

#### For Customers, Assisters, and Producers



**Shop Overview** 

# Let's find the right coverage for you.

Everyone's life and circumstances are unique. Pennie can help you find the coverage to best protect you and your health.

Pennie is the only place that will link you to financial assistance to lower your monthly payment and/or out-of-pocket expenses.



From pennie.com – just click

"Get Covered."

No need to log in yet.

For Customers, Assisters, and Producers

## connecting Pennsylvanians to health coverage Login Help & Support Connecting Pennsylvanians to health coverage. Pennie is the only place that you can apply for financial help to lower the cost of your monthly premiums and out-of-pocket costs for health insurance. LET'S GET STARTED Browse for health & dental plans Shop first, sign up later. **Register with access code** Use your access code to register for a new account. Log in to existing account If you already have an account, log in here.

As a customer, you do not need a Pennie customer account to shop for health insurance.

Right from the Pennie homepage, you can shop without pressure, compare plans without the need for an account, and if you do need help – "Help & Support" are in the upper righthand corner.

Let's browse plans.

For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

#### Pennie Plan Comparison Tool This tool takes you through a few simple steps to see if you might qualify for free or low-cost health insurance and find the right medical and dental plan for you. Please note, if you have specific questions about Pennie, please feel free to contact us. If you have questions about your eligibility for advanced premium tax credits, please consult with a tax consultant. This tool is only intended to help you learn about: · Projected costs of buying and using different health and dental plans. · Your estimated eligibility for financial help (the only way to know for sure if you qualify is to complete an application through Pennie) Whether a plan covers your prescription drugs. Use this tool to help you decide on a plan. After you choose a plan you can enroll through Pennie. Here are a few things to consider when reviewing the costs of a plan: • The monthly payment (premium) Financial help you may be eligible for to help pay your premium. Co-pays, deductibles, co-insurance and maximum out-of-pocket limits IMPORTANT: By clicking "Continue" below, you acknowledge that you understand: · This tool is not intended to be your only source of information for health insurance decisions. You should consider all relevant facts in choosing a health insurance plan, including whether your doctors accept the insurance and are in the plan network. You need to review plan documentation carefully so that you understand what you are receiving. The results in the tool are an estimate only. The only way to see what you are fully eligible for is to submit your information through Pennie. • The plans available in this tool may change without notice. Pennie does not guarantee the availability of a plan prior to submission of your application Your actual costs may vary significantly from the estimate provided depending on: Your actual health care usage. • Type(s) and location(s) of the care you receive • The accuracy of the information you provide. · We make every effort to make the drug preferences list in this tool as accurate as possible, but health plans can change the prescription drugs they cover at any time. Some drugs may not appear in the drug preferences list even though they are actually covered. To confirm that a particular drug is covered, call the insurance company or go to its website. The tool's results are not an endorsement of, and should not be considered support for or against, any specific plan, program, or insurer. · The information you enter into this tool will not be stored or shared with any third party or insurance company. It will have no effect on your current or future premiums, cost sharing or eligibility for coverage. To obtain coverage, you will have to submit your information to Pennie.

Log In Help & Support -

Pennie wants to make sure that you understand that the Comparison Tool is not intended to be your only source for information about health insurance decisions.

Again – if you need help while comparing plans, please click on Help & Support in the upper right-hand corner.

Click "Continue" to proceed to the comparison tool.

For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

this section:	Where do you liv	re?				
labels marked ★ are required. The cost of health and dental insurance depends on where you live, how many people are in your household, and	Enter ZI	P Code: * 17101				
income. You can view your selected favorite health and dental plans for coverage year 2021	Who is in your he	ousehold and do th	ney need coverag	e?		
from start of open enrollment.	Members	Birthdate *	Tobacco Use	Native American	Seeking Coverage	
	🛔 YOU	10/22/1988		0	<b>Z</b>	
					+ Spouse	+ Dependent
	Check to see if y Annual Tax Hous	our household inco	ome qualifies you	for lower costs.	See if You Q	ualify for Savings
	Enter the appr potential cost-s click BROWSE F	oximate annual inca aving programs. If y LANS.	ome for your tax ou are not intereste	household. This will b ad in these programs o	e used to detern and want to view p	nine eligibility for plans at full price,

- Enter your zip code.
- Tell Pennie about your household
- Add a spouse/partner/ dependent
- Enter your household income

Click "See if you qualify for savings" - nearly 9 out of 10 Pennie customers do.

For Customers, Assisters, and Producers





#### For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

#### Tell us about your healthcare needs

earch for a Doctor 🕶 I	that you would like to keep in your plan	
Search by doctor name	within 20 miles radius 💙 o	of 17101
DOCTOR	×	
Elton Smith Psychiatry & Neurology 205 S Front St Sto 5 Harrisburg, PA 17104		
The health plan's list of p to the health plan.	roviders changes daily. Call your doctor or pro	ovider to be sure they belong
nportant: The information rep ay or may not reflect where doctor, please contact your i rea. Please check with your ii nd provider networks.	presented here is an estimation of doctors and cli you receive service or reflect all of your doctor's o nsurance company after enrolling to locate in-ne nsurance company before service to ensure you h	nics only. The address displayed ffice locations. If you do not have twork providers available in your ave a full understanding of costs

Tell Pennie about your healthcare needs...

- Looking for a specific doctor
- Looking for a certain Hospital or Health Center
- Search by your location
- Know your Doctor's Name? You can add that too.

Click "Next" to proceed.

# Comparison Shopping on Pennie For Customers, Assisters, and Producers

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Optional) Please answer the questions below: (2/4) Skip to View Pla	Average number of visits per year?
What is the average number of <b>doctor visits per year</b> for an individual member of your household?	
Around 1-2 times	Click "Next" to
O 3-4 times	proceed
O 5-11 times	proceed.
<ul> <li>More than 12 times</li> </ul>	
Back Reset all my responses Nex	xt 🕨

For Customers, Assisters, and Producers



Tell us about your healthcare needs



# Average number of prescriptions?

Click "Next" to proceed.



