



# Broker Workgroup

January 8, 2021

# Meeting Agenda

- 1) Pennie Updates**
- 2) Open Enrollment Status and Feedback**
- 3) Refreshers and Reminders**
  - a) Household Relationship Details
- 4) Overview of Pennie Eligibility Criteria**
- 5) Data Matching Issues/Inconsistencies**
  - a) Policy
  - b) Process
- 6) Special Enrollment Periods**
- 7) Voluntary Terminations**
- 8) Questions for Pennie**



# Pennie Updates



# Agency Updates

## Deadline approaching

- Open Enrollment closes on Friday, January 15th
- Call center will be open until midnight

## Exchange Assister / Navigator Network

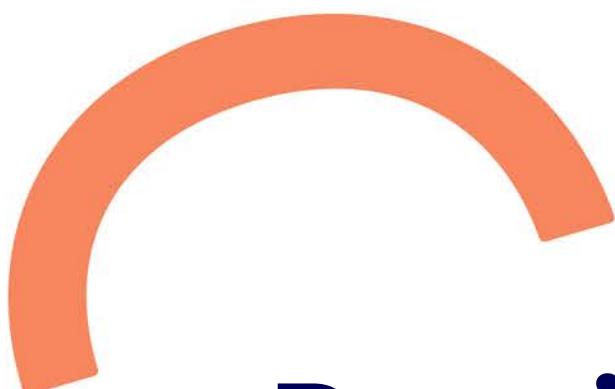
- Enrollment events schedule at pennie.com

## Customer-facing pennie.com

- Shifting language to SEP & Qualifying Life Events
- Adding links for COVID-19 Education & Resources

## Stakeholder Feedback Requested

- Only 4 questions
- Link [here](#) & in chat



# **Pennie Open Enrollment Status and Feedback**



# Platform (Exchange) Metrics for 01/06/2021

		Grand Total
<b>Enrollment Metrics</b> For plan year 2021	Total enrollment	324,556
	Autorenewals	210,015
	Active renewals	51,810
	New enrollment	62,731

# Broker and Assister Metrics for 01/06/2021

		Grand Total
Designations	Number of households with broker designations	95,168
	Number of households with assister designations	1,829
	Number of enrollments with broker designations	74,778
	Number of enrollments with assister designations	1,545



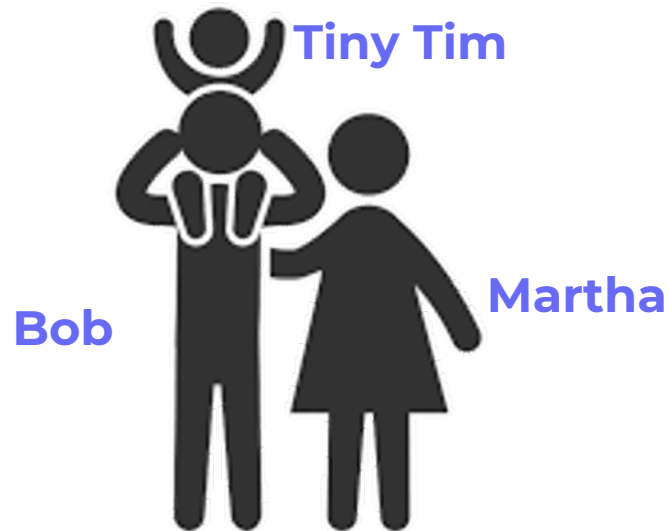
# Refreshers and Reminders





# Refresher: Household Relationships

- Read CAREFULLY and REVIEW household relationships.
- Incorrect relationships result in delays in processing enrollments at the carrier.



Household Relationship Details

Here are the 3 members in your household. Please answer the following questions to help us establish everyone's relationship to each other.

