

HealthSherpa Carrier Agent Platform Training

Prepared for HealthSherpa's Carrier Agents



Agenda

- 1. What is EDE?
- 2. Agent Dashboard
- 3. <u>Quoting</u>
- 4. Application
- 5. Post Enrollment Tools
- 6. Consumer Self Enrollment
- 7. <u>Resources</u>



EDE-enable Everyone!

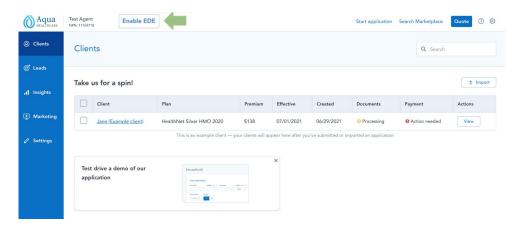
Enable EDE to get the most out of your HealthSherpa platform and maximize your ACA production

Confidential not for distribution



What is Enhanced Direct Enrollment (EDE)?

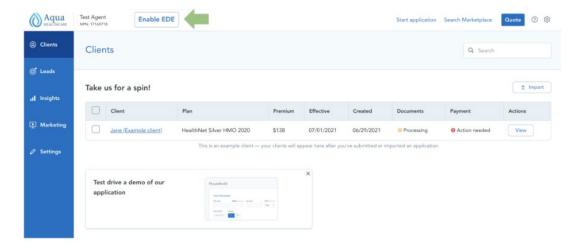
- EDE is a CMS technology read their FAQ
- EDE allows HealthSherpa to fully integrate with HealthCare.gov to submit applications without being redirected to HealthCare.gov.
- With EDE, you'll get a dynamic and streamlined application allowing you to complete an application in 9 mins compared to 30 min on HC.gov
- With HealthSherpa's faster and easier alternative to Healthcare.gov, you'll have the leading-edge technology you need to maximize your Marketplace experience.





With EDE, you can:

- Complete applications directly on HealthSherpa
- Improve client effectuation:
 - Document management
 - Direct payment links
- Save time with pre-filled renewals
- View real time status updates and required Marketplace documents
- View and print
 - 1095 A forms
 - Eligibility letters
 - Marketplace notices

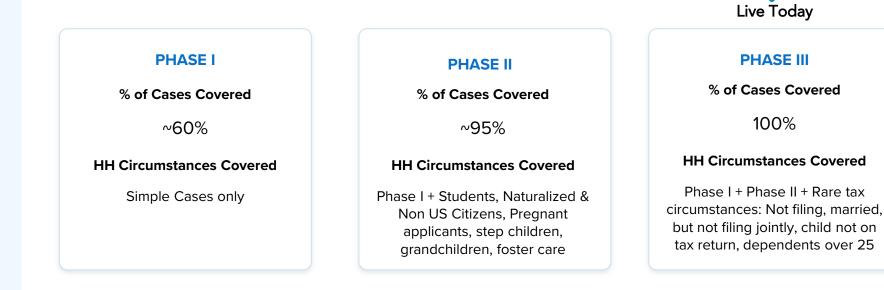




3 Phases of EDE

All EDE implementations are not created equally:

Entities have the option to implement phase III of EDE





Platform Overview



Start Application

 Start, search or continue an application from the 'Start Application'.

V HealthShe	erpa	Agent Name NPN: 17169718					Start applie	ation Search M	arketplace Qu	uote ⑦ 贷
② Clients	Clie	nts					1		Q Search	
@ Leads										
.II Insights	Carrier	r	State	C	Documents	Paymen	t	Archived	Rene	wal needed
👲 Marketing	Selec	rt 🗸 🗸	Select	~	Select 🗸 🗸	Select	~	Yes N	o Ye	s No
🖉 Settings	60 clients	Renewal e	mail					C Export	Import	View import histor
		Client	Plan	Gross premium	O Net premium	Effective	Created 🗘	Documents	Payment	Actions
		<u>Dwayne</u> <u>Curtis</u> <u>Email</u>	Ambetter Essential Care 1 (2020)	\$356.39	\$356.39	4/1/20	3/12/20	 Action needed As of 3/12/2020 	 Action needed As of 3/12/2020 	View -
		<u>Mickey</u> <u>Mouse</u> Email	AdvanceHealth HMO 6500 73AV 	\$422.90	\$181.90	4/1/20	2/14/20	 Action needed As of 2/14/2020 	 Action needed As of 2/14/2020 	View -



Search Marketplace

- With EDE, you'll have the ability to search any Marketplace client.
- Quickly import any existing Marketplace application to your HealthSherpa dashboard.

Mt Channe	
ealthSherpa	Español
Search for an applic	ration
Add any existing Marketplace application to your dashboa	
First name	
	With EDE, working with apps is easy!
.ast name	Search for any Marketplace app and add it to your dashboard. From your dashboard you can:
	See enrollments and follow-up status
Date of birth	Make payments & report changes Changes & renew plans
MM/DD/YYYY	
Coverage state 💿	You can also search in Healthcare.gov. 0
Select state \lor	Select your client's state
I've received permission from this consumer to work on their behalf	Select client state
work on their benait.	Search at HealthCare.gov

Or search by SSN

By selecting a result, you attest that you are speaking to and have permission from the consumer to access their information.

Applicant	Address	Applicati	on	
mickey mouse DOB: 1980-01-01	1234 TEST STREE PHOENIX, AZ 85001	2020	ID: 12901170	Add to clients

Not the results you were expecting? Create a new application.



Clients Tab

- Displays all your successfully enrolled applications. This tab give you access to book of business reporting, bulk renewal emails and overview of your clients statuses.
- Click on a client's name to view their details page.

