



Changing Your Health Plan on MarylandHealthConnection.gov

A Step-by-Step Guide

If you were enrolled in a Maryland Health Connection Qualified Health Plan (QHP) in 2015, you may want to select a different plan for 2016. You might find that you have already been automatically renewed into your current plan for 2016. This guide will show the steps necessary to choose a different plan for 2016.

1. Log into your account to display the Account Home screen:

maryland health connection

Account Home

Welcome Sun Joshi Logout

Account Home My Inbox Me and My Household

Announcements

Maryland offers many programs to help people in need. Go to your local [Department of Social Services](#), call 1-800-332-6347 or [click here](#) to apply online for help if:

- You require nursing home care, are disabled, or have high or recurring medical bills or special health care needs. You may be eligible for Medicaid on a basis other than income and family size, or
- You are interested in additional programs such as Supplemental Nutrition Assistance Program (SNAP), cash assistance, or other benefits programs.

For Frequently Asked Questions and more info about how all this works, you can learn more [here](#).

Quick Links

- [Change Account Settings](#)
- [Report a Change](#)
- [Enroll in Coverage](#)
- [Find Assistance](#)

If you wish to view more information about programs administered by the Department of Health and Mental Hygiene or Department of Human Resources (DHMH/DHR), please visit [DHMH/DHR](#).

My Current Health Plans

Application Id	Individual Covered	Plan Name	Coverage Date	Transaction Date	Enrollment Status
40287	Sun Joshi	Evergreen Health HMO Open-Access Silver 3000	January 01, 2016	11/02/2015 00:00:00	Initiated
40287	Moon Joshi	Evergreen Health HMO Open-Access Silver 3000	January 01, 2016	11/02/2015 00:00:00	Initiated

My Current Dental Plans

You are currently not enrolled in a dental plan.

[View your households Previous Enrollments](#)

Your account has already been auto-renewed.

Note that you can tell when your coverage has been auto renewed – just click the “Enroll in Coverage” link to display the “Enroll in Coverage” dialog box:

Enroll in Coverage

Please choose which programs you would like to enroll in?

Health

Dental

cancel continue

“Health” is greyed-out because you already have a health plan for 2016.

2. Under “Quick Links,” click “Report a Change” to display the “Important” message:

Open Enrollment: November 01, 2015 to January 31, 2016

Account Home My Inbox Me and My Household

Important

Any change that you report may change your eligibility status. If your change makes you eligible for a subsidized health insurance program, you may be asked for additional information about you or your family. If your change makes you not eligible for a subsidized health insurance program, you may no longer receive assistance.

Click 'Next' to report your change(s).


If you are mistakenly enrolled in coverage through the Exchange, please contact the Customer Call Center at: 1-855-642-8572. Individuals with a hearing disability may contact the call center via the TTY: 1-855-642-8573.

You must complete the entire change process, or your changes will not be saved.

< Back Next >

3. Click “Next” to display the “Report a Change” dialog:

Report a Change



Coming Up in This Section

In this section you will be allowed to report a change that affects eligibility determination for subsidized and unsubsidized health insurance programs. You will be taken to the application screens to review and make necessary updates if circumstances for your household members, such as, citizenship, household size, income, etc. have changed.

You May Need

- Birth/Death Certificate
- Marriage Certificate
- Pay Stub
- 1040 Form
- Company Statement

< Back Next >

4. Click “Next” to display the “Reason for Changes” screen:

Reason for Changes

Before starting your application, would you like to register to vote or to update your voter registration information?

Yes

No

There is no fee for asking MHC to assist you in applying to register to vote or in updating your voter registration information. Your answer to this question does not affect your health care application.

Which type of change do you want to report (check all that apply)?

When reporting a change, you may be expected to navigate through additional screens in the application in order to capture all updated information.