1. Bob Cratchit
2. Martha Cratchit
3. Tiny Tim

1. How is **Bob Cratchit** related to the other household members?

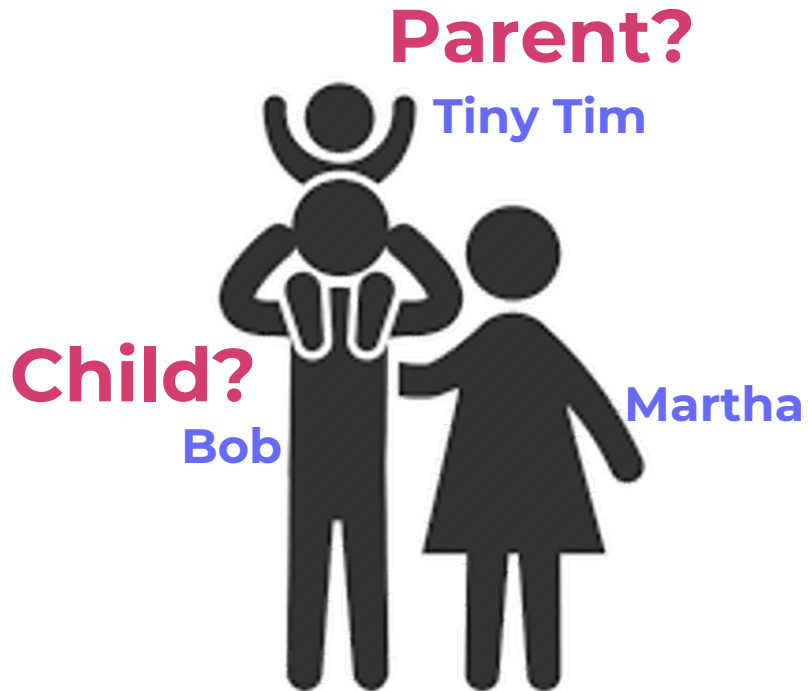
Bob Cratchit is Martha Cratchit's\*

Bob Cratchit is Tiny Tim's\*

2. How is **Martha Cratchit** related to the other household members?

Martha Cratchit is Tiny Tim's\*

# Incorrect Relationships



1. How is **Bob Cratchit** related to the other household members?

Bob Cratchit is Martha Cratchit's\*

**Incorrect!**

Bob Cratchit is Tiny Tim's\*

2. How is **Martha Cratchit** related to the other household members?

Martha Cratchit is Tiny Tim's\*

## Household Members

Name	Relation	Date of Birth	Seeking Coverage
Bob Cratchit	Self	01/10/1980	Yes
Martha Cratchit	Spouse	02/01/1980	Yes
Tiny Tim	 <input type="text" value="Parent (father or mother)"/>	01/01/2016	Yes



# Correct Relationships



1. How is **Bob Cratchit** related to the other household members?

Bob Cratchit is Martha Cratchit's\*

Bob Cratchit is Tiny Tim's\*

2. How is **Martha Cratchit** related to the other household members?

Martha Cratchit is Tiny Tim's\*

## Household Members

Name	Relation	Date of Birth	Seeking Coverage
Bob Cratchit	Self	01/10/1980	Yes
Martha Cratchit	Spouse	02/01/1980	Yes
Tiny Tim	Child (son or daughter)	01/01/2016	Yes

# Reminder

- Go to [agency.pennie.com/brokers](https://agency.pennie.com/brokers) for additional resources and information.



## Get Certified

Brokers are vital to the entire Pennie ecosystem designed to provide a space for health insurance accessibility. If you would like to become a Pennie-certified broker, [click here](#).



## Create An Account

Click [here](#) for instructions on how to claim or create your account.



## Get Help

[Broker FAQ's](#)

[Broker Resources](#)

Call 1-844-844-4440

[Call Center Path of Least Resistance Steps](#)



# Overview of Pennie Eligibility Criteria



# Pennie/Exchange Eligibility

**An individual is eligible to enroll in QHP and/or QDP coverage through Pennie if they:**

- ✓ are a resident of Pennsylvania;
- ✓ are a U.S. citizen, national, or lawfully present non-citizen (and reasonably expect to be a citizen, national, or a non-citizen who is lawfully present for the entire period for which enrollment is sought);
- ✓ are not incarcerated (other than incarceration pending the disposition of charges); and
- ✓ have a valid enrollment period

# US Citizen & US Nationals

## U.S. Citizen:

A U.S. citizen is someone who was born in the United States (including U.S. territories except for American Samoa) or who was born outside the U.S. and who:

- Was naturalized as a U.S. citizen; or
- Derived citizenship through the naturalization of their parent(s); or
- Derived citizenship through adoption by U.S. citizen parents, provided certain conditions are met; or
- Acquired citizenship at birth because they were born to U.S. citizen parent(s); or
- Is a U.S. citizen by operation of law.

