



# Individual & Family Plans

- Off-Exchange Broker Tools

United  
Healthcare



# Individual & Family Plans

- Off-Ex Broker Account Setup

United  
Healthcare

# Broker Account Setup

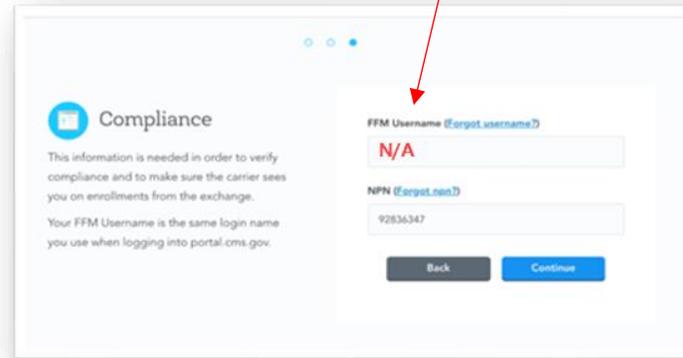
Once a broker account has been provisioned, there are multiple parts to completing account setup: <https://shop.uhcexchange.com/sessions/new>

1. **Password reset:** user will set their password and login to their account
2. **Onboarding:** configuring the account on the UnitedHealthcare-branded platform for the user's information (e.g., name, contact information, NPN, agency affiliation)

**Note:** For Agents using the UHC/HealthSherpa Whitelabel for Off-Exchange enrollments only, EDE does not / should not be enabled.

# Broker Account Setup

**Note:** For Agents using Off-Exchange only, simply put “N/A”.



The screenshot shows a web interface for a compliance form. On the left, there is a section titled "Compliance" with a blue icon of a document. Below the title, there is explanatory text: "This information is needed in order to verify compliance and to make sure the carrier sees you on enrollments from the exchange. Your FFM Username is the same login name you use when logging into portal.cms.gov." On the right, there is a form with two input fields. The first field is labeled "FFM Username (Exempt\_username?)" and contains the text "N/A". The second field is labeled "NPN (Exempt.npn?)" and contains the number "92836347". At the bottom of the form, there are two buttons: a grey "Back" button and a blue "Continue" button. A red arrow points from the "N/A" text in the note above to the "N/A" text in the "FFM Username" field.

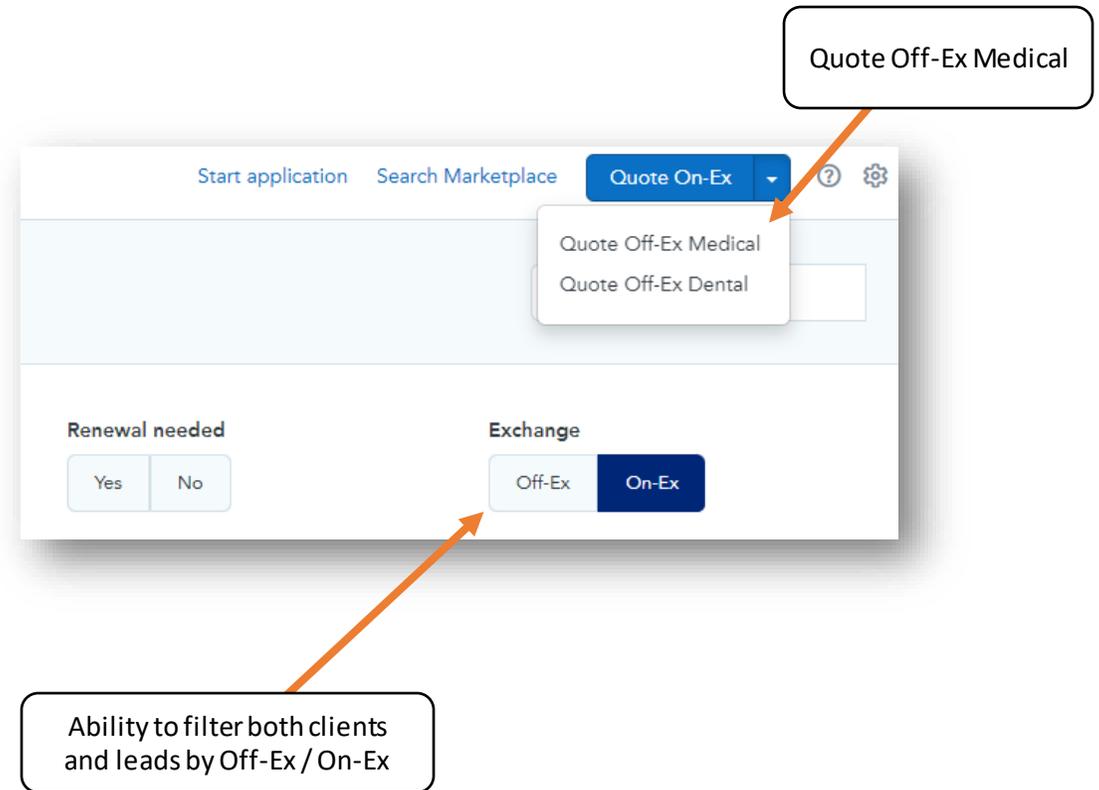
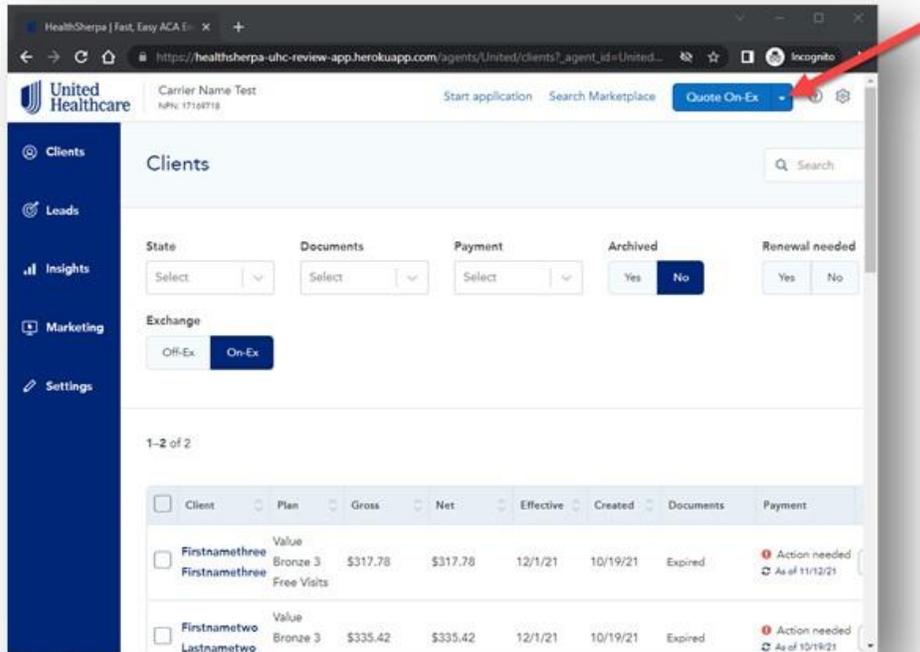


# Individual & Family Plans

- Off-Exchange Quoting Tools

United  
Healthcare

In the upper right-hand corner of the agent dashboard select "Quote Off-Ex Medical" from the dropdown:



# Sign Into UHC Whitelabel Platform:

UHC Logo

The screenshot shows a web browser window with the URL <https://shop.uhcexchange.com/sessions/new>. The page header includes the United Healthcare logo and the phone number (844) 437-2482. The main content area is titled "Sign into your account" and contains a sign-in form with fields for "EMAIL ADDRESS" and "PASSWORD", a "Sign in" button, and a "Forgot your password?" link. A callout box points to the email address field with the instruction: "Enter your broker email address with '+uhc' email slug example+uhc@uhc.com". The word "uhc" in the example email address is highlighted in yellow. At the bottom of the page, there is a "Privacy Notice and Terms & Conditions" link and a disclaimer: "Attention: This website is operated by UnitedHealthcare and is not the Health Insurance Marketplace® website at [HealthCare.gov](https://www.healthcare.gov). This website does not display all Qualified Health Plans available through [HealthCare.gov](https://www.healthcare.gov). To see all available Qualified Health Plan options, go to the Health Insurance Marketplace® website at [HealthCare.gov](https://www.healthcare.gov)."

Enter your broker email address with "+uhc" email slug  
example+uhc@uhc.com

# Enter Zip Code:

The screenshot shows a web interface for United Healthcare. At the top left is the United Healthcare logo and the word "Dashboard". At the top right are links for "Español", "(801) 123-1234", and a "Save Lead" button. Below the header is a "Close" button. The main content area is divided into sections. The "Your details" section contains a "Zip code" field with a red border and a "Required" label below it. Underneath is an "ICHRA offered" section with a checkbox for "Individual Coverage HRA". To the right is an "Applicants" section with a close button (X). It contains an "Age" field with the value "35", a "Sex" section with "M" and "F" buttons (where "F" is selected), and a "Tobacco user" checkbox. A "Save" button is to the right of these fields. Below the "Applicants" section are two buttons: "Add spouse applicant" and "Add dependent applicant". A yellow callout box on the right contains the text: "You are shopping for off-exchange coverage. This means you have opted out of financial assistance. See if you qualify for savings". Below these sections is a light blue banner with the text "Off-Exchange Plan Results". At the bottom, a dashed box contains the text "Plan results will display as your details are completed".

