

DC Health Link 员工续约开放参保指南

哪些人需要该指南？以下员工：

- 与 DC Health Link 合作并处于年度续约期间，想变更健康保险的，包括增加或减少参保的家庭成员或者更改计划，或者
- 其现有保单自动更新至 2016 年版本。

您的信息以及与您的雇主匹配

您的信息-步骤 1： 您登录账号后，可能出现提示框验证您的个人信息（姓名、出生日期和社会安全号）。

Personal Information

0% Complete

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX
DATE OF BIRTH *	SOCIAL SECURITY *	<input type="radio"/> MALE	<input type="radio"/> FEMALE

Personal Info
 Employer
 Contact Info
 Household
 Plan Selection
 Review
 Complete

CONTINUE

您的信息-步骤 2： DC Health Link 会通过验证您的出生日期（DOB）和社会安全号（SSN）把您和您的雇主匹配起来。如果雇主信息显示正确，请单击“继续”。

Personal Information

15% Complete

Account Information

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX
Autumn		Smith	
DATE OF BIRTH *	SOCIAL SECURITY *	<input checked="" type="radio"/> MALE	<input type="radio"/> FEMALE
02/13/1969	214-27-3333		

Healthcare Marketplace

Enroll as an employee of DC Deli with coverage starting 06/01/2016.

Enroll in Individual Benefits

Personal Info
 Employer
 Contact Info
 Household
 Plan Selection
 Review
 Complete

CONTINUE

PREVIOUS

If you don't see your employer listed above, click [here](#) for help.

注意： 如果您和您的雇主不匹配，请确认您正确输入了社会安全号和出生日期。如果还是不匹配，请联系您的雇主方负责员工福利的部门，并与其核实您的雇主是否已经以正确的社会安全号（SSN）和出生日期（DOB）把你列入符合该项福利资格的员工名单。

您的信息-步骤 3: 按照要求验证并更新您的联系信息。请确保此处显示的您的邮寄地址正确，健康保险公司会利用该地址把相关的会员资料邮寄给您。您填完联系信息后，请单击“继续”按钮。

Contact Information

FIRST NAME * Autumn	MIDDLE NAME	LAST NAME * Smith	SUFFIX
DATE OF BIRTH * 02/13/1969	214-27-3333	<input type="radio"/> MALE	<input checked="" type="radio"/> FEMALE

Employer: DC Deli
Hired: 04/17/2015 Not your employer? [Click Here](#)
Eligible for Coverage: 06/01/2016

NEW ADDRESS Home Address	
ADDRESS LINE 1 * 1600 Washington Avenue	ADDRESS LINE 2
CITY * Washington	DC ZIP * 20001

HOME PHONE	MOBILE PHONE
WORK PHONE	FAX PHONE

Home Email Address autumsmith@dc.gov	Work Email Address
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Please indicate preferred method to receive notices (OPTIONAL)

Only Paper communication	English
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30% Complete

- Personal Info
- Employer
- Contact Info**
- Household
- Plan Selection
- Review
- Complete

CONTINUE

[PREVIOUS](#)
[SAVE & EXIT](#)

对您的开放参保进行变更

在您的“我的 DC Health Link”主页中，您会看到一张显示您当前计划的健康保险参保贴图和一张显示“自动更新”状态的来年计划的健康保险贴图。这意味着您将自动为来年参保本计划，除非您在开放参保期间决定变更您的保险。虽然计划名称有可能改变，但是在参保贴图中显示的计划是与您当前的参保相同或者绝大部分相同的计划。

2016 HEALTH COVERAGE

 DC DELI

Auto Renewing

UnitedHealthcare
UHC Choice HSA EPO Silver 2300

EPO • SILVER • PREMIUM: \$0.00/month
 NATIONWIDE NETWORK
 EFFECTIVE DATE: 06/01/2016 PLAN SELECTED: 04/01/2016 (12:00AM)
 DC HEALTH LINK ID: 448844
 COVERED: Autumn

[Summary of Benefits and Coverage](#)

[Carrier Contact Info](#)

