

## Open Enrollment Agent Timeline

### Beginning Now

1. Inform all current customers about idalink accounts and the information they can view. ([Customer View](#))
2. Inform the customer what it means to designate you as an Authorized Representative and how you can better assist them if they designate you.
3. Ask customers to create an Idalink account and designate you as the Authorized Representative. ([Idalink Registration](#) and [Authorized Representative](#))

## New Applications for APTC

### November 1 – Forward

1. Help new customers create an Idalink account. ([Idalink Registration](#))
2. Discuss the reason the customer should designate you as an Authorized Representative. ([Authorized Representative](#))
3. Complete Health Coverage Assistance Applications in Idalink. ([Start Application](#))
4. Use the calculator to get an estimate of their APTC. ([YHI Calculator](#))
5. Shop for insurance and document plan. ([YHI Plans](#))
6. Log into Idalink 5 business days later to review January 2019 APTC Notices. ([Notices](#))
7. Enroll in the plan from step 5

## Re-evaluation: Existing Customers

### October 1 thru November 1

1. Inform all current customers about Idalink accounts and the information they can view. ([Customer View](#))
2. Inform the customer what it means to designate you as an Authorized Representative and how you can better assist them if they designate you.
3. Ask customers to create an Idalink account and designate you as the Authorized Representative. ([Idalink Registration](#) and [Authorized Representative](#))
4. Log into Agent Portal
5. Identify existing customers ([Agent Portal](#))
6. Schedule meetings with customers after 10/7
7. During meeting, log into Idalink to view 2019 APTC
8. Shop for Insurance and document plan. ([YHI Plans](#))
9. On November 1, enroll in plan selected in step 8




## November 1 – Forward


1. Inform all current customers about Idalink accounts and the information they can view. ([Customer View](#))
2. Inform the customer what it means to designate you as an Authorized Representative and how you can better assist them if they designate you.
3. Ask customers to create an Idalink account and designate you as the Authorized Representative. ([Idalink Registration](#) and [Authorized Representative](#))
4. Log into Agent Portal ([Agent Portal](#))
5. During meeting, log into Idalink to view 2019 APTC
6. Shop for Insurance and document plan. ([YHI Plans](#))
7. On November 1, enroll in plan selected in step 8
8. Contact existing customers to create Idalink account
9. Have existing customers designating you as an Authorized Representative in Idalink. ([Authorized Representative](#))
10. Log into Agent Portal
11. Re-new APTC for January 2019. ([Re-Evaluation View](#))
12. Enroll in plan selected starting November 1, 2018.

IDAHO


Welcome, **Sarah Demo**

[My Account](#) | [Actions](#) | [Forms](#) | [Logout](#) | [Help](#)







Benefits Summary




Report a Change  
or  
Add a Person



View Notices




Designate an  
Agent Authorized  
Representative




Provide  
Documents

MY BENEFITS


▼  ADVANCE PAYMENT OF PREMIUM TAX CREDIT (APTC)

| BENEFIT MEMBERS         | MONTHLY AVAILABLE APTC |
|-------------------------|------------------------|
| Sarah Demo<br>John Demo | \$475.00               |

 **Find a Healthcare Plan**  
If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[▶ Start Shopping](#)

[Forms](#) | [Contact Us](#) | [Privacy & Security](#)



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Already have an account?

[Sign In](#)

[Help](#)



## REGISTRATION

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? **Register below:**

☐ **Check this box, if you are an Agent Authorized Representative.**

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

*\* All fields are required*

Name:

First Name

Last Name

Date of Birth:

MM

/

DD

/

YYYY

Social Security Number:

-

[Don't have a SSN?](#)

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## · AGENT AUTHORIZED REPRESENTATIVE ·



ACCOUNT SETTINGS



ACCOUNT ACTIVITY



MY AGENT AUTHORIZED  
REPRESENTATIVE


We currently do not have an Agent Authorized Representative on file for you. Using Idalink, your Agent Authorized Representative is able to access your idalink account in order to complete activities related to your Health Coverage Assistance on your behalf. This includes being able to view notices and report changes relating to your Health Coverage Assistance. If you wish to designate an Agent Authorized Representative, please use the [Designate an Agent Authorized Representative](#) link.