United Healthcare Dashboard

Español (801) 123-1234 Save Lead

Close

Send to client Print

**Your details**

Zip code  Required

ICHRA offered

Individual Coverage HRA

**Applicants** [X]

Age: 35

Sex: M F

Tobacco user Save

Add spouse applicant

Add dependent applicant

You are shopping for off-exchange coverage. This means you have opted out of financial assistance. See if you qualify for savings

Off-Exchange Plan Results

Plan results will display as your details are completed

Broker needs to enter a zip code from their market



# See Plans:

Example Zip Code: 80206

United Healthcare | Español (800) 806-0451 | Log out | Save progress

80206 | 1 | Edit | Share | Print

### Off-Exchange Plan Results

11 plans | Lowest Premium ▾

**Filters:**

- Monthly premium max: \$414
- Max deductible: \$7,500
- Usage estimate: Medium
- Metal levels: Expanded Bronze, Silver, Gold
- Networks: HMO
- Additional Filters: Easy pricing, Eligible for an HSA

Plan Name	Monthly Premium	Deductible	Out-of-pocket max
RMHP Colorado Doctors Plan Colorado Option Bronze - HMO	\$318.26	\$7,000	\$9,100
RMHP Colorado Doctors Plan Bronze-X \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.16	\$7,000	\$9,100
RMHP Colorado Doctors Plan Bronze-X \$6,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.76	\$6,500	\$9,100
RMHP Colorado Doctors Plan Bronze-X \$7,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay) - HMO	\$326.05	\$7,500	\$9,100

Feedback

## Agents can enter client's email in "save progress" modal:

United Healthcare

80205 1 Edit

Off-Exchange Plan Results

11 plans Lowest Premium

Monthly premium max \$414

Max deductible \$7,500

Usage estimate

Low Medium High

Metal levels

Expanded Bronze Silver Gold

Networks

HMO

Additional Filters

Easy pricing Eligible for an HSA

Plan Name	Monthly Premium	Deductible	Out-of-pocket max	Doctor visits	Specialist visit	Generic drugs
RMHP Colorado Doctors Plan Colorado Option Bronze - HMO	\$318.26	\$7,000	\$9,100	\$50 after deductible	50% after deductible	\$30
RMHP Colorado Doctors Plan Bronze-X \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.16	\$7,000	\$9,100	No charge	35% after deductible	\$3
RMHP Colorado Doctors Plan Bronze-X \$6,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.76	\$6,500	\$9,100	No charge	40% after deductible	\$3
RMHP Colorado Doctors Plan Bronze-X \$7,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay) - HMO	\$326.05	\$7,500	\$9,100	No charge	50% after deductible	\$3

Feedback

Once the broker gets to the plan results page, they can click the "save progress" button. It will send the saved consumer quoting information to their agent dashboard to be continued later

Save your progress

We'll send you a link so you can pick up where you left off.

Email

Mobile phone number (optional)

Save progress

By entering an email and phone number, you agree the information is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system or email. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

Disclaimer: By submitting your information you agree that we may contact you at the above-listed email or phone number. You understand that consent is not a condition of purchase.

Fill out the consumer's email and mobile phone number

# Agents can enter client's email in "save progress" modal:

The screenshot shows the United Healthcare Agent dashboard. On the left is a dark blue sidebar with navigation options: Clients, Leads, Insights, Marketing, and Settings. The main content area is titled 'Leads' and features a top navigation bar with a 'Quote On-Ex' button and a settings icon. Below this is a filter bar with dropdown menus for Carrier, State, Status, Exchange, and Archived status. A table below the filters shows one lead with the email 'Test.Account@gmail.com'. The table columns are Lead, Plan, Gross, Net, Last active, Status, and Actions. An orange arrow points from the 'Test.Account@gmail.com' cell to a callout box. Below the table is a modal titled 'Track and resume your Leads' with three sections: 'Save a quote as a Lead', 'Applications auto-save as Leads', and 'Your custom link creates Leads'. A 'Live Chat' button is in the bottom right corner.

Lead	Plan	Gross	Net	Last active	Status	Actions
<input type="checkbox"/>				8/28/2023	Shopping	<ul style="list-style-type: none"><li>Resume</li><li>Archive</li><li>Email</li><li>Copy resume link</li></ul>

10 per page

**Track and resume your Leads**  
Tracks a leads progress, and pick up where you left off later. After submission, the Lead becomes a Client.

**Save a quote as a Lead**  
When you're quoting, press the "Save Lead" button at any time.

**Applications auto-save as Leads**  
When you're writing an application, a Lead is automatically created.

**Your custom link creates Leads**  
If clients use your custom Marketing link to shop, they'll become a Lead too.

Live Chat

Saved lead will be housed in the "leads" section of their Agent dashboard where they can continue with the quoting process whenever they want

# Share Off-Ex Plans With Clients:

There are two ways brokers can send plans to consumers:

1. They can click the "Share" button on the plan results page to share all off-exchange plans with consumers
2. They can click "plan details" on one of the plans to bring them to that specific plan's page, then click share to email that plan with a consumers

Off-Exchange Plan Results

11 plans

Lowest Premium

Plan Name	Monthly premium	Deductible	Out-of-pocket max	Doctor visits	Specialist visit	Generic drugs
RMHP Colorado Doctors Plan Colorado Option Bronze - HMO	\$318.26	\$7,000	\$9,100	\$50 after deductible	50% after deductible	\$30
RMHP Colorado Doctors Plan Bronze-X \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.16	\$7,000	\$9,100	No charge	35% after deductible	\$3
RMHP Colorado Doctors Plan Bronze-X \$6,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$320.76	\$6,500	\$9,100	No charge	40% after deductible	\$3
RMHP Colorado Doctors Plan Bronze-X \$7,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay) - HMO	\$326.05	\$7,500	\$9,100	No charge	50% after deductible	\$3

RMHP Colorado Doctors Plan Colorado Option Bronze - HMO

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventive care

Enroll in this plan

Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$318.26
Deductible	\$7,000 per person
Out-of-pocket max	\$9,100 per person
Network type	HMO
Metal tier	Expanded Bronze
Overall rating	★★★★★ 4

Official documents

- Summary of benefits and coverages (PDF)
- Drug formulary
- Provider list

Doctor visits

This applies to doctor visits when you have a condition or symptom that requires an annual checkups, visits are free.

In network

	Before deductible is met
Primary care visit	Full price
Specialist visit	Full price

The "share" button allows brokers the ability to send clients a direct link to available off-exchange plans in the client's specific market.

**Note:** This link will retain the broker's NPN giving the broker enrollment credit

# Off-Ex Sharing Pop-Up:

United Healthcare Dashboard

Share this quote or copy the link

Email this quote Copy the link

Recipient email Recipient phone (optional) ?

Email (XXX) XXX-XXXX

Message Preview

Subject Take a look at these health plans

Message

Hi there, here are some health insurance plans that I want to share with you.

View Plans

Carrier name Test,  
noreply+unitedagent@healthsherpa.com  
8011231234

Cancel Share

Broker's Email

Regardless if the broker clicks the share button for the whole plan results page, or for a specific plan, this box will pop up

Email Subject Line

Open text field for brokers to send custom message to clients. Whatever is typed in here will be included in email to the consumer

Once required fields are entered, click "Share" to send to client.

## Off-Ex email from brokers to clients:

An email will be automatically generated and sent with the information entered from the previous page.

Whether the broker shares the whole plan results page or just a specific plan, the email will say "View plans"



Will display Broker's Name

Link to Off-Ex "All Plans" Page or "Plan Specific" page.

The page the broker clicks the "share" button on is the page that will show up in the email's link

# Off-Ex Enrollment Flow:

**Note:** If a consumer uses the broker's "share link" or "marketing link" to enroll, the broker will be given credit as the agent of record

## Off-Ex Enrollment Flow Start

UnitedHealthcare | Español | (844) 437-2482 | Welcome back | Save Progress

### Off-Exchange Plan Results

Most affordable | Lowest premium | **All plans**

Monthly premium max: \$406  
Min deductible: \$7,500  
Usage estimate: Low, Medium, High  
Health Savings Accounts: Eligible for an HSA  
Metal levels: Expanded Bronze, Silver, Gold  
Networks: HMO

Plan Name	Monthly Premium	Deductible	Out-of-pocket max	Enroll Now
RMHP Colorado Doctors Plan Colorado Option Bronze - HMO	\$312.01	\$7,000	\$9,100	Enroll now
RMHP Colorado Doctors Plan Bronze X \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$313.88	\$7,000	\$9,100	Enroll now
RMHP Colorado Doctors Plan Bronze X \$6,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$314.46	\$6,500	\$9,100	Enroll now
RMHP Colorado Doctors Plan Bronze X \$7,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO	\$319.65	\$7,500	\$9,100	Enroll now

Select Enroll

~12 required pages



## Off-Ex Enrollment Flow End

UnitedHealthcare | Fast, Easy AC | Dashboard | Español | (800) 806-0451 | Log out | Find a plan

### You've finished your application

Make sure to complete the following steps to secure your coverage for the year!