## U.S. National:

A U.S. national is someone who is either a U.S. citizen or non-citizen who owes permanent allegiance to the U.S.

All U.S. citizens are U.S. nationals, but not all U.S. nationals are U.S. citizens.

In nearly all cases, non-citizen U.S. nationals are people born in American Samoa or abroad with one or more American Samoan parent under certain conditions.



# Lawfully Present Status

## A lawfully present immigrant is/has ONE of the following:

- “Qualified non-citizen” immigration status without a waiting period
- Lawful permanent resident (LPR/Green card holder)
- Qualified non-immigrant status, including:
  - worker visas (such as H-1B, H-2A, H-2B),
  - **student visas**,
  - U-visa, T-visa, and other visas,
  - citizens of Micronesia, the Marshall Islands, and Palau
- Deferred Action Status, **with the exception of Deferred Action for Childhood Arrivals (DACA)**
- Legal status conferred by other laws

## Humanitarian statuses or circumstances:

- Temporary protected status
- Special Juvenile Status
- Asylum applicants
- Victims of human trafficking
- Refugees
- Cuban/Haitian Entrants
- Paroled into the U.S.
- Battered spouse, child, or parent
- Special Immigrant visa holders from Iraq or Afghanistan



# Eligibility for Advance Premium Tax Credits (APTC)

To be eligible for premium tax credits or APTC in Pennsylvania, an individual must:

- ✓ Be eligible for coverage through Pennie;
- ✓ **Have a household income between 100% and 400% of the FPL;**
- ✓ Plan to file a federal tax return and, if married, plan to file a joint return;
- ✓ Filed taxes and reconciled any APTC received in previous years;
- ✓ Cannot be claimed as a dependent on someone else's tax return; and
- ✓ Not be eligible for another form of minimum essential coverage, including:
  - Offer of Employer-sponsored insurance that meets affordability standards
  - Medicaid/CHIP
  - Premium-free Medicare Part A
  - Enrolled in COBRA coverage outside of OE

**100%-400% of Current  
Federal Poverty Level  
(FPL)**

Household of 1  
\$12,760 - \$51,040

Household of 4  
\$26,200 - \$104,800

# Ensuring a Seamless Application Process

- Have all the information you need when applying for coverage, and Provide all the information you have (even if it is optional in the application):
  - Social Security Number (if they have one)
  - Alien Registration Number
  - Information from Naturalization Certificate or Certificate of Citizenship
  - W-2 form, or most recent paystubs if their income has changed since 2019
- Only attest to information in the application that you can verify
- Be prepared to submit documentation
  - Submit online, by fax, or by mail if needed
- Report changes to income or household within 30 days
  - Keeping income and household information up to date ensures you are getting the right level of financial assistance

- ✓ Photo ID(s) (driver's license, passport or other option proving your identity)
- ✓ Social security number(s)
- ✓ Last 4 weeks of pay stubs
- ✓ Immigration documents, if applicable
- ✓ Most recent tax return(s)



# **Data Matching Issues/Inconsistencies**



# How Pennie Verifies Applicant Information

- Pennie uses the Federal Data Hub and other trusted electronic data sources to verify the applicant's self-attestation of eligibility for coverage as well as eligibility for financial assistance
  - Often data from the Hub is incomplete or outdated
  - [DMI FAQs - https://help.pennie.com/hc/en-us/articles/360056789013-What-are-Data-Matching-Issues-Inconsistencies](https://help.pennie.com/hc/en-us/articles/360056789013-What-are-Data-Matching-Issues-Inconsistencies)
- As with any estimates or self-attestations, discrepancies will occur and require verification.
- If the data returned is not reasonably compatible with data from Pennie's verified data sources, further documentation will be required from the applicant to verify applicant information.
- This information can relate to citizenship, immigration status, enrollment in other forms of Minimum Essential Coverage (MEC), income, and other factors.



