



**IN THE REAL WORLD
BONES BREAK.
SO DO BANK ACCOUNTS.**

Your Health
IDAHO

YOUR HEALTH IDAHO

19.7 System Updates

YHI SYSTEM CHANGES

Objectives

- Show
 - the updated member dashboard
- Teach how to use the custom grouping enrollment tool
 - the new custom grouping screens for households with financial eligibility
 - the new custom grouping screens for households with no financial eligibility

19.7 SYSTEM UPDATES

Member Dashboard

MEMBER DASHBOARD UPDATE

Dashboard views have been updated.

- Why?
 - Based on feedback from the users, YHI has completed updates:
 - Agent, Enrollment Counselor, and consumer portals are updated
 - Improved navigation
 - More visibility into account and enrollment details (Follow-up actions are displayed in an easy-to-read manner.)
 - Better consumer experience

MEMBER DASHBOARD

New Sections

- **NEXT STEPS** – Will show any actions needed on the account and the current enrollment status
- **OVERVIEW** - Will have the following categories:
 - Your Application Status
 - Your Household Eligibility
 - Your Health Plans
 - Your Dental Plans

Each category has review and action options, as you will see in the screen capture on the following slide

19.7 System Updates

Welcome, Thomas Sallow

My Stuff

My Dashboard

My Applications

My Enrollments

My Inbox

My Account Settings

My Preferences

Quick Links

Find Local Assistance

Download Appeals Form

Access Code

SUBMIT

2019

NEXT STEPS

You are currently enrolled in health . If you would like to report a change in income, household members, or something else please click the 'REPORT A CHANGE' button below.

REPORT A CHANGE

Overview

Your Application Status

2019 Application
For 2 members

Complete

[View Application](#)

Your Household Eligibility

Maria Sallow AI/AN
Thomas Sallow

You are not eligible for Tax Credit
or cost sharing reduction

[View Details](#)

[Report a Change](#)

Your Health Plans

Blue Cross of Idaho
PQA Southeast Silver Connect 3500 Tribal
0
For 1 member

Pending

[View Details](#)

Blue Cross of Idaho
PQA Southeast Gold Connect 2000
For 1 member

Pending

[View Details](#)

Your Dental Plans

You will be able to see your dental plan here once you have completed plan shopping.

19.7 System Updates

Custom Grouping

CUSTOM GROUPING

Why is Custom Grouping needed?

- For households that want individual plans, with a specific carrier, for household member groups
- For households with mixed American Indian/ Alaskan Native statuses
- For households that have member relationships that are unsupported by the carrier

Note: Each individual plan will have separate deductibles and max out-of-pocket amounts that need to be met. This option may not be ideal for certain households.

CUSTOM GROUPING

YHI automated custom grouping (formerly called “split household enrollments”)

- Custom grouping enrollments can now be completed from the member’s dashboard.
 - After 8/8/2019, this process will be available for all households that have mixed CSR and APTC eligibility.
 - After 10/1/2019, all households with “unsupported relationship” status will show the option to enroll with custom grouping.
- This allows households to enroll in plans that best meet individual member needs.

The following screen captures show the system-guided steps.

19.7 SYSTEM UPDATES

Financial Custom Grouping

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My stuff

- [My Dashboard](#)
- [My Applications](#)
- [My Enrollments](#)
- [My Inbox](#)
- [My Account Settings](#)
- [My Preferences](#)

Quick Links

- [Find Local Assistance](#)
- [Download Appeals Form](#)

Access Code

2019

You have 59 days left to enroll in a plan.

NEXT STEPS

You have successfully completed your application and confirmed life event. Please click on the button below to start shopping.

[SHOP FOR PLANS](#)

Overview

Your Application Status

2019 Application
For 3 members

Complete

[Eligibility Details](#)

Your Household Eligibility

April Johnson
Madeline Johnson
Travis Johnson

Advanced Premium Tax Credit
\$300.00 per month
Eligible for cost-sharing
reduction

[View Details](#)

[Report a Change](#)

Your Health Plans

You will be able to see your health plan(s) here once you have completed plan shopping.

Your Dental Plans

You will be able to see your dental plan here once you have completed plan shopping.

