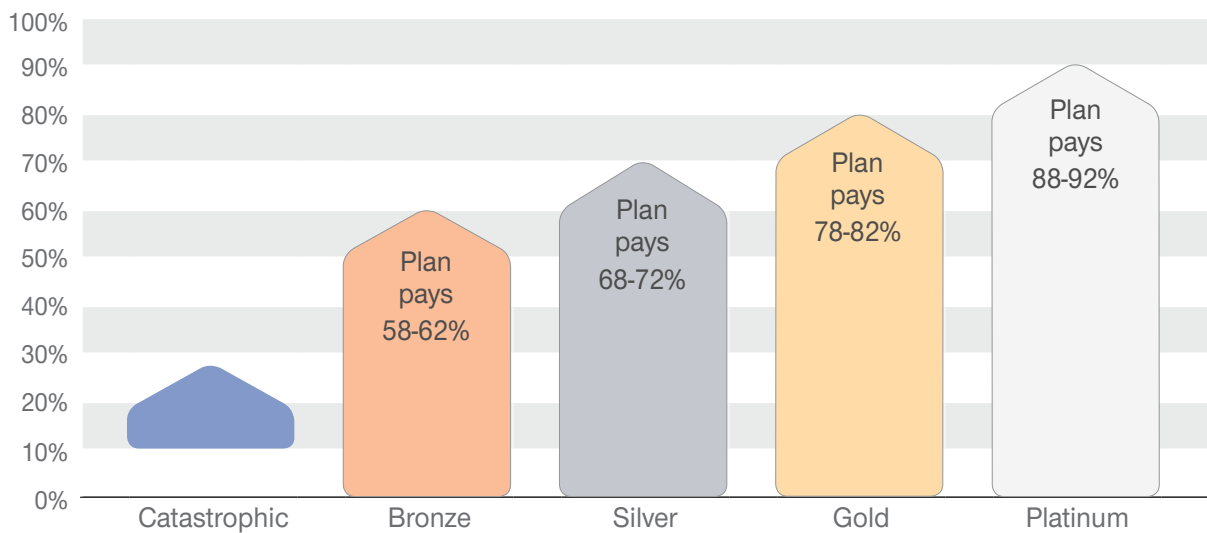
<sup>2</sup> In UT, the effective date is the 1st day of the month following receipt of the application.



## metallic plan categories

Health care reform has organized ACA-compliant individual medical plans into several categories including metallic level plans and catastrophic plans. The *metallic level* indicates a plan's *actuarial value* – the overall percentage of covered expenses the plan will pay.

Actuarial Value of ACA Plans



### Understanding Actuarial Value

Actuarial value is the overall percentage of covered expenses the plan will pay. Silver plans have an actuarial value of 68-72% which means these plans pay about 70% of the medical expenses if the out-of-pocket maximum is reached. The client pays the remaining 30% through a combination of deductibles, copays, and coinsurance.





# lower-cost options

The plans listed here have specific requirements, but can help save on costs for those who qualify.

## Cost Sharing Reduction Plans

Depending on your client’s household size and 2015 income, they may qualify for a “cost sharing reduction.”

**Your client must also enroll in a Silver plan to qualify.**

If your client’s household income falls in the ranges (listed at right), they may save on out-of-pocket costs for deductibles, coinsurance, and copayments.

The lower their income within these ranges, the more they may save on out-of-pocket costs.

**Plans are viewable to quote on E-Store. If your client is eligible, you may continue with the enrollment process.** State-based cost share reduction plans are only viewable on each state’s own online exchange site. The Exchange (FFM or SBE) determines eligibility for a cost share reduction plan.

Family size	Household income (% of FPL)		
	133-149%	150-199%	200-249%
1	<\$15,654 - \$17,564	\$17,655 - \$23,539	\$23,540 - \$29,424
2	<\$21,187 - \$23,894	\$23,895 - \$31,859	\$31,860 - \$39,824
3	<\$26,720 - \$30,134	\$30,135 - \$40,179	\$40,180 - \$50,224
4	<\$32,252 - \$36,374	\$36,375 - \$48,499	\$48,500 - \$60,624
5	<\$37,785 - \$42,614	\$42,615 - \$56,819	\$56,820 - \$70,024
6	<\$43,318 - \$48,854	\$48,855 - \$65,139	\$65,140 - \$81,424

## Catastrophic Plans

Catastrophic plans have lower premiums with limited benefits available to those under the age of 30 or facing financial hardship. These plans require your client to pay more of their own medical bills before the coverage begins to pay. Clients may still qualify with an income above 400% of the FPL, if they would pay a premium exceeding 8% of their income for the lowest-priced Bronze plan available.