Aqua HEALTHCARE	Test Agent NPN: 17169718			Start application Search	Marketplace Quote ⑦ 袋
Ø Clients	Clients				Q Search
🧭 Leads					
, , Insights	State Documents Select \vdots	Payment Select V	Archived Yes No		
Marketing					
🖉 Settings	1-2 of 2				1 Import 2 Export
	Client 🗘 Plan	Gross 🗘 Net 🗘	Effective 🗘 Created 🗘 D	Pocuments Payme	ent Actions
	Jane Smith Community Blue 70/50 \$4550	\$397.46 \$0.00			tion needed View 👻
	Aqua Tester Precision Blue 80/60 \$3400 (BR)	\$506.68 \$156.68			tion needed View -
	10 \vee per page				



Client Details Include:

- Effectuation to-do list
 - Upload required 0 documents
 - Ability to make first binder 0 payment
- Quick action buttons
 - Renew 0
 - Report a change 0
 - Term/cancel a policy 0
- Agent of record visibility
- Eligibility letters and 1095As
- Marketplace notices
- Much more!

💔 HealthSherpa	Agent Name NPN: 17169718		Start a	pplication Sea	arch Marketplace	iote ⑦ 铰
② Clients Ti	ger Woods		S EDE synced	l a few second	s ago 🖉 Rep	ort changes
@ Leads						
.1 Insights	Your follow upo					
🖹 Marketing	Your follow-ups There are just a few more steps to ensure	you are covered.				
🖉 Settings	Item	Member	Status	Deadline	Action	
	Verify loss of coverage	Tiger Woods	O Action Needed	7/19/2020	Verify	
	Pay health premium	N/A	 Action Needed 	7/1/2020		
	Verify income	Tiger Woods	Action Needed	9/17/2020	Verify	
	Verify citizenship	Tiger Woods	 Action Needed 	9/22/2020	Verify	
	Marketplace notices					
	Date Subject			Plan Yea	ar Documents	
	6/19/2020 Important! – Follow	-ups are required – act now	to secure your coverage.	2020	■ <u>Notice</u>	
	6/19/2020 Eligibility determina	ation results		2020	S <u>Notice</u>	
	Health plan Silver PPO 2017	1/1/2017 \$383.21	5/8/2019	ligibility 095-A	2192307509	
			4			



Leads Tab

Displays all leads that have begun quoting, shopping or applying, but have not yet submitted an application.

Additional features

- Filters
- Resume lead
- Dynamic search
- Contact information
- Chosen plan
- Notes

Aqua HEALTHCARE	Test Agent NPN: 17169718		Start ap	plication Search Marketplace	Quote ⑦ 贷
Ø Clients	Leads			Q Search	
🍼 Leads					
.1 Insights	Carrier State Select \vee	Status Select V	Yes No		
🕒 Marketing					
🖉 Settings	1-2 of 2			⊥ Impo	rt Ø Export
	Lead 🗘 Plan	\$	Gross 🗘 Net 🗘	Last active 🗘 Status	Actions
	Dwayne Curtis (908) 456-7890			10/10/2022 Applying	Resume -

_ead					View application Report changes
Applicant	Gender	Tobacco	Date of birth	SSN	Eligibility
Bill Gates	Male	No	1/1/1980	-	Subsidy and 73% CSR
Contact Email: <u>email.test</u>				ing Reduct	
Phone: (480) 125		47 05005		mium: \$360	0.06
Address: 123 te:	st street, Phoenix	, AZ, 65005	Subsidy: 1	5241 ium: \$119.0	16
-			iter prem		
Status			Resume	e shopping	

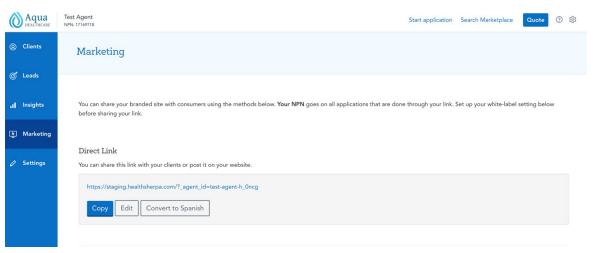


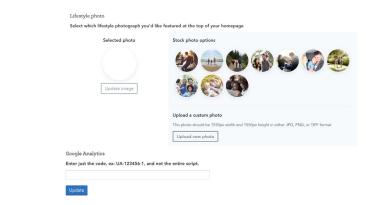
Marketing Tab

Contains a unique agent link for consumers to self quote and self enroll retaining the broker's NPN on the application!

Additional features

- Site customization
- Promote on social media pages / personal broker site
- Generates a record in your leads tab
- Retains broker NPN
- Google Analytics functionality





Servicing with Issuer Service Accounts (ISAs)

Product

 Accounts for internal agents that will allow users to enroll new consumers, or service consumers with an existing AOR without changing the NPN on record

Benefit

- Internal agents will be able to assist ANY consumers that call in
- Maintain good broker relationships while still assisting consumers
- Use ISAs to complete effectuation outreach and don't worry about erasing the AOR, just help the consumer get effectuated and take care of any outstanding follow ups

Start by searching the Marketplace f application, we'll load it for you to u			
First name	Last name		
Dwayne	Curtis		
Date of birth	Coverage	state 💿	
03/17/1986	Arizona	Х	~]
Or search by SSN Search results	rch the Marketplace		the
Or search by SSN	iat you are speaking to		the
Or search by SSN Search results By selecting a result, you attest th	iat you are speaking to		the
Or search by SSN Search results By selecting a result, you attest th consumer to access their informat Applicant	at you are speaking to	and have permission from	
Or search by SSN Search results By selecting a result, you attest th consumer to access their informat	at you are speaking to ion. Application (Year)	and have permission from	7
Or search by SSN Search results By selecting a result, you attest th consumer to access their informat Applicant dwayne curtis SSN: *****-1410	at you are speaking to ion. Application (Year) 17182665 202	and have permission from 1 Sale Service 1 Sale Service	





 Quickly quote and shop for plans in matter of seconds!