#### For Customers, Assisters, and Producers



ional) Please answer the quest	ions below: (4/4)	Skip to View Plans
dd up to 5 prescription drugs to see	e if they are covered by your plan.	
For example, Lipitor or Atorvastatin	1	
Nexium 20 Mg Dr Tab x (Delayed Release Oral Tablet)		
Esomeprazole (Generic Name)		
Important: Please check with you	r insurance company as benefits an	d networks may change during
the plan year.		
his information will not be stored and nonymous, and the information you p r eligibility for coverage.	will not be shared with any third party rovide will not have any effect on your	or insurance company. This tool is insurance premiums, cost sharing

# List your prescriptions?

## Click "View Plans" to proceed.

For Customers, Assisters, and Producers

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Compare Plans 3 of 3 🛛 🗕	Estimated Monthly Savings \$145.00/month For 1 Member in ZIP code	e 17101. Edit Family Info		
	Coverage will start on 01/01/2021			
Geisinger	SORT BY	LOWER EXPENSE	LOWER EXPENSE	LOWER EXPENSE
BRONZE HMO	Expense Estimate     Monthly price     Deductible	HIGHMARK.	HIGHMARK.	HIGHMARK.
\$291.36	O Out-of-Pocket (DOP) Max	my Direct Blue EPO Bronz BRONZE EPO	BRONZE EPO	my Direct Blue EPO Bronz BRONZE EPO
HIGHMARK.		\$190.35 /month after \$145.00 tax credit OFFICE VISITS ox CENERIC DRUGS ox DEDUCTIBLE \$7900	\$203.04 /month after \$445.00 tax credit OFFICE VISITS 40.2 CENERIC DRUCS \$0 DEDUCTIBLE \$7800 / \$0	\$203.49 /month after \$145.00 tax cradit OFFICE VISITS \$60 CENERIC DRUCS 402 DEDUCTIBLE \$3900
BRONZE EPO	DI AN FEATURES	OOP MAX \$7900	00P MAX \$7900	00P MAX \$7900
\$190.35	HSA Qualified eligible for Health Savings Account (HSA)	LOWER EXPENSE		
UPMC HEALTH PLAN	METAL TIER  Plathum highest premiums, lowest deductibles	UPMC HEALTH PLAN UPMC Advantage Bronze \$7	Capital BLUE	THIGHMARK
BRONZE PPO	Gold higher premiums, lower deductibles	BRONZE PPO	BRONZE PPO	BRONZE EPO
\$207.31	Sifer     Sifer     Sever     S	\$207.31 /month after \$46.00 tax credit OFFICE VISITS \$50 GENERIC DRUGS \$30 DEDUCTINE \$7400 OOP MAX \$3450	\$262.16 /month after \$45.00 tax credit OFFICE VISITS \$60 GENERIC DRUGS 0X DEDUCTINE \$8000 OPE MAX \$8550	\$264.42 /month after 5x45.00 tax credit OFFCE VISITS 01 GENERIC DRUGS 01 DEDUCTIBLE 57000 OPP MAX 57000
Compare Now	S5000 and less	COMPARE DETAILS ADD	COMPARE DETAILS ADD	COMPARE DETAILS ADD
	Stoood and less	MEDIUM EXPENSE	MEDIUM EXPENSE	MEDIUM EXPENSE
	Copital GetaingerHMO GetaingerPPO HighMark33709	THICHMARK WWW. WWW. WWW. WWW. WWW. WWW. WWW. WW	MIGHMARK U my Blue Access EPO Bronz BRONZE EPO	Geisinger Health Plan Geisinger Markotplace AL BRONZE HMO
		\$279.93 /month after \$145.00 tex credit OFFICE VISITS 40% GENERIC DRUGS \$0	\$280.48 /month after \$145.00 tax credit OFFICE VISITS \$60 CENERIC DRUCS 403 DESERTING 54000	\$291.36 /month after 5145.00 tax credit OFFICE VISITS \$30 CENERIC DRUGS 0X DENUTRIES 6 3700
		OOP MAX \$7900	OOP MAX \$7900	OOP MAX \$8150

In this scenario, the customer has 26 health insurance plans to compare.

Check mark the "Compare" box under each plan to comparison shop.

Once you have selected your plans of interest, click "Compare Now" to view plan details.

For Customers, Assisters, and Producers



When you have selected a plan, click "Add to Cart" to add the plan to the customer's shopping cart.

At this point, you may "Continue to Dental Plans" or "Continue to Cart."

CONTINUE TO CART

#### For Customers, Assisters, and Producers

nul s nexi?		
order to enroll in the plan(s) you have selec	ted, you must create an account and complete an application.To begin this	s process, click Next : Register at the bottom of the scr
1PORTANT: The Advanced Premium Tax Cre- ctual APTC. The monthly payments and cove	dit (APTC) shown here is only an estimate. Additional information you provi rage options you see may be different after you have completed the appli	ide during the application process will determine you cation.
	Shop for Dental	
Health Plan		Remov
UPMC HEAITH PLAN	Monthly Premium	\$352
	Monthly Tax Credit (APTC)	-\$145.
UPMC UPMC Advantage Bronze \$7,400/\$50 - Premium Network		
Coverage Start Date: 01/01/2021	HEALTH MONTHLY PAYMENT	\$207
Cart Total		
	Health Monthly Payment	\$207
	TOTAL MONTHLY PAYMENT	\$207

Again, you may opt to shop for dental plans as well from your cart or you may "Register."



For Customers, Assisters, and Producers

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All fields on this form marked wi	ith an aster	risk (*) are	required.
Basic Information			
First Name *	Samant	na	
Last Name *	Elliot		
Email Address *	samanth	a.elliot@	yopmail.c
Confirm Email Address *	samanth	a.elliot@	yopmail.c
Phone Number * 😢	717	460	7303
Date of Birth *	02/06/19	972	
Security Question			
Samuita Quantiana			
Security Question+	What is sibling's	your olde middle n	st 🗸
	james		
Set Password			
Password *			
Confirm Password *	•••••	•••	
	I have Policy	read and	agree to the P
	Car 1	Sub	mit

Set Up Your Individual Account

If you have a Pennie Account, you may log in at this time. If you do not have a Pennie Customer account, you may create one.

If you need help, you may contact the Pennie Call Center at: +1 (844) 844-8040 for help completing your application.