Your client must either be under age 30 or receive a “Certificate of Exemption” from the State or Federally-Facilitated Marketplace (FFM) because either they cannot afford Minimum Essential Coverage (MEC) or they are eligible for a hardship exemption. If your client is under age 30, they may continue the plan as MEC until the end of the year during which he or she turns age 30.

If your client is age 30 or over and does not receive a “Certificate of Exemption” from the Federal Marketplace, a catastrophic plan will not serve as MEC and your client may be subject to a tax penalty.

- ✓ **Under age 30 or facing hardship**
- ✓ **Lower premium plans, but not eligible for a tax credit**



## our plans on E-Store

Product offerings vary by state. Learn more about E-Store (UHOne.com/Broker) on pages 14-21.

### **Copay Plans**

Does your client have frequent doctor visits and/or take prescription (Rx) drugs for routine care? A predictable copay may help your client manage their budget. Available in these metallic categories: Bronze, Silver, and Gold.

### **Health Savings Account (HSA) Plans**

Does your client rarely see a doctor? Would your client be OK with a higher deductible? HSA plans offer health insurance with an advantage—an optional tax-deferred savings account that can be used to pay eligible out-of-pocket expenses. Available in these metallic categories: Bronze, Silver, and Gold.

### **Traditional Plans**

An insurance plan with no copays. Your client meets the deductible, then pays coinsurance. Once your client hits the out-of-pocket maximum, we pay 100%. Available with Bronze plans only.

### **Catastrophic Plans**

Qualifications apply. Designed to help people under 30 or those with hardship exemptions. See page 9 for details.



# network comparison

Depending upon your client’s plan and service area, one of the following networks applies:

	PPO networks have some reduced non-network benefits.		EPO/HMO networks have <u>no</u> non-network benefits.		
UnitedHealthcare Network Name	Choice Plus	Navigate Plus®	Choice	Compass Balanced	Navigate®
	Core <sup>SM</sup> (CA)	Compass Plus	Core Essential (CA)		Compass
					MyHPN (NV)
					Charter (WA)
<b>Primary Care Physician (PCP) required?</b>	No	Yes	No	Yes	Yes
<b>Referral required to see specialist?</b>	No	Yes	No	Yes	Yes
<b>Specialist visit <u>without</u> prior referral</b>	Network benefits	Reduced benefits	Network benefits	Reduced benefits	No benefits
<b>Network benefits?</b>	Yes		Yes		
<b>Non-Network benefits?</b>	Yes		No (except emergencies)		



## Primary Care Physician (PCP)

A PCP is a doctor who practices in internal medicine, family practice, general practice, or pediatrics, and is responsible for coordinating medical care. Your client’s PCP provides annual exams, preventive care screenings, handles routine illnesses and most minor injuries, and arranges and issues referrals to network specialists when necessary. Each client can select his or her own PCP. If your client does not select a PCP, we will assign one based on the first claim we receive for each covered person.

Your client’s PCP may be a part of a group of doctors. If all are practicing under the same Tax Identification Number (TIN), your client may see or obtain a referral from any PCP within the group.



## Prior Authorization

We require Prior Authorization for certain covered expenses. Without Prior Authorization, Marketplace plan benefit reductions vary. Some plans require Prior Authorization for network covered expenses. Prior Authorization does not guarantee payment. Have your client read their policy carefully for details.



# network descriptions

The differences between networks are in the benefits payable and participating providers. The same doctors do not always participate across the different networks. For example, not all UnitedHealthcare Choice Plus providers are in the UnitedHealthcare Navigate® or Compass networks. Visit [UHOne.com/Broker](http://UHOne.com/Broker) to find out which networks apply to a specific plan.

## Choice Plus (Core<sup>SM</sup> in CA)

### Network and reduced non-network benefits

UnitedHealthcare Choice Plus is an “open access” provider network with reduced non-network benefits. Your clients have the freedom to choose their physician or specialist; a referral is not required.

## Navigate Plus® & Compass Plus

### 3 Benefit Levels

- 1) **Highest level:** Network benefits with a PCP referral for services from any network specialist.
- 2) **Lower level:** Reduced network benefits without a PCP referral for services from a network specialist.
- 3) **Lowest level:** Reduced benefits for services from a non-network provider.