# Data Matching Issues/Inconsistencies

**When Pennie cannot verify attested information, a Data Matching Inconsistency (DMI) is opened and the customer receives 'conditional' eligibility to enroll in coverage.**

## **Common eligibility DMIs**

- Ex. Verifying citizenship for those who have gone through the naturalization process – Often SSA and SAVE do not have citizenship information for citizens born outside the U.S.
- Ex. Verifying lawful presence – SAVE data often out of date

## **Common income DMIs**

- Change in job or hours
- Change in household composition
- IRS data can be up to two years old

# Why did your client get a DMI?

- Data may not be available through the federal data hub to verify attestations for some applicants for example:
  - Applicants who haven't filed taxes in past years
  - Individuals who become U.S. citizens after completing the naturalization process
  - Recent graduates new to the workforce

or

- Information in the hub may not be “reasonably compatible” with an applicant’s attestations in situations, for example:
  - Changes in employment
  - Changes in household composition

# Customer DMI Example

Welcome, robert banker Your Agent ⚙️

My Stuff 2021

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

Quick Links

- Find Local Assistance

**You have 6 days to enroll before the open enrollment period ends on 01/15/2021. If you are reporting a change to your current year's enrollment, please visit [healthcare.gov](#)**

We need additional information documents to confirm some of the data provided on your application. Click here to [upload documents](#). If you have already uploaded the relevant documents, please wait for the documents to be approved.

**Next Steps**

You have successfully completed your application for health insurance and provided your financial information. You can now shop and enroll in plans that best meet the needs of your family.

[Shop for Plans](#)

**Overview**

**Your Application Status** (Your Case Id is PA1100001765)

2021 Application For 2 members	Complete	<a href="#">View Application</a>
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**Your Household Eligibility** This eligibility is conditional. [See more details](#) to upload the required documents.

cindy banker robert banker	Advanced Premium Tax Credit <b>\$946.00 per month</b> One or more members of your household are eligible for <u>Cost Sharing Reductions</u>	<a href="#">View Details</a> <a href="#">Edit Application</a>
-------------------------------	---	--

**Your Household Eligibility** This eligibility is conditional. [See more details](#) to upload the required documents.

cindy banker  
robert banker

Advanced Premium Tax Credit  
**\$946.00 per month**  
One or more members of your household are eligible for Cost Sharing Reductions

[View Details](#)

[Edit Application](#)

# Customer DMI Example

## Applicant Verifications

robert banker ⓘ

cindy banker ⓘ

We weren't able to verify the information provided in your application with data available from one or more State and Federal data sources. If you're enrolled in a plan (or wish to enroll in a plan), it is important for you to upload the documents supporting the information on your application by 04-07-2021. The information that needs supporting documents is indicated below as "Not Verified". No action is needed if you have uploaded the documents. You will be notified once the documents are Accepted or Rejected.

**IMPORTANT:** You could lose your insurance or financial assistance if you miss the deadline, you could lose your health coverage or savings. Submit the documents as soon as possible. You can submit documents online or by mail. But uploading is the fastest and easiest way to get them to us.

Non-ESI Minimum Essential Coverage (Verified) ✓

Residency (Verified) ✓

+ Income (Not Verified) ⓘ

+ Social Security Number (Not Verified) ⓘ

+ Death (Not Verified) ⓘ

+ Citizenship (Not Verified) ⓘ

+ Incarceration Status (Not Verified) ⓘ

Minimum Essential Coverage (Verified) ✓

- Income (Not Verified) ⓘ

We could not verify robert banker's Income entered on the application. You entered: \$25000. If this is incorrect, **correct it** and resubmit your application. If this is correct, upload supporting Verification Documents here.

Learn more about [Approved Verification Documents](#)

Select Document Type \* -- Documents that confirm your yearly ▾

Choose Document to Upload: Choose File

Submit



**Brokers can access DMIs by accessing customer's account through broker portal**





# DMIs – Check Acceptance or Rejection of Customer Document Verification



Viewing Individual Account (robert banker) My Account

## Notifications

5 items in Inbox; 5 unread

From	Subject
Pennie	Important update regarding your Pennie ticket #TIC-1932
Pennie	Important update regarding your Pennie ticket #TIC-1932
Pennie	Important update regarding your Pennie ticket #TIC-1932
Pennie	Your request for Pennie broker support has been accepted
Pennie	Important update regarding your Pennie ticket #TIC-1931



**Important update regarding your Pennie ticket #TIC-1932**

From: noreply@pennie.com  
To: robert banker  
Sent: Jan 07, 2021 04:39pm

---

**Pennie** 1 / 7

**pennie** connecting Pennsylvanians to health coverage

Dear robert banker,

Your document(s) to Verify Income of robert banker has not been accepted.

