

TIPS FOR ENROLLING ONLINE

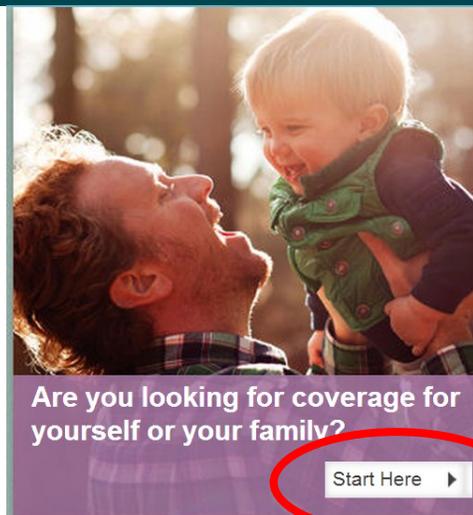
There are three steps to finding the health insurance plan that is right for you. This document will walk you through:

1) Registering 2) Applying 3) Choosing your plan

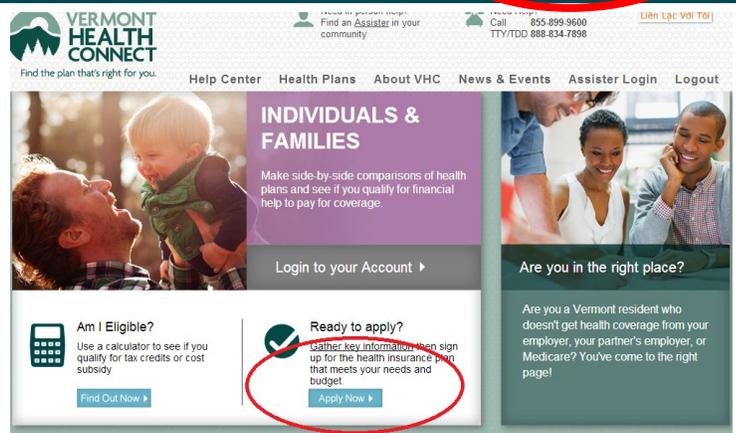
If you prefer people to computers, call us toll-free at 1-855-899-9600.

1. Register

1. Visit VermontHealthConnect.gov and click "Start Here."



2. Click "Apply Now."



3. Register a new account. Create a **username** that will be easy for you to remember. Create a **password** that you do not use on other websites.

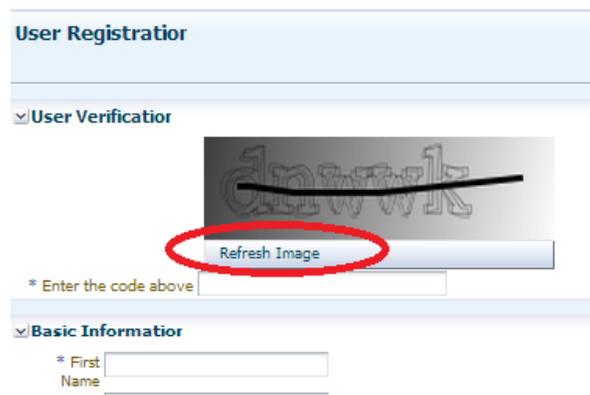
Check Your Browser Compatibility
[Click here](#) to check your browser compatibility

Sign In
Please enter your user name below and click "Continue"
If you have not yet registered, [click here](#) to register

Username:

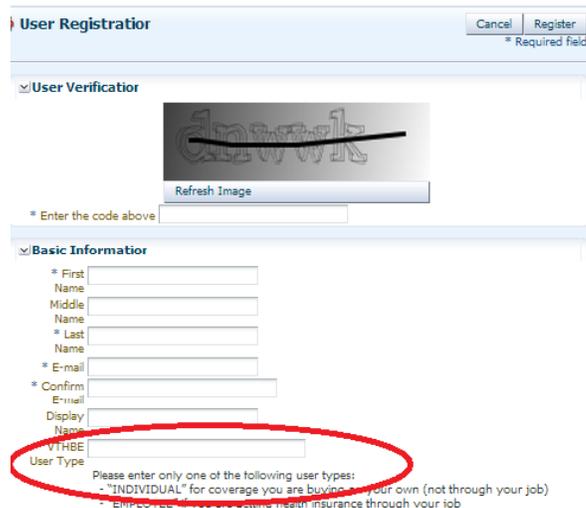
1. Register (continued)

4. Type in the letters and/or numbers as you see them exactly. If it is hard to read an image, click “Refresh Image” to get a new one.