**No referral needed for a network obstetrician or gynecologist.**

## Choice (Core Essential in CA)

### Network benefits only

UnitedHealthcare Choice is an “open access” provider network. These plans only pay benefits for eligible expenses from a network provider. Your clients have the freedom to choose their physician or specialist within the network; a referral is not required.

**Important note:** No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.



### Compass Balanced

Network with PCP referral benefits and reduced network benefits without PCP referral

Compass Balanced requires a client to select a PCP in their service area. If no referral is obtained from your client's PCP, network benefits for that specialist's services and related facility services will be reduced. **No referral needed for a network obstetrician or gynecologist.**

**Important note:** No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.

### Navigate® & Compass (MyHPN in NV, Charter in WA)

Network with PCP referral benefits only

Navigate and Compass require a client to select a PCP in their service area. Clients must have a referral from their PCP to receive network benefits for services from any network specialist. If no referral is obtained from your client's PCP, no benefits are payable for that specialist's services and related facility services. **No referral needed for a network obstetrician or gynecologist.**

**Important note:** No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.

## FAQs

### What if your client cannot get care from a participating specialist or facility?

As with other UnitedHealthcare products, the customer's physician can submit a Prior Authorization request for services to be provided by a non-network provider. UnitedHealthcare will determine whether or not a network provider is available to treat the patient's condition, and whether the services will be covered from a non-network provider. Physicians may request this coverage by calling the provider number on the back of the client's ID card. Requests submitted and approved in advance replace the need for a referral from the patient's PCP.

### What if my client travels outside the country? Will he/she be covered?

Network limitations apply for those traveling outside the U.S. and your client will only be covered in an emergency situation. However, if your client travels internationally, or has a foreign residence, International Medical Group® (IMG®, a non-affiliated insurer) provides specific coverage for outside the U.S. Visit [UHOne.com/img](http://UHOne.com/img) to contract with IMG and offer these products to your clients.



## Online Quoting and Application System

Visit [UHOne.com/Broker](http://UHOne.com/Broker) to access E-Store. This site provides a quick and simple approach to the quoting, application submission, and tracking of your business with us. E-Store is a one-stop shop for your clients' health insurance needs; you can compare plans, estimate your client's tax credit, and complete the enrollment process on E-Store. E-Store registration is required upon your initial login.

### How to Register on E-Store

- 1) Go to [UHOne.com/Broker](http://UHOne.com/Broker).
- 2) Click on [Create an Account](#) on the home page.
- 3) To register, enter your name, email, and Broker ID or National Producer Number (NPN).
- 4) Choose a password and enter where prompted.
- 5) You will be required to choose a security question, and provide an answer for added security and in the event that you forget your password.



### Bookmark [UHOne.com/Broker](http://UHOne.com/Broker)

The home page at [UHOne.com/Broker](http://UHOne.com/Broker) is your best resource for quicker quoting access and all the tools available on E-Store. Add it to your internet browser's favorites list.

### Up-to-date Product Listing

Login to E-Store and look under the Opportunities and Resources section. Click [New: State Product Grid](#).





# E-Store navigation links



## Quoting & Applications

[Quoting & Applications Home](#) | [Instant Quote](#) | [Prospect List](#) | [Applications in Progress](#)



## My Business

[My Business Home](#) | [Prospect List](#) | [My New Business](#) | [My Existing Business](#)  
[On Exchange Business](#) | [Lapse Notifications](#) | [Re-Rate Notifications](#) | [CCC Notifications](#)



## Licensing & Commissions

[Licensing & Commissions Home](#) | [Commission Statements](#)



## My Account

[My Account Home](#) | [Broker Information](#) | [Security & Administration Settings](#) | [Sign Off](#)



## Sales Tools & Broker Training

[Sales Tools & Broker Training Home](#) | [Forms & Supplies](#) | [Add quoting link to your website](#)  
[Webinars on Demand](#) | [Scheduled Health Webinars](#) | [Health Care Reform Resources](#)

## FAQs

**How can I get a current copy of my commission schedule?** Commission schedules are available online through E-Store. Under the Licensing & Commissions tab, select [Licensing & Commissions Home](#). The option to View & Print Commission Schedules (if applicable) is in the Licensing & Commissions Tools section.

## How do I know if my supplies are current?

Login to E-Store. Under the Sales Tools & Broker Training tab, click [Forms & Supplies](#). Here you will have access to the latest supplies on E-Store. If you are still unsure if you have the correct supplies, call the Broker Service Center at 1-800-474-4467.