Aqua	Test Agent NPN: 17169718					Start application	Search Marketplace	Quote ⑦ 戀
② Clients	Clients						Q Search	
් Leads .1 Insights	Take us for a spin!							1 Import
Marketing	Client	Plan	Premium	Effective	Created	Documents	Payment	Actions
Settings	Jane (Example client)	HealthNet Silver HMO 2020 This is an example client — yo	\$138 our clients will ap	07/01/2021	06/29/2021 've submitted or imp	Processing ported an application	Action needed	View
	Test drive a demo of our application		MP finance later w	×				



"Household Members" includes ALL members included on tax returns, regardless if they are applying for coverage or not.

Additional features

- Dynamic and streamlined approach
- Basic screening information
- Eligibility determination
- Save lead
- Email quote to client

HealthSherpa	Agent Nan NPN 1234				Save lead
∧ Close					👌 Print 🛛 📣 Share
Your details				Eligibility	
Zip code		Household members			
66103	۵	2	× •	Savings	\$ 627 /mo
Who needs coverage?		Household income			
Age Gender		\$ 60000			
35 M	F				
Tobacco user					
Parent of child under 19					
Pregnant					
Eligible for other coverage					
Delete	ose				
Age Gender					
36 M	F				



Quickly quote and search for QHPs

Additional features

Filters

- Premium
- Deductible
- Prescription
- Provider
- Metal level
- Network

Most affordable		Lowest premium				All plans			
Monthly premium max \$587	13 plans	s premium plan							Lowest Premium -
Max <u>deductible</u> \$8,700	\bigcirc	Aqua	Communi	ty Blue 70/50 \$4550 - F	POS		*	****	EXPANDED BRONZE
Providers Add a doctor or hospital	1	Monthly premi \$ 0 .00 was \$405.42		Deductible \$4,550		Out-of-pocket Doctor visits Specialist visit Generic drugs		30% af	ter deductible ter deductible ter deductible
Prescriptions	Co	ompare			<u>Drugs</u>	Doctors Be	enefits	Plan detail	s Enroll now
Add prescriptions	0	Aqua HEALTHCARE	Precision	Blue 70/50 \$4550 (BR)	- POS		*	****	EXPANDED BRONZE
Jsage estimate	1	Monthly premi	ium	Deductible		Out-of-pocket	max	\$8,700	

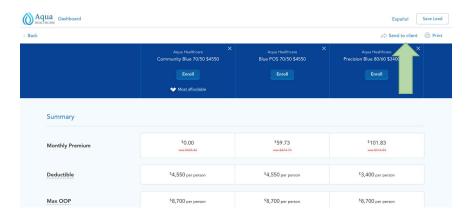


Compare up to 5 plans side by side.

Additional features

- Plan Comparison
- Email to client

Bronze Expanded Bronze Silver	\$22 ^{.51} w as \$437.51	\$6,500	Doctor visits Specialist visit Generic drugs	40% after deductible 40% after deductible 40% after deductible
Gold	Compare		Drugs Doctors Benefits	Plan details Enroll now
Networks	REALTHCARE Blue PO	S 70/50 \$4550 - POS	*	会会会会 expanded bronze
<u> PPO</u> <u>EPO</u>	Monthly premium \$ 59 ,73 was \$474.73	\$4,550	Out-of-pocket max Doctor visits Specialist visit Generic drugs	\$8,700 30% after deductible 30% after deductible 30% after deductible
	Compare		Drugs Doctors Benefits	Plan details Enroll now
	OS 70/50 \$4550 × Precision Blk er month \$102 per mo	ae 80/60 \$3400 (×	ĺ	Compare 3 plans





You

Zip

Whe

Broker Quoting

→ Send to client

Begin quote and email to client.

Additional features

- Add custom message
- Includes resume link

		Share these plans X	Save lead
Close			🖶 Print 🔗 Share
ır details		Email anyone a direct link to this page	
ode:		То	
103		Email	\$627/mo
		Message	
needs covera ge	ige? Gender	Hi there here are some health insurance plans I wanted to share with you.	
35 Tobacco user	M		
Parent of child	l under 19	Client phone	
Pregnant Eligible for oth	ner coverage	(xox) xox-xoox	
		Link	
Delete		https://www.healthsherpa.com/marketplace/health?_agent_id=agent-n	
		Copy link to clipboard	
ge	Gender		
36	М	Share	



Select the health plan your client would like to enroll in and click "Enroll Now".

Aqua Precisio	n Blue 70/50 \$4550 (BR) -	POS 🔶	🚖 🚖 🚖 💮 💿 EXPANDED BRONZI
Monthly premium	Deductible	Out-of-pocket max	\$8,700
\$ 16 ^{.54}	\$4,550	Doctor visits	30% after deductible
was \$431.54	.,	Specialist visit	30% after deductible
		Generic drugs	30% after deductible
Compare		Drugs Doctors Benefits	Plan details Enroll now
Aqua Blue PC	os 60/40 \$6500 - POS		BRONZI
IIguu	95 60/40 \$6500 - POS Deductible	Out-of-pocket max	★★★★★ ● BRONZI \$8,700
Monthly premium	Deductible	Out-of-pocket max Doctor visits	
HEALTHCARE			\$8,700
Monthly premium \$22.51	Deductible	Doctor visits	\$8,700 40% after deductible



Application Flow

Experience how quick and easy it is to submit an an application on HealthSherpa



Privacy and use of information

With Enhanced Direct Enrollment the application is completed on HealthSherpa.

Additional Information

• Renewals are prefilled

Privacy and the use of your information

Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. They need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. The Marketplace may also check your information at a later time to make sure your information is up to date. The Marketplace will notify you if they find something has changed.

Learn more about your data, or view the Privacy Act Statement.

By continuing, you (the consumer) grant HealthSherpa permission to access your Marketplace application.

To continue, you must agree and check each of the following statements:

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a <u>Special Enrollment Period</u> if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

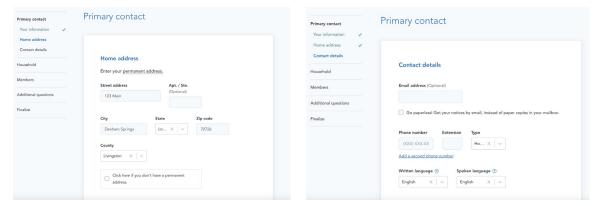


Primary contact information

Additional Information

• Entire application is dynamic and streamlined.