**Reason the document(s) was not accepted:  
Invalid document - Unreadable**

Reference Ticket: TIC-1932

**Take action to get or remain covered through Pennie**

You are receiving this notice because you recently submitted documents in response to our request in your eligibility notice to confirm information on your application. The Pennie team may need additional documentation to verify the information you submitted in your application.



# Helping Customers with DMIs

Examples of documents customers can submit to resolve DMIs:

## **Change of Address within PA**

- Copy of lease and record of most recent rent payment
- Mortgage deed showing primary residence

## **An Immigrant Non-Citizen or a Non-Immigrant Visa Holder**

- I-551 resident alien card (green card)
- Temporary I-551 resident alien card (temporary green card)
- I-766 employment authorization card
- Proof of current visa status (for example, a stamp in your passport, or an approval letter from United States Citizenship and Immigration Services (USCIS))

## **Income**

- Paycheck stubs
- 1040 federal or state tax return from previous year
- Wages and tax statements
- Monthly Benefit Statements
- W-2 form

## **Documents you can submit:**

<https://help.pennie.com/hc/en-us/articles/360054981154-What-documents-should-you-submit-to-resolve-a-Data-Matching-Issue->

Remember: Pennie Customer Service Representatives are standing-by –  
Call: **1-844-844-8040**



# Special Enrollment Periods



# Qualifying Life Events & Special Enrollment Periods

Pennie recognizes the following as qualifying life events for the purposes of conferring eligibility for a Special Enrollment Period (SEP).

SEPs come in two broad categories:

1. For those already enrolled in QHP coverage and experience a change in circumstance, and
2. For those not currently enrolled in coverage through Pennie.

# Qualifying Life Events & Special Enrollment Periods

The following QLEs apply to those not yet enrolled in QHP coverage through Pennie:

- Loss of Minimum Essential Coverage (MEC)
- Birth/adoption
- Marriage
- Permanent move
- **Newly eligible for APTC due to a reduction in income**
- Change in employer coverage with gain in eligibility for APTC
- Gain lawfully present status
- Newly eligible due to release from incarceration
- Gain eligibility for HRA or QSEHRA
- **Exceptional Circumstances**
- Survivor of domestic abuse/Spousal abandonment
- American Indian/Alaska Native status

# Qualifying Life Events & Special Enrollment Periods

The following QLEs apply to those already enrolled in QHP coverage through Pennie:

- Birth
- Adoption
- Gain a court-appointed dependent
- Newly eligible/ineligible for APTC/CSR
- Move within PA
- American Indian/Alaskan Native (AI/AN) status
- Error caused by Pennie, Insurer, Broker, or Assister
- **Death of subscriber or dependent**
- **Divorce**

# Qualifying Life Events & Special Enrollment Periods

## Examples of Life Events that do not trigger a SEP:

- Voluntary termination of coverage.
- Termination from other coverage for not paying premiums.
- Loss of eligibility for coverage the person was not enrolled in (i.e., loses job, but was not in the employer's health plan).
- Becoming pregnant (the child's *birth* triggers an SEP).

# Pennie QLE/SEP Gating Rules

Policy Options	Applicable QLE/SEP
1. Self-attestation	<ul style="list-style-type: none"> <li>• Birth/Adoption</li> <li>• Loss of MEC</li> <li>• Newly eligible/ineligible for APTC/CSR(current enrollees)</li> <li>• Death</li> <li>• Survivors of domestic violence, spousal abandonment</li> <li>• AI/AN</li> </ul>
2. Documentation BEFORE enrollment	<ul style="list-style-type: none"> <li>• Marriage, Divorce</li> <li>• Gain a court-appointed dependent</li> <li>• Access to new QHP as a result of a move</li> <li>• Gain lawful present status</li> <li>• Newly eligible due to release from incarceration</li> <li>• Newly eligible for APTC (not current exchange enrollees)</li> <li>• Gaining eligibility for HRA or QSHERA</li> <li>• Exchange, Broker, Assister, Insurer error, including health plan contract violation</li> <li>• Exceptional circumstances</li> </ul>



