



Employee User Manual

Version 1.0

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1: Acronyms

The Acronyms table provides a list of all acronyms included in the deliverable, along with the literal translation and definition.

Acronym	Definition
QDP	Qualified Dental Plan
QHP	Qualified Health Plan
SHOP	Small Business Health Options Program
SSN	Social Security Number
TIN	Tax Identification Number

Table 1. Acronyms

2: Introduction

The SHOP Employee Portal is an easy-to-use online portal that allows employees to check their eligibility for employer-sponsored health coverage and enroll in a health and/or dental plan.

2.1: Purpose

The Small Business Health Options Program (SHOP) employee user manual enables small business employers to enroll their employees in Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs).

The purpose of this manual is to assist small business employees in accessing the SHOP Employee Portal to complete their enrollment in employer-sponsored health plans.

2.2: Audience

The target audience for this manual is employees who access the SHOP Employee Portal to enroll in QHPs/QDPs offered by their employers.

2.3: Navigating the SHOP Employee Portal

Use the links located at the top of each page to manage account information, get assistance, and to change the displayed language.




Section/Link/Icon Name	Description
My Account	Click the My account  link to manage your account information.
Get Assistance	Click the Get assistance  link to learn more about the SHOP marketplace or if you need help completing your enrollment or to file an appeal. To speak with a trained representative, you can call 1-800-706-7893 . This service is available from 9 am to 7 pm EST, Monday through Friday.
Language	Click the Language  icon to view the portal in your preferred language.

Table 2. Quick Links

3: User Account Management

To enroll yourself and your family members in employer-sponsored QHPs, you must register yourself on the SHOP Employee Portal by creating a user account.

After successful registration, you can sign in to the portal by entering your username and password, and manage your account information.

3.1: Creating a User Account

The Log In page enables you to register yourself on the SHOP Employee Portal by creating a new user account.

Click the **Create Account** link on the User Login page to create an account. You must provide information in all the fields that are marked with an asterisk (*). The username and password that you specify will be used to sign in to the SHOP Employee Portal.

The screenshot displays a registration form with two steps: 1. Registration Information and 2. Security Questions. Step 1 is the active step, indicated by a blue circle with the number 1. The form contains the following fields and options:

- First Name:** Text input field containing "Miriam".
- Last Name:** Text input field containing "Thomas".
- Email:** Text input field containing "mthomas@email.com".
- Username:** Text input field containing "mthomas".
- ☐ Use Email Address as Username
- Password:** Text input field with masked characters (dots).
- Confirm Password:** Text input field with masked characters (dots).
- ☒ I agree and accept to the Privacy Policy statements.
- Save:** A large orange button at the bottom of the form.

Figure 1. Registration Page

To create an account:

1. In your browser address bar, type the portal URL.
2. On the **User Login** page, click **Create Account**.
3. On the **Registration** page, provide your name, email address, and username..
4. In the **Password** and **Confirm Password** fields, specify a password.
5. Select the **I agree and accept the Privacy Policy statements** check box and then click **Save**.

The screenshot shows a registration form with two main sections: '1 Registration Information' and '2 Security Questions'. The 'Security Questions' section is active, showing three questions with dropdown menus and corresponding answer fields. The questions are: 'What is the name of your favorite pet?' (answer: pepper), 'In what city was your mother born?' (answer: charlotte), and 'What is the name of your favorite childhood friend?' (answer: chrissy). At the bottom, there is an orange 'Register' button and a blue 'Back' link.

Figure 2. Selecting Security Questions

6. On the **Security Questions** page, select three secret questions and provide the answer to the questions in the corresponding fields.
7. Click **Register**. The account is created. You are redirected to the User Login page to enter your new login credentials and access the portal.

3.2: Completing Your Profile

After logging in to the portal, you are prompted to complete your user profile. On the Complete Your Profile page, provide your date of birth, SSN/TIN, mailing address, and contact information.