- Add, remove, or edit household member or member information
- Change home address or other contact information for the primary applicant
- Change home address for other existing household member
- Change American Indian or Alaska Native status
- Change citizenship or immigration status
- Change Pregnancy status
- Change relationships between existing household members
- Change tax filing status
- Change household income or deductions
- Gain or loss of public or employer sponsored minimum essential coverage
- I am a member of a federally recognized American Indian or Alaska Native tribe and wish to open my monthly Special Enrollment period.
- I would like to adjust my APTC
- I would like to change my plan

If you wish to report other change types, please contact the Maryland Health Connection call center at: 1-855-642-8572. TTY users should call 1-855-642-8573.

[< Back](#) [Next >](#)

5. Click either the “Yes” or the “No” radio button to indicate whether or not you want to register to vote or to change your voter registration information.

6. Click the last checkbox in the list, “I would like to change my plan.”

7. Click "Next" to display the "Your Signature" screen:

Your Signature Fields marked with * are required.

Read and check the box next to each statement.

- I know that if Medicaid pays for a medical expense, any money I get from other health insurance or legal settlements will go to Medicaid in an amount equal to what Medicaid pays for the expense. *
- I know I'll 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 won't have to cooperate. *
- I know that I must tell the Maryland Health Connection if anything changes from what I included on this application. I can contact the Call Center at 1-855-642-8572 or visit MarylandHealthConnection.gov to report any changes.*
- I know that any change that I report may alter mine or my household's eligibility status. If the change results in me and my household becoming ineligible for help paying for health coverage, I and my household may no longer receive help paying for coverage.*
- I'm signing this application under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I understand that the Maryland Health Connection will use data from other State and Federal sources to determine eligibility. I know that if I'm not truthful, there may be a penalty. *
- I understand that Maryland Health Connection will use data from my tax return during the renewal process to determine yearly eligibility for help paying for health insurance for the next 5 years. I understand that if I check this box I can change my answer later, and if I don't check the box I can select less than 5 years.

Signature Today's Date 12/04/2015

[< Back](#) [Next >](#)

8. Select each checkbox then enter your name in the "Signature" field.

9. Click "Next" to display the "Enrollment Qualification Information" screen:

Enrollment Qualification Information

You may select a health insurance plan for coverage in 2016 during the current annual Open Enrollment Period ^a (11/1/2015 to 1/31/2016).

Please select "Next" to view your eligibility determination.

[Next >](#)

10. Click “Next” to display the “Eligibility Determination” screen:

Eligibility Determination

The following information is provided for your information. Additional information is available on the Maryland Health Connection website. Please review this information carefully before proceeding. Your application will be processed as submitted. You may update your application at any time.

YOUR APPLICATION IS NOT COMPLETE. YOU MUST QUICK REPLY TO COMPLETE IT. A box on the member side of the application will indicate which items still need to be completed.

One or more household members are eligible to purchase a Qualified Health Plan (QHP) with Financial Assistance. The Financial Assistance program is available to eligible household members who do not meet the financial criteria for a QHP with Financial Assistance. For more information, please visit the Maryland Health Connection website. For the complete rules and regulations, please visit the Maryland Health Connection website.

Eligibility Determination

Sun Joshi, Age 35

Program	Status	Eligibility Start Date	Eligibility End Date	Select
Medicaid	Ineligible			<input type="checkbox"/>
Qualified Health Plan with Financial Assistance	Eligible	01/01/2016		<input checked="" type="checkbox"/>
Qualified Health Plan without Financial Assistance	Eligible	01/01/2016		<input type="checkbox"/>

Explanation: Individual does not meet Medicaid financial criteria (42 CFR 435.116 (pregnant women), 42 CFR 435.110 (parents and caretakers), 42 CFR 435.118 (children), and 42 CFR 435.119 (adults)).

Explanation: Sun Joshi is eligible to receive up to \$333 in premium tax credits per month to apply towards their monthly premium (cost) of a Qualified Health Plan. Sun Joshi may be able to apply some or all of this amount towards the monthly premium for the Qualified Health Plan (QHP) selected. In addition Sun Joshi household is also eligible for a cost sharing benefit that will reduce his out of pocket insurance costs. You must enroll in a "silver" level plan to access the cost sharing benefit.