# Qualifying Life Events & Special Enrollment Periods

## Applying for a QLE/SEP

### Sign and Submit

**Steps**

- Start Your Application
- Family and Household
- Income Information
- Additional Information
- Review and Sign
  - Review and Sign
  - Final Review
  - Sign and Submit**

**Read and check the box next to each statement if you agree**

Are any applicants incarcerated (in prison or jail)\*

No. No one listed on this health insurance application is incarcerated (in prison or jail).

To make it easier to determine my future eligibility for cost-sharing opportunities, I agree to allow Pennie to use my income data, including information from tax returns, for the next 5 years. To the extent that this information changes, I understand that I may have to update the information I am providing and that failure to do so could result in legal consequences. Additionally, I understand that Pennie will send me notices and that I can opt out at any time.\* [Learn more](#)

I agree  
 I disagree

I understand that if anyone on my application enrolls in an Exchange health plan and is later found to have other qualifying health coverage (including Medicare, Medicaid, or CHIP), Pennie will be required to take action, including, but not limited to automatically ending their Exchange health plan or eliminating their advanced premium tax credits or cost-sharing reductions.\*

I understand that I have 30 days to notify the Pennie of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size address, income, or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Pennie if my application information changes.\*

[Learn more](#)

By typing my name in the box below, I consent to my information being shared with the Pennsylvania Department of Human Services for the purposes of making a Medicaid or Children's Health Insurance

### Welcome, Test Two

Your Agent

**My Stuff**

- [My Dashboard](#)
- [My Applications](#)
- [My Eligibility Results](#)
- [My Enrollments](#)
- [My Inbox](#)
- [My Tickets](#)
- [My Preferences](#)

**Quick Links**

- [Find Local Assistance](#)

Your application has been successfully submitted for health and dental coverage through Pennie. Your eligibility results are below. Click on the 'Go to Dashboard' button for the next steps to enroll in a plan. To return to this screen in the future, click on the 'My Eligibility Results' link on the left side of the screen.

#### 2021 Eligibility Summary

Based on your application, members of your household are eligible for:

- ✓ Qualified Health and Dental Plans
- ✓ Advanced Premium Tax Credit of up to \$64.00 for your household to lower your monthly insurance premium.

Detailed eligibility for each household member is listed below. Click on the 'Go to Dashboard' button for the next steps to enroll in a plan.

#### Eligibility Results for household members

Household Member	Eligible for the following	Action needed
Test Two	<ul style="list-style-type: none"> <li>Qualified Health and Dental Plans</li> <li><a href="#">Advanced Premium Tax Credit</a></li> </ul>	<div style="border: 1px solid gray; padding: 5px; display: inline-block;">Documents Required</div> <p>You have 90 days to submit required documentation to confirm your eligibility.</p>

[Go to My Dashboard](#)

# QLE/SEP - Loss of Minimum Essential Coverage (Non-Catastrophic)

## Life Change Reporting Qualifying Life Event

Help

Contact Us

Important: In order to qualify for Special Enrollment Period, you need to report and take action within 60 days of the event date. If you don't your request will most likely be denied.

Select your Qualifying Life Event and the date the event occurred

Qualifying Life Event \* Loss of Minimum Essential Coverage (MEC) 06/23/2021

I have provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

Back to Dashboard

## Welcome, Test Two

Your Agent

My Stuff

My Dashboard

My Applications

My Eligibility Results

My Enrollments

My Inbox

My Tickets

My Preferences

Quick Links

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2021

We need additional information documents to confirm some of the data provided on your application. Click here to [upload documents](#). If you have already uploaded the relevant documents, please wait for the documents to be approved.

### Next Steps

You have successfully completed your application and reported the life event to enroll in health plan(s). Please confirm the life event by clicking the button below. You will be able to shop for plans and enroll once you confirm the event.

Confirm Event and Shop

### Overview

Your Application Status (Your Case ID is PA1100000977)

2021 Application Complete  
For 1 member

[View Application](#)



# QLE/SEP - New PA Resident/Move within PA (Gated)

Life Change Reporting Qualifying Life Event

Help  
Contact Us

Important: In order to qualify for Special Enrollment Period, you need to report and take action within 60 days of the event date. If you don't your request will most likely be denied.