# FFM Registration

## Federally-Facilitated Marketplace (FFM) States

In states that use the FFM (healthcare.gov), you are required to complete 2016 FFM Registration, in addition to being properly appointed with a product's carrier, to be compensated for the enrollment of your clients. Your complete registration will include creating an FFM user account using your National Producer Number (NPN). Your FFM User ID is important and you'll want to record it in E-Store (see the instructions below). Your FFM registration applies to all FFM states.

**FFM User ID:** Necessary to seamlessly complete the FFM enrollment form through E-Store.

## How to Submit Your FFM User ID

- 1) When logged into E-Store, go to the My Account tab and select Broker Information.
- 2) At the bottom of the page under the Federal Marketplace section, enter your FFM User ID in the box provided. (Your FFM User ID is the unique ID you created as a part of the FFM Registration process. See FAQ on page 17 for more info.)
- 3) Click Submit.

**Note:** The Broker Information page is also where you can update your contact information such as your physical address, phone number, email, and website address.

The screenshot shows the 'Enter and Edit Broker Information' page on the UnitedHealthcare E-Store. The page is divided into several sections: Address, Contact Information, Profile & Preferences, and Federal Marketplace. The FFM User ID field is located at the bottom of the page, highlighted with a red box.

**Address Section:**

- \* Primary Address 1: [Text Field]
- \* Primary Address 2: [Text Field]
- \* Primary Address 3: [Text Field]
- \* City: [Text Field]
- \* State: [Dropdown Menu]
- \* ZIP Code: [Text Field]

**Contact Information Section:**

- \* Business Phone: [Text Field]
- Business Fax: [Text Field]
- Mobile Phone: [Text Field]
- \* Business Email: [Text Field]
- Web Address: [Text Field]

**Profile & Preferences Section:**

- Manage Your Email Settings: [Text Field]
- Additionally, quote and application emails sent by you through E-Store will display your email address as shown above under Contact Information. If your clients are not receiving these types of emails from you sent through E-Store, you may choose to have emails sent from [Dropdown Menu].
- Emails sent in Brokers name
- Emails sent under DUH&P/MyUnitedHealthcare.com

**Federal Marketplace Section:**

- FFM User ID: [Text Field]





## State-Based Exchange (SBE) States

If you only do Marketplace business in SBE states with UnitedHealthcare products, then being certified and having an FFM User ID is not necessary to use E-Store. States using their own exchange may have their own certification process. However, you may view and quote plans on E-Store without providing us proof of certification for these states.

# healthcare.gov info

All health plan enrollments for the Federal Marketplace go through healthcare.gov.

- For most enrollments, this process can happen through E-Store.
- When enrolling in a Marketplace plan during Open Enrollment or Special Enrollment, if the state offers their own State-Based Exchange, your client must use it to enroll. A link to the State-Based Exchange sites where UnitedHealthcare individual health plans are available may be found on E-Store.
- All life changes and corrections, including name changes, address changes, income changes, marital status, or gaining or losing a member of the household, must be reported to the Federal Marketplace or State-Based Exchange.

## FAQs

**How do I get registered?** Visit the CMS Enterprise Portal (<https://portal.cms.gov>) to access and register in the Marketplace Learning Management System (MLMS). Select the agent/broker role for your desired market and complete the appropriate curriculum (Individual Market or Individual Market and SHOP). If you are registering for the first time, you will need your National Producer Number (NPN) to create an FFM user account and complete your registration.

**Do I have the proper appointment(s)?** Along with being properly registered with either the FFM and/or a State-Based Exchange, it is important to be sure you have the correct appointment for the product you have enrolled your client in. Some states have multiple licenses for the UnitedHealthcare ACA plans available. You must be appointed prior to enrollment of your client in an ACA plan in order to be compensated for the sale. Call 1-800-474-4467 or visit [UHOne.com/Broker](http://UHOne.com/Broker) to verify your appointments or add additional appointments.



# start quoting on E-store

1

## Create Prospect & Quote

Select [Create Prospect & Quote](#), to create a personalized quote. Confirm the prospect's information to populate the quote and select [Create a Custom Quote](#).

You may also start with [Get an Instant Quote](#) which takes you directly to the Census/Plan Selection page.

2

## Enter Census and Plan Selection

Enter your prospect(s) census information and select plans to quote. Availability of products shown will be based on the ZIP Code entered when creating the initial quote.