Primary cont	act		Co
Your informa	ation		
First name	Middle (Optional)	Last name	Suffix (Optional)
Client		Smith	Select ~
Date of birth	Sex		
01/01/1980	Male Female	•	
This helps us verify	your identity. If you're applying	ng for coverage and h	
	Your inform. First name Client Date of birth 01/01/1980 What is your Soot This holes un verify new, or you may ne	Your information First name Middle (Optional) Eleft Date of birth Sex 0101/1980 Muht is your Security Muniber (SM) Thurke i your Security Anniher (SM) Thurke i your Security Anniher (SM) Thurke i your specific and a proceed. If your	Your information First name Middle (Optional) Last name Cleart Smith Date of birth See Old(1/1940) Mode Tender What is your Social Social Youndweb (Stochau) Think your Social Social Tender What is your Social Social Youndweb (Stochau) Think your social Social Tender Think your your top address (Tender) Stochau (Tender)



*Note: Application steps vary by household



Household Primary contact Household Who's applying? Residence Who's applying for coverage? Tax household Is Aqua Tester applying for coverage? Members Yes O No Additional questions Finalize Do you want to see if you are eligible for cost savings? Note: The new American Rescue Plan Act may gualify high income households for savings. O No Yes Who else is applying for coverage? ⑦ + Add spouse + Add another person Continue Back

Household Information

Additional Information

 Know exactly where you're at in the application process with completed indicator.



Tax Household Additional Information

Additional Information

• Know exactly where you're at in the application process with completed indicator.

ary contact	Household
sehold	
no's applying? 🗸 🗸	
sidence 🗸	Your tax information
k household	
itional information	Are you married? 💿
nbers	Ves No
me	Do you plan to file a federal income tax return for 2022? You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax
itional questions	red don't nave to me taxes to apply for coverage, but you'n need to me next year in you want to get a premium tax credit to help pay for coverage now.
lize	Yes No
	Are you claiming any dependents on your taxes for 2022?
	Ves No
	Will you be claimed as a tax dependent by someone else for 2022?
	Ves No
	Back Continue
imary contact 🥥	Additional Relationship Information
ousehold 🥑	
dditional information	
Other family	Other relationships for Aqua Tester
relationships	
embers	Does Aqua Tester live with someone under the age of 19?
come	Ves No
dditional questions	
nalize	Back Continue



Member Information

Additional Information

 Know exactly where you're at in the application process with completed indicator.

imary contact	Applicants
ousehold 🥑	
dditional information	Your Information
Aqua Tester	
ome	What is your Social Security Number (SSN)? ③ Enter your 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
ditional questions	
alize	V I don't have a SSN
	Have you used tobacco 4 or more times a week in the past 6 months? 💿
	Ves No
	Are you a US citizen or US national?
	Yes No
	Are you currently incarcerated (detained or jailed)? ①
	Yes No
	Are you an American Indian or Alaska Native?
	O Yes O No
imary contact 🛛 🥥	Applicants
ousehold 🥑	
dditional information 🛛 🥑	Your Information
embers	
Aqua Tester 🗸	Is Aqua a naturalized or derived citizen? ③
iqua Tester	
come	Ves No
ditional questions	
nalize	Back Continue
dditional questions	Back Continue



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· ·

Income

Additional Information

Quick and easy to add income sources.

Primary contact	Income information		
Household O Additional information O Members O	To determine if you're eligible fr income. Click to view a list of ac	or savings, we need to ask about your cceptable types.	<u>View list</u> ~
Income Aqua Tester			
Additional questions			
Finalize	Current income for Aqua Does Aqua currently get any income Yes	xome? No	
	Туре	How much	Remove all
	Job / Hydration (5031236655)	\$1,500.00 every two weeks	Edit Remove
	Add new income source		
	Deductions for Aqua Tes	ster	

*Note: Application steps vary by household



Additional Questions

- Extra Help
- Additional Coverage

0
Ø
0
ø
ø

Additional questions

Extra help

Do any of these people have a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (Optional)

Aqua Tester

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home? (Optional) \odot

Aqua Tester

Additional coverage questions

Did any of these people have Medicaid or Children's Health Insurance Program (CHIP) coverage that will end soon or that recently ended because of a change in eligibility?

Aqua Tester

Were any of these people found not eligible for Medicaid or Children's Health Insurance Program (CHIP) in the past 90 days? \odot

Continue

Aqua Tester

Back		
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Additional Questions

• Employer sponsored coverage

Primary contact	ø	Employer Sponsored Coverage
Household	0	
Additional information	ø	
Members	ø	Employer Sponsored Coverage Will any of these people be offered health coverage through a job (including another person's
Income	ø	job, like a spouse or parent)?
Additional questions		Aqua Tester
Extra help	~	
Coverage	~	
Employer coverage		Back Continue
Additional questions		
Finalize		



Primary contact

Additional information Members

Additional questions

Extra help Coverage Employer coverage Additional questions

Finalize

Household

Additional Questions -Special Enrollment

Additional Information

• Qualifying Life Events.

0	Additional questions
0	Upcoming changes Will anyone lose <u>qualifying health coverage</u> before 12/9/2022? You may need to submit documents to confirm that you recently lost coverage before your new coverage can start.
~	Aqua Tester
~	Recent changes ⊙ Select any of the life changes that apply to any of the applicants. If no life changes apply, and you missed OEP due to Covid-19, you may still be able to enroll by calling the <u>Marketplace</u> .
	Lost qualifying health coverage Got married
	Changed primary place of living Select all that apply
	Aqua Tester When did Aqua Tester move?
	10/01/2000 Check here if Aqua Tester moved from a foreign country or U.S. territory.
	Previous ZIP code Previous county Previous state 85001 Maricopa X V Arizona X V
	You must have moved to a different ZIP code or county, or moved to the U.S. from a foreign country or a U.S. territory to be eligible for a Special Enrollment Period because you moved.