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[Agent Home](#) IDAHO

Representing: **Peter** Client ID:

[Actions](#) | [Forms](#) | [Logout](#) | [Help](#) 


**Benefits Summary**

  
Start a Health Coverage Application

  
Account Activity


MY BENEFITS

Your household is not currently receiving benefits (such as Food Stamps and Health Coverage Assistance). You may [Apply for Health Coverage Assistance](#) or access [Frequently Used Forms](#).

  
APPLY FOR HEALTH COVERAGE ASSISTANCE  

The Health Coverage Assistance Program provides health coverage assistance according to individuals needs. Eligible families may qualify for Medicaid or Advance Payment of Premium Tax Credits to help pay health coverage premiums or affordable private health insurance plans.


[START NOW](#)

  
FREQUENTLY USED FORMS  

To access a list of the most commonly used forms, click the link below. You may download and print any form from the Forms page.

[START NOW](#)

[Forms](#) | [Contact Us](#) | [Privacy & Security](#)

  
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2017-01-11-SLCSP-and-LCBP-Lookup-for-2016-Plans.xlsx [Read-Only] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View PDF-XChange 2012

inputzipcode

### Information to Claim an Affordability Exemption - Your Health Idaho (click "Enable Editing" at Top)

In order to find out if you qualify for an affordability exemption, you will need to complete IRS Form 8965. To do that, you will need to know the premiums of two health plans available to your family in 2016: (1) the lowest cost Bronze plan, and (2) the second lowest cost Silver plan (SLCSP). This tool will ask you a few questions about you and your family members and, based on the information you provide, calculate both sets of numbers you need to claim the affordability exemption. Please refer to the IRS Form 8965 Instructions for how to use these numbers in completing that form.

To use this tool you will need the following information: (a) the primary zip code and county where family members lived during 2016, (b) the age of each family member on January 1, 2016, and (c) the tobacco use of each family member during 2016 (note: tobacco use may impact the resulting Bronze plan premium, but will not affect the SLCSP premium).

5 Digit Zip Code:  <-- Please enter your zip code first.  
County:


| Number and Ages of Household Members Seeking the Exemption |                      | Uses Tobacco? | Monthly Premium Second Lowest-cost Silver Plan | Monthly Premium Lowest-cost Bronze Plan |
|--|----------------------|---------------|--|---|
| # of Children 20 and Younger:                              | <input type="text"/> |               | \$ -   | \$ -                                    |
| Age of Adult 1 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Age of Adult 2 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Age of Adult 3 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Age of Adult 4 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Age of Adult 5 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Age of Adult 6 (on 1-1-2016):                              | <input type="text"/> | No            | \$ -   | \$ -                                    |
| Total Household Count: 0                                   |                      |               | Second Lowest-cost Silver Plan                 | Lowest-cost Bronze Plan                 |
| Total Household Monthly Premium:                           |                      |               | \$ -   | \$ -                                    |

Calculator

Ready

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LOGINGET ASSISTANCE ▾

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HEALTH INSURANCEDENTAL INSURANCECART 0

### Browse Health Plans

5 plans for 2 adults in ZIP code 83709. [Edit Family Info](#)

Coverage will start on 06/01/2018

Prices displayed have been reduced by your **\$556.00 monthly tax credit**

**Filter By**

**Plan type**

☐ POS

☐ HMO

☐ PPO

**Plan Features**

☐ **CSR Eligible** includes special discounts


☐ **HSA Qualified** eligible for Health Savings Account (HSA)



**Metal tier**

☐ **Platinum:** highest premiums, lowest deductibles


☒ **Gold:** higher premiums, lower deductibles


**Sort By** Monthly price ▾



**ADD TO CART** 

  
[Link Gold](#)  
GOLD POS  
**\$268.18/month**  
was \$824.18 before credit  
Office Visits \$25  
Generic Drugs \$5  
[Deductible](#) \$1700  
[OOP Max](#) \$10000  
[Network](#) Standard  
[Expense Estimate](#) Average 