Explanation: Sun Joshi is eligible to purchase a Qualified Health Plan (QHP) through Maryland Health Connection.

Next

Sun Joshi, Age 35

Program	Status	Eligibility Start Date	Eligibility End Date	Select
Medicaid	Ineligible			<input type="checkbox"/>
Qualified Health Plan with Financial Assistance	Eligible	01/01/2016		<input checked="" type="checkbox"/>
Qualified Health Plan without Financial Assistance	Eligible	01/01/2016		<input type="checkbox"/>

Explanation: Individual does not meet Medicaid financial criteria (42 CFR 435.116 (pregnant women), 42 CFR 435.110 (parents and caretakers), 42 CFR 435.118 (children), and 42 CFR 435.119 (adults)).

Explanation: Sun Joshi is eligible to receive up to \$333 in premium tax credits per month to apply towards their monthly premium (cost) of a Qualified Health Plan. Sun Joshi may be able to apply some or all of this amount towards the monthly premium for the Qualified Health Plan (QHP) selected. In addition Sun Joshi household is also eligible for a cost sharing benefit that will reduce his out of pocket insurance costs. You must enroll in a "silver" level plan to access the cost sharing benefit.

Explanation: Sun Joshi is eligible to purchase a Qualified Health Plan (QHP) through Maryland Health Connection.

Next

Your eligibility for 2016 displays here – just like it would if you did a brand new application.

Make sure you select all the appropriate checkboxes. If there are Medicaid or MCHP-eligible children, you must select those checkboxes.

Help Health and get a Personal Navigator (1-800-453-3343) **Next**

11. Click the checkbox to select the appropriate program(s) for you, then click “Next” to display the confirmation dialog box:

You have picked a health care program for you and/or members of your household. Once you select a program, you will be enrolled in that program. You will not be able to go back and change your program selection.

Are you sure you want to go ahead with your enrollment?

To go back and change your program selection click "Cancel".

To continue without assistance click "Continue".

12. Click “Continue” to display the “Document Upload” screen:

Document Upload Fields marked with * are required.

The following members of the household need to provide additional documentation so we can verify the information entered on the application. If you plan to submit the required documents at a later time, you can access the required documents checklist from your Account Dashboard.

You can choose to upload the documents electronically or, if you don't have an electronic copy of the required documents, you can mail them to us by printing out the cover sheet provided for each document, and following the included instructions.

Sun Joshi
Proof of Identity
Document Type *

Please select

Attachment(s): Maximum size of each file must be no larger than 2MB

Proof of Income
Document Type *

Please select

Attachment(s): Maximum size of each file must be no larger than 2MB

Proof of Citizenship
Document Type *

Please select

Attachment(s): Maximum size of each file must be no larger than 2MB

Moon Joshi
Proof of Identity
Document Type *

Please select

Attachment(s): Maximum size of each file must be no larger than 2MB

Proof of Citizenship
Document Type *




Please select

Attachment(s): Maximum size of each file must be no larger than 2MB

If you don't have any document upload requirements, this screen will not display – skip this step.

13. Click "Next" to display the "Next Steps" screen:

Next Steps

 1. Complete Eligibility Determination	<ul style="list-style-type: none">You have completed the Maryland Health Connection eligibility application.
 2. Confirm changes for QHP for 2016	<ul style="list-style-type: none">Confirm changes in Qualified Health Plan (QHP) enrollment for coverage year(s) 2016YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.
 3. Shop for QHP for 2016	<ul style="list-style-type: none">Browse and Compare available Qualified Health Plans (QHP)Select QHP for eligible household membersReview and confirm QHP selection between November 1, 2015 and January 31, 2016

Medicaid, Maryland Children's Health Program (MCHP) or MCHP Premium Enrollment
If you are enrolled in Medicaid, MCHP or MCHP Premium, your next steps will depend on the status of your application.

