

New Employees - How to Enroll in Health Coverage through DC Health Link

Who is this guide for? This guide will walk employees without a DC Health Link account through setting up their employee account, selecting a plan, or waiving coverage.

Get Started - Setup Your Account

Click on the red "GET STARTED" button under **Employee** on DCHealthLink.com

What kind of health insurance do you need?



Individual & Family
Find the right medical, dental or vision insurance plan for you, or for you and your family. See if you qualify for a tax credit or Medicaid.

Small Business
Offer your employees quality, affordable medical, dental or vision insurance. Businesses with 1-50 employees are eligible and can enroll anytime.

Employee
If the company you work for offers health insurance through DC Health Link, learn more about what your company offers and enroll.

GET STARTED GET STARTED GET STARTED

Click on the red "CONTINUE" button to understand your options.



Signing up for employer-sponsored health insurance is an easy 3-step process

STEP 1
Tell us about yourself

STEP 2
Compare plans and choose

STEP 3
Confirm and Enroll

First, you'll create an account. Then we'll need some personal information to verify your employer. After that, you'll tell us who needs coverage. Just you, or you and your family.

Learn more about the health insurance your company offers and how much they contribute towards your premiums. If your company offers more than one plan, you can compare plans before you choose.

Once you choose a plan, confirm that your personal information is correct and includes the members of your household who should be covered by your plan. Then enroll.

CONTINUE

Fill out your email address and create a password (8 character minimum) and then click the "Create account" button. Please be sure to record your password somewhere secure. You'll use your email address as your login in the future.

Create account

Email

Password (8 characters minimum)

Password confirmation



Your Information and Matching to your Employer

Your Information - Step 1: Fill out your personal information (name, DOB and SSN) and then click the red “CONTINUE”.

Personal Information

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

0% Complete

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



Your Information - Step 2: DC Health Link will match you to your employer by verifying your date of birth (DOB) and Social Security Number (SSN). Click “Continue” if the employer information displayed is correct.

Personal Information

Account Information

FIRST NAME *	MIDDLE NAME	LAST NAME *	SUFFIX
Emma		Cruz	-
DATE OF BIRTH *	SOCIAL SECURITY *	<input type="radio"/> MALE	<input checked="" type="radio"/> FEMALE
12/25/1963	333-20-4777		

Healthcare Marketplace

Chloe's Flower Shop has added you as an employee. You're eligible for coverage starting 06/01/2016.

<input checked="" type="radio"/> Enroll in Employer-Sponsored Benefits
<input type="radio"/> Enroll in Individual Benefits

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

15% Complete

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

NOTE: If you are not matched to an employer, confirm you have entered your SSN and DOB correctly above. If you are still not matched to your employer, confirm your employer has your correct SSN and DOB and that you have been added to the employee roster.

Your Information - Step 3: Fill out your contact information where needed, such as your address, email address, and phone number. The pre-populated information was submitted by your employer but may be edited by you. Once your contact information is complete, click the red “CONTINUE” button.

Contact Information 30% Complete

FIRST NAME * Emma	MIDDLE NAME	LAST NAME * Cruz	SUFFIX
DATE OF BIRTH * 12/25/1963	SOCIAL SECURITY * 333-20-4777	<input type="radio"/> MALE	<input checked="" type="radio"/> FEMALE

Employer : Chloe's Flower Shop
Hired : 04/17/2013 Not your employer? [Click Here](#)
Eligible for Coverage : 06/01/2016

NEW ADDRESS	Home Address	
ADDRESS LINE 1 * 1600 L Street	ADDRESS LINE 2	
CITY * Washington	DC	ZIP * 20005

HOME PHONE	MOBILE PHONE
WORK PHONE	FAX PHONE

Home Email Address emmacruzdc@yopmail.com	Work Email Address
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Please indicate preferred method to receive notices (OPTIONAL)

Only Paper communication	English
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CONTINUE

PREVIOUS
SAVE & EXIT

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

Your Family's Information

Family Information - Step 1: To add a family member to your employer sponsored coverage, click “Add Member”. If you are not adding a family member, proceed to Shop for a Health Plan.

Household Info: Family Members

If you need to get insurance coverage for other members of your household, select 'Add Member'. When you're finished, select CONTINUE.