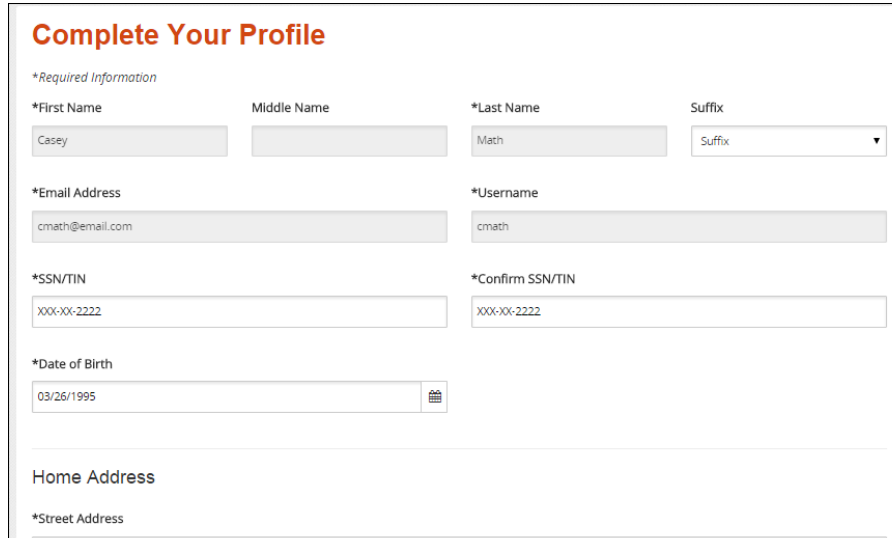


Figure 3. Complete Your Profile Page

1. Log in to the Employee Portal with your username and password.
2. On the **Complete Your Profile** page, provide your SSN/TIN, date of birth, home and mailing address, preferred method of contact, and contact information.
3. In the **Authorization Attestation** section, read and then select the **I've read and agree to these statements** check box. If you do not agree, you will not be able to participate in the SHOP.
4. Select the option that defines your role as a primary user/account holder or **registered customer service representative/authorized representative with the authority to act on behalf of this individual** option.
5. Click **Complete Profile**. You will be directed to the My Employer page to enter your SHOP participation code.

The participation code is located in the email you should have received from your employer. For further information, refer to Section 4.1:Using the SHOP Participation Code in Chapter 4: My Employer Section.

3.3: Updating Your Profile

Use the **My Profile** section to view and edit your profile information. Fields that are grayed out are not editable.

My Profile

Below you can view and edit your personal profile information.

**Required field.*

Basic information

*First Name	Middle Name	*Last Name	Suffix
Casey		Math	Suffix

Account number

RefID_1439926550149

***Email Address**

cmath@email.com

***SSN/TIN**

XXX-XX-1111

Date of birth

03/26/1995

Home Address

***Street address**

123 Home Road

Apt./Ste. #

Figure 4. My Profile Page

To modify your profile:

1. In the left navigation menu, click the **My Profile** tab.
2. On the **My Profile** page, modify the information in the enabled fields. If the grayed out fields contain incorrect information, contact the back office to update this information.
3. Click **Save**.

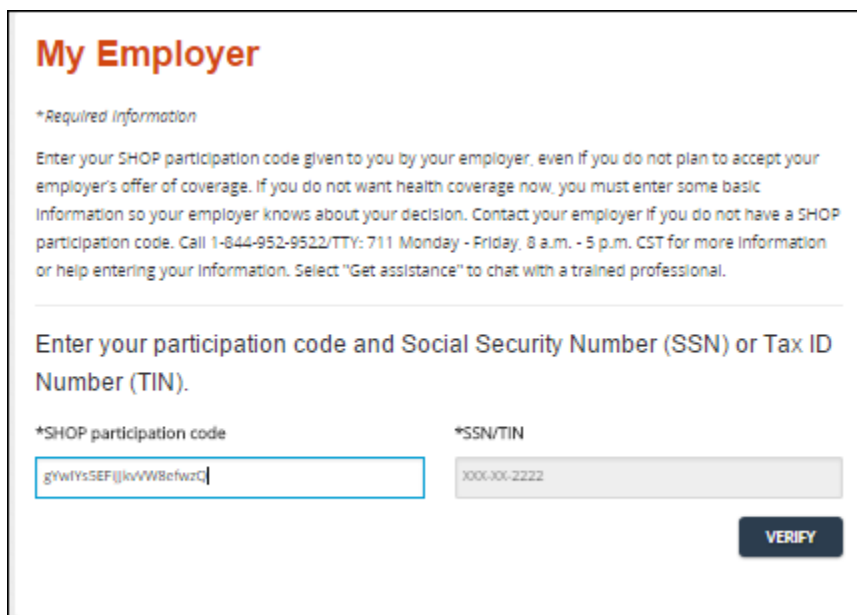
4: My Employer Section

The My Employer page lets you access the unique employee participation code to select coverage.