*Note: Application steps vary by household



Primary contact

Household Additional information

Members

Income

Review

Agreements Tax attestation Sign and submit

Additional questions

Finalize the Application

Additional Information

 Ability to edit the application by section rather than going through all the questions again!

0	Finalize					
	Take a few minutes to revie	ew the information y	ou gave us a	and make any chang	es, if necess	ary.
0						
0	Primary conta	ct				Edit
0	rimary conta					
0	Full name: Aqua	Tester				
•	Address: 123 Mai	n , Denham Springs,	LA 70726			
	Phone number: (5	503) 123-1234				
	Email:					
	Get updates by er	nail: No				
	Preferred written I	anguage: English				
	Preferred spoken	anguage: English				
	Household me	embers				Edit
	Name	DOB	SSN	Relationship	Sex	Applying
	Aqua Tester	1989-10-10		Self	Male	Yes
	Household inc	ome				Edit
	Name		Туре	Amou	int	
	Aqua Tester		Job	\$38,9	70.00	
	Aqua Tester		Job	\$38,9	70.00	



Agreements

Additional Information

 Quickly complete agreements and electronically sign an application.

Primary contact	0
Household	ø
Additional information	0
Members	0
Income	0
Additional questions	0
Finalize	
Review	~
Agreements	
Tax attestation	
Sign and submit	

Finalize

Agreements

Please read the attestations below and select a response for each statement.

Renewal of coverage

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time. ①

I agree	I disagree	
	Back	Continue

Tax Attestation

Additional Information

 Quickly complete agreements and electronically sign an application.

V HealthSh	erpa
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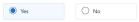
Primary contact	C
Household	Ø
Additional information	0
Members	Ø
Income	0
Additional questions	ø
Finalize	
Review	~
Agreements	~
Tax attestation	
Sign and submit	

Finalize

Tax attestation

Please read the attestations below and select a response for each statement.

I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage, like Medicaid, Children's Health Insurance Program (CHIP), or a jobbased health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace to end my Marketplace coverage and premium tax credit. If I don't, the person who files taxes in my household may need to pay back my premium tax credit.



I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- · I must file a federal income tax return for the 2022 tax year.
- . If I'm married at the end of 2022, I must file a joint income tax return with my spouse.

I also expect that:

- · No one else will be able to claim me as a dependent on their 2022 federal income tax return.
- I'll claim a personal exemption deduction on my 2022 federal income tax return for any individual listed on this application as my dependent who is enrolled in coverage through this Marketplace, and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.

If any of the above changes:

- · I understand that it may impact my ability to get the premium tax credit.
- I also understand that when I file my 2022 federal income tax return, the Internal Revenue Service (IRS) will compare the
 income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the
 amount of income on my application, I may be eligible to get an additional permium tax credit amount. On the other hand, if
 the income on my tax return is logher than the amount of income on my application, I may be eligible to get an additional section and the income on my tax return is logher than the amount of income on my application, I may be eligible to get an additional permission and the income on my tax return is logher than the amount of income on my application, I may one additional federal income tax.

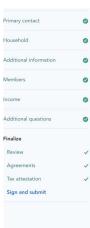




Sign and Submit

Additional Information

 Quickly complete agreements and electronically sign an application.



Finalize

Sign and submit

Please read the attestations below and select a response for each statement.

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in myMarketplace account or by calling Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household. ©



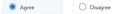
If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or Children's Health Insurance Program (CHIP)), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

I don't give the Marketplace permission to and Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

Sign

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.



Aqua Tester, type your full name below to sign electronically.

Aqua Tester



Review eligibility results

Before completing your enrollment, please do a final review of your eligibility results.

Eligibility Results

📀 Aqua Tester	Eligible to enroll in a Marketplace plan, due to a Special Enrollment Period (loss of coverage) Eligible for a tax credit
🥑 Aqua Tester	
🥝 Aqua Tester	Eligible for a tax credit
🥝 Aqua Tester	
	Follow-ups required:
	Verify loss of coverage
	Verify income by 1/8/2023
	Verify citizenship by 1/13/2023
For more details on your eligii download this document to Your download has begur	
	Review plan

Eligibility Results

Additional Information

• Real time statuses and information from HC.gov.



Confirm plan selection

 Make changes to plan selection if necessary

Confirm your plan

Based on your eligibility results, here's what your plan will look like.

Aqua	Precision Blue 80/60 \$3400 (B	R) - POS SILVER
Premium	Deductible	Out of pocket
\$ 156.68 / mo \$506.68 list price	\$3,400 _{/yr}	\$8,700 / yr
Savings four household qualifies for a 1 I want to apply all of my sa	\$350 per month savings on your p	oremium.
Gur household qualifies for a t and to apply all of my sa Eligibility summary Name	vings Covered by this plan	Next step
our household qualifies for a s I want to apply all of my sa Eligibility summary	wings	





You've chosen a plan.

You can start using your health coverage after you submit documents and the Marketplace confirms you're eligible to enroll through a Special Enrollment Period. The sooner you submit documents, the sooner your coverage can become active. See below for more information about next steps.

What should I do now?

Aqua HEALTHCARE

Precision Blue 80/60 \$3400 (BR)

\$156.68/mo

Aqua Tester
 Verify loss of coverage by 11/9/2022

Log into your dashboard to submit these documents.

2 Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by logging into your dashboard.

1 You must submit documents to the Marketplace for:

3 Pay your premium after your eligibility is confirmed. You'll receive another notice when it's time to take this step. Log into your dashboard to pay your premium of \$156.68 by 10/31/2022. You will not be able to pay until you verify your eligibility.

Note: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium.

Confirmation Page

Additional Information

 Review effectuation documents and return to the clients details page to submit necessary documents and make payment.