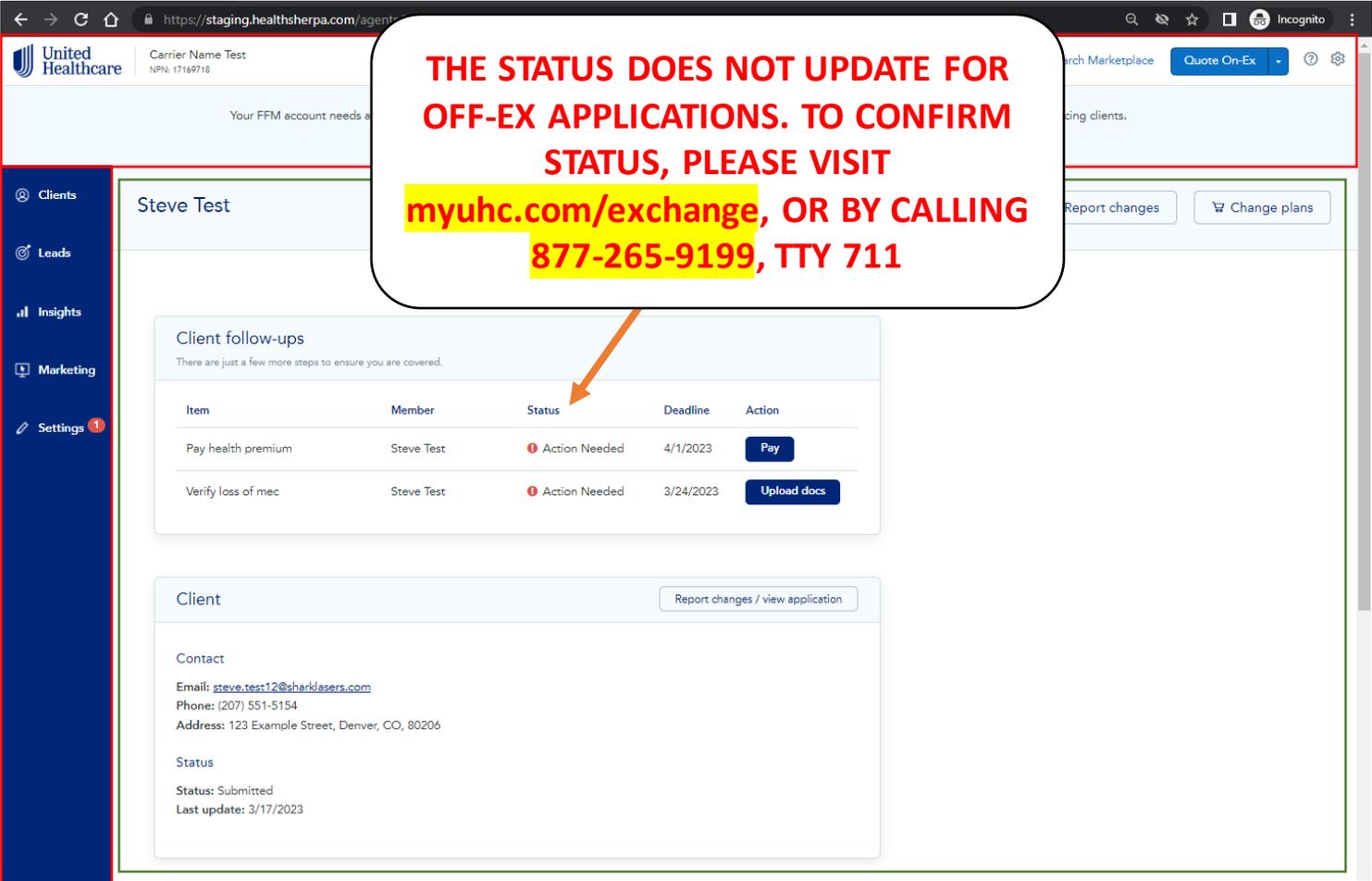
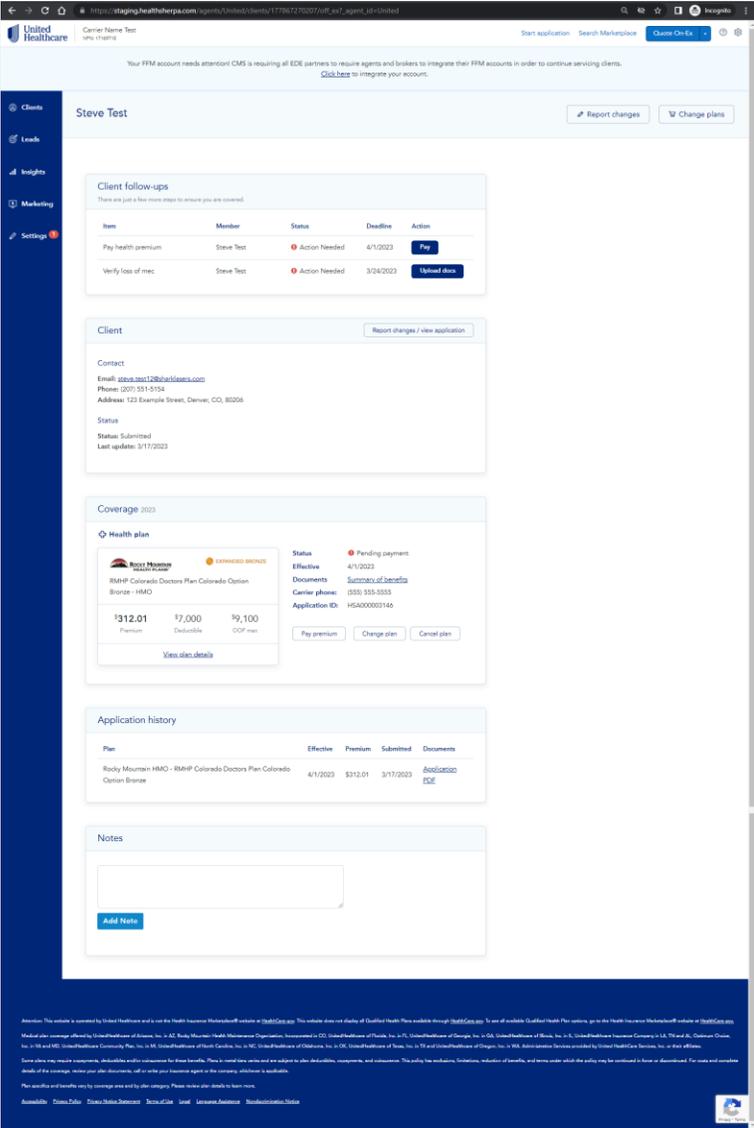
- Pay your first premium**  
You must make your first monthly payment of \$312.01 by 4/1/2023.  
[Pay Premium](#)
- Log into your dashboard**  
In your dashboard, you can view, download or print a copy of your application.  
UnitedHealthcare application ID #: H5A00003146
- Pick your primary care provider**  
Pick your primary care provider (PCP). You have one month after your plan start date to choose one. Otherwise, we will match you with a quality provider near you.

[Go to my dashboard](#)

RMHP Colorado Doctors Plan Colorado Option Bronze  
**\$312.01/mo**

# Client Dashboard: "Status" Update

Full Page View:



= Unique to Brokers

= Both Consumers and Brokers can see

# Client Dashboard: First Premium Payment

Carrier Name Test  
NPN: 17169718

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients. [Click here](#) to integrate your account.

### Steve Test

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	<a href="#">Pay</a>
Verify loss of mec	Steve Test	Action Needed	3/24/2023	<a href="#">Upload docs</a>

**Client**

Contact  
Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

Once the first premium payment is made, all future premium payments should be made on [myuhc.com/exchange](https://myuhc.com/exchange), by mail, or calling 877-265-9199, TTY 711.

**DO NOT** use the pay button on HealthSherpa for recurring payments

SSO to binder payment

Welcome, Steve Test

**Pay now to activate your coverage and complete your enrollment.**

The next step is to complete your first payment. We make it easy. Complete your payment and set up auto-pay now. With auto-pay, payments will be made monthly on your due date to provide you with worry-free coverage.

As a reminder, you will have to complete payment prior to coverage date. Look for a mailed invoice with instructions on how to pay.

### 1. Select a payment option

Total amount due may not reflect payments made within the last 3-5 business days.

Complete your payment and set up auto-pay  
**\$312.01**  
Due 04/01/2023

Auto-pay will start 05/01/2023

Complete your payment only  
**\$312.01**  
Due 04/01/2023

### 2. Choose a payment method

Bank Account

Credit / Debit Card

**Payment Summary**

Exchange ID: HSM00004283  
Member name: Steve Test  
Payment Details: Complete your payment and set up auto-pay  
Payment amount: **\$312.01**

Need help making a payment? Call 1-888-809-6539, TTY 711  
© 2020 UnitedHealthcare Services, Inc.

Binder payment only

Coverage 2023

Health plan

**Rocky Mountain Health Plan** - ENHANCED BRONZE

RMHP Colorado Doctors Plan Colorado Option  
Bronze - HMO

Status: Effective 4/1/2023  
Documents: Summary of benefits  
Carrier phone: (555) 555-5555  
Application ID: HSA0000000000

\$308.10 Premium    \$7,000 Deductible    \$9,100 OOP max

[View plan details](#)

[Pay premium](#) [Change plan](#) [Cancel plan](#)

= Unique to Agents

= Both Consumers and Agents can see

# Client Dashboard: QLE Verification

Carrier Name Test  
NPN: 17169718

Start application Search Marketplace Quote On-Ex

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients.  
[Click here](#) to integrate your account.

### Steve Test

Report changes Change plans

#### Client follow-ups

There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

#### Client

Report changes / view application

Contact

Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status

Status: Submitted  
Last update: 3/17/2023

**QLE DOCUMENT VERIFICATION IS NOT REQUIRED FOR OFF-EX**

Carrier Name Test  
NPN: 17169718

Start application Search Marketplace Quote On-Ex

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients.  
[Click here](#) to integrate your account.

### Upload Documents

Please upload documents to verify your change

Documents must show that your change was in the past 60 days, or will occur in the next 60 days. These documents must include your name and the date of the change.

#### Documents

Select file Upload

Acceptable file types: .pdf, .jpg, .gif, .bmp, .doc  
File upload size limited to 2MB.

Return to dashboard

= Unique to Agents

= Both Consumers and Agents can see

# Client Dashboard: Change Plans

Carrier Name Test  
NPN: 17169718

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients. [Click here](#) to integrate your account.