[Check for Tax Credit](#)

3

Use the [Check for Tax Credit](#) button to get a general idea of whether your prospect could qualify for financial assistance and if so, the estimated amount of the tax credit. The actual tax credit will be determined during the ACA enrollment process. If you think your client does not qualify, see our [Off-Marketplace 2016 ACA Producer Guide](#).

## Find the Plan that Fits Your Situation.

There are options when it comes to choosing health plan coverage. Provide the brief information needed below to start a quote. See our improved "Featured Plans" section below to get a snapshot look at what may be available, including a quick look at premium.

Zip Code	County	Primary Applicant Under Age 18?
<input type="text" value="32201"/>	<input type="text" value="DUVAL"/>	<input type="text" value="No"/>

	Gender	Date of Birth	Tobacco Use
Applicant	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Spouse	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Child	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Child	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>

[+ Add family members](#)

Featured Plans:

[Show Featured Plan Pricing](#)

Select Plans

Or, select plans to compare on the next page.

ACA Plans - Not Tax Credit Eligible

- Bronze Copay Select™ 1
- Bronze Copay Select™ 2
- Select Saver™
- Bronze HSA 100®
- Silver HSA 100®
- Silver Copay Select™ 1
- Silver Copay Select™ 2
- Gold Copay Select™ 1
- Gold Copay Select™ 2

Short Term Plans

Next day effective date available

- Short Term Medical™ Copay Value
- Short Term Medical™ Copay
- Short Term Medical™ Plus
- Short Term Medical™ Plus Elite
- Short Term Medical™ Value

Dental Plans

- Dental Primary™
- Dental Primary Preferred™
- Dental Essential™
- Dental Essential Preferred™
- Dental Premier Choice™
- Dental Premier Elite™

Critical Illness Plans

- Accident SateGuard Plan A
- Accident SateGuard Plan B
- Accident SateGuard Plan C

Supplemental Indemnity Plans

- Hospital SafeGuard Plan A
- Hospital SafeGuard Plan B
- Hospital SafeGuard Premier Plan A
- Hospital SafeGuard Premier Plan B

[View Plans](#)

[Check for Tax Credit](#)

Short Term and Ancillary products do not provide coverage necessary to avoid penalty under the Affordable Care Act. Product availability varies by state.



# tax credit estimator

Enter your prospect's annual income and other required information and click [Calculate](#). The estimated tax credit is then displayed per month and per year. By using the calculator, you will be able to display monthly premiums of the available plans to your prospect(s) with the estimated tax credit applied. The original plan pricing will still be visible. It will be displayed smaller in red above the tax credit adjusted price.

**UnitedHealthcare**

Home Quoting & Applications My Business Licensing and Commissions My Account Sales Tools & Broker Training

Home Sign Off

### Are you eligible for an ACA Tax Credit?

We can help you find out if you are eligible for an ACA tax credit under the Affordable Care Act. Your calculated tax credit amount is only an estimate. Your official tax credit will be confirmed by the federal government.

1. Confirm where you live: 32201 DUVAL
2. Enter annual income and household size\*: Annual Income: 27,000 or Hourly Rate: \$00.00 x Hours Per Week: 00
3. How many people are in your household?: 1

Applicants	Gender	Date of Birth	Tobacco Use
Applicant	Female	05/20/1982	No

**You may be eligible to receive an ACA tax credit of up to:**

**\$85**  
per month (\$1,020 per year)

[Continue Shopping](#)

[Calculate](#)

**UnitedHealthcare**

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Home Sign Off

ACA Health

(Ed) Options for: Female 5/20/1982 Non smoker Zip Code: 32201 Effective Date: 3/1/2015

Under the Affordable Care Act, if you don't have health coverage, you may have to pay a fee to the government. The fee in 2015 is higher than it was in 2014 -- 2% of your income or \$325 per adult/\$162.50 per child, whichever is more. (Healthcare.gov November 2014)