- If your household has no outstanding verifications, you will receive more information in the mail about your coverage and how to select a health plan from HealthChoice, Maryland's Medicaid Managed care Program. Prior to selecting a health plan, you can receive care by visiting a Medicaid participating provider.
- If your household has additional outstanding verifications, in most cases, your enrollment in Medicaid, MCHP or MCHP Premium is pending. You cannot obtain services until you submit your outstanding verifications and they have been approved.

For additional information about Maryland Children's Health Program (MCHP) click <https://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx>

QHP Enrollment
After confirming your selection, the health insurance carrier will contact you to confirm your selected health insurance plan. Your enrollment will not be completed until premium payment is received by the carrier. If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

For All Enrollments
If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.

Next >

14. Click "Next" to display the "Final Confirmation" screen:

Final Confirmation

Please review and confirm the changes to your existing Qualified Health Plan (QHP) enrollment.

Current Enrollment

Plan	Enrolled Member(s)	Coverage period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
evergreen HEALTH Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 164.96
	Sun Joshi	Effective Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	\$497.98 Before Tax Credits

Selected Monthly Advanced Premium Tax Credit effective January 1, 2016 to December 31, 2016: \$333.00
Maximum Monthly Advanced Premium Tax Credit: \$333.00

I wish to remain in my currently selected QHP for 2016 and do not wish to shop for a different plan.

You are eligible for a total of \$3996.00 per year in tax credits. Based your plan selection and enrollment details, the maximum amount of the tax credit you may apply towards the selected QHP's premium is \$333.00. This amount can be applied directly to your monthly premium, or you may be able to receive some or all of this amount when you file your taxes. You may use the slider below to select how much of your plan specific eligible tax credit you would like to receive each month

Receive \$0 towards my monthly premium. Receive \$333.00 towards my monthly premium.

Estimated Maximum Monthly Premium \$164.96
Your selected advance premium tax credit \$333.00
Annual Eligible advance premium tax credit: \$3996.00

Please read the disclaimer on why the tax credit amount applied towards your monthly premium may change.

I have read and understood the above Disclaimer

Previous Enrollment

Plan	Enrolled Member(s)	Coverage period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
evergreen HEALTH Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016 End Date: December 31, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 166.96
	Sun Joshi	Effective Date: January 1, 2016 End Date: December 31, 2016	\$248.98 <small>Before Tax Credits</small>	\$497.98 Before Tax Credits

Selected Monthly Advanced Premium Tax Credit effective January 1, 2016 to January 1, 2016: \$331.00
Maximum Monthly Advanced Premium Tax Credit: \$331.00

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "CONFIRM" TO COMPLETE IT.

[< Back](#) [Confirm >](#)

This screen will display the existing plan. **Don't worry – it's not final yet!**

Don't click this.

Do click this.

This step is necessary. **Don't worry – it's not final yet!**

15. Click the "Disclaimer" checkbox.

16. Click "Confirm" to display the "Plan Summary" screen:

Plan Summary

[Print Summary](#)

Based on your selections, your enrollment information is summarized below. Please note the following:

Qualified Health Plan (QHP) enrollment: Your QHP selection has been confirmed. However, your enrollment in a QHP will not be considered active until you make your first payment to Evergreen Health. Evergreen Health will contact you directly with information regarding available premium payment methods. Insurance Cards will be sent by Evergreen Health after your first premium payment is received.

If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

Application Summary
 Applicant Name: Sun Joshi
 Date Received: December 4, 2015

Current Enrollment

Plan	Enrolled Member(s)	Coverage Period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 164.96 <small>\$497.98 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	
		Selected Monthly Advanced Premium Tax Credit effective January 1, 2016 to December 31, 2016: \$333.00 Maximum Monthly Advanced Premium Tax Credit: \$333.00		
		3000 Falls Road Suite 1 Baltimore, MD 21211 Phone: 855-475-0990 Web: http://www.evergreenmd.org/members		

Note:
The total household premiums are determined by the number of household members on the QHP each month. Please be aware that your monthly premium may change as members begin or end their coverage. The tax credit amount applied to the monthly premiums may vary accordingly as the tax credit amount will not exceed the total monthly premium.