Make Changes

VIEW DETAILS

2015 HEALTH COVERAGE

 DC DELI

Coverage Selected

UnitedHealthcare
UnitedHealthcare Silver Choice HSA 2000-1

EPO • SILVER • PREMIUM: \$0.00/month
 NATIONWIDE NETWORK
 EFFECTIVE DATE: 06/01/2015 PLAN SELECTED: 10/12/2015 (9:18PM)
 DC HEALTH LINK ID: 205521
 COVERED: Autumn

[Summary of Benefits and Coverage](#)

[Carrier Contact Info](#)

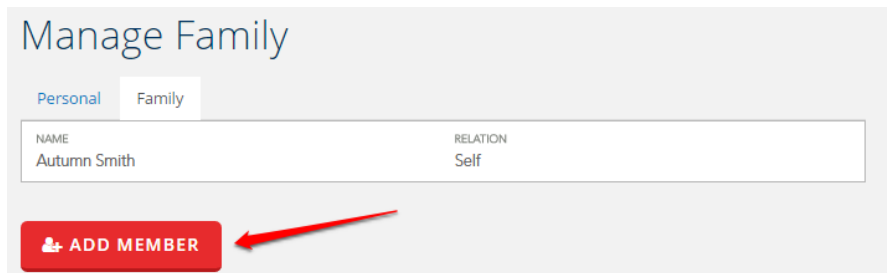
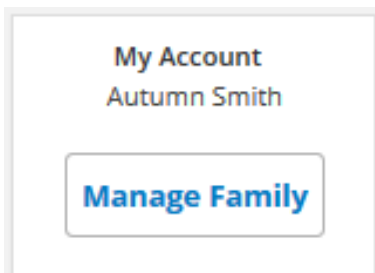
Make Changes

VIEW DETAILS

注意: 如果您想和相同的家属（如果有）自动更新至相同的计划，那么您无须进行任何操作。您和所有参保的家属都会更新至自动更新计划。

对开放参保进行变更-步骤 1: 如果您想为任何新家庭成员参保，请单击“家庭管理”按钮，然后单击“增加成员”以增加您的所有符合条件的家庭成员。当您增加了符合条件的家庭成员后，您需要完成计划购买流程以将其加入到您的保单中。

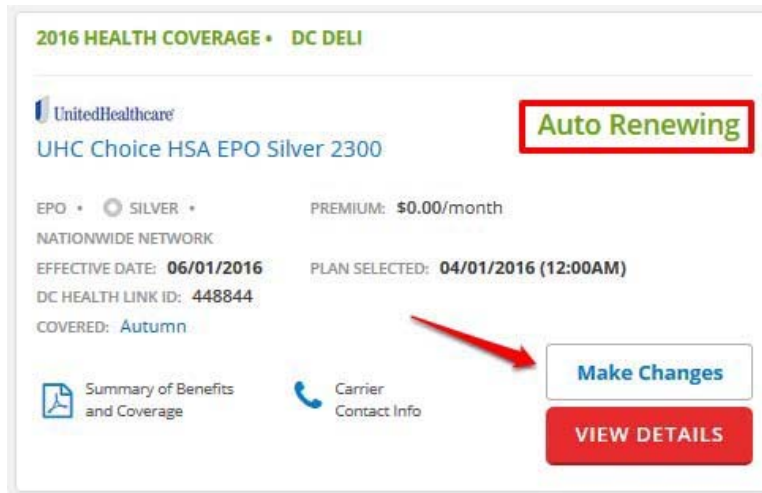
没有新家庭成员需要参保？跳过此步骤。



输入出生日期、性别和与家属的关系。如果没有社会安全号 (SSN)，则勾选“无社会安全号”方框。邮寄地址也是可选项。

A detailed screenshot of the "Manage Family" form. It has two tabs: "Personal" and "Family". The "Family" tab is active. The form contains a table with columns "NAME" and "RELATION". The "NAME" column contains "Autumn Smith" and the "RELATION" column contains "Self". Below the table are several input fields: "FIRST NAME *", "MIDDLE NAME", "LAST NAME *", "DATE OF BIRTH *", "SOCIAL SECURITY", "I don't have an SSN" (checkbox), "RELATION *", "MALE" (radio button), "FEMALE" (radio button), "NEW ADDRESS", "Home Address", "ADDRESS LINE 1", "ADDRESS LINE 2", "CITY", "SELECT STATE", and "ZIP". At the bottom left is a button "Add Mailing Address". At the bottom right is a red button "CONFIRM MEMBER". At the bottom left is a button "Cancel".