Steve Test

Client follow-ups

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

Contact

Email: [steve.test12@sharklazers.com](mailto:steve.test12@sharklazers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

Off-Exchange Plan Results

Most affordable | Lowest premium | **All plans**

Monthly premium max: \$406  
Max deductible: \$7,500  
Usage estimate: Medium  
Metal levels: Expanded Bronze, Silver, Gold  
Networks: HMO  
Additional Filters: Easy pricing, Eligible for an HSA

11 plans

**Current plan** | Lowest premium plan

**Shows current plan at top**

RMHP Colorado Doctors Plan Colorado Option Bronze - HMO

Monthly premium	Deductible	Out-of-pocket max	Other
\$312.01	\$7,000	\$9,100	Doctor visits: \$50 after deductible Specialist visit: 50% after deductible Generic drugs: \$30

RMHP Colorado Doctors Plan Bronze-X \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO

Monthly premium	Deductible	Out-of-pocket max	Other
\$313.88	\$7,000	\$9,100	Doctor visits: No charge Specialist visit: 35% after deductible Generic drugs: \$3

RMHP Colorado Doctors Plan Bronze-X \$6,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx) - HMO

Monthly premium	Deductible	Out-of-pocket max	Other
\$314.46	\$6,500	\$9,100	

= Unique to Agents

= Both Consumers and Agents can see



# Individual & Family Plans

- Off-Ex Broker Marketing Tools

United  
Healthcare

# Broker Direct Marketing Link:

The screenshot shows a web application interface with a dark blue sidebar on the left containing navigation links: Clients, Leads, Insights, Marketing, and Settings. The main content area is titled "Marketing" and contains the following elements:

- A paragraph: "You can share your branded site with consumers using the methods below. **Your NPN** goes on all applications that are done through your link. Set up your white-label setting below before sharing your link."
- A section titled "Direct Link" with the text: "You can share this link with your clients or post it on your website."
- A text input field containing the URL: `https://shop.uhcexchange.com/?_agent_id=uhc`
- Three buttons below the URL: "Copy", "Edit", and "Convert to Spanish".
- A section titled "Add your Company Information" with two input fields: "COMPANY NAME" (containing "United Healthcare") and "COMPANY PHONE" (containing "(844) 437-2482").
- An "Update" button below the company information fields.

**Direct Broker URL link** unique to each Broker

Ability to convert Spanish

## Broker Direct Marketing Link:

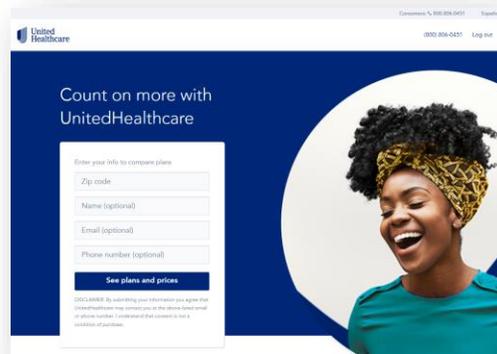
Broker will copy their **unique direct link** and share with their clients (i.e., email, Facebook, Blog).

The Broker's **Agent\_id=** will be stored in the browser through the **entire off-ex flow**.

**Use Case:** A Broker shares their unique direct marketing link on a Facebook post. If a consumer clicks on the link in the FB post and enrolls, the Broker will receive credit for the enrollment.

Works for **both** off-ex and on-ex.

Consumers brought to the off-ex screener question, to select if they'd like to see if they qualify for a subsidy (on-ex) or off-ex plans.



UnitedHealthcare  
Count on more with UnitedHealthcare

Enter your info to compare plans

Zip code

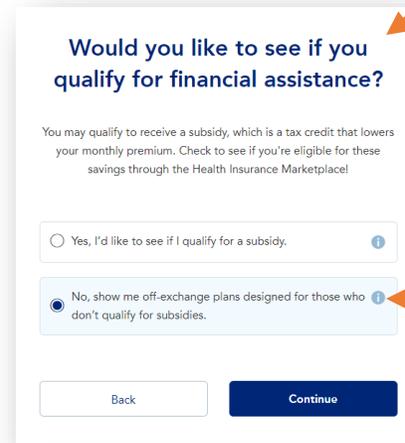
Name (optional)

Email (optional)

Phone number (optional)

See plans and prices

DISCLAIMER: By submitting your information you agree that UnitedHealthcare may contact you at the phone number or email address you have provided. I understand that consent is not a condition of purchase.



Would you like to see if you qualify for financial assistance?

You may qualify to receive a subsidy, which is a tax credit that lowers your monthly premium. Check to see if you're eligible for these savings through the Health Insurance Marketplace!

Yes, I'd like to see if I qualify for a subsidy.

No, show me off-exchange plans designed for those who don't qualify for subsidies.

Back Continue

If the consumer selects "No", they will be brought into the off-ex flow.

(See **entire off-ex flow** on next slide)



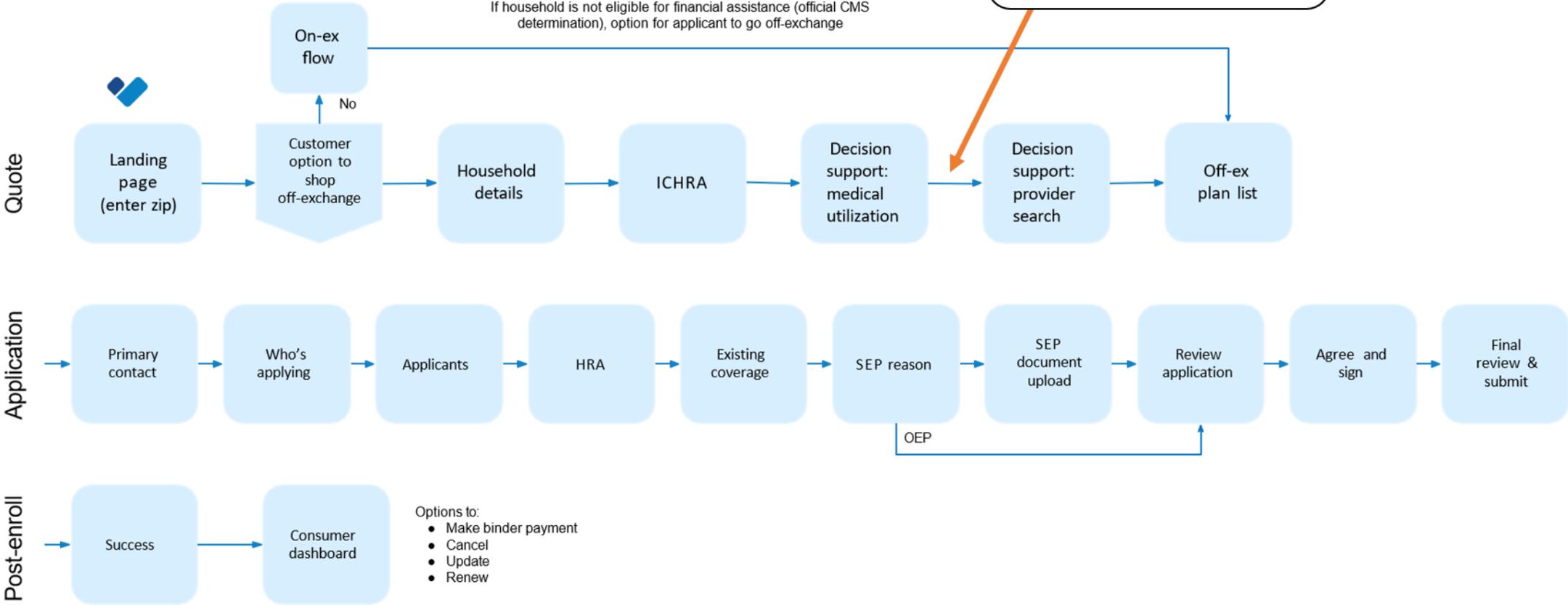
# Individual & Family Plans

- Off-Ex New Member DtC Flow

United  
Healthcare

# Off-Exchange New Member Flow

If during SEP, **QLE questions** will show in-between the utilization and provider search pages



# Off-Ex IFP Landing Page: (Same as On-Ex)

UnitedHealthcare  
Individual & Family  
ACA Marketplace plans

Let's help you find your personalized Affordable Care Act Marketplace plan. Enter your ZIP code to view and enroll in 2023 plans.

ZIP code  [Find your plan](#)

Questions? Talk with a licensed insurance agent at: **1-800-557-6718**, TTY 711

Find your personalized ACA Marketplace plan [Get started](#)

ACA Marketplace plans with benefits that fit your needs

Cost	Benefit
\$0	Unlimited primary care <sup>1</sup>
\$0	Unlimited virtual urgent care <sup>1</sup>
\$3	Tier 1 prescriptions at Walgreens <sup>2</sup>
\$100	Earn rewards for health for Walgreens, Walmart or Amazon <sup>3</sup>

[Shop for an ACA plan](#) → [Learn about ACA plans](#) → [Member sign in](#) ↗ [Find a doctor](#) ↗

[Feedback](#)

Consumers will enter their zip code

**Off-Ex Consumer Screener Question:**

**Would you like to see if you qualify for financial assistance?**

You may qualify to receive a subsidy, which is a tax credit that lowers your monthly premium. Check to see if you're eligible for these savings through the Health Insurance Marketplace!