Previous Enrollment

Plan	Enrolled Member(s)	Coverage Period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016 End Date: December 31, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 166.96 <small>\$497.98 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016 End Date: December 31, 2016	\$248.98 <small>Before Tax Credits</small>	
		Selected Monthly Advanced Premium Tax Credit January 1, 2016 to January 1, 2016: \$331.00 Maximum Monthly Advanced Premium Tax Credit: \$331.00		
		3000 Falls Road Suite 1 Baltimore, MD 21211 Phone: 855-475-0990 Web: http://www.evergreenmd.org/members		

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.

[Next](#)

This may appear like you're re-confirming the old plan. Please just keep on going! You'll get to the plan selection screen again very soon, where you'll be able to choose a new plan.

17. Click “Next” to display the “Next Steps” screen (again):

Next Steps

- 1. Complete Eligibility Determination
 - You have completed the Maryland Health Connection eligibility application.
- 2. Confirm changes for QHP for 2016
 - You confirmed changes in QHP² for 2016
- 3. Shop for QHP for 2016
 - Browse and Compare available Qualified Health Plans (QHP)²
 - Select QHP for eligible household members
 - Review and confirm QHP selection between November 1, 2015 and January 31, 2016

Medicaid, Maryland Children's Health Program (MCHP) or MCHP Premium Enrollment
If you are enrolled in Medicaid, MCHP or MCHP Premium, your next steps will depend on the status of your application.

- If your household has no outstanding verifications, you will receive more information in the mail about your coverage and how to select a health plan from HealthChoice, Maryland's Medicaid Managed care Program. Prior to selecting a health plan, you can receive care by visiting a Medicaid participating provider.
- If your household has additional outstanding verifications, in most cases, your enrollment in Medicaid, MCHP or MCHP Premium is pending. You cannot obtain services until you submit your outstanding verifications and they have been approved.

For additional information about Maryland Children's Health Program (MCHP) click <https://mmcp.dhmh.maryland.gov/chp/SitePages/Home.aspx>

QHP Enrollment
After confirming your selection, the health insurance carrier will contact you to confirm your selected health insurance plan. Your enrollment will not be completed until premium payment² is received by the carrier. If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

For All Enrollments
If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.

Next >

18. Click “Next” to display the Assistance Questionnaire:

Assistance Questionnaire

Is anyone helping you with this application? *

Yes

No

< Back Next >

If you already have a broker, this question will look a little different – It will ask if the broker is still helping you.

19. Click "Next" to display the "Plan Shopping" screen:

We've located **17** matching health plans!

You are shopping for: **Sun, John** County, Missouri | **Moore, John**

Sort by: **Monthly Premium** | Per Page: **10**

17 of 48 plans | Clear All

Level: **Silver**

Compare Plans

Compare These Plans

Max. Maximum Monthly Premium: **+**

Metals Level: **-**

Bronze
 Silver
 Gold
 Platinum

Annual Out of Pocket Maximum: **+**

Plan Type: **+**

Annual Deductible: **+**

Health Insurance Carrier: **+**

County Rating: **+**

Monthly Tax Credit Selection: **-**

Adjust the slider below to select the maximum amount of monthly tax credit: **\$333.00**

Check if your doctor is in-network

Notice:

- If your family is eligible for premium tax credits and cost sharing reductions, you should select a "Silver" level plan to receive cost sharing reductions. On average, a "Silver" level plan will cover 70 percent of your health care costs.
- Comprehensive: You're eligible for a cost-sharing reduction, which means you can choose from special Silver-level plans that can save you more money and protect you from more medical expenses each year than other plans. You need to choose a Silver level plan in order to get these benefits. You'll see Silver plans listed first when you start shopping; you can see other plans by changing the filters on the left side of the screen. A Silver plan with a cost-sharing reduction is less expensive than other Silver plans, but even including the premium, a Silver plan may allow you to pay less overall each year for costs like doctor visits, hospital stays and prescriptions, in some cases, a Silver plan with a cost-sharing reduction may pay more for your health care expense than if you choose a Platinum or Gold plan with more expensive monthly premiums.
- Once you have selected a QHP, you will be contacted by your health insurance carrier with additional information about your health insurance coverage, including how to pay your monthly premium bill. Payments should be made directly to the insurance company. Please note that your coverage is effective as long as you pay your monthly premium and you continue to qualify for the Qualified Health Plan. Your QHP must be renewed on an annual basis.
- The screen below shows the maximum monthly premium cost your household would pay if you apply the maximum monthly premium tax credit for which you qualify. You can choose to apply any monthly premium tax credit amount in advance up to the maximum amount, if you apply less than the maximum premium tax credit in advance, your monthly premium cost will be higher than the amount displayed. Since the premium tax credit you get depends on your annual income, when you file your federal income taxes for this year, the IRS will look at the annual income provided on your taxes and compare it to what you told us in this application that you expect your yearly income to be for this year. For more information, see here.
- Additional plans might be available to you. To learn more about Catastrophic Plans, visit the Coverage Page. If you are 21 years old or older, you will not be allowed to enroll in a Catastrophic Plan without a valid Exemption Certificate. If you have received an exemption from Mercury Health Connection, click here to enter your exemption certificate number to enroll in a Catastrophic Plan. If you would like to apply for an exemption certificate, click here.

You are currently enrolled in this plan

Evergreen Health HMO Open-Access Silver 3000 | QUALITY RATING: **Avg per year** | METALS LEVEL: **Silver**

EST. MAXIMUM MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX.	EMERGENCY ROOM CO-PAY	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$164.96	3300	20% Coinsurance after deductible	20% Coinsurance after deductible	

[Click Here for Summary of Benefits and Coverage Document](#)

[Add to Compare](#) [Buy](#)

MetLife KP MD Silver 2750/20%/HSA/Dental/Ped Dental | QUALITY RATING: **★★★★★** | METALS LEVEL: **Silver**

EST. MAXIMUM MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX.	EMERGENCY ROOM CO-PAY	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$135.48	\$4300	10% Coinsurance after deductible	10% Coinsurance after deductible	\$1000

[Click Here for Summary of Benefits and Coverage Document](#)

[Add to Compare](#) [Buy](#)


Now you can select a different plan for 2016!

20. Click the “Buy” button for the new plan to display the “APTC Selection” screen:

APTC Selection

You are eligible for a total of **\$3996.00** per year in tax credits². Based your plan selection and enrollment details, the maximum amount of the tax credit you may apply towards the selected QHP's premium is **\$333.00**. This amount can be applied directly to your monthly premium, or you may be able to receive some or all of this amount when you file your taxes. You may use the slider below to select how much of your plan specific eligible tax credit you would like to receive each month.

Receive \$0 towards my monthly premium. Receive \$333.00 towards my monthly premium.



Estimated Maximum Monthly Premium:	\$145.56
Your selected advance premium tax credit: ²	\$333.00
Annual Eligible advance premium tax credit:	\$3996.00

The maximum amount of the tax credit you may apply towards the QHP premium depends on the monthly premium of the selected QHP. The maximum tax credit amount you can apply for your selected plan cannot exceed the monthly premium.

You have **\$0.00** of your maximum tax credit remaining. If you have applied the maximum tax credit amount for your selected plan, this remaining amount may be forfeited. If you have not applied the maximum amount for your selected plan, some or all of your remaining maximum tax credit may be paid to you when you file your federal income taxes.

Disclaimer:

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health for myself and/or my dependents:

- I must file a federal income tax return in 2017 for the tax year 2016.
- If I'm married, at the end of 2016, I must file a joint income tax return with my spouse.