* = required field

NAME	RELATION
Emma Cruz	Self

Add Member 

Family Information - Step 2: Fill out the required information for your family member(s), including their relationship to you. Once you have filled in all the demographic information, complete the addition of your family member by clicking “Confirm Member.” Repeat this step until all of your family members are added and then click the “Continue” button on the same page.

NOTE: Later you will select which of these members you wish to cover.

Household Info: Family Members

Please enter the information requested below. When you're finished, select 'Confirm Member' at the bottom of the page.

* = required field

NAME Emma Cruz		RELATION Self
FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	SOCIAL SECURITY	<input type="checkbox"/> I don't have an SSN
RELATION *	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
NEW ADDRESS Home Address	RELATION *	
ADDRESS LINE 1	Spouse Life partner Child Adopted child Annuitant Aunt or uncle Brother or	
CITY	SELECT STATE	

[Add Mailing Address](#)
[Cancel](#)
[CONFIRM MEMBER](#)

45% Complete

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

[CONTINUE](#)

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

NOTE: Gender selection defaults to 'Male'. Please actively change to female if needed.

Family Information - Step 3: Indicate which family member(s) you would like to cover by selecting or unchecking the checkbox next to their name. Once the intended family member(s) are selected, click the red “CONTINUE” button to continue to plan selection.

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

[Back to my account](#)

45% Complete

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

[CONTINUE](#)

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

NOTE: You may select the “Back” button on your browser to change your covered family member(s) during your plan shopping experience. During your open enrollment period or special enrollment period you may go in and add/drop dependents from your coverage even after you have enrolled in a plan.

Shopping for a Health Plan

NOTE: To Waive Coverage, proceed to the Waiving Coverage section.

Health Shopping - Step 1: All plans offered by your employer are listed on this page. You are able to sort plans by a variety of factors: Metal level, Plan type, Network, Carrier, HSA Eligibility, Premium Amount, and Deductible Amount. Select "Apply" in the red box at the bottom of the column on the left side to apply the selected filters. More information can be found about each plan by selecting "DETAILS" on each plan offered.

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)** Employer: **Chloe's Flower Shop** PLANS: **53**

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

CareFirst	BlueChoice HMO HSA/HRA Bronze 5000	\$88.87 /Month	
CareFirst	CareFirst		
TYPE	LEVEL	NETWORK	DEDUCTIBLE
HMO	Bronze	DC-Metro	\$5,000
<input type="checkbox"/> Compare	Summary of Benefits and Coverage	Details	Select Plan

CareFirst	BlueChoice Plus HSA/HRA Bronze 5000	\$97.10 /Month	
CareFirst	CareFirst		
TYPE	LEVEL	NETWORK	DEDUCTIBLE
POS	Bronze	DC-Metro	\$5,000
<input type="checkbox"/> Compare	Summary of Benefits and Coverage	Details	Select Plan

CareFirst	BlueChoice Advantage HSA/HRA Bronze 5000	\$113.76 /Month	
CareFirst	CareFirst		
TYPE	LEVEL	NETWORK	DEDUCTIBLE
POS	Bronze	Nationwide	\$5,000
<input type="checkbox"/> Compare	Summary of Benefits and Coverage	Details	Select Plan

HSA Eligibility ⓘ

All

Premium Amount ⓘ

0 To 2000

Deductible Amount

0 To 6000

APPLY **Reset**

CareFirst

TYPE LEVEL NETWORK DEDUCTIBLE
HMO **Bronze** **DC-Metro** **\$5,500**

Compare [Summary of Benefits and Coverage](#) **Details** **Select Plan**

CareFirst **BlueChoice HMO HSA/HRA Silver 3000** \$266.79 /Month

CareFirst

TYPE LEVEL NETWORK DEDUCTIBLE
HMO **Silver** **DC-Metro** **\$3,000**

Compare [Summary of Benefits and Coverage](#) **Details** **Select Plan**

NOTE: you are able to 'Filter Results' on the left side to change the plans displayed for you. You are able to 'Sort By' at the top to change the order in which plans are displayed for you. You can compare up to three plans at once by clicking "Compare" in the plan tile and then a "Compare Plans" button will appear in the top right of the screen that you will click to see a side-by-side comparison of the chosen plans.

Health Shopping - Step 2: Select your plan by clicking the blue "Select Plan" button.