#### For Customers, Assisters, and Producers

ennie connecting Pennsylvanians to health coverage	🎢 🜈 Help & Support 🔻 My Accou	t ▼ tuu
Welcome, Samantha Elliot Update Mailing Address		First
Communication Preferences Address 1*	90 Beaver Dr	Add or update your mailing
Alerts Address 2 Please select how you would like Penni	Address 2	address.
City*	Dubois	
Zip* State*	15801	Click "Save Mailing Address"
County*	Clearfield 🗸	Pennie will help you verify.
	Save Mailing Address Update Onemage	Select the correct address.
Address not found	× You will Your contact information has been updated successfully.	Click "OK" to proceed.
90 Beaver Dr, Dubois, Pennsylvania, 15801	message	
We Found 20 Beaver Dr, Dubois, Pennsylvania, 15801	Ok	
Select the address we found in the postal database and click OK to proceed or click edit the address	Cancel to	
Cancel		

For Customers, Assisters, and Producers

And the server of the server o	<pre>status table is a set of the set of the</pre>	Pennie connecting Pennsylvanians to health coverage	🛞 🚁 Help & Support 👻 My Account 👻		
As a customer, you will be a to set up your Pennie Accourd communication preferences of the set up your pennie Accourd communication preferences of the set up your pennie Accourd communication preferences of the set up your pennie Accourd communication preferences of the set up your pennie Accourd communication preferences of the set up your pennie Accourd communi	And the set of the set	come, Samantha Elliot nunication Preferences			
<pre>kulture () () () () () () () () () () () () ()</pre>	<pre>k control in the second s</pre>	e select how you would like Pennie to alert you when you have a notice in your Secure Inbox.		As a custom	ner, you will be a
<pre>sq catechor you would like tracking many many many many many many many many</pre>	<pre>support a fact way way way way way way way way way way</pre>	Phone Number*		to set up yo communica Click "Save	ur Pennie Accou ation preference Preferences" to
<ul> <li>Compare Well Manuary used Manuary used Manuary used Manuary M</li></ul>	<ul> <li>Concent concent conce</li></ul>	elect how you would like to receive notices from Pennie. Regardless of your selection here, you will always have access to your notices in your Secure Inbox.		proceed.	
Na for m select how you would like to receive your Form 1055. A fax document at the end of each you:	Na for M such to reactive poor Form 1055-A har decomment of the and end end end,	<ul> <li>Go Paperless We'll send you a text message or email when a Notice or Letter lands in your Secure</li> <li>Postal Mail Notice will be sent to this address: 98 Beaver Dr, Dubois, PA, 15801</li> </ul>	ə İnbox.		
○ Go Paperless Well send you a text message or email when a Notice or Letter lends in your Secure Inbox.   ● Padal Mail   1099-A.Tax Forms will be sent to this address:   2000   tell us your preferred longuage. Pennie will deliver notics in that language when available. Customer Service is available in 100+ languages.   Preferred Spolan Language   ● Inglish   Preferred Wilten Language   ● Inglish	C C Reperts With not pour pour pour pour pour pour pour pour	Tax Form select how you would like to receive your Form 1095-A tax document at the end of each year.			_
Preferred Spoken Language   Preferred Written Language   Preferred Written Language	Ive your preferred language. Pennie will deliver notices in that language when available in 100+ languages.     Preferred Spoken Language   Implicit     Preferred Written Language     English     Implicit     Implicit <t< td=""><td><ul> <li>Go Paperless Wa'll send you a text message or email when a Notice or Letter lands in your Secure</li> <li>Postal Moal</li> <li>1055 A Tax Forms will be sent to this address:</li> <li>90 Beaver Dr., Dubois, PA, 15801</li> </ul></td><td>e Inbox. Your preferred meth</td><td>od of communication has been updated successfully.</td><td></td></t<>	<ul> <li>Go Paperless Wa'll send you a text message or email when a Notice or Letter lands in your Secure</li> <li>Postal Moal</li> <li>1055 A Tax Forms will be sent to this address:</li> <li>90 Beaver Dr., Dubois, PA, 15801</li> </ul>	e Inbox. Your preferred meth	od of communication has been updated successfully.	
Preferred Spoken Language Ø       English          Preferred Written Language Ø       English	Preferred Spoken Language  Freferred Written Language  Sove Preferred Written Language  Sove Preferred Written Language	pe all us your preferred language. Pennie will deliver notices in that language when available. Customer Service is available in 100+ languages.		Ok	
	Sove Preferences	Preferred Spoken Language 🛛 English Preferred Written Language 🕑 English	~ ~		
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elp & Support 🔻 🛛 My Account

For Customers, Assisters, and Producers

#### Dennie connecting Pennsylvanians to health coverage

My Stuff	2021
🚯 My Dashboard	
My Applications	Open enrollment Period starts on 11/01/2020 ! Please keep all your income and other documents ready to get maximum savings. You can complete your application now by clicking on the application. You can enroll in a
My Eligibility Results	health plan only after Open Enrollment Period starts.
My Enrollments	Next Steps
My Inbox	You missed the open enrollment period to shop and enroll in a health plan. You can still enroll if you have a
My Tickets	Qualitying Life Event.
My Preferences	
Quick Links	Overview
Q Find Local Assistance	Your Application Status <sup>(Your Case Id is PAt100001555.)</sup> 2021 Application Not started <u>Start Application</u>
	Your Household Eligibility Your household member and your eligibility for tax breaks or Cost reduction program will show up here once you have completed your application. Based on household and income infomation you used in our eligibility estimator, you are likely eligible for Tax Credit .
	Your Health Plans UPMC UPMC Advantage Bronze \$7,400/\$50 - Premium Network
	Your Dental Plans You will be able to see your dental plan here once you have completed plan shopping.

Welcome to your Pennie customer account.

Note: Your health insurance plan selection is in your cart. You are invited to "Complete Application To Enroll."

Again...note the "Help & Support" drop menu in the upper right-hand corner. Help is never far away at Pennie.



For Customers, Assisters, and Producers

## pennie connecting Pennsylvanians to health coverage



Help Pennie verify your identity in a few simple steps.

Click "Get Started" to verify with Pennie.

Or click "Back to Application" to begin your application.



