
Pre-Enrollment Packet

Items included in this Pre-Enrollment Packet

- Are you ready for your appointment with a Navigator?
- How to set up an e-mail account
- Marketplace Application Checklist
- Navigator List
- Employer Coverage Tool

- 1.** Set up an appointment with a Navigator (see list provided). Also check with your case manager or local county health department staff to see if local resources have been assigned for the enrollment process.

Or you may search for the closest Navigator in your area by visiting <http://www.coveringflorida.org/>



On the website, select the tab ENROLL & RENEW COVERAGE, then select Resources for Adults and enter your zip code to find local help.

- 2.** You will need an email address and password (instructions for creating an account are included in this packet).
- 3.** The Navigator will help you set up a www.healthcare.gov account with password.
 - If you have a Marketplace account, bring in your account username and password. If you cannot remember your username and password, the Navigator will assist you.
Do not create a new account.
- 4.** Gather the documentation that is required for enrollment as listed in this Pre-Enrollment Packet and on the Marketplace Application Checklist. Remember to provide current financial information.
- 5.** Read the information regarding taxes found in the post enrollment packet which will be given to you by the Navigator *after* enrollment.

You may contact your case manager or county health department staff if you need additional information on enrolling into a Marketplace plan.

Resources:

For additional information on the Marketplace and your taxes, special populations, etc., visit <https://marketplace.cms.gov/outreach-and-education/outreach-and-education.html>

Other publications and news items are also available at <http://familiesusa.org/>



Date of appointment: _____

Time of appointment: _____

Location/Address of appointment _____

Are you ready for your appointment with a Navigator?

Healthcare Navigators are ready to meet with and help you apply for health insurance through The Marketplace. In order to assist you, you will need to bring some information and items with you to your meeting. Use the following checklist to make sure you come prepared 😊

Please bring the following information with you to your meeting with a Navigator if you have it. If you need help, the Navigator can help you during your appointment 😊

1. Your email address and password

(Instructions on how to create an email account are in the folder)

- Email address _____
- Password _____

2. Your www.healthcare.gov account and password

(If you cannot remember your account / password, **do not create a new account**, the Navigator will assist you.)

- Username _____
- Password _____

3. Be ready to provide the following...

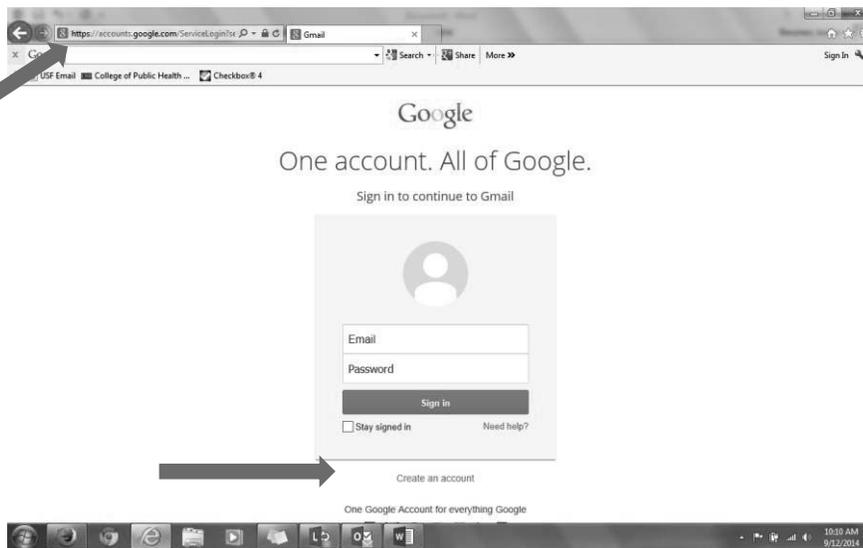
- a. The names and social security numbers of all members of your household
- b. A W-2 or other income documents (i.e. tax forms, paycheck stubs, income estimates) for all members of the household ***gross income (income before taxes and deductions are taken out), **not** net income (take home income)
- c. Immigration/citizenship documents (if not born in the U.S.)