CareFirst **BlueChoice Plus HSA/HRA Bronze 5000** \$97.10 /Month

CareFirst

TYPE LEVEL NETWORK DEDUCTIBLE
POS **Bronze** **DC-Metro** **\$5,000**

Compare [Summary of Benefits and Coverage](#) **Details** **Select Plan**

Health Shopping - Step 3: Review the information listed then click the "Confirm" button.

Confirm Your Plan Selection

75% Complete

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
CareFirst BlueChoice Plus HSA/HRA Bronze 5000
 Metal level : Bronze

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Emma Cruz	self	52	\$323.83	\$323.83	\$0.00
Mark Cruz	spouse	50	\$311.68	\$214.58	\$97.10
TOTALS			\$635.51	\$538.41	\$97.10

Your coverage start date : 06/01/2016

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

CONFIRM

[Waive Coverage](#)

PREVIOUS

SAVE & EXIT

NOTE: To return to a previous page, select 'Previous' listed at the bottom of the right column.

Health Shopping - Step 4: This is a summary page confirming your plan selection. To navigate to your account home page, click the red “CONTINUE” button.

Enrollment Submitted

Your enrollment has been submitted as of 04/01/2016 11:00 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
CareFirst BlueChoice Plus HSA/HRA Bronze 5000
Metal level : Bronze

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Emma Cruz	self	52	\$323.83	\$323.83	\$0.00
Mark Cruz	spouse	50	\$311.68	\$214.58	\$97.10
TOTALS			\$635.51	\$538.41	\$97.10

Your coverage start date : 06/01/2016

[Print](#)

100% Complete

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

CONTINUE

Health Shopping - Step 5: You will now see your enrollment summary. To view more information about your plan, click the “VIEW DETAILS” button. If you want to change your plan during your open enrollment period, click the “Make Changes” button.

2016 HEALTH COVERAGE • CHLOE'S FLOWER SHOP

Carefirst  **Coverage Selected**
BlueChoice Plus HSA/HRA Bronze 5000

POS •  BRONZE PREMIUM: \$97.10/month
EFFECTIVE DATE: **06/01/2016** PLAN SELECTED: **04/01/2016 (10:53AM)**
DC HEALTH LINK ID: **448902**
COVERED: Emma • Mark

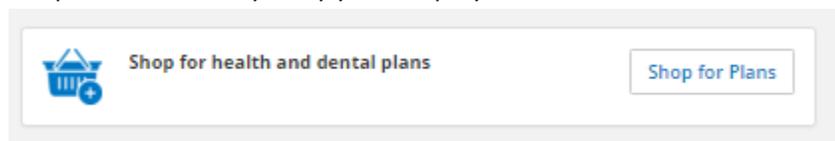
 Summary of Benefits and Coverage  Carrier Contact Info

[Make Changes](#)