Post Enrollment Tools

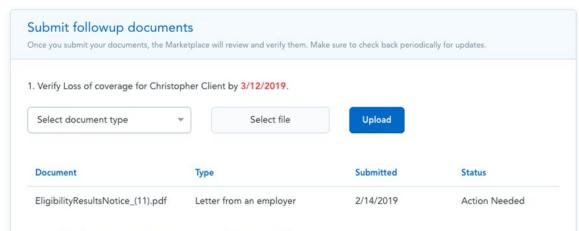
Quickly effectuate plans all within your HealthSherpa Platform

Document Management and Binder Payment

- Identify required documents
- Upload documents
- Ability to make first binder payment
- Alerts and updates



ere are just a few more steps to en	sure you are covered.				
Item	Member	Status	Deadline	Action	
Verify loss of coverage	Client Smith	4 Action Needed	11/7/2020	Verify	
Pay health premium	N/A	Action Needed	11/1/2020	Pay now	
Verify income	Client Smith	Action Needed	1/6/2021	Verify	
Verify citizenship	Client Smith	Action Needed	1/11/2021	Verify	



Acceptable document types are images (jpg, gif, png, etc.) and PDFs.



Reporting a Change

 Easily update applications and report changes within the clients detail page.

Aqua HEALTHCARE	Test Agent NPN: 17169718							Start application	Search Marketplace	Quote ⑦ 贷
② Clients	Aqua Teste	er						0	Report changes	₩ Change plans
🍼 Leads										
,1 Insights	Applica	tion				View application	Report changes			
🛓 Marketing	Applicant		Gender	Tobacco	Date of birth	SSN	Eligibility			
🖉 Settings	Aqua Tes	ter M	Male	No	10/10/1989	2	Subsidy			
	Address: 1 Status Status: Enr Last updat	3) 123-1234 23 Main, Denham olled e: 10/10/2022 ecord: NPN 17169	-	26						
	Plans 20	22								
	수 Health	n plan								
		on Blue 80/60 \$34 ealthcare	400 (BR) - POS		Status Members Subscriber ID	 Pending followup Aqua Tester 0000832858 	95			Privacy - Terms
	J' SILTE				FFM ID	18150859				- may - minu



Marketplace Documents

- Easily view and print client documents
 - 1095-A Tax Form
 - Eligibility Letters
 - Marketplace Notices

Plan		Effective	Subsidy	Documents	FFM ID	Submitted
Insurance Company	- Bronze 5000	1/1/2019	\$2,049.00	Eligibility		11/9/2018
Insurance Company	- Bronze 4000	1/1/2018	\$1,784.00	 ☐ Eligibility ☐ IRS 1095 A Initial Form 		11/9/2017



Cancel / Terminate Plan

 You can now easily cancel a plan within your HealthSherpa platform.

Plans 2022

分 Health plan

			Status
Precision Blue 80	/60 \$3400 (BR) -	POS	Memb
Aqua Healthcare			Subsc
SILVER			FFM II
^{\$} 156.68	\$3,400	\$8,700	Effect
Premium Was \$506.68	Deductible	Out of pocket max	Expira Docun
	View plan details		Carrie Payme

tatus	Pending followups
Nembers	Aqua Tester
ubscriber ID	0000832858
FM ID	18150859
ffective	11/1/2022
xpiration	12/31/2022
ocuments	Summary of benefits
Carrier phone:	(555) 555-5555
ayment phone	(555) 555-5555

Change plan Cancel plan



Cancel or terminate	×
By cancelling or terminating this policy, any other active health or dental p may have will be terminated as well. Effective date:	olicies you
MM/DD/YYYY	







• Quote using zip code

Additional detail

Email is optional, when used, it creates a generates a lead in your leads tab.

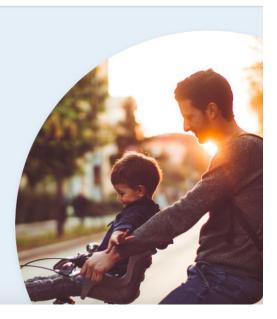
💙 HealthSherpa

Agent Name NPN 12345678

Easily find an affordable health plan

Zip code	
Name (optional)	
Email (optional)	
Phone number (optional)

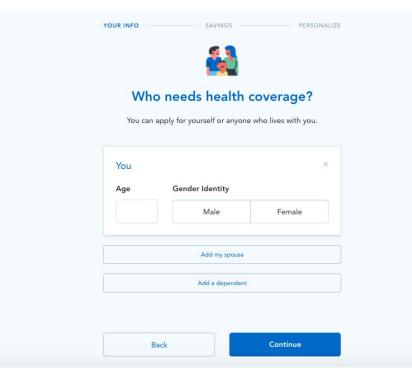
DICCLAIMED, Du submitting your inform



Log out



- Spouse
- Dependents





Household Income

Additional detail

Income calculator tool available to help clients calculate their annual income.

YOUR	INFO	SAVINGS		PERSO	NALIZE
	Your hou	usehold in	nformati	on	
	This will det	ermine if you qu	alify for saving	5.	
How	many people are ir	n your tax house	ehold?		0
2				-	+
Estim	ate your 2019 hou	sehold income	(before taxes)		0
\$					
	Include the estimated on your taxes. Need I				im



Income Calculator

Calculate income

- Annual
- Monthly
- Weekly
- Per Project



YOUR INFO

SAVINGS

Add household income (pre-tax)



FAQ

What income should I include?

Include income from anyone you claim on your taxes and who will earn income in 2018.

Include income from these sources:

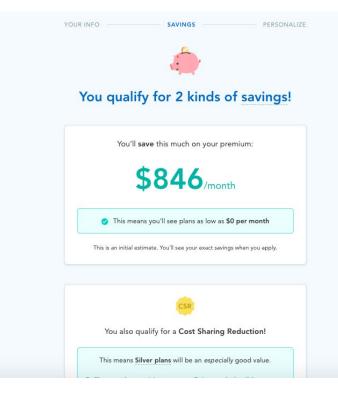
- · Federal taxable wages (from your job)
- Tips
- · Self-employment income
- · Unemployment income
- · Social security
- Social security disability income (SSDI)
- · Retirement or pension income
- Alimony
- Investment income
- · Excluded (untaxed) foreign income

Whose income should be included?