4.1: Using the SHOP Participation Code

A participation code is sent to each employee that an employer has offered health coverage. The participation code is required to access health plans on the SHOP Employee Portal. You should have already received an email from your employer containing a link to the portal (for completing your enrollment), along with the participation code. If you have not received your SHOP participation code, then you must contact your employer immediately.

If you do not wish to receive employer-sponsored health coverage or would like to enroll at a later date, you should enter your participation code to communicate your decision to your employer through the portal. You should also notify your employer in person.



My Employer

**Required information*

Enter your SHOP participation code given to you by your employer, even if you do not plan to accept your employer's offer of coverage. If you do not want health coverage now, you must enter some basic information so your employer knows about your decision. Contact your employer if you do not have a SHOP participation code. Call 1-844-952-9522/TTY: 711 Monday - Friday, 8 a.m. - 5 p.m. CST for more information or help entering your information. Select "Get assistance" to chat with a trained professional.

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

*SHOP participation code

gYwIYsSEF[[jkwVW8efwzC]

*SSN/TIN

XXX-XX-2222

VERIFY

Figure 5. My Employer Page


To begin the enrollment application:

1. In the left navigation menu, click **My Employer**.
2. In the **SHOP Participation Code** field, type the code you received from your employer.
3. Click **Verify**.

4. When prompted to add the employer to your account, click **Yes**.
The Verified Employers section displays the name and address of your employer.

My Employer

**Required Information*


COMPLETE: Employer added successfully.

Enter your SHOP participation code given to you by your employer, even if you do not plan to accept your employer's offer of coverage. If you do not want health coverage now, you must enter some basic information so your employer knows about your decision. Contact your employer if you do not have a SHOP participation code. Call 1-844-952-9522/TTY: 711 Monday - Friday, 8 a.m. - 5 p.m. CST for more information or help entering your information. Select "Get assistance" to chat with a trained professional.

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

*SHOP participation code

*SSN/TIN

VERIFY

Verified employers

Employer name	Mailing address
Quality Arts, Inc.	221 Forest Field Drive 72207, PULASKI, AR

Important: You have an offer of health coverage from Quality Arts, Inc.

Start enrollment period on

10/16/2015

Last day employees have to enroll

10/31/2015

Enrollment status: Not started

BEGIN

Figure 6. Verified Employers on My Employer Page

5. Click **Begin**.

4.2: Accepting or Waiving Coverage

On the **My Employer** page, view a summary of the coverage, including the enrollment period and health and dental plan contributions. Verify that the information displayed on this page is correct. Once you have signed and submitted the application, you will not be able to make any changes.

My Employer

* Required information

BACK TO MY EMPLOYER

Employer summary of health coverage

Employer name	Employer's Address
Quality Arts, Inc	221 Forest Field Drive
Employee ID	Little rock, AR 72207
12345	PULASKI

Enrollment Period	Estimated effective date
10/16/2015 to 10/31/2015	01/01/2016

Health Plan		Dental plan	
Coverage	Contribution	Coverage	Contribution
Employee:	60.00%	Employee:	60.00%
Dependent (s)	60.00%	Dependent (s)	6.00%

Will you accept this health coverage offered by your employer? Select "yes" or "no" below. You can return to this page to choose a health plan after viewing your options. If you choose to waive this coverage, you (and your dependents) will be disenrolled from the current employer coverage, if you are currently enrolled.

☒ Yes, I plan to accept this coverage through my employer.
 ☐ No, I waive this coverage through my employer.

Figure 7. Summary of Coverage Offered

4.2.1: Waiving Coverage

On the My Employer page, choose whether to accept or waive coverage from the employer. If you choose to waive coverage, select a reason, provide your electronic signature, and submit your response.

☐ Yes, I plan to accept this coverage through my employer.
 ☒ No, I waive this coverage through my employer.

Will you have any of these sources of health coverage once this employer's SHOP plan is effective?