#### For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

dentity Verification Steps:	Contact Information		
Get started	Please enter the contact	nformation of the primary household contact. Use complete name and r	residential
Contact information	address as it appears on le	al documents. Do not enter business or P.O box address.	nation of
dentity Questions	possible to increase the like	ihood of successful identity verification.	
inich	First Name •	Samantha	
	Middle Name	E	
	Last Name •	-	Veri
	Lusi nume -	Elliof	perg
	Suffix	~	pere
	Date Of Birth	02/06/1972	
	SSN	867-53-0901	Clic
	Street Address •	90 Beaver Dr	
	City •	Dubois	
	State •	Pennsylvania 🗸	
	Zip Code •	15801	
	Primary Phone Number	717 460 7202	
		717-400-7303	
			VTINUE

# Verify your contact and personal information.

Click "Continue"



For Customers, Assisters, and Producers

•		
	<b>Q</b> Back to application	
	Identity Verification Steps:	We encountered an error while verifying your identity online. You can either continue working on the application and try again later or proceed for manual verification.
	Get started	Try Again Later Proceed with Manual Verification
	Identity Questions	Note: If you opt to proceed with manual verification, you will be asked to upload documents and the verification process may take longer. You will not be able to submit the application until this step is complete.
	Finish	
nonnio connecting Pennsylvanians to health coverage		
pennie		
penne	G Back to application	
penne	Back to application     Identity Verificatio	n Steps: Submit documents that prove your identity
penne	Back to application           Identity Verification           Get started	n Steps: Your identity wasn't verified. You won't be able to submit your application for health coverage until your identity is verified.
penne	Back to application     Identity Verificatio     Get started     Contact information	Submit documents that prove your identity         Your identity wasn't verified.         You won't be able to submit your application for health coverage until your identity is verified.         Once you upload your documents, they'll be reviewed. The results of your identity verification will be sent to you Secure Inbox.
	Contact information	Submit documents that prove your identity         Your identity wasn't verified.         You won't be able to submit your application for health coverage until your identity is verified.         Once you upload your documents, they'll be reviewed. The results of your identity verification will be sent to you Secure Inbox.         Document Type *       Driver's License
	Back to application     Identity Verificatio     Get started     Contact information     Identity Questions     Manual Verification	Submit documents that prove your identity         Your identity wasn't verified.         You won't be able to submit your application for health coverage until your identity is verified.         Once you upload your documents, they'll be reviewed. The results of your identity verification will be sent to you Secure Inbox.         Document Type *       Driver's License         Upload *       Upload
	Back to application      Identity Verificatio      Get started      Contact information      Identity Questions      Manual Verification      Finish	Im Steps:       Submit documents that prove your identity         Your identity wasn't verified.       You won't be able to submit your application for health coverage until your identity is verified.         Once you upload your documents, they'll be reviewed. The results of your identity verification will be sent to you Secure Inbox.         Document Type *       Driver's License         Upload *       Upload
	Back to application          Identity Verification         Get started         Contact information         Identity Questions         Manual Verification         Finish	n Steps: Your identity wasn't verified. You won't be able to submit your application for health coverage until your identity is verified. You won't be able to submit your application for health coverage until your identity verification will be sent to you Secure Inbox. Document Type * Driver's License Upload * Upload pennsylvania-map.jpg

If prompted, please click on "Proceed with Manual Verification" 20

Upload supporting document and click "Submit."

For Customers, Assisters, and Producers

pennie connecting Pennsylvanians to health coverage		
	O Back to application	
	Identity Verification Steps:	Submit documents that prove your identity
	Get started	In Process We have received your documents and it is being processed by our customer service center. We will notify you
	Contact information	when your results are available. You won't be able to submit your application for health coverage until your identity is verified.
	Identity Questions	Document Status Notes
	Manual Verification	Driver's License SUBMITTED
	Finish	



pennie	connecting Pennsylvanians to health coverage

Dear Samantha Elliot,

Your ticket has been created. Please check your Dashboard for any next steps or open items that need your attention. For more details about your ticket, you may view your ticket history by clicking on My Tickets from the Dashboard.

Reference Ticket: TIC-1673

#### Get Help

Applications can sometimes seem confusing or complicated. We get it. If you need help filling out your application, or understanding which documents to submit, you can access help over the phone or in-person. There are many resources available for you to get the help you need:

The customer will receive a message stating that their verification document has been received.

<u>NOTE</u>: a customer may call +1 (844) 844-8040 for help with the verification process or their application.

Customers will also receive a notification regarding the verification.

## Comparison Shopping on Pennie – The Pennie Application For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

#### 👫 👧 Help & Support 🔻 My Account 🔻

Steps

Start Your Application

Before We Begin

Get Ready

Primary Contact Information

Help applying for coverage

Help Paying for Coverage

About Your Household

Summary

Family and Household

Income information

Additional information

Review and Sign

#### Before We Begin

#### **Privacy of Your Information**

The privacy of your information is our top priority. We will keep your information private as required by federal and state law. Your answers on this form will only be used to determine eligibility for health coverage. We will verify your answers using the information in our electronic databases and the databases of federal and state agencies. If the information does not match, we may ask you to send us additional documentation. We will not ask any questions about your medical history. If you have questions about a request for information or suspect that the request is not from us, please contact our call center.

#### Important:

As part of the application process, we may need to retrieve your information from the Social Security Administration, the Department of Homeland Security, the Internal Revenue Service, a consumer reporting agency, and/or other services available through the Federal Data Services Hub. We need this information to check your ability to enroll in coverage. We may also re-verify your information at a later time to make sure your information is up to date. If we re-verify your information, we will notify you if we find something has changed.

To learn more, see the Notice of Privacy Practices 🗷

I agree that my data may be retrieved and used to validate the information on my application. I have consent from all the people that will be included on this application for their information to be retrieved and used to validate the information on this application. By clicking the checkbox, I affirm the accuracy of this statement and any assertion herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904.



## Please read and attest to Pennie's Privacy Policy.

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Click "Save and Continue" to proceed.

#### For Customers, Assisters, and Producers



To make the application process easier, please be sure to have your documents on hand.



For Customers, Assisters, and Producers

pennie connecting Pennsylvanians to health cov	rage		🏶 🚁 Help & Support 🔻 My Account 🔻	
	Primary Contact Inform	mation		
Steps Start Your Applicati Before We Begin Get Ready Primary Contact Help applying for Help Paying for About Your House Summary Family and Househ Income information Additional information	n First Name* S nformation First Name* S coverage Last Name* E werage Last Name* E id Date of Birth* 0 Email Address* s on C	Samantha Enter Middle Name Elliot Suffix Var 1972 samantha.elliot@yopmail.com Send me important alerts to this email address.		Verify
Review and Sign	Primary Contact Home Address Address 1* 9 Address 2 A City* D Zip* 1t State* F County* C	90 Beaver Dr Address 2 Dubois 15801 Pennsylvania V Clearfield V		CONTA

# Verify your primary contact information.

For Customers, Assisters, and Producers

rimary Contact Mailing Addres	S	
	Check if same as Primary Contact Home Address	
Address 1*	90 Beaver Dr	
Address 2	Address 2	
City*	Dubois	
Zip*	15801	
State*	Pennsylvania 🗸 🗸	
County*	Clearfield 🗸	
Primary Contact Phone		
Mobile Phone Number	(717) 460-7303	
	Standard message rates may apply.	
Home Phone Number	Standard message rates may apply.	

