

# Employee Renewal Open Enrollment DC Health Link Guide

**Who is this guide for?** Employees that are:

- Going through their annual renewal period through DC Health Link and would like to either make changes to their health insurance, including adding or removing family members or changing plans, or
- Auto renew into the 2016 version of their current policy.

## Your Information and Matching to Your Employer

**Your Information - Step 1:** After you login to your account, you may be prompted verify your personal information (name, DOB and SSN).

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**

**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 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

**CONTINUE**

PREVIOUS

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

**NOTE:** If you are not matched to your employer, confirm that you entered your SSN and DOB correctly. If you remain unmatched, contact your employer’s benefits office to verify that your employer has added you to their roster of eligible employees with the correct SSN and DOB.

**Your Information - Step 3:** Verify your contact information and update, as needed. Please make sure that your mailing address displays here; this is the address that the health insurance company will use to mail your membership materials. Once your contact information is complete, click the “CONTINUE” button.

### Contact Information

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

**Employer :** DC Deli  
**Hired :** 04/17/2015  
**Eligible for Coverage :** 06/01/2016

Not your employer? [Click Here](#)

NEW ADDRESS Home Address

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ADDRESS LINE 1 \*  
1600 Washington Avenue

ADDRESS LINE 2

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CITY \*  
Washington

DC

ZIP \*  
20001

HOME PHONE

MOBILE PHONE

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WORK PHONE

FAX PHONE

Home Email Address  
autumsmith@dc.gov

Work Email Address

Please indicate preferred method to receive notices (OPTIONAL)

Only Paper communication

English

### 30% Complete

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

CONTINUE

PREVIOUS
SAVE & EXIT

## Make Open Enrollment Changes to your Enrollment

On your My DC Health Link home page, you'll see a health coverage enrollment tile that reflects your current plan and an upcoming plan year health coverage tile that displays with an “Auto Renewing” status. This means that unless you decide to make changes to your coverage during Open Enrollment, you will automatically enroll into this plan for the upcoming plan year. The plan displayed on the enrollment tile is the same, or most comparable plan to your current enrollment, although it is possible that the name of the plan has changed.

2016 HEALTH COVERAGE

 • DC DELI
 

Auto Renewing

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**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

VIEW DETAILS

2015 HEALTH COVERAGE

 • DC DELI
 

Coverage Selected

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**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

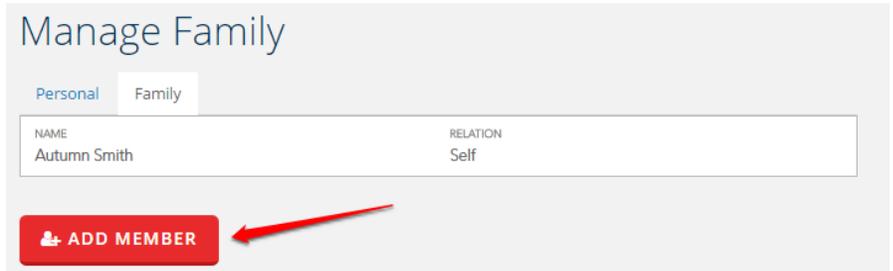
Summary of Benefits and Coverage
 Carrier Contact Info

VIEW DETAILS

**NOTE:** If you want to auto renew into the same plan with the same dependents (if any) then you do not have to take any action. You and any covered dependents will be renewed into the auto renewing plan.

**Make Open Enrollment Changes – Step 1:** If you want to enroll any new family members, click on the “Manage Family” button and click “Add Member” to add all of your eligible family members. **Once you have added your eligible family members, you will need to proceed through plan shopping to add them to your policy.**

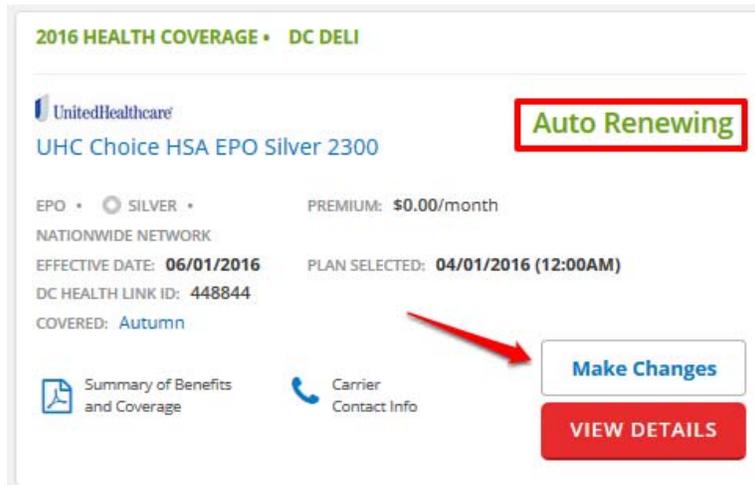
No new family members to enroll? Skip this step.