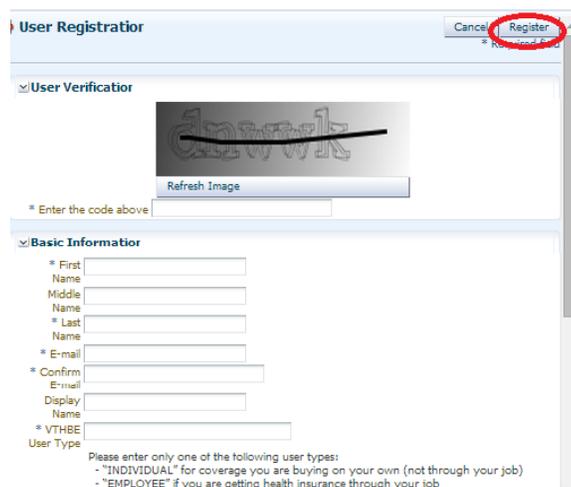
The screenshot shows the 'User Registrator' form. Under the 'User Verificator' section, there is a CAPTCHA image with the letters 'dowwk' and a black line drawn over it. Below the image is a 'Refresh Image' button, which is circled in red. Below the CAPTCHA is a text input field with the label '* Enter the code above'.

5. In User Type, type “INDIVIDUAL” in all capital letters.



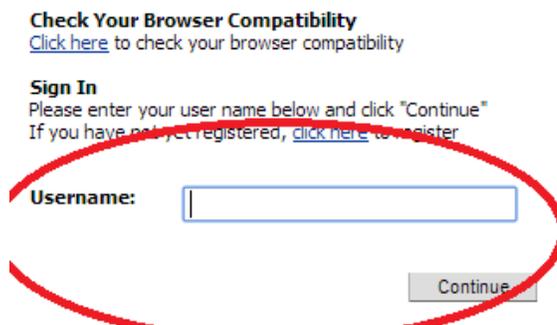
The screenshot shows the 'User Registrator' form. The 'Basic Information' section is expanded, showing fields for First Name, Middle Name, Last Name, E-mail, Confirm E-mail, Display Name, and VTHBE. The 'User Type' dropdown menu is circled in red. Below the dropdown, there is a note: 'Please enter only one of the following user types: - "INDIVIDUAL" for coverage you are buying on your own (not through your job) - "EMPLOYEE" if you are getting health insurance through your job'.

6. When finished filing in your information, click the “Register” button in the upper right corner.



The screenshot shows the 'User Registrator' form. The 'Register' button in the upper right corner is circled in red. The form is otherwise identical to the previous screenshot.

7. Come back to VermontHealthConnect.gov, click “Start Here,” click “Apply Now,” and type in your newly created username.



The screenshot shows the 'Sign In' section. It includes a link to 'Check Your Browser Compatibility' and a 'Sign In' heading. Below the heading, it says 'Please enter your user name below and click "Continue"'. There is a note: 'If you have not yet registered, click here to register'. The 'Username:' label and the text input field are circled in red. Below the input field is a 'Continue' button.

2. Apply

1. “Help” includes Medicaid and Dr. Dynasaur as well as tax credits to make private health plans more affordable. If interested, *click “Yes.”*

Help Paying For Coverage

Do you want to find out if you and your family can get help paying for health coverage? If you select YES, you will answer questions about your income to see what help you and your family qualify for. If you select NO, you will answer fewer questions, but you will not get help paying for coverage.

Yes No

[Back](#) [Next](#)

2. Click “Add” to include everyone in your household, including people who don’t need health insurance and dependents who don’t live at home. Use “Add” for each new person.

Other Name (Maiden or Former Name):

Birth Date (MM/DD/YYYY): *

Sex: * Male Female

Marital Status: *

Is this person the household member who is filling out the application? * Yes No

[Remove](#)

[Add](#)

[Back](#) [Next](#)

3. Born in the U.S.?

If **YES** - then you are not Naturalized. *Click “No.”*

If you are Naturalized, get your documentation ready and choose “Yes.”

More About Ozzy's Citizenship

(*) Required

Please tell us about Ozzy's citizenship status.