# Verify your primary contact information.

PROPRIETARY & CONFIDENTIAL

For Customers, Assisters, and Producers

Primary Contact Preferences		
Preferred Spoken Language	English	~
Preferred Written Language	English	~
Preferred Method of Communication*	<ul> <li>Go Paperless</li> <li>Postal Mail</li> </ul>	
How do you wish to receive your 1095-A Form*	<ul> <li>Go Paperless</li> <li>Postal Mail</li> </ul>	
With Paperless option, notificati get a text message or email info apart from Secure Mailbox we o	ons will always be delivered to your Sec orming you of the availability of the Noti deliver a paper/hard copy of the Notice	ure Mailbox and you would ce. With Postal Mail option, to your mailing address.
ack		Save & Exit Save & Cor

## Verify your primary contact information.

When complete, click "Save & Continue" to proceed.

**PROPRIETARY & CONFIDEN** 

For Customers, Assisters, and Producers

	Help applying for coverage	
Steps Start Your Application Before We Begin Get Ready Primary Contact Information Help applying for coverage Help Paying for Coverage About Your Household Summary Family and Household	Who is Helping you?         Is anyone helping you with this application?*         Someone is helping me         I am filling out this application for myself and/or my family         If you would like assistance, let us help you find a licensed broker or assister.         Back         Save & th	Is someone helping yo with your application? • Broker • Assister • Pennie CSR
Income information Additional information Review and Sign		"Save & Continue" to proceed.
Pennie <sup>34</sup> Privacy Policy		

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For Customers, Assisters, and Producers

pennie connecting Pennsylvanians to health coverage		🌴 🚰 Help & Support 🔻 My Account 🔻	
Steps Start Your Application Before We Begin Get Ready Primary Contact Information Help applying for coverage Help Paying for Coverage About Your Household Summary Family and Household Income information Additional information Review and Sign	Hclp applying for coverage         Who is Helping you?         Is anyone helping you with this application?*         Someone is helping me         I am filling out this application for myself and/or my family         If you would like assistance, let us help you find a licensed broker or assister.         Back	htinue	Is someone helping you with your application? • Broker • Assister • Pennie CSR When complete, click "Save & Continue" to proceed.
pennie M Privacy Policy			

For Customers, Assisters, and Producers

pennie connecting Pennsylvanians to health coverage		🌴 🚰 Help & Support 🔻 My Account 🔻
Steps Start Your Application Before We Begin Get Ready Primary Contact Information	Hclp applying for coverage         Who is Helping you?         Is anyone helping you with this application?*         Someone is helping me         I am filling out this application for myself and/or my family         If you would like assistance, let us help you find a licensed broker or assister.	
Help Paying for Coverage About Your Household Summary Family and Household Income information Additional information Review and Sign	Authorized Representative         If someone is helping you complete your application, you can designate that person as your Authorized Representative.         An Authorized Representative is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. By designating an Authorized Representative, you are giving permission for your authorized representative to:         • Sign the application on your behalf         • Act on your behalf for all matters related to the application and account         Please note: An Authorized Representative is not certified by Pennie. This is different than designating an Agent or an Assister who has completed training and is certified by Pennie.	
	Do you want to name someone as your authorized representative?* O Yes No Back Save & Exit Save & Continu	

If someone is helping you, do they have your permission to do so? Do you want them to act as your representative?

If so, select "Yes" or "No."

## Comparison Shopping on Pennie – The Pennie Application For Customers, Assisters, and Producers

Do you want to name someone as yo Yes No	sur authorized representative?*	
Authorized Representative Cont	act Information	
First Name*	Olivia	
Middle Name	Enter Middle Name	
Last Name*	Fox	
Suffix	Suffix	
Email Address*	olivia.fox@yopmail.com	
Authorized Representative Hom	e Address	
Address 1*	90 Beaver Dr	
Address 2	Address 2	
City*	Dubois	
Zīp*	15801	
State*	Pennsylvania 💙	
County*	Jefferson 🗸	
Authorized Representative Phon	e	
Mobile Phone Number	(717) 460-7307	
Phone Extension	Ext.	
Home Phone Number	XXXX-XXXX (XXX)	
Phone Extension	Ext.	
Work Phone Number	(KUK) XKK-XKK (KUK)	
Phone Extension	Ext.	
Is this person part of an organization Yes No By checking this box and typing n application	n helping you apply for health insurance?* ny name below, I (Samantha Elliot) am electronically signing my	
Type your full name here*	Samantha Elliot	
Back	Save & Ex Save & Continue	

When you select "Yes," please have the person who is helping you complete the following information.

You must check the box that authorizes them to act on your behalf, you must also e-sign your name as it appears on your application.

Click "Save & Continue" to proceed.

#### For Customers, Assisters, and Producers

**Review and Sign** 



Click "Save & Continue" to proceed.



#### For Customers, Assisters, and Producers

pennie connecting Pennsylvanians to health coverage		🆀 🚰 Help & Support 🔻 My Account 🔻	
	About Your Household	Add person	
Steps	Learn more about who to include		
Start Your Application Before We Begin Get Ready Primary Contact Information Help applying for coverage Help Paying for Coverage About Your Household Summary Family and Household Income information Additional information	Samantha E Elliot Are you seeking coverage?*  Yes  No First Name* Samantha Middle Name E Last Name* Elliot Suffix Suffix Month Day Year Date of Birth* 02 06 1972		Verify that you are the one seeking coverage. Add other people if needed.
Review and Sign	Need to include someone else?	Add person	Click "Save & Continue" to proceed.
	Use the "Add Person" button to add each person in your household, even if th coverage already. The information in this application helps us make sure eve coverage they can. The amount of help or type of program you qualify for is people in your household and your household income. If you don't include so already have health coverage, your eligibility results could be affected.	he person has health aryone gets the best based on the number of omeone, even if they	
	Back	ve & E 1 Save & Continue	

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#### For Customers, Assisters, and Producers

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For Customers, Assisters, and Producers