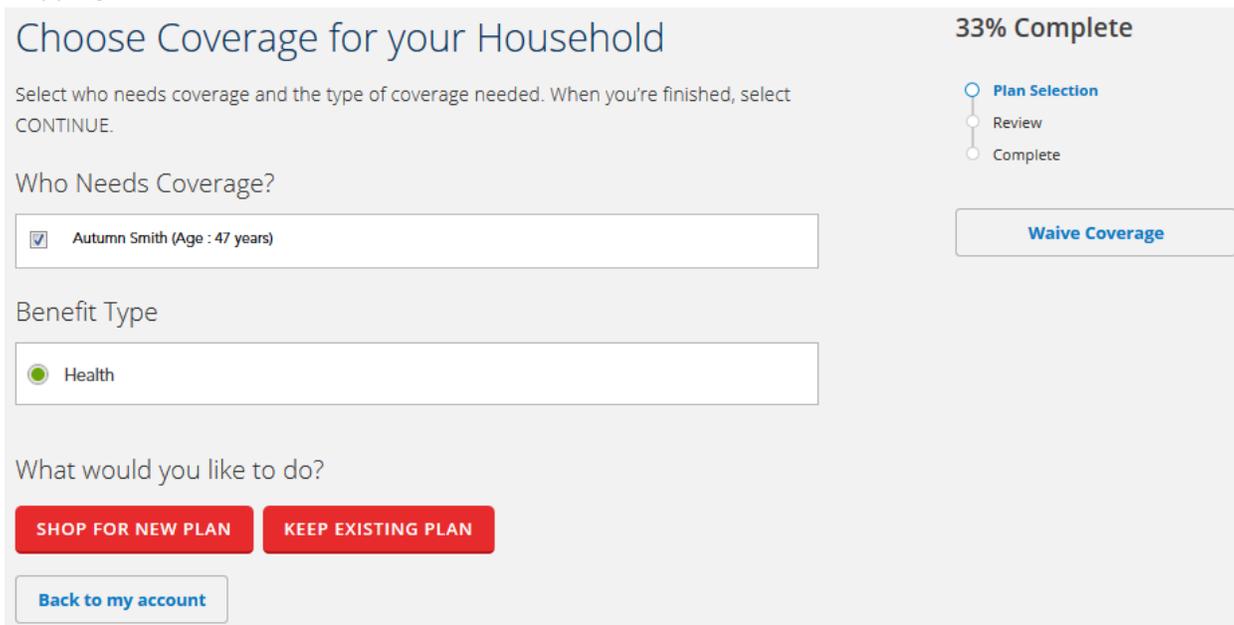
Enter the date of birth, gender and relationship of the dependent. Check the “NO SSN” box if the SSN is not available. The mailing address is also optional.

A detailed screenshot of the "Manage Family" form. It has tabs for "Personal" and "Family". The form contains several sections: a top section with "NAME" (Autumn Smith) and "RELATION" (Self); a section for name with "FIRST NAME \*", "MIDDLE NAME", and "LAST NAME \*" fields; a section for "DATE OF BIRTH \*", "SOCIAL SECURITY", a checkbox for "I don't have an SSN", "RELATION \*", and radio buttons for "MALE" (selected) and "FEMALE"; a section for "NEW ADDRESS" with a "Home Address" label; a section for "ADDRESS LINE 1" and "ADDRESS LINE 2"; and a section for "CITY", "SELECT STATE", and "ZIP". At the bottom left is a blue button "Add Mailing Address", and at the bottom right are two buttons: "Cancel" and a red "CONFIRM MEMBER" button.

**Make Open Enrollment Changes – Step 2:** To begin shopping for your plan, click the “Make Changes” button on your ‘Auto Renewing’ tile.



**Make Open Enrollment Changes – Step 3:** Check to ensure that all family members that you would like to enroll in coverage have the box to the left of their name checked under “Who Needs Coverage?” If you do not want to enroll some of your eligible family members, be sure that their box is not checked on this page before proceeding to plan shopping.



**NOTE:** You may click the “Back” button on your browser to change which family members you wish to enroll at any time during your plan shopping experience. During the annual Open Enrollment, you may add or remove dependents from your health plan.

**Make Open Enrollment Changes – Step 4:** Use the filter, sort, and compare functionality to help you make a plan selection. Once you have decided on a plan, click “Select Plan.”

COVERAGE FOR: Autumn Smith (employee) + 0 dependent(s) Employer: DC Deli PLANS: 37 Waive Coverage

Find Your Doctor Sort By Plan Name Premium Amount Deductible Carrier

Filter Results

Plan Type +

HMO  
 PPO  
 POS

CareFirst **BlueChoice Advantage HSA/HRA Silver 3000** \$0.00 /Month

CareFirst

|      |   |            |            |
|------|---|------------|------------|
| TYPE | LEVEL                                   | NETWORK    | DEDUCTIBLE |
| POS  | <input checked="" type="radio"/> Silver | Nationwide | \$3,000    |

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

All of the plans your employer is offering to you are listed on this page. You are able to sort plans by 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. To sort the plans, click one of the options at the top: Plan Name, Premium Amount, Deductible, or Carrier. More information can be found about each plan by selecting “Details” on the plan tile.