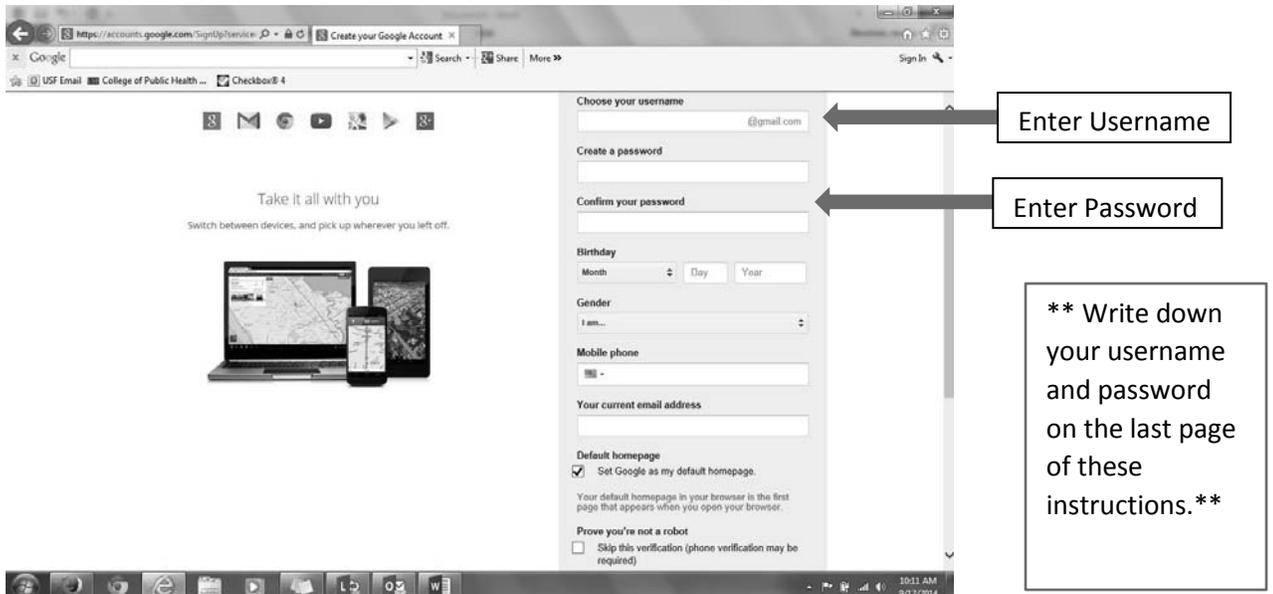
How to Set Up an Email Address

In order to apply for healthcare coverage at The Marketplace (www.healthcare.gov), you will need to have an email address. This handout will show you how to set up an email address using Gmail.

1. There are many email options (yahoo, hotmail, etc...), but for this example we will use www.gmail.com. Open an internet browser (Internet Explorer, Mozilla Firefox, or Google Chrome) and type in www.gmail.com in the address bar. Hit enter. It will bring you to a screen that looks like this. Now click the button on the bottom that says Create an account.



2. That will bring you to this screen. Choose a username and password. If your username is taken, Gmail will let you know and ask you to select another one.



3. Next, enter your birthdate, gender, and phone number. If you do not have a “current email address” – you can leave it blank.

The screenshot shows the 'Create your Google Account' page. The form fields are as follows:

- Name:** Florida Navigator
- Choose your username:** USF FL Navigator@gmail.com
- Create a password:** [Redacted]
- Confirm your password:** [Redacted]
- Birthday:** January 1, 2000. An arrow points to the year field with the label 'Enter Birthday'.
- Gender:** Female. An arrow points to the dropdown menu with the label 'Enter Gender & Phone Number'.
- Mobile phone:** 111-111-1111. A note below says 'This phone number format is not recognized. Please check the country and number.'
- Your current email address:** [Blank]