Yes, I'd like to see if I qualify for a subsidy. i

No, show me off-exchange plans designed for those who don't qualify for subsidies. i

Consumers brought to the off-ex screener question, to select if they'd like to see if they qualify for a subsidy (on-ex)

If the consumer selects "No", they're brought into the new DtC off-ex flow

# Off-Ex Demographic Questions:

Consumers will fill out their individual and/or family demographic information applying for coverage

### Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You ×

Age Sex ⓘ

40 Male Female

Select the below if it applies

Tobacco user ⓘ

[Add my spouse](#)

[Add a dependent](#)

[Back](#) [Continue](#)

## Off-Ex ICHRA Coverage Questions:

Consumers will fill out if their household is offered ICHRA coverage through their employer.

If yes, consumer will disclose the ICHRA amount and salary deductions. If no ICHRA coverage, consumer can skip.

YOUR INFO — SAVINGS — PERSONALIZE



### Is this household offered an Individual Coverage HRA?

ICHRA offered

Yes  No

Total ICHRA amount

\$ 150

Salary deductions for premium amount

\$ 100

Back Continue

# Off-Ex Healthcare Usage Estimates:

Consumers will be asked to give an estimate of how much healthcare they may use to determine which plans to recommend

YOUR INFO — SAVINGS — PERSONALIZE

## How much healthcare do you think you'll use in 2023?

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 specialist visit
  - 0 prescription drug
  - 0 lab or test
  - 0 hospital visit
  - 0 emergency room visit
- I expect to use a **Medium** amount of healthcare services:
  - 1 doctor visit
  - 1 specialist visit
  - 7 prescription drugs
  - 1 lab or test
  - 0 hospital visit
  - 0 emergency room visit
- I expect to use a **High** amount of healthcare services:
  - 2 doctor visits
  - 3 specialist visits
  - 26 prescription drugs
  - 3 labs or tests
  - 1 hospital visit
  - 1 emergency room visit

[Back](#) [Continue](#)

## Off-Ex SEP Page:

Consumers will need to enter their QLEs if enrolling during SEP (Special Enrollment Period)

YOUR INFO — SAVINGS — PERSONALIZE

### It's currently Special Enrollment

During [Special Enrollment](#), you need a [Qualifying Life Event](#) to enroll

Select your Qualifying Life Event

Lost or losing health coverage i

**Important:** to be eligible to enroll right now, you must have either:

- Lost health coverage in the last 60 days (since **6/17/2023**) or be losing it in the next 60 days (before **10/15/2023**).
- Or, lost Medicaid or CHIP coverage between 03/31/2023 and 07/31/2024.

Change in household size i

Change in primary place of living i

Change in eligibility i

Enrollment / plan error i

## Off-Ex Provider Search:

Consumers can search for specific providers to see if they accept certain plans



YOUR INFO — SAVINGS — PERSONALIZE



### Do you have any preferred doctors, pharmacies, or hospitals?

You'll be able to see which plans they accept.

[Back](#) [Skip this step →](#)

## Off-Ex: Specific Plan Recommendations

Based on the consumer's info, HealthSherpa will suggest the "most affordable" plan option

Premium is calculated by taking the monthly premium and subtracting the amount of ICHRA coverage the consumer reported having.

**Note:** If no reported ICHRA coverage, the full price of the plan will show

Most affordable | Lowest premium | All plans

### We found the most affordable plan for you!

Out of all [11 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#).

**Lowest premium plan**

**RMHP Colorado Doctors Plan Colorado Option Bronze - HMO** ★★★★☆ ● EXPANDED BRONZE

Monthly premium	Deductible	Out-of-pocket max	\$9,100
<b>\$16.69</b> <small>was \$266.69</small>	<b>\$7,000</b>	Doctor visits	\$50 after deductible
		Specialist visit	50% after deductible
		Generic drugs	\$30

[View plan details](#) [Enroll in this plan](#)

If they like the plan, consumers can enroll straight from this page

# Off-Ex All Plans Page:

Clear call out results are for off-ex plans only

## Off-Exchange Plan Results

Most affordable

Lowest premium

All plans

If consumers want to view more than just the recommended plan, they can click on the "All plans" tab

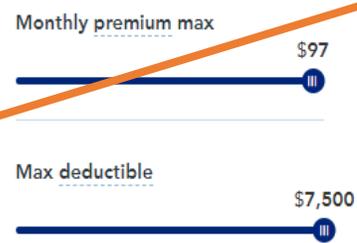
Helpful explanation of ICHRA/Salary deduction entered during quoting process

Total Benefit **\$250/mo**

**ICHRA:** your employer will reimburse you for the cost of premiums

**Salary deduction:** money that is taken out of your paycheck pre-tax to pay for premiums

Monthly premium is discounted by ICHRA and Salary Deduction amount



11 plans

Lowest Premium ▾

Lowest premium plan



RMHP Colorado Doctors Plan Colorado Option Bronze - HMO

★★★★☆ EXPANDED BRONZE

Monthly premium

**\$16.69**  
~~was \$266.69~~

Deductible

**\$7,000**

Out-of-pocket max

\$9,100

Doctor visits

\$50 after deductible

Specialist visit

50% after deductible

Generic drugs

\$30

Compare

Plan details

**Enroll now**

Members can enroll from this page as well



RMHP Colorado Doctors Plan Bronze-X \$7,000 (\$0 Virtual)

★★★★☆ EXPANDED BRONZE

# Off-Ex Enrollment Flow:

Note: Updated PY2024 off-ex flow will go live 11/1/2024

Off-Exchange Plan Results

Most affordable | Lowest premium | All plans

11 plans

Plan year 2025 | Lowest Premium

Monthly premium max \$406

Max deductible \$7,800

Usage estimate

Health Savings Accounts

Metal levels

Networks

Select Enroll

Select "enroll now"

## Off-Ex Enrollment Flow Start

Primary contact

Your information

Who's applying?

Additional questions

Finalize application

Colorado addendum

Your information

Please tell us about the primary applicant. In an individual plan, the primary applicant is the person who will be covered by the health plan. In a family plan, the primary applicant is the family member on the health plan who is authorized to make changes to the account. If this application is only for a child under age 18, the child is the primary applicant.

First name | Middle (Optional) | Last name

Date of birth | Sex

Contact information

How can we reach you?

Email address | Phone number

Current residential address

Where you live and pay taxes. No P.O. boxes allowed.

Street address | Apt. / Ste. (Optional)

City | State | Zip code

Is your mailing address the same as your permanent address?

Responsible Party

Is someone other than the primary contact responsible for payment?

Continue

## Other party responsible for payment

Primary contact

Your information

Who's applying?

Additional questions

Finalize application

Colorado addendum

Your information

Please tell us about the primary applicant. In an individual plan, the primary applicant is the person who will be covered by the health plan. In a family plan, the primary applicant is the family member on the health plan who is authorized to make changes to the account. If this application is only for a child under age 18, the child is the primary applicant.

First name | Middle (Optional) | Last name

Date of birth | Sex

Contact information

How can we reach you?

Email address | Phone number

Current residential address

Where you live and pay taxes. No P.O. boxes allowed.

Street address | Apt. / Ste. (Optional)

City | State | Zip code

Is your mailing address the same as your permanent address?

Responsible Party

Is someone other than the primary contact responsible for payment?

Add responsible party

First name | Middle name (Optional) | Last name

Date of birth | Sex

Billing information

Phone number

Street address | Apt. / Ste. (Optional)

City | State | Zip code

Continue

Note: If a consumer uses the broker's "share link" or "marketing link" to enroll, the broker will be assigned as the agent of record

# Off-Ex Enrollment Flow:

The screenshot shows the United Healthcare website's enrollment flow. The top navigation bar includes the United Healthcare logo, a language selector for 'Español', a phone number '(844) 437-2482', a 'Sign in' link, and a 'Find a plan' button. The main content area is titled 'Who's applying?' and features a sidebar on the left with a progress indicator. The sidebar items are: 'Primary contact' (checked with a green checkmark), 'Who's applying?' (the current step), 'Additional applicants', 'Applicants', 'Additional questions', 'Finalize application', and 'Colorado addendum'. The main content area contains a sub-section titled 'Additional applicants' with the instruction 'Please add any other people that need coverage.' Below this instruction is a dark blue button labeled '+ Add person'. At the bottom of the main content area are two buttons: a light blue 'Back' button and a dark blue 'Continue' button.

United Healthcare

Español (844) 437-2482 Sign in Find a plan

Primary contact ✓

Who's applying?

Additional applicants

Applicants

Additional questions

Finalize application

Colorado addendum

## Who's applying?

### Additional applicants

Please add any other people that need coverage.

+ Add person

Back Continue

# Off-Ex Enrollment Flow:

United Healthcare Español (844) 437-2482 Sign in Find a plan

Primary contact ✓  
Who's applying? ✓  
Applicants ✓

**Additional questions**

Changes in circumstance  
Finalize application  
Colorado addendum

### Changes in circumstance

**Please note:** you are currently **not required** to select a life change below in order to enroll.

Did any of the following life changes apply to any of the applicants in the last 60 days (since 9/3/2022), or will any apply in the next 60 days (up to 1/1/2023)?

- Loss of health coverage
- Permanent relocation with access to new plans
- Gaining or becoming a dependent through marriage
- Gaining or becoming a dependent through the birth of a child or adoption
- Offered an ICHRA (Individual Coverage HRA) or QSEHRA
- Your health insurance carrier violated your coverage contract
- Did not enroll because you were misinformed about being eligible for coverage
- Lost eligibility for tax credits/subsidies under the plan you were recently enrolled in
- None of the above

Back Continue

United Healthcare Dashboard Español (800) 806-0451 Log out Find a plan

Primary contact ✓  
Who's applying? ✓  
Applicants ✓

**Additional questions**

Changes in circumstance  
Finalize application  
Colorado addendum

### Changes in circumstance

Did any of the following life changes apply to any of the applicants in the last 60 days (since 1/16/2023), or will any apply in the next 60 days (up to 5/16/2023)?