Plan	UnitedHealthcare Bronze Compass 4200 UnitedHealthcare of Florida, Inc.	UnitedHealthcare Gold Compass HSA 1300 UnitedHealthcare of Florida, Inc.	UnitedHealthcare Platinum Compass 250 UnitedHealthcare of Florida, Inc.	UnitedHealthcare Silver Compass UnitedHealthcare of Florida, Inc.
Apply	<a href="#">Start Broker Assisted App</a>	<a href="#">Start Broker Assisted App</a>	<a href="#">Start Broker Assisted App</a>	<a href="#">Start Broker Assisted App</a>
NETWORK	Compass	Compass	Compass	Compass
Estimated Monthly Premium	Original Cost: \$295.83 Cost with tax credit: <b>\$145.83</b>	Original Cost: \$391.16 Cost with tax credit: <b>\$212.16</b>	Original Cost: \$395.30 Cost with tax credit: <b>\$250.50</b>	Original Cost: \$269.07 Cost with tax credit: <b>\$174.07</b>
Deductible	\$4,200	\$1,300	\$250	\$3,600
Coinurance	70/30	90/10	90/10	100/0

**Original cost: \$335.50  
Cost with tax credit: \$250.50**



# build your prospect's plan

Compare up to 4 plans side-by-side to help determine which plan provides the best value.

## Start Application or Send Quote

After you compare plan quotes, click one of these options:

- Start Broker Assisted App This feature allows you to help guide your prospect through the enrollment process. For Marketplace plans, brokers can complete enrollment for the prospect.
- Send to Prospect This feature allows you to email your prospect a link to the quote so that they may continue the application on their own after registering.

**UnitedHealthcare**

Broker Contact Information --  
 Quote  
 712 11TH ST  
 LAWRENCEVILLE, Illinois 62438-3318  
 An independent insurance broker.

Broker PortalID  
 P#: 0770.315-9999  
 Fax: 7818548201@unitedhealthcare.com  
 Network Select

Home Quoting & Applications My Business Licensing and Commissions My Account Sales Tools & Broker Training

Welcome Broker PortalID4 | Sign Out

Prescription (Rx) Deductible	Combined Medical & Drug	Combined Medical & Drug	\$500	Combined Medical & Drug												
Tier 1	You pay: \$10 Copay after deductible	You pay: \$10 Copay after deductible	\$10 Copay	You pay: \$5 Copay after deductible												
Tier 2	You pay: \$50 Copay after deductible	You pay: \$50 Copay after deductible	\$50 Copay	You pay: \$40 copay after deductible												
Tier 3	You pay: 20% after deductible	You pay: 20% after deductible	You pay: 20% after deductible	You pay: 20% after deductible												
Tier 4	You pay: 30% after deductible	You pay: 30% after deductible	You pay: 30% after deductible	You pay: 30% after deductible												
Prescription Drug Listing	Indiana Rx Prescription Drug Listing	Indiana Rx Prescription Drug Listing	Indiana Rx Prescription Drug Listing	Indiana Rx Prescription Drug Listing												
<b>Outpatient (In Network)</b>																
Emergency Room Fees	You pay: \$250 Copay, 30% after deductible	No charge after deductible	You pay: \$250 Copay, 30% after deductible	No charge after deductible												
Outpatient Surgery	You pay: 30% after deductible	No charge after deductible	You pay: 30% after deductible	No charge after deductible												
Lab and X-ray	You pay: 30% after deductible	No charge after deductible	You pay: 30% after deductible	No charge after deductible												
<b>Inpatient (In Network)</b>																
Hospital Stay	You pay: 30% after deductible	No charge after deductible	You pay: 30% after deductible	No charge after deductible												
Maternity Stay	You pay: 30% after deductible	No charge after deductible	You pay: 30% after deductible	No charge after deductible												
<b>Total</b>																
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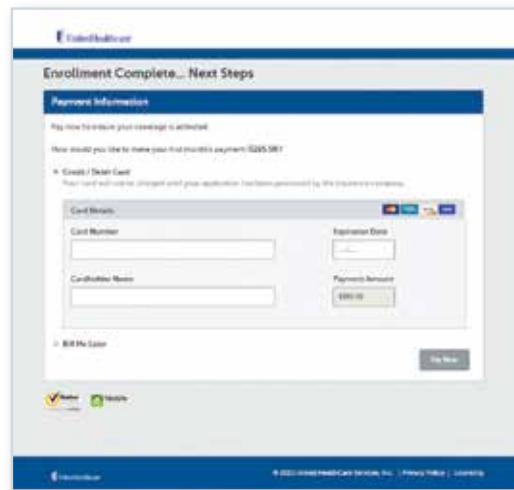


# payment info

It is important to keep your client engaged until payment is made. The plan can only be activated when payment is received from your client. Currently, initial payment can be made at time of enrollment for FFM states by credit card only. Note: In late 2015 initial payment by EFT and ongoing payment by EFT or credit card will become available.