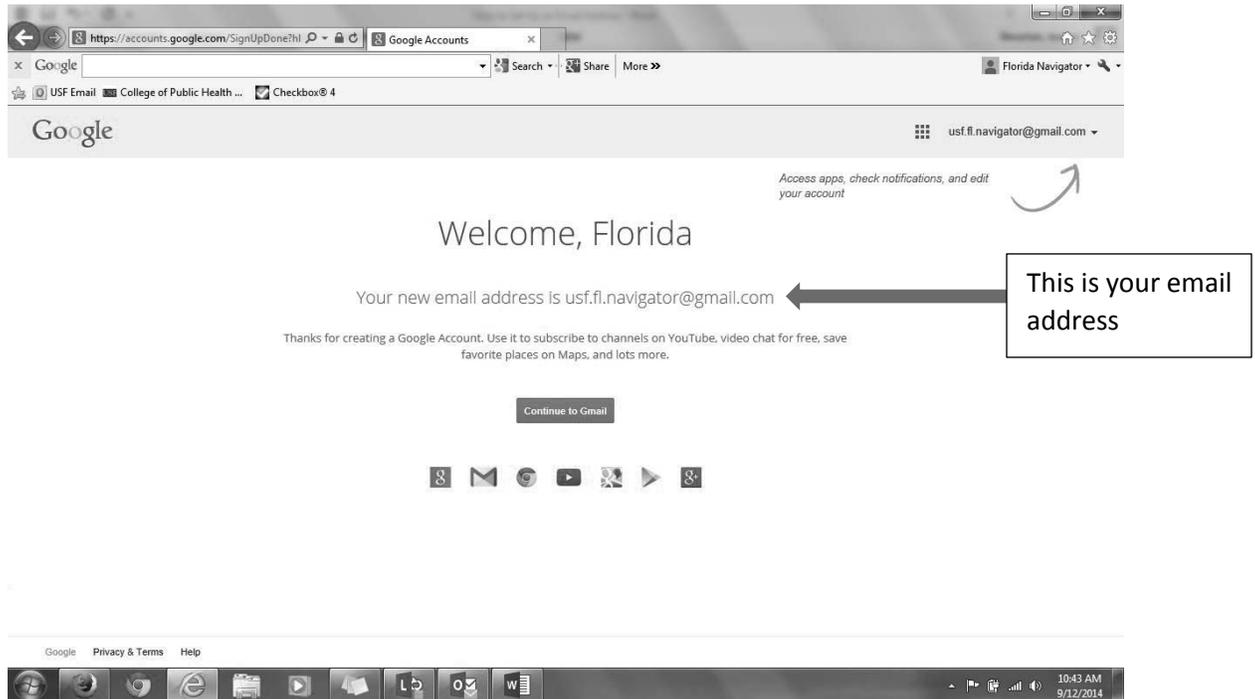
4. Just a few more steps and you will be done...
 - a. Unclick the “Set Google” as my default homepage”
 - b. Type in the numbers shown in the box to prove you aren’t a robot 😊
 - c. Click the “I agree to the Google Terms of Service and Privacy Policy”
 - d. Now click “Next Step”

The screenshot shows the final steps of the Google Account creation process. The form fields are as follows:

- Default homepage:** Set Google as my default homepage. An arrow points to the checkbox.
- Prove you're not a robot:** Skip this verification (phone verification may be required). Below is a CAPTCHA image showing the number 3254. An arrow points to the text input field containing '3254'.
- Location:** United States (dropdown menu).
- Agreement:** I agree to the Google Terms of Service and Privacy Policy. An arrow points to the checkbox.
- Next step:** A button labeled 'Next step'.

At the bottom, there is a link: 'Learn more about why we ask for this information.'

5. Click “No Thanks” if Google asks you to create a profile -- The next screen will give you your official email address. We recommend printing this page and keeping it for your records. You should also write down your password and keep the email address & password somewhere safe. Please have it with you when you come to meet with the Navigator.



Write down your email address and password and keep it for your records. You will need to use this email address to set up a www.healthcare.gov account to apply for health insurance in The Marketplace.

****Make sure you bring this information with you when you meet with a Navigator.**

Email address: _____@gmail.com

Password: _____

Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage.

- Information about your household: tax filer, spouse and tax dependents. Visit HealthCare.gov/income-and-household-information/household-size.
- Home and/or mailing address.
- Information about everyone applying for coverage.
- Social Security Numbers.
- Information about the professional helping you apply (if you're getting help completing your application). Visit HealthCare.gov/help/whos-helping-me-complete-my-application for more information.
- Document information for legal immigrants. Visit HealthCare.gov/help/immigration-document-types for more information.
- Information on how you file your taxes.
- Employer and income information for every member of your household (for example, from pay stubs or W-2 forms—Wage and Tax Statements). Visit HealthCare.gov/income-and-household-information/income to learn more about what types of income to include and not include.
- Your best estimate of what your household income will be in 2016. Visit HealthCare.gov/income-and-household-information/how-to-report for help estimating your income.
- Policy numbers for any current health insurance plans covering members of your household.
- A completed "**Employer Coverage Tool**" for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Visit HealthCare.gov/downloads/employer-coverage-tool.pdf to view or print the tool.
- Notices from your current plan that include your plan ID, if you have or had health coverage in 2015.

Stay up-to-date about the Marketplace. Visit HealthCare.gov to get email or text updates that will help you get ready to apply or renew.