- Loss of health coverage
- Permanent relocation with access to new plans
- Gaining or becoming a dependent through marriage
- Gaining or becoming a dependent through the birth of a child or adoption
- Offered an ICHRA (Individual Coverage HRA) or QSEHRA
- Your health insurance carrier violated your coverage contract
- Did not enroll because you were misinformed about being eligible for coverage
- Lost eligibility for tax credits/subsidies under the plan you were recently enrolled in
- None of the above

When did this change occur?  
02/25/2023

Back Continue

ICHRA Option

If ICHRA option is selected

United Healthcare Dashboard Español (800) 806-0451 Log out Find a plan

Primary contact ✓  
Who's applying? ✓  
Applicants ✓

**Additional questions**

Changes in circumstance ✓  
Upload documents  
Finalize application  
Colorado addendum

### Please upload documents to verify your change

Documents must show that your change was in the past 60 days, or will occur in the next 60 days. These documents must include your name and the date of the change.

#### Documents

Select file Upload

Acceptable file types: .pdf, .jpg, .gif, .bmp, .doc.  
File upload size limited to 2MB.

Back Continue

# Off-Ex Enrollment Flow:

Español (844) 437-2482 Sign inFind a plan

- Primary contact
- Who's applying?
- Applicants
- Additional questions
- Finalize application**
- Review application
- Agree and sign
- Review coverage
- Colorado addendum

## Finalize application

Print

Please take a few minutes to review the information you gave us and make any changes, if necessary.

### Primary contact

Edit

Full name: Steve Testz  
Address: 123 Example street, Denver, CO 80206  
Phone number: (207) 856-6441  
Email: steve.testz@sharklasers.com

### Applicants

Edit

Name	Date of birth	Relationship	Sex
Steve Testz	01/01/1990	Self	Male

BackContinue

# Off-Ex Enrollment Flow:

United Healthcare

Español (844) 437-2482 Sign in Find a plan

- Primary contact ✓
- Who's applying? ✓
- Applicants ✓
- Additional questions ✓
- Finalize application**
- Review application ✓
- Agree and sign**
- Review coverage
- Colorado addendum

## Finalize application

### Sign and submit

I have read this enrollment form and represent that the information shown on it is true and complete. I understand and agree that:

I have read and agree to all the information included in the Terms and Conditions of the Colorado uniform individual application for major medical health benefit plans.

### Broker information

The broker must be certified, licensed, and appointed with UnitedHealthcare in Colorado.

First name

Last name

National producer number (NPN)

### Effective date

If the insurance coverage is effectuated, the policy will be effective from the following date:

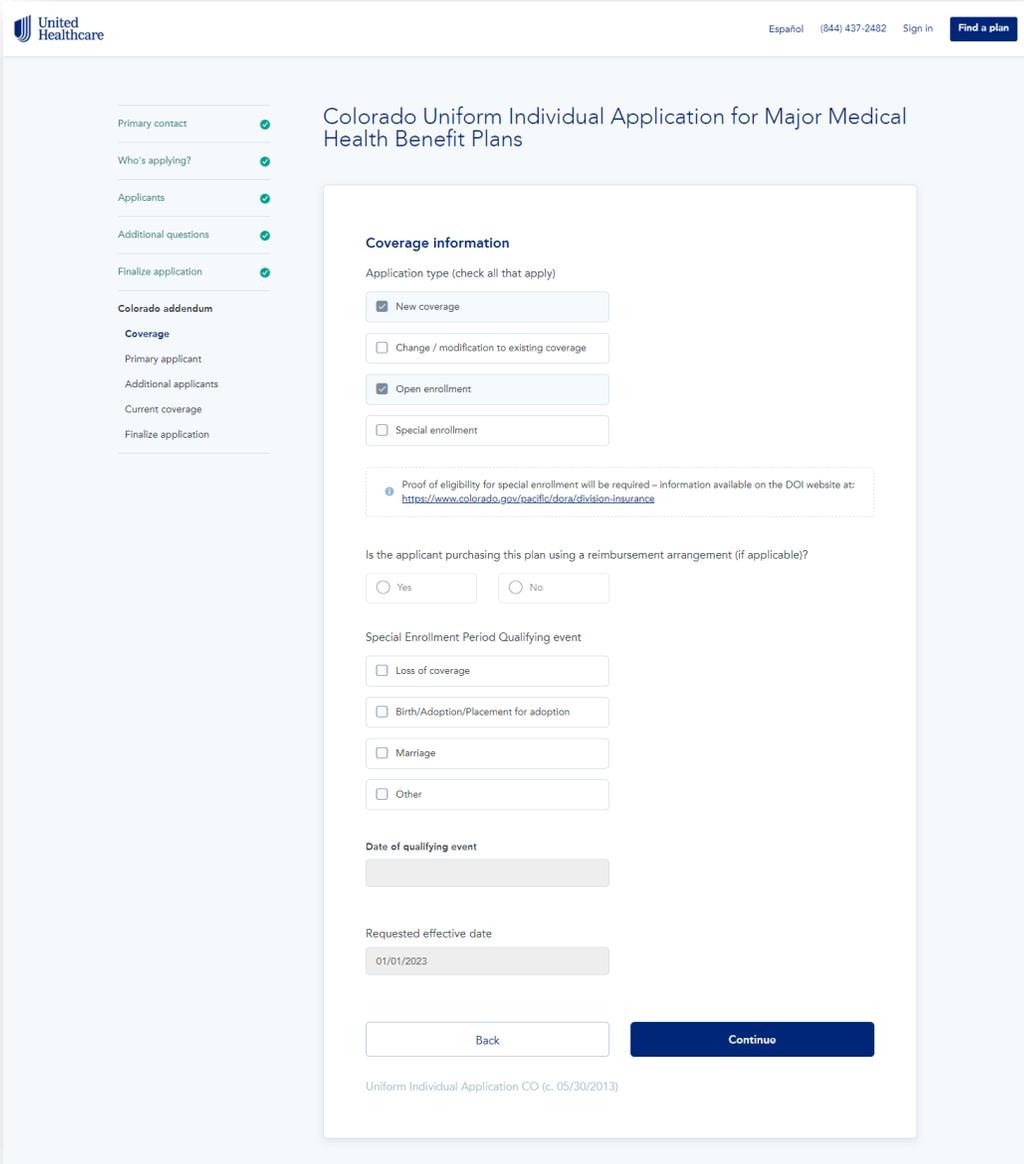
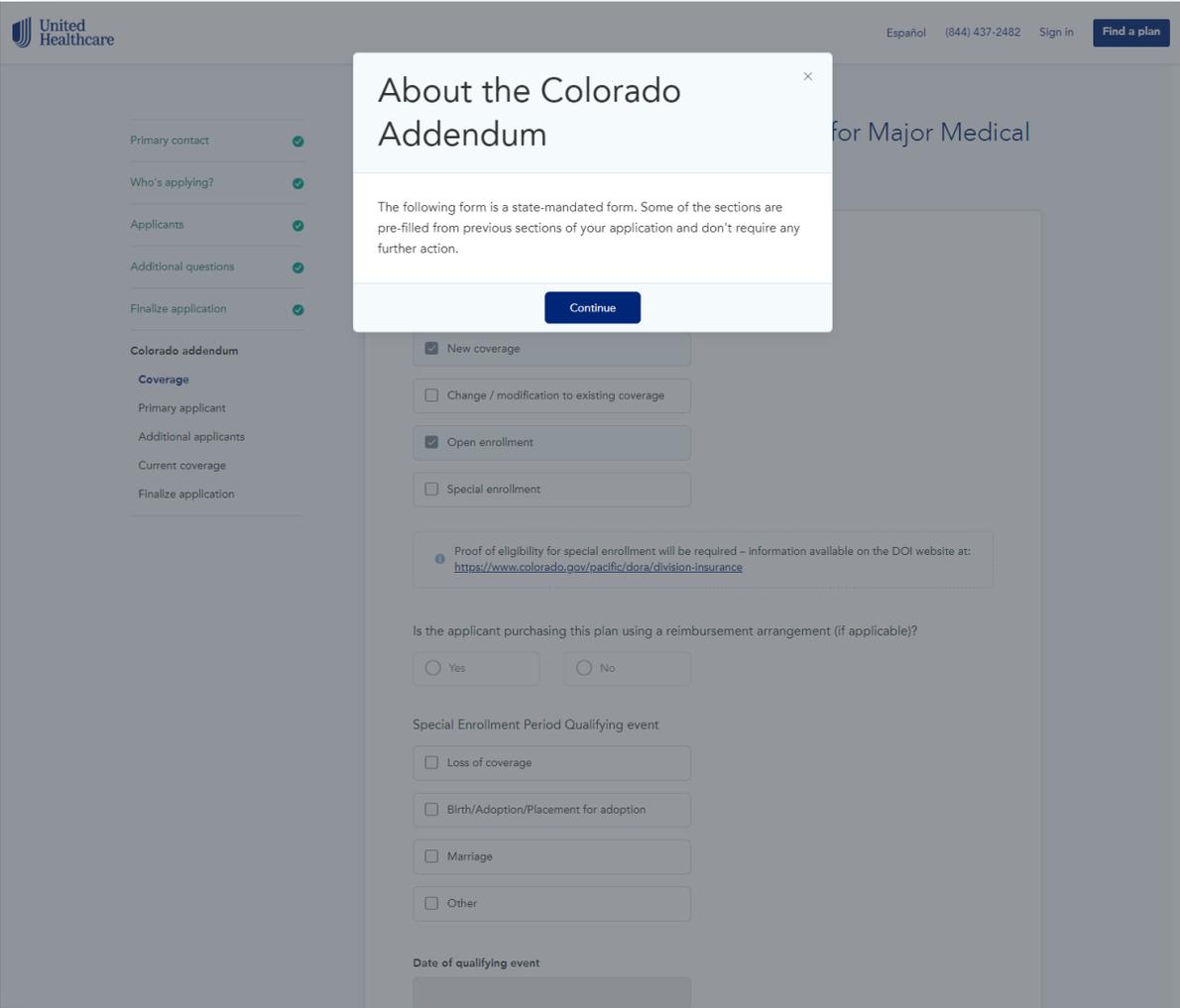
### Applicant Signatures

By typing your full name, you agree that your electronic signature is the legal equivalent of your manual signature on this enrollment form. If the primary applicant is a child under age 18, his or her parent or legal guardian must provide consent.