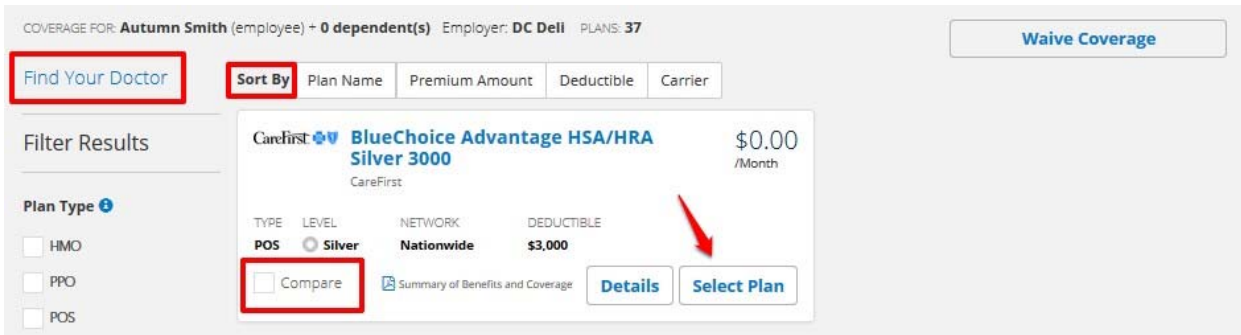
对开放参保进行变更-步骤 2: 开始为您的计划购买保险服务，在您的“自动更新”贴图上单击“变更”按钮。



对开放参保进行变更-步骤 3: 检查以确保所有您想参保的家庭成员在其名字左侧都有在“需要保险的人员”下面已勾选的方框。如果您不想为某些符合资格的家庭成员参保，请确保在进行计划购买流程之前不要在此页勾选其方框。

注意: 在您网上购买计划期间，您可以在任何时候通过单击浏览器的“后退”按钮以更改您希望参保的家庭成员。在年度开放参保期间，您可以从您的健康计划中增加或去掉家属。

对开放参保进行变更-步骤 4: 使用筛选、分类和对比功能帮助您选择计划。当您决定后, 单击“选择计划”。



此页已列出您的雇主为您提供的所有计划。您可以通过计划类别、网络、运营商、美国医疗储蓄账户资格、保费金额、扣除金额对计划进行分类。

选择左列底部红框中的“应用”来应用已选择的筛选条件。如要对这些计划进行分类, 单击顶部的一个选项: 计划名称、保费金额、扣除额或运营商。在计划贴图中选择“详情”可获得关于每个计划的更多信息。