ACA NAVIGATOR LEAD AGENCIES			
Grantee Geographic Service Area	Primary Contact	Consortium Partner Lead	Primary Contact Information
Palm Beach, Martin, Okechobee, St. Lucie, Indian River	Andrea Stephenson	Health Council of Southeast Florida	astephenson@hscsef.org (561) 844-4220 ext. 2500
Hillsborough, Pinellas, Pasco, Polk	Melanie Hall	The Family Healthcare Foundation	Melanie.mshconsulting@gmail.com (813) 428-4653 For Consumers: (813) 995-1066 www.Familyhealthcarefdn.org
Orange, Osceola, Seminole, Lake	Anne Packham	Primary Care Access Network, Inc.	For Consumers: cfnavigator@gmail.com 877-564-5031 For media/jobs: Annepackham2@gmail.com (407) 489-2752
Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota, Highlands, Hardee, Manatee	Lynne Thorp	The Health Planning Council of Southwest Florida, Inc.	lynnethorp@hpcswf.com 239-433-6707 For Consumers: (866) 547-2793 www.EnrollSWF.com
Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Levy, Marion, Putnam, Sumter, Suwannee, Union	Lauren Vagelakos	North Central Florida Health Planning Council Inc. (WellFlorida Council, Inc.)	marketplace@wellflorida.org Main Phone: 352-313-6500 ext. 115 Navigator cell phone: 352-299-0380 http://ncfnavigators.org/
Brevard	Elizabeth A. Lee	United Way of Brevard	ilee@uwbrevard.org (321) 631-2740
Madison, Taylor, Jefferson, Gadsden, Wakulla, Liberty, Franklin, Leon	Beverly Blake	Florida CHAIN	beverly@floridachain.org 646-505-9010 For consumers: (877)813-9115
Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Joyce Case	Health Planning Council of Northeast Florida, Inc.	joyce_case@hpcnef.org (904) 762-8600 (business cell) 904-301-3678
Escambia, Santa Rosa,	Cory Brown	90Works	cbrown@90works.org



(877) 813-9115 WWW.COVERINGFLORIDA.ORG

ACA NAVIGATOR LEAD AGENCIES			
Grantee Geographic Service Area	Primary Contact	Consortium Partner Lead	Primary Contact Information
Okaloosa, Walton, Holmes, Jackson, Washington, Calhoun, Gulf, Bay			(855) 909-6757 ext. 204 Cell: (850) 776-7551 Fax: (850)941-7139 For consumers: www.90works.org navigator@90works.org (855) 909-6757 ext. 5
Broward	Lisa Agate	Broward Regional Health Planning Council, Inc.	lagate@brhpc.org (954) 561-9681 x 1227
Miami-Dade, Monroe	Christina Tuero	Health Council of South Florida	CTuero@healthcouncil.org (305) 592-1452 ext. 100 For Consumers: 786-708-0836

EMPLOYER COVERAGE TOOL

Print or download this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). You'll need this information to complete your Marketplace application, even if you don't accept the employer insurance you're eligible for. **Write your name and Social Security Number (SSN) in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage that you're eligible for.**

EMPLOYEE information

The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Employee SSN
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

EMPLOYER information

Ask the **employer** for this information.

3. Employer name	4. Employer Identification Number (EIN)	
<input type="text"/>	<input type="text"/> - <input type="text"/>	
5. Employer address (the Marketplace will send notices to this address)	6. Employer phone number	
<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
7. City	8. State	9. ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Who can we contact about employee health coverage at this job?		
<input type="text"/>		
11. Phone number (if different from above)	12. Email address	
(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>	

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- YES** (Go to question 13a.) **NO** (STOP and return this form to employee.)

13a. If the employee isn't eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy)

/ / (Go to the next question.)

Tell us about the health plan offered by this employer.

Does the employer offer a health plan that covers an employee's spouse or dependent(s)?

- YES**. Which people? Spouse Dependent(s)
 NO

(Go to question 14.)

14. Does the employer offer a health plan that meets the minimum value standard*?

- YES** (Go to question 15.) **NO** (STOP and return this form to employee.)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has a tobacco cessation program, provide the premium amount that the employee would pay if they got the maximum discount for completing it.

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

(Go to next question.)

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return this form to employee.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage.
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan that meets the minimum value standard* and is available to the employee only. (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

c. Date of change: (mm/dd/yyyy) / /

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986). Most health plans offered by employers meet the minimum value standard.