## Initial Premium Payment Process\*

- 1) Client enrolls and Member ID cards are mailed. Initial payment can be made at time of enrollment by credit card only (see note above).
- 2) If the client chooses Bill Me Later, an invoice is generated and sent.
- 3) Client makes first payment (if not made at time of enrollment) using one of the options below. Your client may also sign up for automatic payments online.
- 4) Client registers at myuhc.com for account information once payment has been processed.



## Payment Options After Enrollment\*

Pay online: <a href="http://uhcexchangebilling.com">uhcexchangebilling.com</a>	Setup Automatic Payments
Credit Card/Debit (AMEX, Discover, MC, Visa) or Prepaid Visa or MC	✓
Electronic Funds Transfer (EFT)	
Pay by phone: 1-800-708-2848	
Checking Account Payment	
Mail to: UnitedHealthcare, PO Box 713819, Cincinnati, OH 45271	
Personal Check/Money Order (Direct Bill)	

\* For FFM states only. State-Based Exchange payment options may vary by state.



# uhcexchangebilling.com

- ✓ For Marketplace plans only
- ✓ Pay bill or set up automatic payments
- ✓ Register with SSN, Exchange Subscriber ID, or Member ID
- ✓ View plan details



# myuhc.com

- ✓ Register with SSN or Member ID after payment has been made
- ✓ View plan details, claims and deductible status
- ✓ Find network physicians and facilities
- ✓ Health Cost Estimator show your client what they can expect to pay for services
- ✓ Health4Me App: a mobile version of myuhc.com





# contact info



## For Producers:

Broker Service Center

**1-800-474-4467**

**PRESS "1" FOR ON-EXCHANGE (MARKETPLACE)**

Hours of Operation:

**8:00 a.m. to 6:00 p.m. ET (Mon.-Thu.)**

**8:00 a.m. to 5:00 p.m. ET (Fri.)**

Open Enrollment Extended Hours (until January 31, 2016)

Open until 7:00 p.m. (Mon.-Thu.) and until 6:00 p.m. (Fri.)

## For Clients:

Client Billing Inquires

**1-800-708-2848**

Hours of Operation:

**8:00 a.m. to 7:00 p.m. ET (Mon.-Fri.)**

Client Services: see the link below

### Health Care Reform Resources on UHOne.com/Broker

Login to E-Store. Under the Sales Tools & Broker Training tab, click the Health Care Reform Resources link to find:

- Additional resources related to Marketplace and Off-Marketplace ACA plans.
- A state-by-state Client Services phone number listing for your client's enrollment and benefit questions.

### Enrollment Checklist

Here is a list of things your client will need to have to enroll in a Marketplace health plan during Open and Special Enrollment:

- ✓ **Names of Doctors and Prescriptions**  
(Is their doctor in the network? Are their medications covered by the plan?)
- ✓ **Social Security Numbers** (for each individual seeking health coverage)
- ✓ **Proof of Residency** (visit [healthcare.gov](http://healthcare.gov) for a complete list of acceptable forms)
- ✓ **Employer and Income Information**  
(including paystubs, W-2 forms, or wage and tax statements)
- ✓ **Policy numbers for any current health insurance**  
(or information about job-related health insurance available to the family)