Individual private health insurance ▾

I have read and agree with the statements below:

- I'm declining my employer's offer of health coverage and any offered dental coverage. I fully understand that I'm choosing to decline this employer's offer to provide health coverage and any offered dental coverage. If this employer is offering coverage for my dependents, I'm choosing to decline that offer of coverage, too.
- I was not pressured or forced or unfairly induced by my employer, the agent or the carrier(s) into waiving or declining group health coverage.
- If in the future I apply for coverage, I, my spouse/partner and my dependent child(ren) may be treated as a late enrollee and subject to postponement of coverage for up to 12 months, I understand that if I am declining enrollment for myself, my spouse/partner, or my dependent child(ren) because of other health coverage, I may, in the future, be able to enroll myself, my spouse/partner, or my dependent child(ren) in this plan, as required by law, provided that I request enrollment within 30 days after my other health coverage ends or a qualifying event occurs. If I do not request enrollment within 30 days of the above events, I understand that I may not be able to enroll for coverage until my company's Open Enrollment period.
- I understand that I can obtain information related to my enrollment eligibility from my employer or small group health carrier.

I acknowledge that I must tell the SHOP Marketplace if any information listed on this application changes.

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

In addition, I know that my coverage and the coverage for my dependents (if applicable) may be impacted if I provide false or untrue information. Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

***Electronic signature**

Casey Math
Date: 10/16/2015

CANCEL

SUBMIT

Figure 8. Waive Coverage Option

To waive health coverage:


- On the **My Employer** page, select the **No, I waive this coverage through my employer** option.

2. In the **Will you have any of these sources of health coverage once this employer's SHOP plan is effective?** list, select a reason.
3. Read the listed terms.
4. In the **Electronic Signature** field, type your full name.
5. Click **Submit**.

4.2.2: Accepting Coverage

If you accept coverage, provide additional employee details, such as your address and dependent information.

☒ Self



Important: Verify all information before you submit your health care application. You won't be able to make changes once you sign and submit your application.

*First Name

Middle Name

*Last Name


Suffix

*SSN/TIN

*Date of Birth

*Sex

☐ Male
 ☒ Female

Household Income 

Home Address

*Street Address

Apt./Ste. #

Figure 9. Self Section on My Employer Page

To accept coverage:

1. On the **My Employer** page, to accept coverage, select the **Yes, I plan to accept this coverage through my employer** option.
2. Complete the **Self** section by providing your date of birth, sex, home and mailing addresses, contact preferences, and dependent information (if applicable) in the required fields.
3. Read the terms and agreement.
4. In the **Electronic Signature** field, type your full name.
5. Click **Save & Continue**. You will then be redirected to the **Review Employer's Health Coverage** page.

4.3: Viewing and Comparing Health and/or Dental Insurance Plans

The **Review Employer's Health Coverage** page and the **Review Employer's Dental Coverage** page enable you to review and select a plan that meets your requirements as closely as possible for enrollment. Use the **Sort By** list to sort plans based on the selected sort criteria, such as **Yearly Deductible High to Low**. Select the **Compare** check box to compare a maximum of three plans.

Plan Riders: Each stand-alone plan may have some associated riders. Riders are add-on insurance plans that cover health-related services that are not typically covered by the selected health plan.

Embedded Plans: Embedded plans include essential riders. There is a single premium for such plans, and your employees must purchase all of the benefits together. Embedded or essential riders cannot be excluded from the plan.

Arkansas BlueCross BlueShield

SHOP Bronze 3000-1

PPO | BRONZE

Cost Details

Total monthly premium	Yearly deductible	Total employer contribution	Total employee contribution
\$248.52	Individual Not applicable	\$124.26 per month	\$124.26 per month
	Family Not applicable per person		
	Not applicable per group		