What if I'm married, but we file taxes seperately?



 Client will be able to see how much they can save on their monthly premium and whether or not they qualify for a Cost Sharing Reduction.





• SEP Verification (if applicable).

It's currently Special Enrollment

SAVINGS

PERSONALIZE

During Special Enrollment, you need a Qualifying Life Event to enroll

Select your Qualifying Life Event

YOUR INFO

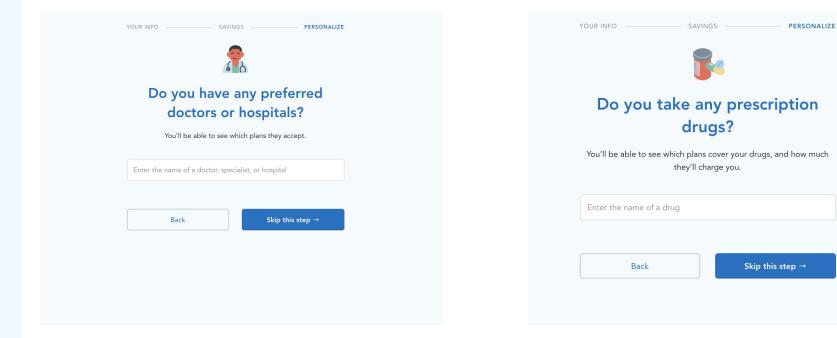
○ Lost or losing health coverage	0
Change in household size	0
Change in primary place of living	0
Change in eligibility	0
C Enrollment / plan error	0
Other situations	0
None of the above	



	₩ Aqua mathcase	Español (555) 555-5555	Save progress
Personalized Quoting	YOUR INFO SAVINGS PERSONALIZE		
	How much healthcare do you think you'll use in 2022?		
	A guess is fine—this will not affect your prices and will not limit how much you can use.		
	I expect to use a Low amount of healthcare services: ♥ 0 doctor visit ▲ 0 lab or text Q 0 specialist visit △ 0 hospital visit Ø 0 prescription drug ♥ 0 emergency room visit		
	I expect to use a Medium amount of healthcare services: U 1 doctor visi L 1 labor text		
	Q. 0 specialist visit ▲ 0 hospital visit Ø 2 prescription drugs ♦ 0 emergency room visit		
	○ I expect to use a High amount of healthcare services:		
	Vg. 2 doctor visite ▲ 3 labs or tests Q. 2 specialist visits ▲ 0 hospital visit Ø 15 prescription drugs ↓ 1 emergency room visit		
	Why do we ask for this?		
	This will help us select your Recommended Plan		
	Back Continue		



Personalized Quoting





Client Self Enrollment

Plan Recommendation

Aqua seathrcase ⊘ 70726 ⊗ 1 □ 1 \$ 25,000 Edit ∨					Español (555) 555-5555 Save progres
	Most affordable	Lowe	est premium	All plans	
			affordable pl	an for you! ur coverage needs. <u>See why</u>	
	Lowest premium plan	llue 90/60 \$600 CSR 0005-1	05 (BR) - POS	**** • • SRVER + C32	
	Monthly premium \$0.00 wes \$516-83	\$600	Out-of-pocket max Doctor visits Specialist visit Generic drugs	\$2,850 10% after deductible 10% after deductible 10% after deductible	
		View plan details	Enroll in this pla	n	
	We've estima	ted affordability based o	on your expected use of he	althcare this year:	
	Your expected use Set to Medium ∅	Sticker price On average ③	What insurance pays	What you pay	
	1 Doctor visits	\$128	-	\$128	
	0 Specialist visits	-	-		
	1 Labs or tests	\$1,120	\$600	\$520	
	2 Prescriptions	\$19		\$19	
	0 Hospital Visits				
	0 Emergency Room Visits	-	-	-	
	12 Monthly premiums			S0	



Aqua HEALTHCARE

⑦ 70726 ③ 1

Client Self Enrollment

Additional filters

- Premiums
- Deductibles
- Providers
- Prescription
- Network types
- Metal tiers

☐ 1 \$ 25,000 Edit ∨						Español (555) 555-5555	Save progress
	Most affordable	Low	est premium		All plans		
	Savings \$521.mo	13 plans			Lowest Premium +		
	Cost sharing reduction	Lowest premium plan Aqua MAQUA Blue POS	60/40 \$6500 - POS		★★★★ ● BRONZE		
	Monthly premium max \$481	Monthly premium \$0.00	\$6,500	Out-of-pocket max Doctor visits	\$8,700 40% after deductible		
	Max deductible \$8,700	was \$437.51		Specialist visit Generic drugs	40% after deductible 40% after deductible		
	Providers Add a doctor or hospital	Compare			Plan details Enroll now		
	Prescriptions	Aqua Blue POS	70/50 \$4550 - POS		EXPANDED BRONZE		
	Add prescriptions	Monthly premium \$0.00	\$4,550	Out-of-pocket max Doctor visits Specialist visit	\$8,700 30% after deductible 30% after deductible		
	Usage estimate 🕜	Compare		Generic drugs	30% after deductible Plan details Enroll now		
	Medium High	Lowest premium plan					
	Health Savings Accounts	Aqua Communi	ty Blue 70/50 \$4550 - POS		EXPANDED BRONZE		
	Eligible for an HSA	Monthly premium	Seductible	Out-of-pocket max	\$8,700		



• Plan details page

Additional Information

A client can click into a specific plan to see additional information regarding the plan.