您可以通过勾选每个计划的“比较”方框, 然后单击位于页面右上角的“比较计划”按钮, 在页面中逐行对比每项计划, 最多可以同时比较三项计划。

Plans	CareFirst		KP DC Gold 0/20/Dental/Ped		UHC Choice Plus POS Gold	
	HealthyBlue Advantage Gold 1500	1000 B	Dental/SIG	1000 B	POS	POS
	Gold + POS	Gold + HMO				
	\$156.57 / month	\$109.75 / month		\$136.96 / month		
	SELECT PLAN	SELECT PLAN		SELECT PLAN		
Provider Network	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide
PLAN BENEFITS (In Network)	CO-PAY	COINSURANCE	CO-PAY	COINSURANCE	CO-PAY	COINSURANCE
Primary Care Visit to Treat an Injury or Illness	No Charge	No Charge	\$20	Not Applicable	\$25	Not Applicable
Urgent Care Centers or Facilities	\$50	Not Applicable	\$50	Not Applicable	Not Applicable	10% Coinsurance after deductible
Specialist Visit	\$30	Not Applicable	\$50	Not Applicable	\$50	Not Applicable
Emergency Room Services	\$200	Not Applicable	\$300	Not Applicable	Not Applicable	10% Coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	\$500 Copay per Day after deductible	Not Applicable	\$300 Copay per Day	Not Applicable	Not Applicable	10% Coinsurance after deductible
Laboratory Outpatient and Professional Services	No Charge	No Charge	\$50	Not Applicable	Not Applicable	10% Coinsurance after deductible
X-rays and Diagnostic Imaging	No Charge	No Charge	\$50	Not Applicable	Not Applicable	10% Coinsurance after deductible
Generic Drugs	No Charge	No Charge	\$20	Not Applicable	\$10	Not Applicable
Preferred Brand Drugs	\$45	Not Applicable	\$10 Copay after deductible	Not Applicable	\$40	Not Applicable
Non-Preferred Brand Drugs	\$65	Not Applicable	Not Applicable	50% Coinsurance after deductible	\$75	Not Applicable
Specialty Drugs	Not Applicable	50%	Not Applicable	50% Coinsurance after deductible	\$100	Not Applicable
	Summary of Benefits and Coverage	Summary of Benefits and Coverage	Summary of Benefits and Coverage	Summary of Benefits and Coverage	Summary of Benefits and Coverage	Summary of Benefits and Coverage

对开放参保进行变更-步骤 5: 在您仔细检查完您的信息后, 请单击“确定”按钮以完成计划选择。



对开放参保进行变更-步骤 6: 请为您的记录打印或保存确认页面。想要返回您的“我的 DC Health Link” 主页，请单击“继续”按钮。

Enrollment Submitted

Your enrollment has been submitted as of 04/12/2016 13:48 EDT -04:00.
Please print this page for your records. A copy of this confirmation has also been emailed to you.

DC Deli
CareFirst BlueChoice Advantage HSA/HRA Silver 3000
Metal level : Silver

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Autumn Smith	self	47	\$367.46	\$367.46	\$0.00
TOTALS			\$367.46	\$367.46	\$0.00

Your coverage start date : 06/01/2016

100% Complete

- Plan Selection
- Review
- Complete**

CONTINUE

Print

购买-步骤 5: 您的参保将会显示在您的“我的 DC Health Link” 主页。要查看关于您的计划的更多信息，请单击“查看详情”按钮。在开放参保期间，如果您想改变您的健康保险，请单击“变更”按钮。在开放参保结束时，您最终选择的计划即是您为来年参保的计划。您可以通过查看每个参保贴图的时间标记来验证您的计划选择。

2016 HEALTH COVERAGE - DC DELI

Carefirst **Coverage Selected**
BlueChoice Advantage HSA/HRA Silver 3000

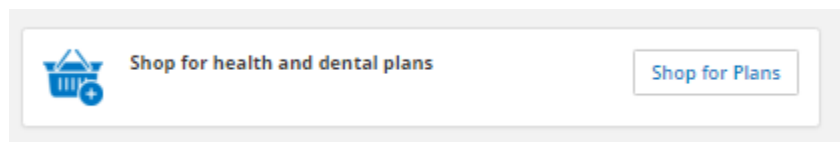
POS • SILVER • PREMIUM: \$0.00/month
NATIONWIDE NETWORK
EFFECTIVE DATE: **06/01/2016** **PLAN SELECTED: 04/12/2016 (1:45PM)**
DC HEALTH LINK ID: 298372
COVERED: Autumn

Summary of Benefits and Coverage Carrier Contact Info

Make Changes
VIEW DETAILS

购买牙科计划

购买牙科计划-步骤 1: 如果您的雇主选择为续约计划年度提供牙科保险，请在您的主页中选择“购买计划”以查看您的雇主提供给您的计划。



购买牙科计划-步骤 2: 通过勾选或不勾选家庭成员名字旁边的复选框来指定您想为哪（些）位家庭成员参保。选择预期的家庭成员后，请选择“牙科”福利类型，然后单击“购买新的计划”

Choose Coverage for your Household

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

Who Needs Coverage?

- Emma Cruz (Age : 52 years)
- Mark Cruz (Age : 50 years)

Benefit Type

- Health
- Dental

What would you like to do?