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My Stuff

[My Dashboard](#)

[My Applications](#)

[My Enrollments](#)

[My Inbox](#)

[My Account Settings](#)

[My Preferences](#)

Quick Links

[Find Local Assistance](#)

[Download Appeals Form](#)

Access Code

SUBMIT

Additional Information Needed

We need a few more details about the following household member(s) before you can continue to shop for Qualified Health Insurance on Your Health Idaho.

Tobacco Use: Insurers can charge tobacco users up to 50% more than those who don't use tobacco.

Hardship Exemption: If you have received a hardship exemption, we can show you Catastrophic health insurance plans (even if you're over the age of 30). All you need is your hardship exemption certificate number which you will receive once you are determined eligible for a hardship exemption. Visit www.YourHealthIdaho.org for more information on applying for an exemption. If you have received a hardship exemption certificate number for any of the applicants, please enter that number below.

Does your family qualify for a hardship exemption?

Eligible Members

Household Member(s)	Tobacco Use
Travis Johnson	<input checked="" type="radio"/> No <input type="radio"/> Yes
Madeline Johnson	<input checked="" type="radio"/> No <input type="radio"/> Yes
April Johnson	<input type="radio"/> No <input type="radio"/> Yes

GO TO DASHBOARD

SAVE AND CONTINUE

Note: If the household member is under the age of 18 it will not allow you to select a tobacco status for them.

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My Stuff

[My Dashboard](#)

[My Applications](#)

[My Enrollments](#)

[My Inbox](#)

[My Account Settings](#)

[My Preferences](#)

Quick Links

[Find Local Assistance](#)

[Download Appeals Form](#)

Access Code

SUBMIT

SHOP HEALTH PLANS

SHOP DENTAL PLANS

Whom are you shopping health plans for?

Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

- April Johnson**
- Madellne Johnson**
- Travis Johnson**

These family members qualify for Cost-Sharing Subsidies on qualified health plans

Total Advance Premium Tax Credit for this group: **\$300.00 per month**

[GO TO DASHBOARD](#)

[SHOP HEALTH PLANS \(2 MEMBERS\)](#)

19.7 Financial Custom Grouping

Tell us about your healthcare needs

(Optional) Please answer the questions below: (1/5)

SKIP TO VIEW PLANS

Search for a that you would like to keep in your plan

of

Important: The information represented here is an estimation of doctors and clinics only. The address displayed may or may not reflect where you receive service or reflect all of your doctor's office locations. If you do not have a doctor, please contact your insurance carrier after enrolling to locate in-network providers available in your area. Please check with your insurance company before service to ensure you have a full understanding of costs and provider networks.

RESET ALL MY RESPONSES

NEXT ▶

Note: If you would like to view coverage for a specific provider or prescriptions, enter the information and select “Next”.

19.7 Financial Custom Grouping

[Back to preferences](#)

44 Health Plans

0

Estimated Monthly Savings

\$185.76/month for April, and Travis in ZIP code 83702.

Coverage will start on 08/01/2019

COST-SHARING REDUCTIONS

CSR

You qualify for cost-sharing reductions.

SORT BY

- Expense Estimate
- Monthly price
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY




PLAN TYPE

- PPO
- POS
- HMO

PLAN FEATURES

- CSR Eligible**
includes special discounts
- HSA Qualified**
eligible for Health Savings Account (HSA)

1 of 4

Medium Expense	Higher Expense	Medium Expense
<p> selecthealth SelectHealth Silver 3500...</p> <p>SILVER PPO CSR</p> <p>\$14.24 /month after \$185.76 tax credit</p> <p>Office Visits \$15 Generic Drugs \$15 Deductible \$600 OOP Max \$4500 Network Not Available</p> <p><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input checked="" type="checkbox"/> ADD</p>	<p> selecthealth SelectHealth Bronze 7600...</p> <p>BRONZE PPO</p> <p>\$14.24 /month after \$185.76 tax credit</p> <p>Office Visits \$50 Generic Drugs \$20 Deductible \$15200 OOP Max \$15800 Network Not Available</p> <p><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD</p>	<p> selecthealth SelectHealth Expanded Br...</p> <p>BRONZE PPO</p> <p>\$14.24 /month after \$185.76 tax credit</p> <p>Office Visits \$35 Generic Drugs \$15 Deductible \$9000 OOP Max \$15800 Network Not Available</p> <p><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD</p>
Higher Expense	Higher Expense	Higher Expense

19.7 Financial Custom Grouping

Fantastic!