Select your Qualifying Life Event and the date the event occurred

Qualifying Life Event \*

I have provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

[Back to Dashboard](#) [Continue](#)

Welcome, Test Two

My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

Quick Links

- Find Local Assistance

2021

You have 49 days left to enroll or change a plan.

We need additional information documents to confirm some of the data provided on your application. Click here to [upload documents](#). If you have already uploaded the relevant documents, please wait for the documents to be approved.

Next Steps

Please provide supporting documents to confirm your life event. Once you have provided verification documents, you will have the ability to shop for plans.

[Upload Documents](#)

Overview

Your Application Status (Your Case ID is PA1100000977)

2021 Application For 1 member	Complete	<a href="#">View Application</a>
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[Back to Dashboard](#)

Documents for This Household

Qualifying Life Event Applicant Verifications

Test Two

For document requirements and timelines, click [here](#)

New Pennsylvania Resident (Not Verified)

Choose Document to Upload:  Test.pdf

[Submit](#)



# QLE/SEP Not-Gated Example

## Loss of Minimum Essential Coverage

### Sign and Submit

#### Steps

Start Your Application

Family and Household

Income Information

Additional Information

Review and Sign

Review and Sign

Final Review

Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)\*

No. No one listed on this health insurance application is incarcerated (in prison or jail).

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I agree

I disagree

I understand that if anyone on my application enrolls in an Exchange health plan and is later found to have other qualifying health coverage (including Medicare, Medicaid, or CHIP), Pennie will be required to take action, including, but not limited to automatically ending their Exchange health plan or eliminating their advanced premium tax credits or cost-sharing reductions.\*

I understand that I have 30 days to notify the Pennie of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size address, income, or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Pennie if my application information changes.\*

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My Preferences

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Test Two	<ul style="list-style-type: none"> <li>Qualified Health and Dental Plans</li> <li><u>Advanced Premium Tax Credit</u></li> </ul>	<div style="border: 1px solid gray; padding: 5px; display: inline-block;">Documents Required</div> <p>You have 90 days to submit required documentation to confirm your eligibility.</p>

[Go to My Dashboard](#)



# Voluntary Terminations



# Voluntary Terminations

**An enrollee can voluntarily disenroll with a future coverage end date at any time and choose the coverage end date of**

- End of current month,
- End of next month, or
- End of the month after next.

*Ex. Enrollee voluntarily disenrolls from coverage on March 14, 2021.*

*The following coverage end dates are available:*

- *March 31*
- *April 30*
- *May 31*

**An enrollee can retroactively terminate coverage if they can demonstrate:**

- A technical error or system failure prevented them from disenrolling; or
- Their enrollment was unintentional, inadvertent, or erroneous and was the result of the error or misconduct by Pennie staff; or
- They were enrolled in a QHP without their knowledge or consent by any third party.

Must request disenrollment within **60 days** of discovering the error.

Report to Pennie Customer Service for review and approval of retroactive termination

# Voluntary Terminations

## Terminating coverage

Welcome, Amos OBrien

My Stuff

- My Dashboard
- My Applications
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- My Enrollments**
- My Inbox
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- My Preferences

Current Enrollments Enrollment Year 2021

Health Plan

### oscar

Saver Bronze (Free 24/7 Telemedicine + Free Preventive Care)

[View Benefit Details](#)

PLAN SUMMARY		CONTACT YOUR INSURER	
Coverage Start Date:	01/01/2021	Customer Service:	
Coverage End Date:	12/31/2021	Web:	
Enrollment Status:	Pending	<b>COVERED FAMILY MEMBERS</b>	
Monthly Premium:	\$342.31	Self	Amos OBrien
Net Premium:	\$342.31		01/01/2021 - 12/31/2021
Premium Effective Date 🗓️:	01/01/2021		

[Disenroll From Health Plan](#)

**SUMMARY OF BENEFITS**

Plan Type:	HMO
Office Visit:	50% Coinsurance after deductible
Generic Medications:	\$3 Copay
Deductible:	\$6000
Out-of-Pocket Maximum:	\$6750



# Voluntary Terminations

## Terminating coverage

Current Enrollments

Enrollment Year 2021

### Voluntary Disenrollment *optional*

Why are you disenrolling from your plan?