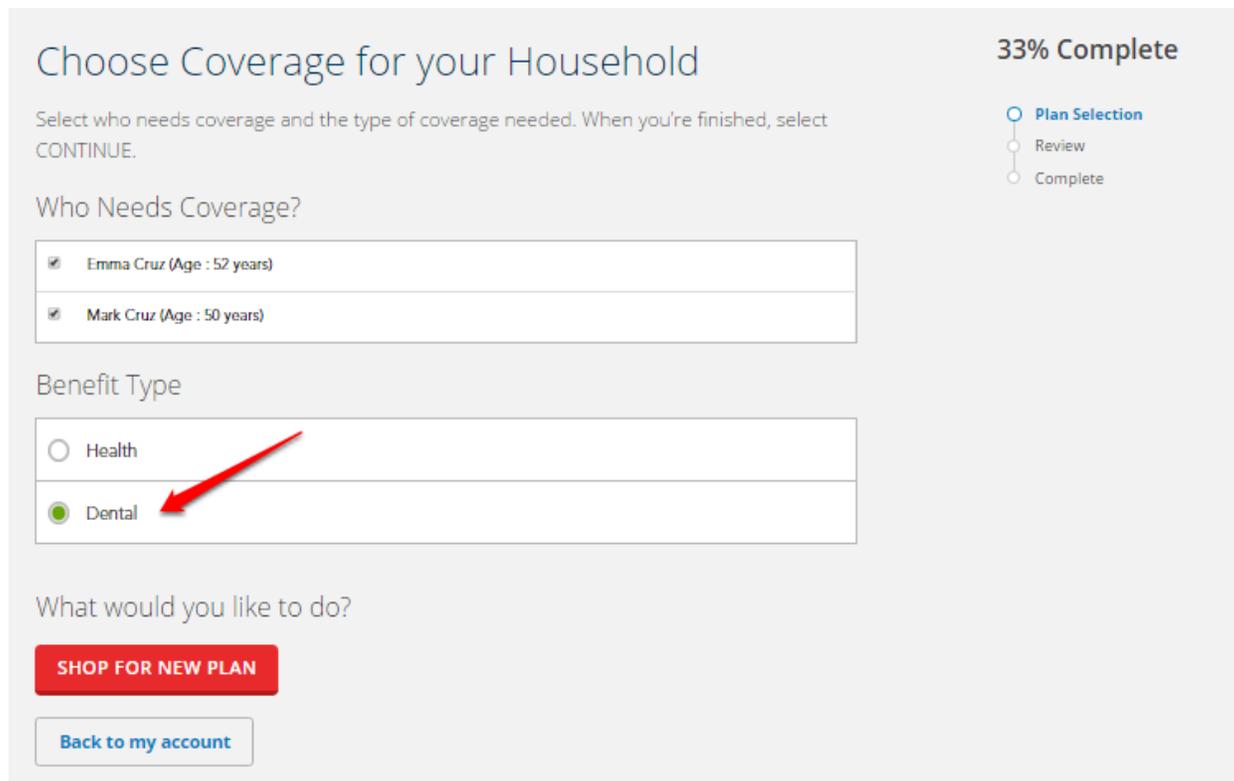
VIEW DETAILS

Shopping for a Dental Plan

Dental Shopping - Step 1: If your employer offers dental coverage select “Shop for Plans” on your home page to view the plans offered to you by your employer.



Dental Shopping - Step 2: Indicate which family member(s) you would like to cover by selecting or unchecking the checkbox next to their name. Once the intended family member(s) are selected, select the “Dental” benefit type and click “SHOP FOR NEW PLAN”

A screenshot of a web form titled "Choose Coverage for your Household". The form has a light gray background. At the top right, it says "33% Complete". Below this is a progress indicator with three steps: "Plan Selection" (selected with a blue circle), "Review" (unselected with a white circle), and "Complete" (unselected with a white circle). The main content area has the heading "Choose Coverage for your Household" and a sub-heading "Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE." Below this is a section titled "Who Needs Coverage?" with two rows, each containing a checked checkbox and a name with age: "Emma Cruz (Age : 52 years)" and "Mark Cruz (Age : 50 years)". Below that is a section titled "Benefit Type" with two rows: "Health" (unselected with a white radio button) and "Dental" (selected with a green radio button). A red arrow points to the "Dental" radio button. At the bottom of the form are two buttons: a red button with white text "SHOP FOR NEW PLAN" and a white button with a blue border and blue text "Back to my account".

Dental Shopping – Step 3: All plans offered by your employer are listed on this page. More information can be found about each plan by selecting “DETAILS” on each plan offered.

The screenshot shows the 'Choose Plan' interface. At the top, it says 'Choose Plan' and provides instructions: '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'.' Below this, it indicates 'COVERAGE FOR: Emma Cruz (employee) + 1 dependent(s) PLANS: 9'. There is a 'Find Your Doctor' link and a 'Sort By' dropdown menu with options: Plan Name, Premium Amount, Deductible, and Carrier. On the left, there are three filter sections: 'Metal Level' with options Bronze, Silver, Gold, Platinum, and Catastrophic; 'Plan Type' with options HMO, PPO, and POS; and 'Network' with options Nationwide and DC-Metro. A 'Carrier' filter is also visible at the bottom left. The main area displays three plan cards. The first card is for 'Select Plan Premium' by Dominion, priced at \$11.49/month, with a type of HMO, level of High, and network of DC-Metro. The second card is for 'Delta Dental PPO Basic Plan for Families for Small Businesses' by Delta Dental, priced at \$13.35/month, with a type of PPO, level of Low, and network of Nationwide. The third card is for 'DeltaCare USA Basic Plan for Families for Small Businesses' by Delta Dental, priced at \$16.45/month, with a type of HMO, level of Low, and network of DC-Metro. Each card includes a 'Compare' checkbox, a 'Plan Summary' link, and 'Details' and 'Select Plan' buttons. A red arrow points to the 'Compare' checkbox of the first plan.