[SHOP FOR NEW PLAN](#)

[Back to my account](#)

33% Complete

- Plan Selection
- Review
- Complete

购买牙科计划-步骤 3: 此页中列出了您的雇主提供的所有计划。通过选择每个计划上的“详情”按钮，您可以了解更多关于每个计划的信息。

Choose Plan

Find a quality, affordable health insurance plan that's right for you, or for you and your family. Use 'Filter Results', 'Compare' and 'Details' features to narrow your choices. When you find the plan you want, 'Select Plan'.

COVERAGE FOR: **Emma Cruz (employee) + 1 dependent(s)** PLANS: 9

Find Your Doctor

Sort By Plan Name Premium Amount Deductible Carrier

Filter Results

Metal Level

- Bronze
- Silver
- Gold
- Platinum
- Catastrophic

Plan Type

- HMO
- PPO
- POS

Network

- Nationwide
- DC-Metro

Carrier

Plan Name	Premium Amount	Deductible	Carrier
Select Plan Premium Dominion DOMINION DENTAL SERVICES, Inc.	\$11.49 /Month	Not Applicable	Dominion
Delta Dental PPO Basic Plan for Families for Small Businesses Delta Dental	\$13.35 /Month	\$80	Delta Dental
DeltaCare USA Basic Plan for Families for Small Businesses Delta Dental	\$16.45 /Month	Not Applicable	Delta Dental

注意: 您可以通过左边的“筛选结果”改变为您显示的计划。您可以通过顶部的“分类方法”改变为您显示的计划顺序。您可以通过单击保健计划贴图上“比较”按钮、再单击屏幕右上方的“比较计划”按钮，在页面中逐行对比已选计划，最多可以同时比较三项计划。

购买牙科计划-步骤 4: 通过单击蓝色的“选择计划”按钮选择您的计划。

Delta Dental PPO Basic Plan for Families for Small Businesses \$13.35 /Month

Delta Dental

TYPE: PPO LEVEL: Low NETWORK: Nationwide DEDUCTIBLE: \$80

Compare Plan Summary

购买牙科计划-步骤 5: 查看列出的信息，然后单击“确定”按钮。

Confirm Your Plan Selection

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Chloe's Flower Shop
Delta Dental Delta Dental PPO Basic Plan for Families for Small Businesses
Metal level: Low

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Emma Cruz	self	52	\$21.94	\$14.09	\$7.85
Mark Cruz	spouse	50	\$21.94	\$16.44	\$5.50
TOTALS			\$43.88	\$30.53	\$13.35

Your coverage start date: 06/01/2016

66% Complete

- Plan Selection
- Review
- Complete

PREVIOUS

注意: 想要返回上一页面，请选择在右列底部的“上一步”按钮。

购买牙科计划-步骤 6: 这是确定您的计划选择的概要页面。想要转到您的账户主页，请单击红色“继续”按钮。

Enrollment Submitted

Your enrollment has been submitted as of 04/01/2016 11:59 EDT -04:00. Please print this page for your records. A copy of this confirmation has also been emailed to you.

Chloe's Flower Shop
Delta Dental Delta Dental PPO Basic Plan for Families for Small Businesses
Metal level: Low

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Emma Cruz	self	52	\$21.94	\$14.09	\$7.85
Mark Cruz	spouse	50	\$21.94	\$16.44	\$5.50
TOTALS			\$43.88	\$30.53	\$13.35


Your coverage start date: 06/01/2016

100% Complete

- Plan Selection
- Review
- Complete



购买牙科计划-步骤 8: 您现在将看到您的参保概要。想要查看关于您的计划的更多信息，请单击“查看详情”按钮。在开放参保期间，如果您想改变您的计划，请单击“变更”按钮。

2016 DENTAL COVERAGE • CHLOE'S FLOWER SHOP

 **Coverage Selected**

Delta Dental PPO Basic Plan for Families for Small Businesses

PPO • LOW • PREMIUM: \$13.35/month
NATIONWIDE NETWORK
EFFECTIVE DATE: **06/01/2016** PLAN SELECTED: **04/01/2016 (11:56AM)**
DC HEALTH LINK ID: **448928**
COVERED: Emma • Mark

 Plan Summary  Carrier Contact Info

[Make Changes](#)

[VIEW DETAILS](#)