Date: 11/02/2022

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application containing a false, incomplete or deceptive statement may be guilty of insurance fraud.

# Off-Ex Enrollment Flow Unique to Colorado:



# Off-Ex Enrollment Flow Unique to Colorado:

United Healthcare Español (844) 437-2482 Sign in Find a plan

Primary contact

Who's applying?

Applicants

Additional questions

Finalize application

Colorado addendum

Coverage

**Primary applicant**

Additional applicants

Current coverage

Finalize application

## Colorado Uniform Individual Application for Major Medical Health Benefit Plans

### Primary applicant

Please fill out the entire application for each person for whom coverage is being sought. If a person is currently enrolled in Medicare, this application should not be completed for that enrolled individual. If additional pages are needed to fully complete this application please attach, sign, and date each page.

**First name** **Middle (Optional)** **Last name**

Steve   Testz

**SSN/TIN/ALT ID #**  **Date of birth**  **Current age**

01/01/1990 32

**Gender**

M  F  X

### Address

**Physical address** **Apt. / Ste. (Optional)**

123 Example street

**City** **State** **Zip code**

Denver  Colorado  80206

**Mailing address (if different, can be P.O. Box)** **Apt. / Ste. (Optional)**

**City** **State** **Zip code**

Select  XXXXX

### Additional information

**Email address** **Primary phone**

steve.testz@sharklasers.com  (207) 856-6441

**Alternate phone (Optional)** **Marital status**

(000) XXX-XXXX  Select

Are you or is anyone in your family American Indian or Alaskan Native?  Yes  No

Uniform Individual Application CO (c. 05/30/2013)

# Off-Ex Enrollment Flow Unique to Colorado:

Español (844) 437-2482 Sign in [Find a plan](#)

- Primary contact ✓
- Who's applying? ✓
- Applicants ✓
- Additional questions ✓
- Finalize application ✓
- Colorado addendum**
  - Coverage ✓
  - Primary applicant ✓
  - Additional applicants**
    - Current coverage
    - Finalize application

## Colorado Uniform Individual Application for Major Medical Health Benefit Plans

### Tobacco information

Please answer the following questions to the best of your knowledge. 45CFR147.102(a)(1)(iv) "For purposes of this section, tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used."

Has anyone named in this application used tobacco or smokeless tobacco during the past 6 months? If yes, provide the information requested below.

**Steve Testz**

Yes  No

Uniform Individual Application CO (c. 05/30/2013)

# Off-Ex Enrollment Flow Unique to Colorado:

- Primary contact ✓
- Who's applying? ✓
- Applicants ✓
- Additional questions ✓
- Finalize application ✓
- Colorado addendum**
- Coverage ✓
- Primary applicant ✓
- Additional applicants ✓
- Current coverage**
- Finalize application

## Colorado Uniform Individual Application for Major Medical Health Benefit Plans

### Medicare / Medicaid information

Are any of these applicants covered by Medicare? ⓘ

Steve Testz

Are any of these applicants enrolled in Medicaid, CHIP+, or other governmental health program? ⓘ

Steve Testz

### Current medical coverage

Do you, your spouse/partner, or your dependent child(ren) listed in this application currently have health insurance? ⓘ

Yes

No

If any applicant has current health coverage, will that applicant cancel current coverage if this application is accepted?

Yes

No

### Dental insurance

Pediatric dental coverage is a required essential health benefit. The plan you select may not include pediatric dental coverage. Do you have pediatric dental coverage under another plan? ⓘ

Yes

No

Back

Continue

# Off-Ex Enrollment Flow

## Unique to Colorado:

United Healthcare Español (844) 437-2482 Sign in Find a plan

Primary contact ✓  
Who's applying? ✓  
Applicants ✓  
Additional questions ✓  
Finalize application ✓

**Colorado addendum**  
Coverage ✓  
Primary applicant ✓  
Additional applicants ✓  
Current coverage ✓  
**Finalize application**

### Colorado Uniform Individual Application for Major Medical Health Benefit Plans

#### Terms and conditions

Please read the terms and conditions below. By electronically signing this application, you have attested to reading and agreeing to the below.

I acknowledge that I have read all sections of this Application, and I certify on behalf of my eligible family dependents and myself that the answers contained in this Application are complete and accurate to the best of my knowledge.

I understand that my answers, together with any supplements or additional pages, are the basis for the certificate or policy that is issued. I agree that no insurance will be effective until the date specified by the carrier on the certificate or policy.

I understand that my signature constitutes an attestation that I have obtained the required pediatric dental coverage under a separate policy, and may be required to provide proof of this pediatric dental policy prior to this policy being issued and approved. (Certification of dental insurance coverage is not

I would like to receive all policy notices, premium notices, and other notices relating to this policy through the supplied email address above.

Yes  No

#### Signature

I understand I can change this designation at a later date by contacting my carrier directly, and understand it is my responsibility to notify my carrier of any changes to my email address.

**Signature of Primary Applicant/Parent or Legal Guardian for Child-Only Plans**

Please sign as Steve Testz

Date  
11/02/2022

Complete this section if someone assisted you in the completion of this Application:

**The following person assisted me in completing the Application**

Enter name

Please explain the assistant's relationship to you and your family

Disclosures

This document is a publication of the Colorado Division of Insurance. If you have questions about the content of this document please contact our office at 303-894-7492 or visit our website at <http://www.dora.colorado.gov/insurance>. For questions regarding coverage or enrollment please see your carrier.

**Signature of Primary Applicant/Parent or Legal Guardian for Child-Only Plans**

Please sign as Steve Testz

Date  
11/02/2022

Back Submit

Uniform Individual Application CO (c. 05/30/2013)

# Off-Ex Enrollment Flow:

United Healthcare

Español (844) 437-2482 Sign in Find a plan

Primary contact ✓

Who's applying? ✓

Applicants ✓

Additional questions ✓

**Finalize application**

Review application ✓

Agree and sign ✓

**Review coverage**

Colorado addendum

## Review coverage

Based on your application, here's a summary of what your coverage will look like.

### Plan Summary

Estimated coverage start date - 1/1/2023

United Healthcare Rocky Mountain Health Maintenance Organization, Incorporated RMHP Colorado Doctors Plan Colorado Option Bronze - HMO ● EXPANDED BRONZE

Premium	Deductible	Out of pocket
\$312.01 / mo	\$7,000 / yr	\$9,100 / yr

### Applicants

Name	Relationship	Date of birth
Steve Testz	Self	1/1/1990

Back Continue

If these results were not what you expected, you can [change your plan](#).

Once the consumer hits the "continue" button, their enrollment process is complete

# Off-Ex Enrollment Flow:

The screenshot shows a web browser window with the URL [https://staging.healthsherpa.com/off\\_ex/applications/3146/success?\\_agent\\_id=United](https://staging.healthsherpa.com/off_ex/applications/3146/success?_agent_id=United). The page header includes the UnitedHealthcare logo, a "Dashboard" link, and navigation options for "Español", "(800) 806-0451", "Log out", and a "Find a plan" button.

The main heading reads "You've finished your application" with a sub-heading "Make sure to complete the following steps to secure your coverage for the year!".

Three numbered steps are listed:

- 1 Pay your first premium**  
You must make your first monthly payment of \$312.01 by 4/1/2023.  
A "Pay Premium" button is located below this step.
- 2 Log into your dashboard**  
In your dashboard, you can view, download or print a copy of your application.  
UnitedHealthcare application ID #: HSA000003146
- 3 Pick your primary care provider**  
Pick your primary care provider (PCP). You have one month after your plan start date to choose one. Otherwise, we will match you with a quality provider near you.

On the right side of the page, a box displays the plan details: "ROCKY MOUNTAIN HEALTH PLANS", "RMHP Colorado Doctors Plan Colorado Option Bronze", and a premium of "\$312.01/mo".

Two external callouts with arrows point to specific elements: one points to the "Pay Premium" button, and another points to the "Go to my dashboard" button.

Taken to myUHC.com early pay experience to make first payment

Taken to Off-Ex Member Dashboard



# Individual & Family Plans

- Off-Ex [myUHC.com](https://myUHC.com) Early Pay Experience

United  
Healthcare

# Auto-Pay:

United Healthcare English

## Welcome, Steve Test

**Pay now to activate your coverage and complete your enrollment.**

The next step is to complete your first payment. We make it easy. Complete your payment and set up auto-pay now. With auto-pay, payments will be made monthly on your due date to provide you with worry-free coverage.

As a reminder, you will have to complete payment prior to coverage date. Look for a mailed invoice with instructions on how to pay.

### 1. Select a payment option

Total amount due may not reflect payments made within the last 3-5 business days.

- Complete your payment and set up auto-pay  
**\$312.01**  
Due 04/01/2023

Auto-pay will start 05/01/2023

- Complete your payment only  
**\$312.01**  
Due 04/01/2023

### 2. Choose a payment method

- Bank Account
- Credit / Debit Card

Need help making a payment? Call 1-888-809-6539, TTY 711

© 2020 UnitedHealthcare Services, Inc.