For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

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		Ethnicity and Race
Steps		
Start Your	Application	Optional: These questions are optional, and you do not need to answer them to apply for health insurance. If you choose to answer them, Pennie will use this information to get a better
Family an	d Household	understanding of the demographics and health needs of Pennsylvanians. This information will also be shared with the Department of Health and Human Services to support a broader understanding of
Get Rea	ady	health needs across the U.S. population.
Hous	sehold Member	Is Samantha E Elliot of Hispanic, Latino, or Spanish origin?
So	amantha E Elliot	⊖ Yes
	Personal Information	No
	Citizenship/Immigration Status	
	Ethnicity and Race	Race (check all that apply)
	Marital Status	
Military	Service	American Indian or Alaska Native
Househ	old information	Asian Indian
Amorica	an Indian/Alaska Nativo	Black or African American
Modica	id/ CHIP Donial	Chinese
Informa	ation	Filipino
Pregna	ncy Information	Guamanian or Chamorro
Disabilit	ity Information	□ Japanese
Summa	згу	C Korean
		Native Hawaiian
Income in	formation	Other Asian
Additional	l information	Other Pacific Islander
Review an	nd Sign	U Samoan
		Vhite or Caucasian
		Other
		Back Save & Continue

Verify Ethnicity and Race

Click "Save & Continue" to

proceed.

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#### For Customers, Assisters, and Producers

	Military Service	
Steps		
Start Your Application	Are any of these people honorably discharged veteran or active duty member of the military? Learn more           Samantha E Elliot	
Family and Household	None of the Above	
Get Ready Household Member Samantha E Elliot	Back Save & Ex Save & Continue	Verify Military Status
Military Service		
Household information		Click "Save & Continue" t
American Indian/Alaska Native		nroceed
Medicaid/ CHIP Denial Information		proceed.
Pregnancy Information		
Disability Information		
Summary		
Income information		
Additional information		
Review and Sign		

#### For Customers, Assisters, and Producers

nnie connecting Pennsylvanians to health coverage		🆀 🚰 Help & Support 👻 My A
	Household information	
Steps	Based on information provided so far, below are all the household members and their living arrangement:	
Start Your Application	Samantha E Elliot has no parents and has no siblings	
Family and Household	It is important that everyone living with you is entered into the application, even if they are not applying for health coverage	
Get Ready		
Household Member Samantha E Elliot	Do you want to make any changes, including the addition of any household members not listed above?*	
Military Service		
Household information		
American Indian/Alaska Native		
Medicaid/ CHIP Denial Information		
Pregnancy Information	Who plans to file a federal income tax return for 2021?*	
Disability Information	Samantha E Elliot	
Summary	None of the Above	
Income information	You don't have to file taxes to apply for coverage, but you will need to file next year if you want to get a premium tax credit to help pay for coverage now.	
Additional information		
Review and Sign	Primary Tax Filer on the application is <b>Samantha E Elliot</b>	
	Back Source 5 Sector & Caution	

## Verify Household information

Click "Save & Continue" to proceed.



For Customers, Assisters, and Producers

pennie connecting Pennsyl	vanians to health coverage		🖀 🚰 Help & Support 👻 My Account 👻	
connecting Pennsyl	Steps Start Your Application Family and Household Get Ready Household Member Samantha E Elliot	American Indian/Alaska Native Are any of the people below Federally Recognized American Indian/Alaskan Natives?* Samantha E Elliot None of the Above Back Save & Exit < Save & Continue	Help & Support ▼ My Account ▼ Ve	rify Alaska/Native Formation
	Military Service			
	Household information American Indian/Alaska Native			
	Medicaid/ CHIP Denial Information			ck "Save & Continue" to
	Pregnancy Information		pro	Sceed.
	Disability Information Summary			
	Income information			
	Additional information			
	Review and Sign			



For Customers, Assisters, and Producers

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	Medicaid/ CHIP Denial Information		
Steps Start Your Application	Were any of these people found not eligible for Medicaid or CHIP in the past 90 days?*		
Family and Household Get Ready	None of the Above		
Household Member Samantha E Elliot Military Service	Back Save & E Save & Continu		Verify Medicaid and CHIP
Household information American Indian/Alaska Native			Denial Information
Medicaid/ CHIP Denial Information Pregnancy Information Disability Information Summary			Click "Save & Continue" to proceed.
Income information			'
Review and Sign			
pennie 2020 Pennie M Privacy Policy			

For Customers, Assisters, and Producers

		Pregnancy Information	
Steps Start Your Applica	'n	Are any of these people pregnant or were pregnant in the last 60 days?	
Family and House	ld	None of the Above	
Get Ready Household M Samantha	mber Elliot	Back Save & Exit Save	Verify Pregnancy Informa
Military Service Household info American India	ation Alaska Native		Click "Save & Continue" to
Medicaid/ CHIF Information	enial		
Pregnancy Info	ation		
Disability Inforn Summary	tion		
Income information			
Additional inform	on		
Review and Sign			

#### For Customers, Assisters, and Producers

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#### **Disability Information**



## Verify Disability Information

Click "Save & Continue" to proceed.

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For Customers, Assisters, and Producers

#### Dennie connecting Pennsylvanians to health coverage 🛞 👝 Help & Support 👻 My Account 👻 Summary Steps Review and Confirm Start Your Application Here is the information you provided about everyone who is part of your household. Please take a Family and Household moment to review and double-check the information. If you see any mistakes, please edit them now Get Ready Household Member Samantha E Elliot (Primary Contact) Edit Samantha E Elliot Military Service Applying for Coverage Yes Household information Gender Female American Indian/Alaska Native Do you have a Social Security Number? Yes Medicaid/ CHIP Denial Social Security Number \*\*\*-\*\*-0901 Information Is the name you provided the same on your Yes Pregnancy Information Social Security Card? **Disability Information** Are you a US Citizen or US National? Yes Summary Are you a Naturalized Citizen? Are you of Hispanic, Latino, or Spanish origin? No Income information Race Chinese Additional information White or Caucasian Are you honorably discharged veteran or active No Review and Sign duty member of the military? Are you American Indian or Alaska Native? No Are you planning to file a joint federal income No tax return? Were you denied Medicaid or CHIP in the past No 90 days? Is Pregnant? Do you have physical disability or mental health No condition that limits your ability to work, attend school, or take care of your daily needs? Do you need help with activities of daily living, No or live in a nursing home, or other medical facility? Back Continue

# Your household information is now complete.

## Click "Continue" to proceed.

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#### For Customers, Assisters, and Producers





Get ready to provide your household income information.

Click "Continue" to proceed.