VIEW DETAILS

SELECT

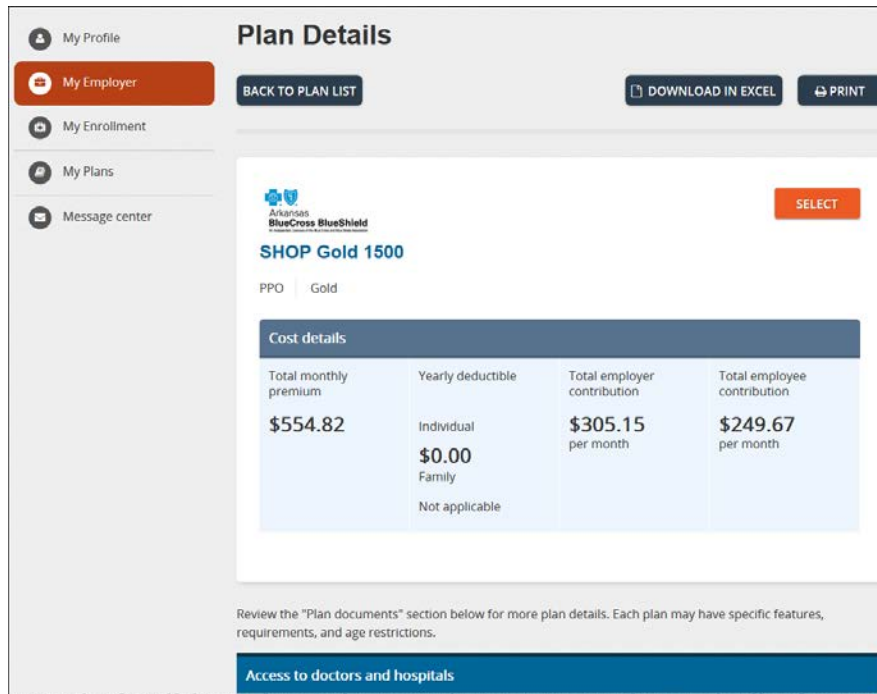
BACK

SAVE AND CONTINUE

Figure 10. Selecting a Plan

4.3.1: Viewing Plan Details

Click **Details** to view plan details, such as the monthly employer and employee contribution, yearly deductible, and total estimated cost. Click **Download in Excel** to view the plan details as a spreadsheet outside of the SHOP Employee Portal. Click **Select** to select the plan as your choice of health coverage. Click **Remove** to cancel the selected plan.



Plan Details

My Profile | **My Employer** | My Enrollment | My Plans | Message center

BACK TO PLAN LIST | DOWNLOAD IN EXCEL | PRINT

Arkansas BlueCross BlueShield

SHOP Gold 1500

PPO | Gold

Cost details			
Total monthly premium	Yearly deductible	Total employer contribution	Total employee contribution
\$554.82	Individual \$0.00 Family Not applicable	\$305.15 per month	\$249.67 per month

Review the "Plan documents" section below for more plan details. Each plan may have specific features, requirements, and age restrictions.

Access to doctors and hospitals

Figure 11. Plan Details Page

To view the plan, click **Details** and scroll down to view all details of the plan.

4.3.2: Filtering Plans

To narrow the list of plans displayed, you can use the filter options to only display plans based on the selected criteria.

NARROW YOUR RESULTS:

ACCESSIBLE FILTERS

Estimated employer contribution
Between \$0.00 - \$9.29

Estimated employee contribution
Between \$0.00 - \$9.28

Yearly deductible (per individual)
Between \$0.00 - \$75.00

Yearly deductible (per group)
Between \$0.00 - \$100.00

Figure 12. Health Plan Filter

To filter plans, complete the following sections:


- **Estimated employer contribution:** Specifies the portion of an employee's health insurance premium paid for by the employer. Move the slider to set the filter value range to narrow down the number of available plans.
- **Estimated employee contribution:** Specifies the portion of an employee's health insurance premium paid for by the employee. Move the slider to set the filter value range to narrow down the number of available plans.
- **Yearly deductible (per individual):** Specifies the maximum amount that the individual needs to pay at the time of filing a claim or receiving a service. Plans with a higher deductible usually have a lower premium and higher out-of-pocket expenses at the time you receive services or obtain medication. Move the slider to set the filter value range to narrow down the number of available plans.
- **Yearly deductible (per group):** Specifies the maximum amount that your family needs to pay at the time of filing a claim or receiving a service. Move the slider to set the filter value range to narrow down the number of available plans.

4.3.3: Comparing Plan Details

Select the **Compare** check box to compare a maximum of three plans. Click **Compare Plans** to view plan comparison on parameters such as monthly employer and employee contribution, yearly deductible, and cost coverage.

2 Plan(s) offered with effective date 01/01/2016

COMPARE PLANS (UP TO 3) Sort by...

 ☒ Compare **VIEW DETAILS**

ABCABS Small Group Silver Health Plan - 0001 **SELECT**

PPO | SILVER

Cost Details			
Total monthly premium	Yearly deductible	Total employer contribution	Total employee contribution
\$298.46	Individual \$2,050.00	\$149.23 per month	\$149.23 per month

Figure 13. Compare Plans Page

Click **Download in Excel** to view comparison result details as a spreadsheet outside of the SHOP Employee Portal. Click **Select** to select the plan as your choice of health coverage. Click **Remove** to cancel the selected plan. Click **View Details** to see the complete information of plan. Click **Add Plan** to add and compare a maximum of three plans at a time.