- Cannot afford the premium
- Not happy with the service received from the health plan
- Provider is out of network
- Assistors/Agent error
- Other(Please explain)

If you would like to report a Life Change Event, such as moving out of Pennsylvania, gaining coverage through an employer

Cancel **Skip and Continue**

### Voluntary Disenrollment Request Submitted

We have received your request for voluntary disenrollment. We will notify the insurance company of this request.

If you have any questions, contact Pennie Customer Service at 1-844-844-8040 or TTY 711.

**Go To Dashboard**

### Health Plan



**Saver Bronze (Free 24/7 Telemedicine + Free Preventive Care)**

[View Benefit Details](#)

#### SUMMARY OF BENEFITS

Plan Type:	HMO
Office Visit:	50% Coinsurance after deductible
Generic Medications:	\$3 Copay
Deductible:	\$6000
Out-of-Pocket Maximum:	\$6750

#### PLAN SUMMARY

Coverage Start Date:	01/01/2021
Coverage End Date:	01/31/2021
Enrollment Status:	Terminated
Monthly Premium:	\$342.31
Net Premium:	\$342.31
Premium Effective Date 🕒:	01/01/2021

#### CONTACT YOUR INSURER

Customer Service:  
Web:

#### COVERED FAMILY MEMBERS

Self	Amos OBrien	01/01/2021 - 01/31/2021
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# Voluntary Terminations

## Cancelling coverage

Welcome, Amos OBrien

### My Stuff

[My Dashboard](#)

[My Applications](#)

[My Eligibility Results](#)

[My Enrollments](#)

[My Inbox](#)

[My Tickets](#)

[My Preferences](#)

### Current Enrollments

Enrollment Year

Health Plan



FROM



pa health & wellness

Ambetter Essential Care 2 HSA (2020)

[View Benefit Details](#)

### SUMMARY OF BENEFITS

Plan Type:	HMO
Office Visit:	No Charge after deductible
Generic Medications:	No Charge after deductible
Deductible:	\$13500
Out-of-Pocket Maximum:	\$13500

### PLAN SUMMARY

Coverage Start Date:	02/01/2021
Coverage End Date:	12/31/2021
Enrollment Status:	Pending
Monthly Premium:	\$572.37
Net Premium:	\$572.37
Premium Effective Date  :	02/01/2021

### CONTACT YOUR INSURER

Customer Service:  
Web:

### COVERED FAMILY MEMBERS

Self	Amos OBrien	02/01/2021 - 12/31/2021
Child	Eleanor O'Brien	02/01/2021 - 12/31/2021

[Cancel coverage](#)



# Voluntary Terminations

## Cancelling coverage

### Cancel Coverage Request Submitted

We have received your request for cancel coverage. We will notify the insurance company of this request.

If you have any questions, contact Pennie Customer Service at 1-844-844-8040 or TTY 711.

[Go To Dashboard](#)

### Past Enrollments

Enrollment Year 2021

 Health Plan



FROM




Ambetter Essential Care 2 HSA (2020)

[View Benefit Details](#)

### SUMMARY OF BENEFITS

Plan Type:	HMO
Office Visit:	No Charge after deductible
Generic Medications:	No Charge after deductible
Deductible:	\$13500
Out-of-Pocket Maximum:	\$13500

### PLAN SUMMARY

Coverage Start Date:	02/01/2021
Coverage End Date:	02/01/2021
Enrollment Status:	Cancelled
Monthly Premium:	\$572.37
Net Premium:	\$572.37
Premium Effective Date  :	02/01/2021

### CONTACT YOUR INSURER

Customer Service:

Web:

### COVERED FAMILY MEMBERS

Self	Amos OBrien	02/01/2021 - 02/01/2021
Child	Eleanor O'Brien	02/01/2021 - 02/01/2021



### Call Pennie

### Customer Service to

- Cancel or Term only 1 member's coverage, not entire policy
- Term entire policy with a coverage end date beyond the current month
- Request retroactive term date



# Questions for Pennie



# pennie

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