☐ COMPAREVIEW DETAIL


**ADD TO CART** 



**ADD TO CART** 

  
[SelectHealth Gold 2000 -...](#)  
GOLD PPO  
**\$280.20/month**  
was \$836.20 before credit  
Office Visits \$25  
Generic Drugs \$15  
[Deductible](#) \$4000  
[OOP Max](#) \$12000  
[Network](#) Standard  
[Expense Estimate](#) Average 

☐ COMPAREVIEW DETAIL

**ADD TO CART** 

**ADD TO CART** 

  
[SAHA Southwest Gold Conn...](#)  
GOLD POS  
**\$312.18/month**  
was \$868.18 before credit  
Office Visits \$20  
Generic Drugs \$10  
[Deductible](#) \$2400  
[OOP Max](#) \$11000  
[Network](#) Basic  
[Expense Estimate](#) High 

☐ COMPAREVIEW DETAIL

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Representing,  
**Peter**  
Client ID: [REDACTED]

Personal Info ✓

Income ✓

Additional Questions ✓

Review & Submit

Agent Home IDAHO

My Benefits Actions Forms Logout ? Help

Time Remaining: 71h

## Thank You For Applying

Based on the information you have provided on your application today, here are the preliminary eligibility results:

If you would like a copy of your preliminary eligibility determination, please print or save a copy using the links below. After submission, it will no longer be available.

PDF Print

### Your Preliminary Eligibility Determination

|                                       |              |
|---------------------------------------|--------------|
| Anna [REDACTED]                       |              |
| Advance Payment of Premium Tax Credit | Eligible     |
| Medicaid                              | Not Eligible |
| Peter [REDACTED]                      |              |
| Advance Payment of Premium Tax Credit | Eligible     |
| Medicaid                              | Not Eligible |

Please note that the information shown above is not a final determination of eligibility. Once the information you have provided has been verified, you will receive an official notice of your eligibility for Health Coverage.

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IDAHO

Welcome, Sarah Demo

My AccountActionsFormsLogoutHelp

VIEW NOTICES

FROM  TO


You can view the notices we sent you in the last three months for any active program by clicking on the hyperlinks below. To access notifications sent for active programs more than three months ago, change the Search Date criteria above and click Search.

| Notice  | Date                 |                             |
|---|----------------------|-----------------------------|
| NOA - Health Coverage Assistance - Benefit Change | <input type="text"/> | <a href="#">View Notice</a> |

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WELCOME, Suzanne Agent

Logout ? Help 

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name



Last Name

within last month

Select a Status

Search

Reset


| Start Date           | Submitted Date       | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |   | Type        | Status    |
|----------------------|----------------------|---------------|---------------|------------|-------------------------------|---|-------------|-----------|
| 06/26/2015<br>8:38AM |                      |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |   | Application | Timed Out |
| 06/26/2015<br>8:20AM | 06/26/2015<br>8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015<br>2:45PM | 06/25/2015<br>2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |


Displaying 1-3 of 3 results

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[Admin Home](#)
[IDV-HO](#)

Impersonating: **William**
CIN #: 
Client ID:


[Launch Profiler](#)
[Actions](#)
[Logout](#)
[Help](#)




Benefits Summary




Report a Change or Add a Person



View Notices


## ALERTS



Health Coverage Assistance  
APTC Anticipated Change Information Needed!


[START HERE](#)

## MY BENEFITS



ADVANCE PAYMENT OF PREMIUM TAX CREDIT (APTC)


| BENEFIT MEMBERS                     | MONTHLY AVAILABLE APTC |   |
|-------------------------------------|------------------------|---|
| William<br>Elizabeth<br>VianCamille | \$750.00               | APTC Anticipated Change Information Needed! |



**Find a Healthcare Plan**  
If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

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