#### Payment Summary

Exchange ID	HSM00004283
Member name:	Steve Test
Payment Details:	Complete your payment and set up auto-pay
Payment amount:	<b>\$ 312.01</b>

Auto-pay

## Payment submitted

**Your payment has been submitted**

Once processed, expect your welcome mailing with ID card in the mail (usually 2-3 weeks). Once you receive that, get started by registering on [myuhc.com/exchange](#) where you can manage your plan by finding in network care, paying bills, and getting set up for paperless.

Don't want to choose a PCP now or don't have one in particular in mind? We have you covered. We will match you with a quality network provider near you a month after your active date.

Unfortunately, something went wrong while setting up your autopay.

#### Payment Receipt

ID: \*\*\*\*\*4282

Member name: Andrew Ryans

Confirmation Number: 74379731

Payment Details: Complete your payment and set up auto-pay  
Credit/Debit  
\*\*\*\*\*1111  
03/17/2023 (Today)

Total: **\$508.96**

View your [electronic payment authorization](#) below.

If you have more than one plan, please return to the welcome page and pay those premiums separately.

# One-Time Payment:

United Healthcare English

## Welcome, Steve Test

**Pay now to activate your coverage and complete your enrollment.**

The next step is to complete your first payment. We make it easy. Complete your payment and set up auto-pay now. With auto-pay, payments will be made monthly on your due date to provide you with worry-free coverage.

As a reminder, you will have to complete payment prior to coverage date. Look for a mailed invoice with instructions on how to pay.

### 1. Select a payment option

Total amount due may not reflect payments made within the last 3-5 business days.

- Complete your payment and set up auto-pay  
\$312.01  
Due 04/01/2023

**Auto-pay will start 05/01/2023**

- Complete your payment only  
\$312.01  
Due 04/01/2023

### 2. Choose a payment method

- Bank Account
- Credit / Debit Card

Need help making a payment? Call 1-888-809-6539, TTY 711

© 2020 UnitedHealthcare Services, Inc.

#### Payment Summary

Exchange ID	HSM000004283
Member name:	Steve Test
Payment Details:	Complete your payment only
Payment amount:	<b>\$ 312.01</b>

One-time payment

United Healthcare English

## Payment submitted

**Your payment has been submitted**

Once processed, expect your welcome mailing with ID card in the mail (usually 2-3 weeks). Once you receive that, get started by registering on myuhc.care/exchange where you can manage your plan by finding in network care, paying bills, and getting set up for paperless.

Don't want to choose a PCP now or don't have one in particular in mind? We have you covered. We will match you with a quality network provider near you a month after your active date.

Unfortunately, something went wrong while setting up your autopay.

#### Payment Receipt

ID: \*\*\*\*\*4282  
Member name: Andrew Ryans  
Confirmation Number: 74379751  
Payment Details: One-time payment  
Credit/Debit \*\*\*\*\*1115  
03/17/2023 (Today)  
Total: **\$508.96**

View your [electronic payment authorization](#) below.

If you have more than one plan, please return to the welcome page and pay those premiums separately.

Electronic Signature: Andrew Ryans

I allow UnitedHealthcare Insurance Company or its affiliate to take a one-time withdrawal for the current monthly rate from the account named on this form. I also authorize the financial institution where this account is held to charge such a withdrawal to my account.

# Credit vs. Debit Payment Options:

United Healthcare English

## Welcome, Pay your first premium to activate your account

**Pay now to activate your coverage and complete your enrollment.**

The next step is to complete your first payment. We make it easy. Complete your payment and set up auto-pay now. With auto-pay, payments will be made monthly on your due date to provide you with worry-free coverage.

As a reminder, you will have to complete payment prior to coverage date. Look for a mailed invoice with instructions on how to pay.

### 1. Select a payment option

Total amount due may not reflect payments made within the last 3-5 business days.

Complete your payment and set up auto-pay  
**\$312.01**  
Due 04/01/2023

Complete your payment only  
**\$312.01**  
Due 04/01/2023

### 2. Choose a payment method

Bank Account

Credit / Debit Card

#### Add Bank Account Details

Indicates required fields\*

Bank Holder's First Name\*

Bank Holder's Middle Name (optional)

Bank Holder's Last Name\*

Routing Number\*

Account Number\*

Bank account payments typically take 1-3 business days for amount to reflect in your account.

Save payment method

**Review and submit**

Need help making a payment? Call 1-888-809-5539, TTY 711  
© 2020 UnitedHealthcare Services, Inc.

Payment Summary	
Exchange ID	HSM000004283
Member name:	Steve Test
Payment Details:	Complete your payment only
Payment amount:	<b>\$ 312.01</b>

United Healthcare English

## Welcome, Pay your first premium to activate your account

**Pay now to activate your coverage and complete your enrollment.**

The next step is to complete your first payment. We make it easy. Complete your payment and set up auto-pay now. With auto-pay, payments will be made monthly on your due date to provide you with worry-free coverage.

As a reminder, you will have to complete payment prior to coverage date. Look for a mailed invoice with instructions on how to pay.

### 1. Select a payment option

Total amount due may not reflect payments made within the last 3-5 business days.

Complete your payment and set up auto-pay  
**\$312.01**  
Due 04/01/2023

Complete your payment only  
**\$312.01**  
Due 04/01/2023

### 2. Choose a payment method

Bank Account

Credit / Debit Card

#### Card Information

Indicates a required field  
Please submit the below details within 15 minutes to avoid session timeout period

Name on Card

Card Number\*

Expiration Date\*  Month  Year

Store Card for Future Purchases

**Complete purchase**

Need help making a payment? Call 1-888-809-5539, TTY 711  
© 2020 UnitedHealthcare Services, Inc.

Payment Summary	
Exchange ID	HSM000004283
Member name:	Steve Test
Payment Details:	Complete your payment only
Payment amount:	<b>\$ 312.01</b>



# Individual & Family Plans

- [Off-Ex Member Dashboard](#)

United  
Healthcare

# First Premium Payment:

## Agent View

## Consumer View

Carrier Name Test  
NPN: 17169718

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients. [Click here](#) to integrate your account.

Steve Test

Report changes Change plans

Client follow-ups

There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

Client

Contact

Email: [steve.test12@sharklazers.com](mailto:steve.test12@sharklazers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status

Status: Submitted  
Last update: 3/17/2023

Steve Test

Report changes Change plans

Client follow-ups

There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

Client

Contact

Email: [sharklazers.com](mailto:sharklazers.com)  
54  
le Street, Denver, CO, 80206

2023

Once the first premium payment is made, all future premium payments should be made on [myuhc.com/exchange](https://myuhc.com/exchange), by mail, or calling 877-265-9199, TTY 711.

**DO NOT** use the pay button on HealthSherpa for recurring payments

# “Status” Update:

## Agent View

Carrier Name Test  
NPN: 17169718

Start application Search Marketplace Quote On-Ex

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients. [Click here](#) to integrate your account.

Steve Test Report changes Change plans

Client follow-ups  
There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	<span>Pay</span>
Verify loss of mec	Steve Test	Action Needed	3/24/2023	<span>Upload docs</span>

Client Report changes / view application

Contact  
Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

## Consumer View

United Healthcare

Steve Test Report changes Change plans

Client follow-ups  
There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	<span>Pay</span>
Verify loss of mec	Steve Test	Action Needed	3/24/2023	<span>Upload docs</span>

Client Report changes / view application

Contact  
Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

**THE STATUS DOES NOT UPDATE FOR OFF-EX APPLICATIONS. TO CONFIRM STATUS, PLEASE VISIT [myuhc.com/exchange](https://myuhc.com/exchange), OR BY CALLING 877-265-9199, TTY 711**

# QLE Verification:

## Agent View

Carrier Name Test  
NPN: 17169718

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients. [Click here](#) to integrate your account.

Steve Test

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

Contact  
Email: [steve.test12@sharklusers.com](mailto:steve.test12@sharklusers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

## Consumer View

Steve Test

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	Pay
Verify loss of mec	Steve Test	Action Needed	3/24/2023	Upload docs

Contact  
Email: [steve.test12@sharklusers.com](mailto:steve.test12@sharklusers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

**QLE DOCUMENT VERIFICATION IS NOT NEEDED FOR OFF-EXCHANGE PLANS**

Again, please disregard the **status** for both QLE documents and payment for off-ex

# Change Plans:

## Agent View

## Consumer View

Carrier Name Test  
NPN: 17169718

Start application Search Marketplace Quote On-Ex

Your FFM account needs attention! CMS is requiring all EDE partners to require agents and brokers to integrate their FFM accounts in order to continue servicing clients.  
[Click here](#) to integrate your account.

Steve Test [Report changes](#) [Change plans](#)

Client follow-ups  
There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	<a href="#">Pay</a>
Verify loss of mec	Steve Test	Action Needed	3/24/2023	<a href="#">Upload docs</a>

Client [Report changes / view application](#)

Contact  
Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023

United Healthcare

Steve Test [Report changes](#) [Change plans](#)

Client follow-ups  
There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Steve Test	Action Needed	4/1/2023	<a href="#">Pay</a>
Verify loss of mec	Steve Test	Action Needed	3/24/2023	<a href="#">Upload docs</a>

Client [Report changes / view application](#)

Contact  
Email: [steve.test12@sharklasers.com](mailto:steve.test12@sharklasers.com)  
Phone: (207) 551-5154  
Address: 123 Example Street, Denver, CO, 80206

Status  
Status: Submitted  
Last update: 3/17/2023