Is Ozzy a Naturalized or Derived Citizen? * Yes No

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2. Apply (continued)

4. Click “Add” to enter all sources of income for the person named at the top. Don’t click “Next” until you have entered all jobs and sources of income for each person.

Ozzy's Income Sources

Print Restart

(*) Required

Please think about all of the sources of income that Ozzy expects to get throughout 2014. For each income source, select the income type. Many people will need to add more than one income source. For example, if Ozzy has two jobs, select “Job” below, then click “Add” and select “Job” again. Once you have added all of Ozzy's income sources click “Next”. We will ask you questions about each income source on the next few screens. To add another income source click “Add”. To take one away click “Remove”.

You don't need to tell us about child support, veteran's payments, or Supplemental Security Income (SSI).

Add

Back Next

5. Click “Yes” if you lost health insurance in the last 60 days, **OR** if you will lose it in the next 60 days.

Household Special Circumstances

Print Restart Exit

(*) Required

These next questions ask about events that may have happened in your household in the past 60 days. Please think about what has happened in your household since 3/13/14 until today.

Your responses to the following questions do not affect medical assistance eligibility.

If you are currently on Medicaid and have received a notice about your annual review telling you to go to Vermont Health Connect to apply for continued healthcare coverage, please check “yes” to the first question below. Enter today's date when asked for the date of loss of coverage.

Did anyone on this application lose health coverage in the past 60 days? *

Yes No

Did anyone on this application get married in the past 60 days? *

Yes No

Has anyone on this application been adopted or placed up for adoption in the past 60 days? *

Yes No

People Getting Application Contact Home Address Household Information Caregiver Authorize Represent

6. Enter the date you lost health insurance. If you haven’t lost coverage yet—but will in the next 60 days — enter today’s date.

Ozzy's Loss of Health Coverage

Print Restart

(*) Required

Please tell us when Ozzy lost health coverage.

When did Ozzy lose health coverage? (MM/DD/YYYY) *

4/29/2014

Did Ozzy lose health insurance because he did not pay premiums? *

Yes No

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7. Review to make sure that you didn’t miss anyone and that all answers are correct. If needed, click “Edit” to make changes. Then, *sign* and click “Confirm.”

the signature box at the

Edit

Ozzy

3. Choose Your Plan

1. Check the box next to the health insurance plan and click "Select."

State of Vermont - Medicaid / Dr. Dynasaur

Insurance Plan Logo	YOUR PCP INCLUDED	YOUR COST
<input checked="" type="checkbox"/>	No	\$0.00

PCCM

Select and Compare * Up to 3 plans can be selected

\$0.00 Select

2. If you don't know your Primary Care Provider number, just leave blank and click the green "Next."

Kelly Osborne

State of Vermont | Medicaid / Dr. Dynasaur

NPI / Provider Number

Click on the link for the carrier selected:
[BCBSVT Search for NPI / Provider Number ?](#)
[MVP Search for NPI / Provider Number ?](#)

Back Next

3. Review to make sure that the names and plans are correct, then sign and confirm.

MCO Plan Logo STATE OF VERMONT MEDICAID / DR. DYNASAUR
Premium: N/A

Enrollees

Name	Birth Date	SSN
Ozzy Osborne	05/08/1955	XXXXX6123
Sharon Osborne	06/09/1956	XXXXX6213
Kelly Osborne	09/15/1999	XXXXX2741

Monthly Payment Obligation

Coverage Type	Plan Name	Cost Per Month
Medicaid	State of Vermont Medicaid / Dr. Dynasaur	\$0.00
Monthly Total		\$0.00

Have You Selected Plans for Everyone?

Once you click "confirm", we will begin processing your health plan enrollment. Please verify your plan selection and be sure that you have included all household members you wish to enroll in this health or dental coverage. Any changes you wish to make after this point will require a phone call with a Vermont Health Connect Customer Service Representative.

To change your plan selection now, click "My Account" button at the top of the screen, select the "My Eligibility" tab on the left, and then click on "Select a Plan".

When you are ready to enroll in your health plan(s), click "Confirm" below.

By signing my application, I confirm that I understand that it will be sent to my selected health insurance issuer and/or the Medicaid agency, as applicable, for processing. The information I have entered is correct to the best of my knowledge.

Ozy Osborne

Confirm