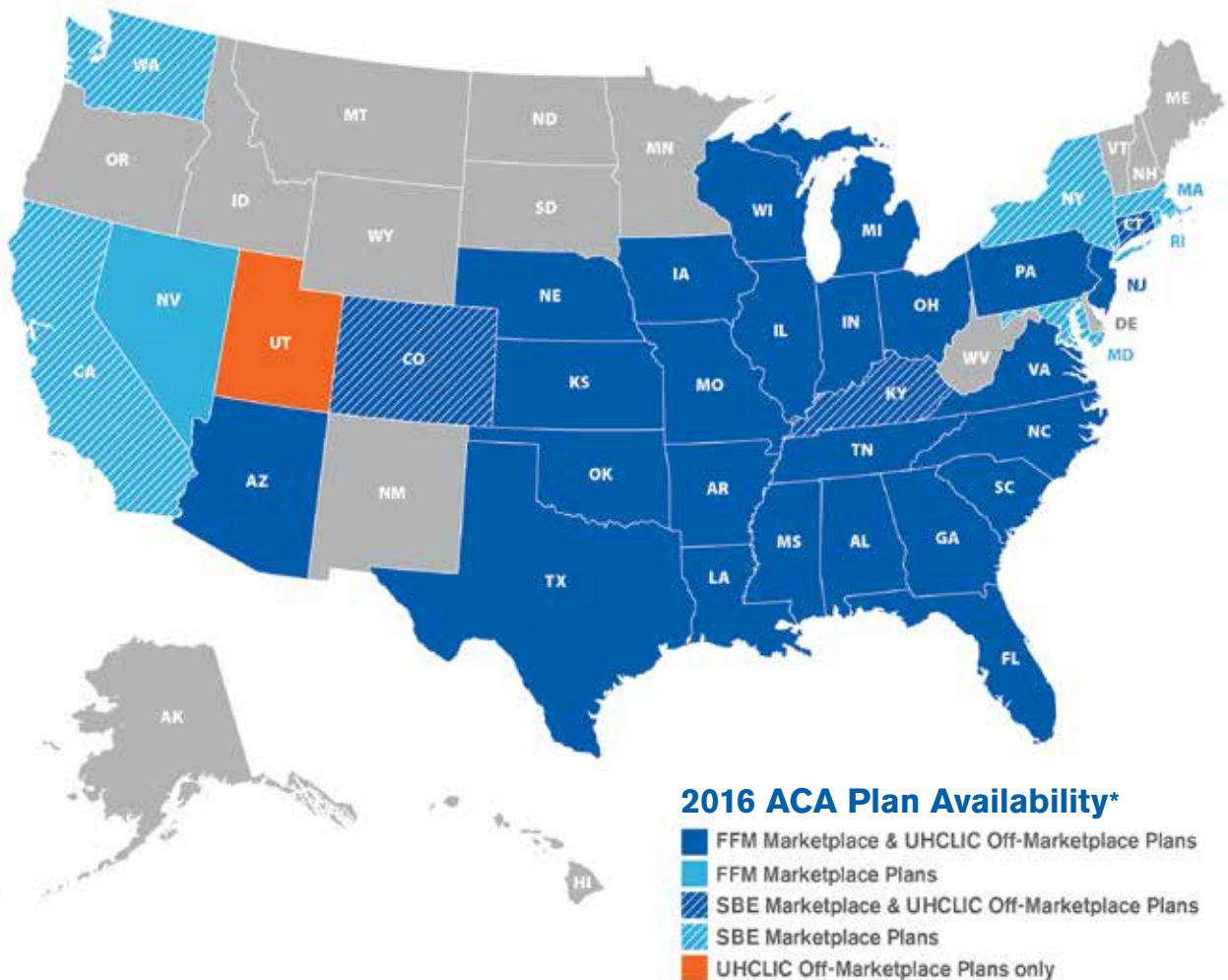
**Important Note:** ACA enrollment must be received no later than the last day of the Open Enrollment Period. If we receive the enrollment after the last day of the Open Enrollment Period, it will be treated as Special Enrollment and require proof of a Qualifying Life Event.

100-15407 09/15

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44098-X-1115







## FAQs

### How do I obtain non-resident appointments?

Call 1-800-474-4467 for assistance or visit [UHOne.com/Broker](http://UHOne.com/Broker) and select “Get Appointed” under the “Welcome Brokers” message to obtain the required forms.

### Must I carry Errors and Omissions insurance to be appointed with UHCLIC?

It is not required, but we reserve the right to require it in the future, and we recommend it for your own protection. We present a cost-effective, guarantee issue E&O coverage product for company producers, underwritten by Continental Casualty Company (a non-affiliated insurer). Go to [360coveragepros.com/uhone/eo](http://360coveragepros.com/uhone/eo) to learn more and apply for coverage today.

\* FFM means Federally-Facilitated Marketplace and SBE means State-Based Exchange. Mirror Off-Marketplace plans are available in all states via direct enrollment where there is a Marketplace product available.

Off-Marketplace (Off-Exchange, not tax credit eligible) insurance coverage underwritten by UnitedHealthcare Life Insurance Company (UHCLIC). Marketplace (On-Exchange, tax credit eligible) insurance coverage underwritten by UnitedHealthcare Insurance Company or All Savers Insurance Company. Health care coverage provided by UnitedHealthcare of Alabama, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare Community Plan, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Kentucky, LTD, UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the Midlands, Inc., UnitedHealthcare of the Midwest, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., Oxford Health Plans (NJ), Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Louisiana, Inc., UnitedHealthcare of Mississippi, Inc., UnitedHealthcare of NC, Inc., Health Plan of Nevada, Inc., or UnitedHealthcare of Washington, Inc.