#### For Customers, Assisters, and Producers

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#### Income Sources Steps Income of Samantha E Elliot Start Your Application People can earn income in many ways. After you tell us about your current income we will help you estimate Family and Household income for all of 2021 so you can tell us if you expect changes. Job Self Employment Retirement Income information Social Security Benefits Pension **Capital Gains** Get Ready Rental or Royalty Farming or Fishing Unemployment Household Member Alimony Received Investment Other Income Samantha E Elliot Scholarship **Income Sources Deduction Sources** Enter all your current Income Types Expected Income Does Samantha E Elliot currently earn any income?\* Summary O Yes O No Income Summary Additional information Add Income Source **Review and Sign** Save & Continue Back Save & Exit

## Do you earn income?

44

"Yes" or "No"

Click "Add Income Source" to proceed.

#### For Customers, Assisters, and Producers

Add Income for Samantha E Ellio	ot	×	
What type of Income would you like to add?*	Job 🗸		
Learn more			Add your income source.
Name of employer*	CWOPA		Enter your earnings.
How much income do you curre Amount*	\$41,000.00		Click "Save" to proceed.
How often?*	Yearly 🗸		
	Cancel Save		
			PROPRIETARY & CONFIDENTI

#### For Customers, Assisters, and Producers

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#### Income Sources Steps Income of Samantha E Elliot Start Your Application People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2021 so you can tell us if you expect changes. Family and Household Job Self Employment Retirement Income information Pension Social Security Benefits Capital Gains Get Ready **Rental or Royalty** Farming or Fishing Unemployment Household Member Alimony Received Investment Other Income Samantha E Elliot Scholarship **Income Sources** Deduction Sources Add another type of income or continue to review a summary of your current income. Expected Income Income Type Amount Frequency Summary Edit Remove lob \$41,000.00 Yearly Income Summary Add Income Source Additional information **Review and Sign** Back Save & Continue Save & Exit

# Click "Save & Continue" to proceed.

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#### For Customers, Assisters, and Producers



**Deduction Sources** 

Steps		
Start Your Application	Deductions for Samantha E Elliot	lf vou have anv
Family and Household	Telling us about the things that can be deducted on an income tax return that could lower the cost of your health insurance.	deductions, please add
Income information	Does Samantha E Elliot pay any of these deductions* Learn more	them here.
Get Ready	Alimony	
Household Member Samantha E Elliot Income Sources Deduction Sources Expected Income Summary	<ul> <li>Student loan interest</li> <li>Other deductions</li> <li>Yes</li> <li>No</li> <li>Add Deduction Source</li> </ul>	Click "Save & Continue" to proceed.
Income Summary	Back Save & Exit Save & Continue	
Additional information		
Review and Sign		



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#### For Customers, Assisters, and Producers



**Expected Income** Steps Based on what you told us, Samantha E Elliot's income will be about \$41,000.00. Is this your projected income Is your income changing Start Your Application for 2021?\* 🔘 Yes or do you expect it to Family and Household O No change? Income information Get Ready Household Member Back Save & Exit Save & Continue Click "Save & Continue" Samantha E Elliot to proceed. Income Sources **Deduction Sources Expected Income** Summary Income Summary Additional information **Review and Sign** 

#### For Customers, Assisters, and Producers

	Summar	'Y			
Steps					
Start Your Application	Corrected by				Edit
Family and Household	Saman	tha E Elliot's incom	ncome in 2021		Luii
Income information	\$41,000	).00			
Get Ready	Current	income			
Household Member	Income	e Source	How much	How often	
Samantha E Elliot	lob (C	CWOPA)	\$41.000.00	Yearly	
Income Sources	, (e		÷.,,		
Deduction Sources	Cur	rrent monthly incon	ne		
Summary	53,4 This ofte	s is based on your in on you get each typ	ncome sources above. We add ve, and then divided by 12 for c	them together for a year based o monthly amount	n how
Income Summary					
Additional information					

Here is your summary. If everything is good, you can proceed. If you need to correct your information, just click "Edit."

Click "Continue" to proceed.

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For Customers, Assisters, and Producers





#### For Customers, Assisters, and Producers

	<b>Reconciliation of APTC</b>	
Steps		
Start Your Application	Did <b>Samantha E Elliot</b> reconcile premium tax credits on their	tax return for past years?
Family and Household	O No	
Income information	I have never received premium tax credit in past years	
Additional information		
Household Member	Back	Save & Exit
Samantha E Elliot		
Other Health Coverage		
Reconciliation of APTC		
Employer Coverage Detail		
State Employee Health Benefit		
Additional Information		
Summary		
Review and Sign		

Have you ever received an Advanced Premium Tax Credit? (51

"Yes" or "No"

Or

"Never"

Click "Save & Continue" to proceed.



#### For Customers, Assisters, and Producers



#### For Customers, Assisters, and Producers



#### For Customers, Assisters, and Producers



## Your Summary Page.

Click "Continue" to proceed.

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For Customers, Assisters, and Producers



You may now Review & Sign your application.

Click "Continue" to proceed.

**Final Review** 

#### For Customers, Assisters, and Producers

Steps

Start Your Application

Family and Household

Income information

**Review and Sign** 

**Final Review** 

**Review and Sian** 

Sign and Submit

Additional information

#### pennie connecting Pennsylvanians to health coverage

Download Household and Demographic Information Samantha E Elliot Email samantha.elliot@yopmail.com **Primary Phone Number** MOBILE (717) 460-7303 Date of Birth 02/06/1972 Home Address 90 Beaver Dr Dubois PA, 15801 Mailing Address 90 Beaver Dr Dubois PA, 15801 Preferred Spoken Language English Preferred Written Language English Preferred Method of Communication Postal Mail Is anyone helping you with this application? Yes **Olivia Fox** Authorized Representative Authorized Representative Home Address 90 Beaver Dr **Dubois PA, 15801 Representative's Phone Number** (717) 460-7307 Do you want to find out if you can get help Yes paying for health coverage?

You may review, download, print, or print to .pdf your Pennie application for your records. 56

Note: you may "Edit" even at the review stage.

Click "Continue" to proceed.