Flan	costs
Doct	tor visits
Pres	criptions
Labs	5
Hosp	pital
Othe	er coverage
Prev	rentative care
Estir	nated all-in cost
	← Go back
	Add to cart

nsurance Company		BRONZE
Bronze 5000		
Plan costs Click the down arrow to learn more ab	out each of these.	
Monthly premium	\$25 per month	~
Deductible	\$8,150 per person	~
Out-of-pocket max	\$8,150 per person	~
Network type	НМО	~
Metal tier	Bronze	~
Official documents	Summary of benefits (PDE) Drug formulary Provider list Plan brochure	



Client Self Enrollment

Save Progress

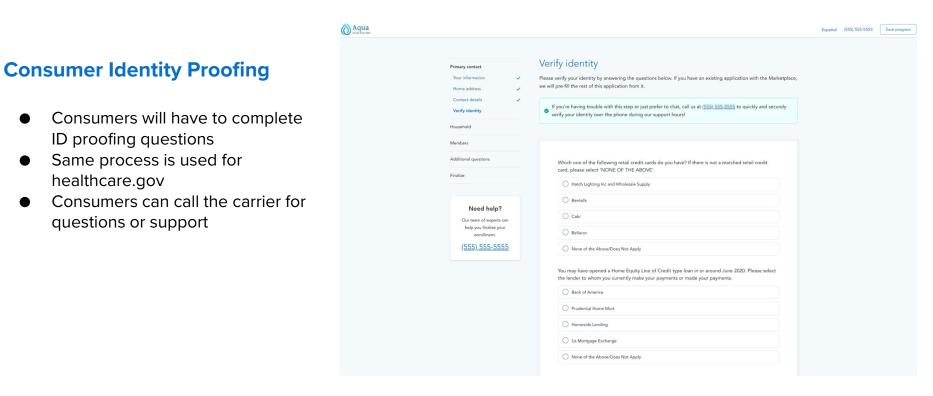
Additional Information When a consumer saves progress, they can pick up where they left off later.

This also creates a lead in the Carrier lead dashboard.

HealthSherpa	Agent Name NPN 12345678		Save lead
		Save your progress	×
Plan costs			
Doctor visits	Insurance	We'll send you a link so you can pick up where you left off.	
Prescriptions		Email	
Labs	Bron		
Hospital		Mobile phone number (optional)	
Other coverage			
Preventative care	Monthly p		
← Go back	Deductible	Save progress	
Enroll in this plan	Out-of-poc	By entering a mobile phone number, you agree the number entered is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text	
	Notwork t	messaging system. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.	



healthcare.gov

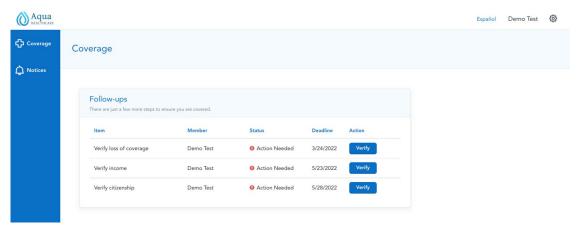


EDE Application experience is the same for brokers and consumers, see slides 23-38.

V HealthSherpa

Consumer Dashboard

- Identify required documents
- Upload documents
- Ability to make first binder payment
- Alerts and updates
- Marketplace notices



Demo Test by 5/23/2022. Acceptable document types are images (jpg,	gif, png, etc.) and PDFs.		
Select document type	Select file	Upload	
Upload history			
Upload history	and address sector		
Check back here for the updates on your uplo	aded documents.		



Agent Settings

Ensure your account is setup correctly and completely

Settings Tab

All the information within the settings tab is captured when the account is created.

To update or make corrections please make sure to hit 'update' in order to save any changes made.



()

Aqua EALTHCARE	Test Agent NPN: 17169718	
ients	Account settings	
ads		
sights	Login To change your password, please enter your current password.	
arketing	EMAIL ADDRESS	
	agent1+aqua@healthsherpa.com	
ttings	CURRENT PASSWORD	
	NEW PASSWORD	
	CONFIRM NEW PASSWORD	
	Update	FFM Account These will be transmitted on the eligibility and insurer applications. FIRST NAME
	Two factor authentication	Test
	Enable two-factor	LAST NAME
		Agent
		NPN
		17169718
		FFM USERNAME

Your FFM Username is the same login you use when logging into portal.cms.gov

username



HealthSherpa Resources



Resources

Help Center

Find answers to all your questions by typing in a keyword, you'll find amazing articles with step by step instructions on what it is you're looking for!

Getting Started

Great resource for any new agent. Provides short videos and recap of this entire training to ensure you're all setup and ready to write your first application!

Aqua	Test Agent NPN: 17169718			Start application	Search Marketplace	Quote ⑦ 袋
) Clients	Clients				Q S	Getting started
Leads						Help center Email support
Insights	State Documents Select \no	Payment Select	Yes No		S	(888) 684-1373
Marketing						
Settings	1-2 of 2				± Imp	oort Ø Export
	Client 🗘 Plan 🗘	Gross 🗘 Net 🗘	Effective 🗘 Created 🗘	Documents	Payment	Actions
	Jane Smith Community Blue 70/50 \$4550	\$397.46 \$0.00	11/1/2022 10/10/2022	Action needed Due 01/08/23	Action neededAs of today	View -
	Aqua Tester Precision Blue 80/60 \$3400 (BR)	\$506.68 \$156.68	11/1/2022 10/10/2022	Action needed Due 01/08/23	Action neededAs of today	View -
	10 🗸 per page					



HealthSherpa Broker Support

Agent Support Representatives strive to provide top-tier support to HealthSherpa agents, agencies, and health insurance carriers. In the event of feature questions or technical issues, HealthSherpa's broker support is available.

**HealthSherpa now offers Agency Account Managers for our larger agencies.

Hours of Operation:

January* - October (Special Enrollment Period) Mon - Fri 5AM - 5PM PST

November - December* (Open Enrollment Period) Mon - Fri 5AM - 5PM PST

(888) 684-1373 PHONE agent_support@healthsherpa.com EMAIL



CHAT

Chat from dashboard



Thank you!