You've selected **SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits** for your family.

[CONTINUE TO CART](#)

[Back to preferences](#)

44 Health Plans

1

Estimated Monthly Savings

\$185.76/month for April, and Travis in ZIP code 83702.

Coverage will start on 08/01/2019

COST-SHARING REDUCTIONS

CSR ⓘ

You qualify for cost-sharing reductions.

SORT BY

Expense Estimate

Monthly price

< 1 of 4 >


[Medium Expense](#)

[Higher Expense](#)

[Medium Expense](#)

19.7 Financial Custom Grouping

Confirm your Plan Selection

Health Plan April , Travis		Remove
 selecthealth SelectHealth SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits Coverage Start Date: 08/01/2019	Monthly Premium	\$200.00
	Monthly Tax Credit (APTC)	Adjust -\$185.76
	HEALTH MONTHLY PAYMENT	\$14.24
Cart Total		
	Health Monthly Payment	\$14.24
	TOTAL MONTHLY PAYMENT	\$14.24

[CONTINUE SHOPPING](#) [SIGN APPLICATION](#)

Note: You cannot adjust the APTC higher than the amount determined for the selected members. See **Insurance 5** in the YHI Policy Manual.

19.7 Financial Custom Grouping

Confirm your Plan Selection

Health Plan April , Travis



selecthealth

SelectHealth

SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits

Coverage Start Date:
08/01/2019

Before you enroll, please confirm the following:

- Preferred doctors and facilities participate in your selected plan.
- Current prescriptions are covered by your selected plan.

Contact your selected health insurance company directly to obtain this information. Once you have confirmed the items above, click I AM READY TO ENROLL.

GO BACK

I AM READY TO ENROLL

Remove

\$200.00

-\$185.76

HEALTH MONTHLY PAYMENT

\$14.24

Cart Total

Health Monthly Payment

\$14.24

TOTAL MONTHLY PAYMENT

\$14.24

CONTINUE SHOPPING

SIGN APPLICATION

19.7 Financial Custom Grouping

I. Exchange Agreement

 PRINT

I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled. I cannot change plans unless I have a life-changing event such as a marriage, birth, or a move to a new zip code or county.

In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I am agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital malpractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is in the health plan's coverage document, which is available for my

I have read and agreed to the Exchange Agreement

II. Tax Filer Agreement

I agree to file a [2019] Tax Return before [April 15, 2020] to claim the Premium Tax Credit. I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled. I cannot change plans unless I have a life triggering event.

I agree to file a [2019] tax return before [April 15, 2020] to claim the Premium Tax Credit.

Application Filer Signature

To provide your eSignature please enter your full name. *

Your Health Idaho

All fields on this application marked with an asterisk (*) are required unless otherwise indicated.

Provide eSignature:

Your Health Idaho

Date: 07/17/2019

BACK

SIGN AND ENROLL

19.7 Financial Custom Grouping

Confirmation

Congratulations! You have submitted your enrollment information.

FURTHER ACTION REQUIRED:

You must pay your first month's premium before your enrollment can be finalized. This health/dental insurance is not yet in force.

Health

Travis Johnson, April Johnson

Coverage Start Date: **08/01/2019**



SelectHealth
SelectHealth Silver 3500 - no
deductible for one urgent care
and all PCP visits

Monthly Price	\$ 200.00
Tax Credit (APTC)	-\$ 185.76

[PAY FOR HEALTH INSURANCE](#)

Your Total Monthly Premium Payment **\$14.24**

Making Changes to Your Plans

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

[SHOP FOR MORE MEMBERS](#)

[PRINT PAGE](#)

[GO TO DASHBOARD](#)

[EXIT & PAY OFFLINE](#)

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My Stuff

 My Dashboard

 My Applications

My Enrollments

 My Inbox

 My Account Settings

 My Preferences

Quick Links

 Find Local Assistance

 Download Appeals Form

Access Code

SUBMIT

SHOP HEALTH PLANS

SHOP DENTAL PLANS

Enrolled (2 members) 

You have successfully enrolled the following family members. Advanced Premium Tax Credit of **\$185.76 per month** has been used for this enrollment

-  **April Johnson**
-  **Travis Johnson**

These family members qualify for Cost-Sharing Subsidies on qualified health plans

SelectHealth
SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits
\$14.24 per month

CANCEL COVERAGE

Whom are you shopping health plans for?

Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

- Madellne Jonnson**

These family members qualify for Cost-Sharing Subsidies on qualified health plans
Total Advance Premium Tax Credit for this group: **\$114.24 per month**

GO TO DASHBOARD

SHOP HEALTH PLANS (1 MEMBER)

19.7 Financial Custom Grouping

Tell us about your healthcare needs

(Optional) Please answer the questions below: (1/5)

SKIP TO VIEW PLANS

Search for a **DOCTOR** that you would like to keep in your plan

Search by doctor name

within 100 mile radius

of

83702

Important: The information represented here is an estimation of doctors and clinics only. The address displayed may or may not reflect where you receive service or reflect all of your doctor's office locations. If you do not have a doctor, please contact your insurance carrier after enrolling to locate in-network providers available in your area. Please check with your insurance company before service to ensure you have a full understanding of costs and provider networks.

RESET ALL MY RESPONSES

NEXT ▶

19.7 Financial Custom Grouping

SORT BY

- Expense Estimate
- Monthly price
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- PPO
- POS
- HMO

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
- [Silver](#)
lower premiums, higher deductibles
- [Bronze](#)
lowest premiums, highest deductibles

DEDUCTIBLE

- [\\$2500 and less](#)

Medium Expense



SAHA Southwest Gold Conn...

GOLD POS

\$0.00 /month
after \$100.00 tax credit

Office Visits \$20
Generic Drugs \$10

[Deductible](#) \$2000 / \$1000
[OOP Max](#) \$5500
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

Medium Expense



IDID Southwest Gold 2000

GOLD POS

\$0.00 /month
after \$100.00 tax credit

Office Visits \$20
Generic Drugs \$10

[Deductible](#) \$2000 / \$1000
[OOP Max](#) \$5500
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

Medium Expense



SAHA Southwest Silver Co...

SILVER POS CSR

\$0.00 /month
after \$100.00 tax credit

Office Visits \$30
Generic Drugs \$10

[Deductible](#) \$500 / \$250
[OOP Max](#) \$2000
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

Medium Expense



IDID Southwest Silver 35...

SILVER POS CSR

\$0.00 /month
after \$100.00 tax credit

Office Visits \$30
Generic Drugs \$10

[Deductible](#) \$500 / \$250
[OOP Max](#) \$2000
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

Medium Expense



SLHP Silver CarePoint 35...

SILVER POS CSR

\$0.00 /month
after \$100.00 tax credit

Office Visits \$30
Generic Drugs \$10

[Deductible](#) \$500 / \$250
[OOP Max](#) \$2000
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

Medium Expense



SAHA Southwest Silver Co...

SILVER POS CSR

\$0.00 /month
after \$100.00 tax credit

Office Visits \$30
Generic Drugs \$10

[Deductible](#) \$500 / \$1000
[OOP Max](#) \$2000
[Network](#) Not Available

COMPARE [DETAILS](#) [ADD](#)

19.7 Financial Custom Grouping

Fantastic!

You've selected **IDID Southwest Silver 3500 CSR 87** for your family.

CONTINUE TO CART

← Back to preferences

23 Health Plans

Estimated Monthly Savings

\$114.24/month for Madeline in ZIP code 83702.
Coverage will start on 08/01/2019

COST-SHARING REDUCTIONS

CSR You qualify for cost-sharing reductions.