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Print

#### For Customers, Assisters, and Producers

Steps

#### pennie connecting Pennsylvanians to health coverage

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#### Sign and Submit

Start Your Application Family and Household

Income information

Additional information

**Review and Sign** 

Review and Sian

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

🔘 l 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 Program (CHIP) eligibility determination if my application fits specific criteria to be potentially eligible or if I otherwise request a Medicaid or CHIP determination directly.\*

## Sign and Submit

#### Note: there are attestations



## Comparison Shopping on Pennie – The Pennie Application For Customers, Assisters, and Producers

- ✓ By typing my name in the box below, I am giving the Pennsylvania Department of Human Services, as the Medicaid and Children's Health Insurance Program (CHIP) agency, the right to pursue and get any money from other health insurance, legal settlements, or other third parties should someone on this application enroll in Medicaid or CHIP. I am also giving the Pennsylvania Department of Human Services, as the Medicaid agency, the right to pursue and get medical support from a spouse or parent.\*
- I acknowledge that if a child on this application has a parent living outside of the home, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.\*
- I also attest that the information provided in this application, at the time it was submitted, was true and correct to the best of my knowledge.\*
- ☑ By typing my name in the box below, I am signing this application and affirming the accuracy of the information provided and any assertions made herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904. I acknowledge that I may be subject to penalties under federal and state law if I intentionally provide false information. Additionally, I acknowledge that typing my name in the box below constitutes my signature.\*

Samantha E Elliot's Electronic	
Signature*	Samantha E Elliot



- Note: there are attestations
- Please e-sign your application.
- Click "Submit Application"

Back



For Customers, Assisters, and Producers



#### While your application processes, you will see this screen.



For Customers, Assisters, and Producers

Welcome, San	antha Elliot				
My Stuff	2021				
🔁 My Dashboard					
My Applications	Open enrollment Period starts on 11/01/2020 ! Please k maximum savings. You can complete your application no	eep all your income and other documents ready to get w by clicking on the application. You can enroll in a			
My Eligibility Results	health plan only after Open Enrollment Period starts.	health plan only after Open Enrollment Period starts.			
My Enrollments	We need additional information documents to confirm so	me of the data provided on your application. Click here			
My Inbox	to <u>upload documents</u> . If you have already uploaded the r be approved.	elevant documents, please wait for the documents to			
My Tickets					
My Preferences	Next Steps	and the life event to even the band to be			
Quick Links	Tou have successfully completed your application and rep confirm the life event by clicking the button below. You will	orted the lite event to enroll in health plan(s). Please be able to shop for plans and enroll once you confirm			
Q Find Local Assistance	the event.				
		Contirm Event and Shop			
	Overview				
	Your Application Status (Your Case Id is PA1100001555)				
	2021 Application Grand P For 1 member	View Application			
	Your Household Eligibility This eligibility is condition documents.	ial. <u>See more details</u> to upload the required			
	Samantha E Elliot Advanced Pre \$227.00 per m You are not el Reductions	mium Tax Credit <u>View Details</u> onth gjoble for Cost Sharing <u>Edit Application</u>			
	Your Health Plans UPMC UPMC Advantage Bronze \$7.400/\$50 -	art.			

If the application is processed outside of Pennie's Open Enrollment Period, the application with ask the customer to confirm their Qualifying Life Event.

# Help 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. Get our Qualifying Life Event and the date the event accurred Outlifying Life Event + Outlifying Life Event + Loss of coverage through employer Investor to Back to Dashboard Interestor to any for the event action with a date to be best of my knowledge. I know I may be subject to pendities under federal law if I intentionally provide false information. Back to Dashboard Continue



#### For Customers, Assisters, and Producers

Your Household Eligibility This eligibility is <u>conditional</u>. <u>See more details</u> to upload the required documents.

Advanced Premium Tax Credit \$227.00 per month You are not eligible for Cost Sharing Reductions

View Details aring <u>Edit Application</u>

Documents for This Household

Samantha E Elliot

Applicant Verifications

Samantha Elliot 🌖

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 01-18-2021. 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)

O Death (Not Verified) ()

Citizenship (Not Verified) (

Incarceration Status (Not Verified) ()

Minimum Essential Coverage (Verified)

If your application requires any additional verification, you will know exactly what is required.

As always, Pennie's Call Center is there to help +1 (844) 844-8040.

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For Customers, Assisters, and Producers



In addition to Pennie's Call Center at +1 (844) 844-8040, you may also use Pennie's "Find Local Assistance" link to connect with a Pennie-Certified Broker or Assister near you.

For Customers, Assisters, and Producers

#### pennie connecting Pennsylvanians to health coverage

ongratulations! You've complet	ed the checkout process on Pennie. Your information will be s	ent to the insurance company that c	arry your plan.
JRTHER ACTION REQUIRED:			
ou must pay your first month's p	oremium before your enrollment can be finalized. This health/	dental insurance is not yet in force.	
lealth			
amantha E Elliot		Covera	ge Start Date: 01/01/2021
LIDMC HELITER DE LA	UPMC	Monthly Price	\$ 563.04
U U	PMC Advantage Silver \$2,000/\$80 - Premium Network	Tax Credit (APTC)	-\$ 227.00
		Health MONTHLY PAYMENT	\$ 336.04
You will receive billing state	ements and instructions for paying offline from your insurer.		
	Your Total Ma	nthly Premium Payment	\$336.0
		,,	0000
ing Changes to Your Plans			

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

Go to your Dashboard to monitor your Pennie account.

## Comparison Shopping on Pennie – The Pennie Application For Customers, Assisters, and Producers

#### Dennie connecting Pennsylvanians to health coverage

				E	nrollment Year 2021 ¥
🚯 My Dashboard	( Health Plan				
My Applications					
My Eligibility Results	UPMC H	EALTH P	LAN	SUMMARY OF BENEFITS	
	UPMC Advantage Silver \$2	2,000/\$80 - Premiu	m Network	Plan Type:	PPO
My Enrollments	View Ber	nefit Details		Office Visit:	\$80 Copay
				Deductible:	\$25 Copay
My Inbox				Out-of-Pocket Maximum:	\$8150
A Mu Tishata					
	PLAN SUMMARY		CONTA	CT YOUR INSURER	
S My Preferences	Coverage Start Date:	01/01/2021	Custome	r Service:	
	Coverage End Date:	12/31/2021	Web:		
Quick Links	Enrollment Status:	Pending	COVER	ED FAMILY MEMBERS	
	Monthly Premium:	\$563.04			
Q Find Local Assistance	Elected APTC:	\$227.00	Self	Samantha E Elliot 0	1/01/2021 - 12/31/2021
	Premium:	\$336.04			
		on on roal			

Click on "My Enrollments" to verify that you now have Health Insurance.

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Stay connected to Pennie, and Pennie will help keep you covered.



#### ADDRESS

312-318 Market Street, Bowman Tower, Floor 3 Harrisburg, Pennsylvania 17101

#### PHONE

+1844-844-8040

WEB

pennie.com