You can view a side-by-side comparison of up to three plans by checking the “Compare” box for each plan and then clicking the “Compare Plans” button in the upper right corner of the page.

| Plans   | CareFirst  |  | KP DC Gold 0/20/Dental/Ped                       |                                  | UHC Choice Plus POS Gold |                                  |
|---|--|--|--|----------------------------------|--------------------------|----------------------------------|
|   | HealthyBlue Advantage Gold 1500<br>Gold • POS    | Dental/SIG<br>Gold • HMO                         | 1000 B<br>Gold • POS                             |                                  |                          |                                  |
|   | \$156.57 / month                                 | \$109.75 / month                                 | \$136.96 / month                                 |                                  |                          |                                  |
|   | <a href="#">SELECT PLAN</a>                      | <a href="#">SELECT PLAN</a>                      | <a href="#">SELECT PLAN</a>                      |                                  |                          |                                  |
| Provider Network                                  | 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                                   | \$30   | 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                                   | \$50 Copay after deductible                      | Not Applicable                   | \$40                     | Not Applicable                   |
| Non-Preferred Brand Drugs                         | \$45   | 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                   |
|   | <a href="#">Summary of Benefits and Coverage</a> | <a href="#">Summary of Benefits and Coverage</a> | <a href="#">Summary of Benefits and Coverage</a> |                                  |                          |                                  |

**Make Open Enrollment Changes - Step 5:** Once you have carefully reviewed your information, please click the “Confirm” button to complete your plan selection.

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

[PREVIOUS](#) **CONFIRM**

| Name          | Relationship | Age | Premium                    | Employer Contribution | You Pay       |
|---------------|--------------|-----|----------------------------|-----------------------|---------------|
| Autumn Smith  | self         | 47  | \$367.46                   | \$367.46              | \$0.00        |
| <b>TOTALS</b> |              |     | <b>\$367.46</b>            | <b>\$367.46</b>       | <b>\$0.00</b> |
|               |              |     | Your coverage start date : | 06/01/2016            |               |

**Make Open Enrollment Changes - Step 6:** Please print or save the confirmation page for your records. To return to your My DC Health Link home page, click the “CONTINUE” button.

### 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 Dell**  
**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        |
| <b>TOTALS</b> |              |     | <b>\$367.46</b> | <b>\$367.46</b>       | <b>\$0.00</b> |

Your coverage start date : 06/01/2016

[Print](#)

100% Complete

- Plan Selection
- Review
- Complete

[CONTINUE](#)

**Shopping - Step 5:** Your enrollment will display on your My DC Health Link home page. To view more information about your plan, click the “VIEW DETAILS” button. If you want to make changes to your coverage during Open Enrollment, click the “Make Changes” button. At the end of Open Enrollment, the last plan selection that you made will be the plan you are enrolled in for the upcoming plan year. You can verify your plan selection by looking at the timestamps on each of the enrollment tiles.

### 2016 HEALTH COVERAGE • DC DELI

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

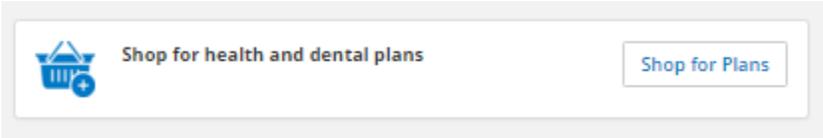
POS •  SILVER • PREMIUM: \$0.00/month  
NATIONWIDE NETWORK  
EFFECTIVE DATE: 06/01/2016 **PLAN SELECTED: 04/12/2016 (1:45PM)**  
DC HEALTH LINK ID: 298372  
COVERED: Autumn

[Summary of Benefits and Coverage](#) [Carrier Contact Info](#)

[Make Changes](#)  
[VIEW DETAILS](#)

## Shopping for a Dental Plan

**Dental Shopping - Step 1:** If your employer elected to offer dental coverage for the renewal plan year please 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 is set against a light gray background. At the top right, it says "33% Complete". Below the title, there is a sub-header "Who Needs Coverage?" and a list of two family members: "Emma Cruz (Age : 52 years)" and "Mark Cruz (Age : 50 years)", both with checked checkboxes. Below that is the "Benefit Type" section with two radio button options: "Health" (unselected) and "Dental" (selected). A red arrow points to the "Dental" radio button. At the bottom, there is a red button labeled "SHOP FOR NEW PLAN" and a blue button labeled "Back to my account". On the right side of the form, there is a progress indicator with three steps: "Plan Selection" (active), "Review", and "Complete".

**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.

## 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     |
|--|----------------|----------------|
| <b>DOMINION<sup>®</sup> DDS DENTAL Services, Inc.</b> <b>Select Plan Premium</b><br>Dominion             | \$11.49 /Month | Not Applicable |
| <b>DELTA DENTAL</b> <b>Delta Dental PPO Basic Plan for Families for Small Businesses</b><br>Delta Dental | \$13.35 /Month | \$80           |
| <b>DELTA DENTAL</b> <b>DeltaCare USA Basic Plan for Families for Small Businesses</b><br>Delta Dental    | \$16.45 /Month | Not Applicable |

**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.

**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

**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

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**

**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**

 **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](#)