SORT BY

- Expense Estimate
- Monthly price
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE


FILTERS APPLIED Blue Cross of Idaho

1 of 2

Medium Expense	Medium Expense	Medium Expense
<p>SAHA Southwest Gold Conn...</p> <p>GOLD POS</p> <p>\$0.00 /month after \$100.00 tax credit</p>	<p>IDID Southwest Gold 2000</p> <p>GOLD POS</p> <p>\$0.00 /month after \$100.00 tax credit</p>	<p>SAHA Southwest Silver Co...</p> <p>SILVER POS CSR</p> <p>\$0.00 /month after \$100.00 tax credit</p>

19.7 Financial Custom Grouping

Confirm your Plan Selection

Health Plan Madeline		Remove
 Blue Cross of Idaho IDID Southwest Silver 3500 CSR 87 Coverage Start Date: 08/01/2019	Monthly Premium	\$100.00
	Monthly Tax Credit (APTC)	Adjust -\$100.00
	HEALTH MONTHLY PAYMENT	\$0.00
Cart Total		
	TOTAL MONTHLY PAYMENT	\$0.00

[CONTINUE SHOPPING](#)

[SIGN APPLICATION](#)

19.7 Financial Custom Grouping

Confirm your Plan Selection

Health Plan Madeline



Blue Cross of Idaho
IDID Southwest Silver 3500 CSR
87

Coverage Start Date:
08/01/2019

Before you enroll, please confirm the following:

- Preferred doctors and facilities participate in your selected plan.
- Current prescriptions are covered by your selected plan.

Contact your selected health insurance company directly to obtain this information. Once you have confirmed the items above, click I AM READY TO ENROLL.

GO BACK

I AM READY TO ENROLL

Remove

\$100.00

-\$100.00

HEALTH MONTHLY PAYMENT

\$0.00

Cart Total

TOTAL MONTHLY PAYMENT

\$0.00

CONTINUE SHOPPING

SIGN APPLICATION

19.7 Financial Custom Grouping

I. Exchange Agreement

 PRINT

I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled. I cannot change plans unless I have a life-changing event such as a marriage, birth, or a move to a new zip code or county.

In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I am agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital malpractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is in the health plan's coverage document, which is available for my

- I have read and agreed to the Exchange Agreement

II. Tax Filer Agreement

I agree to file a [2019] Tax Return before [April 15, 2020] to claim the Premium Tax Credit. I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled. I cannot change plans unless I have a life triggering event.

- I agree to file a [2019] tax return before [April 15, 2020] to claim the Premium Tax Credit.

Application Filer Signature

To provide your eSignature please enter your full name. *

Your Health Idaho

All fields on this application marked with an asterisk (*) are required unless otherwise indicated.

Provide eSignature:

Your Health Idaho

Date: 07/17/2019

BACK

SIGN AND ENROLL

19.7 Financial Custom Grouping

Confirmation

Congratulations! You have submitted your enrollment information.

FURTHER ACTION REQUIRED:

You must pay your first month's premium before your enrollment can be finalized. This health/dental insurance is not yet in force.

Health

Madeline Johnson

Coverage Start Date: **08/01/2019**



Blue Cross of Idaho
IDID Southwest Silver 3500 CSR
87

Monthly Price	\$ 100.00
Tax Credit (APTC)	-\$ 100.00

You will receive billing statements and instructions for paying offline from your insurer.

Your Total Monthly Premium Payment **\$0.00**

Making Changes to Your Plans

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

[SHOP FOR MORE MEMBERS](#)

[PRINT PAGE](#)

[GO TO DASHBOARD](#)

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My Stuff

 My Dashboard

 My Applications

 My Enrollments

 My Inbox

 My Account Settings

 My Preferences

Quick Links

 Find Local Assistance

 Download Appeals Form

Access Code

SUBMIT

2019

NEXT STEPS

You have successfully enrolled in health plans. If you'd like to enroll in Dental Plans, please click on the 'Continue Shopping' button below.

CONTINUE SHOPPING

Overview

Your Application Status

2019 Application
[For 3 members](#)

Complete

[View Application](#)

Your Household Eligibility

April Johnson
Madeline Johnson
Travis Johnson

Advanced Premium Tax Credit
\$300.00 per month
Eligible for cost-sharing
reduction

[View Details](#)

[Report a Change](#)

Your Health Plans

Blue Cross of Idaho
IDID Southwest Silver 3500 CSR 87
[For 1 member](#)

Pending

[View Details](#)

SelectHealth
SelectHealth Silver 3500 - no deductible
for one urgent care and all PCP visits
[For 2 members](#)

Pending

[View Details](#)

Your Dental Plans

You will be able to see your dental plan here once you have completed plan shopping.