BACK TO PLAN LIST ADD PLAN DOWNLOAD IN EXCEL PRINT	
<p>ABCABS Small Group Silver Health Plan - 0001</p> <p>\$149.23 Employer monthly cost</p> <p>\$149.23 Employee monthly cost</p> <p>\$298.46 Total monthly premium</p> <p>VIEW DETAILS</p>	<p>A Small Group Silver Health Plan - 0009</p> <p>\$280.00 Employer monthly cost</p> <p>\$280.00 Employee monthly cost</p> <p>\$560.00 Total monthly premium</p> <p>VIEW DETAILS</p> <p>SELECT</p>

Figure 14. Compare Plans Results Page

To compare the plan:


1. Select the **Compare** check box to compare a maximum of three plans.
2. Click **Compare Plans** and scroll down to view plan comparison details.

4.4: Selecting Plans

To select a health and/or dental plan:

1. On the **Review Employer's Health Coverage** page and/or the **Review Employer's Dental Coverage** page on the **My Employer** tab, review the available plans.
2. Click **Select** for the plan in which you want to enroll.
3. Click **Save & Continue**.
4. On the **Review and Confirm Your Plans** page, click **Confirm**.

Review And Confirm Your Plans



Arkansas BlueCross BlueShield

SHOP Gold 1500

PPO | Gold

Cost details			
Total monthly premium	Yearly deductible	Total employer contribution	Total employee contribution
\$554.82	\$0.00 per person	\$305.15 per month	\$249.67 per month
	\$0.00 Family		

\$249.67

Total monthly premium

WAIVE
BACK
CONFIRM

Figure 15. Review and Confirm Your Plans Page

5. Read the confirmation message and then click **Return to My Enrollment**.

After selecting a plan, you still have the option to decline your employer's health insurance coverage. On the **Review and Confirm Your Plans** page, you can click **Waive** to decline coverage.

5: My Enrollment

The **My Enrollment** section enables you to view the current status of your enrollment on the SHOP Employee Portal. On this page, you can view the employee monthly premium, employer monthly premium, and yearly deductible for the selected health plan. You can also view enrollment details, edit your enrollment selection, or cancel your enrollment. If you choose to edit enrollment, your application will be cancelled and you will have to start the application again.

Once you have submitted your enrollment application, you will not be able to edit it. However, you can cancel it and create a new enrollment application. When the eligibility and enrollment period is locked for your application, you will not be able to edit your eligibility and enrollment applications for the coverage year.

American Indians and natives of Alaska can edit their eligibility details and change their plan selection anytime during the year. Once the enrollment application is submitted, they can edit the application for both enrolled and dis-enrolled statuses.

My Enrollment

Employer's health plans from Asus for Kevin Lee

Enrollment ID	Date submitted	Coverage start date
2000000410	10/22/2015	01/01/2016

VIEW DETAILS
EDIT ENROLLMENT
CANCEL ENROLLMENT

Plan selected for Kevin Lee

SHOP Bronze 3000-1 Cost Details

Employee monthly share	Employer monthly share	Yearly deductible
\$124.26	\$124.26	Individual Not applicable Family Not applicable per person Not applicable per group

Plan selected for Kevin Lee

BEST Dental Value Cost Details

Employee monthly share	Employer monthly share	Yearly deductible
\$9.28	\$9.29	Individual \$75.00 Family \$75.00 per person Not applicable per group

Figure 16. My Enrollment Page

5.1: Viewing Enrollment Details

The **Enrollment Details** page enables you to view the description of your enrollment for the employer-sponsored health/dental insurance plan.

Enrollment Details

BACK TO MY ENROLLMENT

Employee ID

Group ID

12345

Enrollment participation per plan

ID	Member name	Relationship with employee	Plan name	Enrollment status	Coverage start date	Coverage end date
	Casey Math	Self	SHOP Gold 1500	Submitted	01/01/2016	12/31/2016
	John math	Son/daughter	SHOP Gold 1500	Submitted	01/01/2016	12/31/2016
	Jason Jones	Son/daughter	SHOP Gold 1500	Submitted	01/01/2016	12/31/2016

Figure 17. Enrollment Details Page

To view your enrollment details:

1. Click the **View Enrollment** on the **My Employer** tab.
2. Review the summary of coverage.

6: My Plans

Use the **My Plans** section to edit your personal information, such as the mailing address and contact information.