NOTE: you are able to 'Filter Results' on the left side to change the plans displayed for you. You are able to 'Sort By' at the top to change the order in which plans are displayed for you. You can compare up to three plans at once by clicking “Compare” in the plan tile and then a “Compare Plans” button will appear in the top right of the screen that you will click to see a side-by-side comparison of the chosen plans.

Dental Shopping - Step 4: Select your plan by clicking the blue “Select Plan” button.

This is a close-up screenshot of the 'Delta Dental PPO Basic Plan for Families for Small Businesses' card. It shows the plan name, carrier (Delta Dental), price (\$13.35/month), and key details: TYPE (PPO), LEVEL (Low), NETWORK (Nationwide), and DEDUCTIBLE (\$80). At the bottom, there is a 'Compare' checkbox, a 'Plan Summary' link, and two buttons: 'Details' and 'Select Plan'. A red arrow points directly to the 'Select Plan' button.

Dental Shopping - Step 5: Review the information listed then click the “Confirm” button.

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

[Waive Coverage](#)

CONFIRM

PREVIOUS

NOTE: To return to a previous page, select 'Previous' listed at the bottom of the right column.

Dental Shopping - Step 6: This is a summary page confirming your plan selection. To navigate to your account home page, click the red “CONTINUE” button.

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**

CONTINUE

[Print](#)

Dental Shopping - Step 8: You will now see your enrollment summary. To view more information about your plan, click the “VIEW DETAILS” button. If you want to change your plan during your open enrollment period, click the “Make Changes” button.

2016 DENTAL COVERAGE • CHLOE'S FLOWER SHOP

DELTA DENTAL 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

Waiving Coverage

Why should you waive coverage? When you are first eligible for your employer’s health coverage, you need to either enroll in a health plan, or if you have other coverage already, complete a waiver of enrollment.

Waiving Coverage- Step 1: To waive employer-sponsored health insurance coverage, click the “Waive Coverage” button on the right side of the screen.

The screenshot shows the 'Choose Plan' interface. At the top right, it indicates '60% Complete' with a progress bar. The progress bar has six steps: Personal Info, Employer, Contact Info, Household, Plan Selection (which is currently active), Review, and Complete. Below the progress bar, there are two buttons: 'CONTINUE' and 'Waive Coverage'. A red arrow points to the 'Waive Coverage' button. The main area displays a plan card for 'CareFirst BlueChoice HMO HSA/HRA Bronze 5000' with a premium of '\$88.87 /Month'. The plan card includes details like Type (HMO), Level (Bronze), Network (DC-Metro), and Deductible (\$5,000). There are buttons for 'Details' and 'Select Plan'. On the left, there are filters for 'Metal Level' (Bronze, Silver, Gold) and 'Sort By' (Plan Name, Premium Amount, Deductible, Carrier).

NOTE: Waiving coverage through DC Health Link preserves your right to a special enrollment period if you experience a Qualifying Life Event later in the year.

Waiving Coverage- Step 2: Click on ‘Select Waive Reason’ and choose your reason for waiving employer sponsored coverage.

The screenshot shows a 'Select Waive Reason' dialog box. The title is 'Select Waive Reason' with a close button (X) in the top right corner. Below the title, there is a prompt 'Please select waive reason' followed by a dropdown arrow. The dropdown menu is open, showing three options: 'Please select waive reason', 'I have coverage through spouse’s employer health plan', 'I have coverage through parent’s employer health plan', and 'I have coverage through any other employer health plan'.

Waiving Coverage- Step 2: Once you select your reason, click the red “SUBMIT” button.

Select Waive Reason ×

I have coverage through spouse’s employer health plan ▾



Waiving Coverage- Step 3: Congratulations! You have successfully waived employer-sponsored coverage. To navigate to your “My Account” page, click the red “CONTINUE” button.

NOTE: If you decide you would like to browse plans offered to you by your employer during your open enrollment period, you may click the “Shop for Plans” button in the middle of the screen. To select coverage due to a Qualifying Life Event, please refer to our employee assistance guide- Experiencing a QLE.