19.7 Financial Custom Grouping

Welcome, Travis Johnson

My Stuff

[My Dashboard](#)

[My Applications](#)

[My Enrollments](#)

[My Inbox](#)

[My Account Settings](#)

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Quick Links

[Find Local Assistance](#)

[Download Appeals Form](#)

Access Code

SUBMIT

Current Enrollments

Enrollment Year **2019**

Health Plan



IDID Southwest Silver 3500 CSR 87

[VIEW BENEFIT DETAILS](#)

PLAN SUMMARY

Coverage Start Date: 08/01/2019
Coverage End Date: 12/31/2019
Enrollment Status: **Pending**
Monthly Premium: \$100.00
Elected APTC: \$100.00
Net Premium: \$0.00
Premium Effective Date: 08/01/2019

[CANCEL COVERAGE](#)

CONTACT YOUR CARRIER

Customer Service: 2082863821
Web: [Click Here](#)

COVERED FAMILY MEMBERS

Self Madeline Johnson 08/01/2019 - 12/31/2019

BENEFIT SUMMARY

Plan Type: POS
Office Visit: \$30 Copay
Generic Medications: \$10 Copay
Deductible: \$500
Out-of-Pocket Maximum: \$2000



selecthealth

SelectHealth Silver 3500 - no deductible for one urgent care and all PCP visits

[VIEW BENEFIT DETAILS](#)

BENEFIT SUMMARY

Plan Type: PPO
Office Visit: \$15 Copay
Generic Medications: \$15 Copay
Deductible: \$600
Out-of-Pocket Maximum: \$4500

19.7 SYSTEM UPDATES

Agent Portal View

19.7 Agent Portal View

AGENT PORTAL VIEW

Individuals ▾ My Information ▾

Individuals

🔍 Search +

Sort by: [Export as Excel](#)

#	HOUSEHOLD	STATUS	COVERAGE
1	THOMAS SALLOW	Blue Cross of Idaho PQA Southeast Gold Connect 2000 POS \$50.00/month	
	Phone: 2085192695 Email: thomas.sallow@yopmail... Address: 761 W Center St Blackfoot ID 83221	Application Type: Financial Application Year: 2019 Current Status: Enrolled in a Qualified Plan	Office Visit: \$20 Copay Generic Drugs: \$10 Copay Deductible: \$2000.0
	Account Household Eligibility Comments Resend Activation Email Mark As Inactive		
2	THOMAS SALLOW	Blue Cross of Idaho PQA Southeast Silver Connect 3500 Tribal 0 POS \$50.00/month	
	Phone: 2085192695 Email: thomas.sallow@yopmail... Address: 761 W Center St Blackfoot ID 83221	Application Type: Financial Application Year: 2019 Current Status: Enrolled in a Qualified Plan	Office Visit: \$0 Copay 0% Coinsurance Generic Drugs: \$0 Copay 0% Coinsurance Deductible: \$0.0
	Account Household Eligibility Comments Resend Activation Email Mark As Inactive		

19.7 SYSTEM UPDATES

Non-Financial Custom Grouping

19.7 Non-Financial Custom Grouping

The following screen captures show examples of how custom grouping will work for non-financial enrollments with different carriers.

This will NOT include every step of the process as this was done with the previous screen captures.

19.7 Non-Financial Custom Grouping

Welcome, Olena Smith

My Stuff

 [My Dashboard](#)

 [My Applications](#)

[My Enrollments](#)

 [My Inbox](#)

 [My Account Settings](#)

 [My Preferences](#)

Quick Links

 [Find Local Assistance](#)

 [Download Appeals Form](#)

Access Code

SUBMIT

SHOP HEALTH PLANS

SHOP DENTAL PLANS

Whom are you shopping health plans for?

Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

Spouse Smith

Olena Smith

[GO TO DASHBOARD](#)

[SHOP HEALTH PLANS \(1 MEMBER\)](#)

19.7 Non-Financial Custom Grouping

Confirm your Plan Selection

Health Plan	Spouse		Remove
		Monthly Premium	\$100.00
Blue Cross of Idaho			
PQA Southeast Silver Connect			
3500			
Coverage Start Date:		HEALTH MONTHLY PAYMENT	\$100.00
08/01/2019			
Cart Total			
		Health Monthly Payment	\$100.00
		TOTAL MONTHLY PAYMENT	\$100.00

CONTINUE SHOPPING

SIGN APPLICATION

19.7 Non-Financial Custom Grouping

Confirmation

Congratulations! You have submitted your enrollment information.

FURTHER ACTION REQUIRED:

You must pay your first month's premium before your enrollment can be finalized. This health/dental insurance is not yet in force.

Health

spouse smith

Coverage Start Date: **08/01/2019**



Blue Cross of Idaho
PQA Southeast Silver Connect
3500

Monthly Price

\$ 100.00

You will receive billing statements and instructions for paying offline from your insurer.

Your Total Monthly Premium Payment

\$100.00

Making Changes to Your Plans

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

[SHOP FOR MORE MEMBERS](#)

[PRINT PAGE](#)

[GO TO DASHBOARD](#)

19.7 Non-Financial Custom Grouping

Welcome, Olena Smith

My Stuff

- [My Dashboard](#)
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SHOP HEALTH PLANS

SHOP DENTAL PLANS

Enrolled (1 member)

You have successfully enrolled the following family members.

- Spouse Smith** Blue Cross of Idaho
PQA Southeast Silver Connect 3500
\$100.00 per month

Select one of the options

Add member(s) to an existing enrollment

Olena Smith has the same level of cost-sharing as these members.

- Spouse Smith** Blue Cross of Idaho
- Olena Smith** PQA Southeast Silver Connect 3500
\$100.00 per month

OR

Shop for a new health plan

- Olena Smith**

19.7 Non-Financial Custom Grouping

Confirm your Plan Selection

Health Plan	Olena	Remove
	Monthly Premium	\$100.00
SelectHealth SelectHealth Gold 2000 - no deductible for office visits Coverage Start Date: 08/01/2019	HEALTH MONTHLY PAYMENT	\$100.00
Cart Total		
	Health Monthly Payment	\$100.00
	TOTAL MONTHLY PAYMENT	\$100.00

[CONTINUE SHOPPING](#)

[SIGN APPLICATION](#)

19.7 Non-Financial Custom Grouping

Confirmation

Congratulations! You have submitted your enrollment information.

FURTHER ACTION REQUIRED:

You must pay your first month's premium before your enrollment can be finalized. This health/dental insurance is not yet in force.

Health

Olena Smith

Coverage Start Date: **08/01/2019**

 SelectHealth

SelectHealth

SelectHealth Gold 2000 - no deductible for office visits

Monthly Price

\$ 100.00

You will receive billing statements and instructions for paying offline from your insurer.

Your Total Monthly Premium Payment

\$100.00

Making Changes to Your Plans

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

[SHOP FOR MORE MEMBERS](#)

[PRINT PAGE](#)

[GO TO DASHBOARD](#)

19.7 Non-Financial Custom Grouping

Welcome, Olena Smith

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SUBMIT

2019

NEXT STEPS

You are currently enrolled in health . If you would like to report a change in income, household members, or something else please click the 'REPORT A CHANGE' button below.

REPORT A CHANGE

Overview

Your Application Status

2019 Application
[For 2 members](#)

Complete

[View Application](#)

Your Household Eligibility

Spouse Smith **AI/AN**
Olena Smith

You are not eligible for Tax Credit
or cost sharing reduction

[View Details](#)

[Report a Change](#)

Your Health Plans

SelectHealth
SelectHealth Gold 2000 - no deductible
for office visits
[For 1 member](#)

Pending

[View Details](#)

Blue Cross of Idaho
PQA Southeast Silver Connect 3500
[For 1 member](#)

Pending

[View Details](#)

Questions?

Please email connectors@yourhealthidaho.org.

If you need assistance with a consumer account, email support@yourhealthidaho.org or call 1-855-YH-IDAHO.