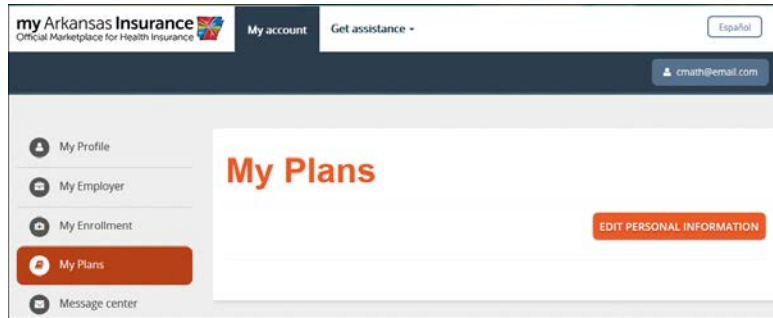


Figure 18. My Plans Page

To edit personal details:

1. On the left navigation menu, click **My Plans**.
2. On the **My Plans** page, click **Edit Personal Information**.
3. On the **Edit Personal Information** page, edit the employee and/or dependent information and then click **Update**.

Edit Personal Information

**Required Information*

[BACK TO MY PLANS](#)

Self

*First Name: Larry Middle Name: Middle Name *Last Name: King Suffix: Suffix

Mailing Address

*Street Address: 200 E. Randolph Apt./Ste. #

*City: Little Rock *Zip: 72201 *County: PULASKI State: AR

*Phone Number: (123) 456-7890 Ext: Phone Type: Cell

Second Phone Number: Ext: Phone Type: Home

Figure 19. Edit Personal Information Page

7: Message Center

Use the Message Center to view notifications that you have received on the SHOP Employee Portal. You can also click the paper clip icon to download a PDF file of the notification.

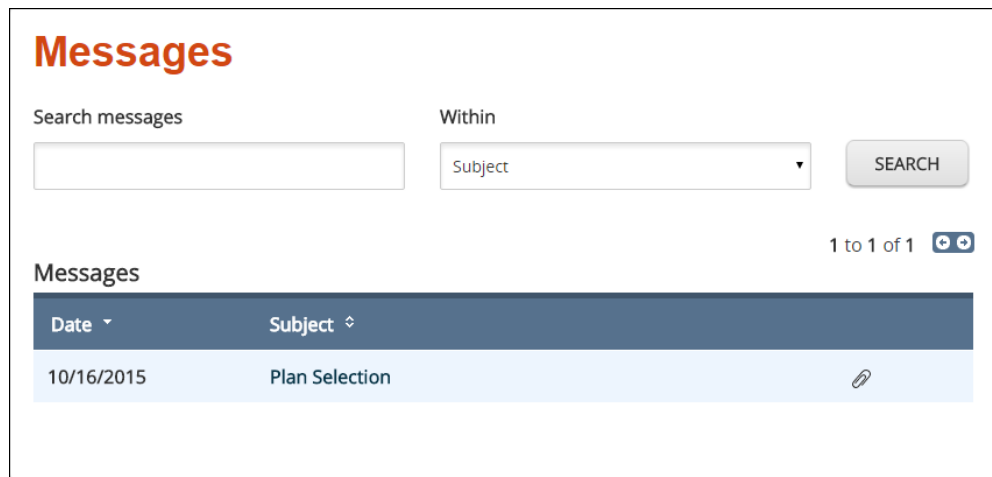


Figure 20. Messages Page

To access notifications:

1. On the Navigation menu, click **My Account**.
1. In the left navigation menu, click **Message Center**.
2. Click a subject title to open the notification.

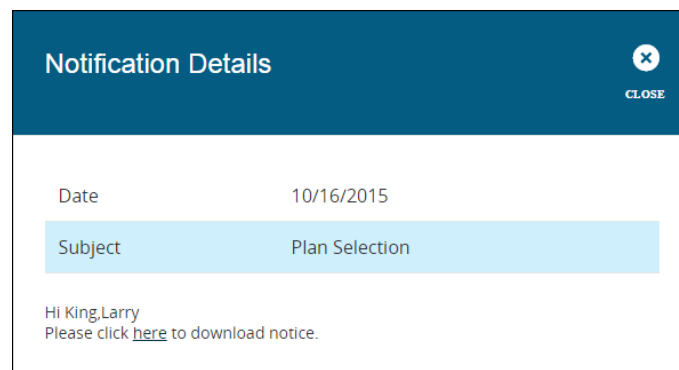


Figure 21. Notification Details