I also expect that:

- No one else will be able to claim me as a dependent² on their 2016 federal income tax return.
- I'll claim a personal exemption deduction² on my 2016 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through this Maryland Health Connection and whose premium for coverage is paid in whole or in part by advanced payments of tax credits.

If any of the items listed above change, I understand that it may impact my ability to get an advance premium tax credit. I understand that I must contact Maryland Health Connection if either of those changes occur.

I also understand that when I file my 2016 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to receive an additional tax credit on my 2016 tax return. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

Potential Change in Premiums and Tax Credit amounts applied to the Qualified Health Plan (QHP) premium

The amount of the tax credit you qualified for is based in part on the total monthly premium for your household for the QHP you selected. At no time will you be eligible for a monthly tax credit that is higher than the full amount of the monthly premium. Premiums are determined by the number of household members on the QHP each month and their ages. Please be aware that your monthly premium, and the amount of the tax credit you are eligible for, may change if you add or remove someone from coverage. For example, if a household member is added to the QHP one month after the rest of the household begins coverage, the monthly premium will go up once that person is added, and the amount of the tax credit you are eligible for may increase. If you remove someone from coverage, your monthly premium, and the amount of tax credit that you are eligible for, may decrease. If your household's maximum APTC value changes throughout the year, this may impact the amount of tax credits you are able to receive at the end of the year, and in some cases may require you to make additional payments.

Please contact Maryland Health Connection at 1-855-642-8572 (TTY 1-855-642-8573) for additional details.

I have read and understood the above disclaimer. *

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.

[← Back](#) [Next →](#)

If you are not eligible for tax credits, or chose not to apply them to your plan now, this screen will not display – skip this step.

You must click this in order to proceed.


21. Click the disclaimer checkbox.

22. Click "Next" to display the "Final Confirmation" screen (again):


Final Confirmation

Please review and confirm the changes to your existing Qualified Health Plan (QHP) enrollment.

Current Enrollment

Plan	Enrolled Member(s)	Coverage period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016	\$239.28 <small>Before Tax Credits</small>	\$ 145.56 <small>\$478.56 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016	\$239.28 <small>Before Tax Credits</small>	
Selected Monthly Advanced Premium Tax Credit effective January 1, 2016 to December 31, 2016: \$333.00 Maximum Monthly Advanced Premium Tax Credit: \$333.00				

Previous Enrollment

Plan	Enrolled Member(s)	Coverage period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
 Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016 End Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 164.96 <small>\$497.96 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016 End Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	
Selected Monthly Advanced Premium Tax Credit effective January 1, 2016 to January 1, 2016: \$333.00 Maximum Monthly Advanced Premium Tax Credit: \$333.00				

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "CONFIRM" TO COMPLETE IT.

This screen displays both the old plan and the new plan for confirmation.

New Plan

Old Plan

23. Click "Confirm" to display the "Plan Summary" screen:

Plan Summary

[Print Summary](#)

Based on your selections, your enrollment information is summarized below. Please note the following:

Qualified Health Plan (QHP) enrollment: Your QHP selection has been confirmed. However, your enrollment in a QHP will not be considered active until you make your first payment to UnitedHealthcare of the Mid-Atlantic, Inc.. UnitedHealthcare of the Mid-Atlantic, Inc. will contact you directly with information regarding available premium payment methods. Insurance Cards will be sent by UnitedHealthcare of the Mid-Atlantic, Inc. after your first premium payment is received.

If you have been notified that you need to provide additional verification documents, they must be submitted to Maryland Health Connection by the date on the Additional Verification Require Notice. Failure to provide verification documents may result in loss of coverage.

Application Summary
 Applicant Name: Sun Joshi
 Date Received: December 4, 2015

Current Enrollment

Plan	Enrolled Member(s)	Coverage Period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
Silver Compass 4500 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016	\$239.28 <small>Before Tax Credits</small>	\$ 145.56 <small>\$478.68 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016	\$239.28 <small>Before Tax Credits</small>	
Selected Monthly Advanced Premium Tax Credit ¹ effective January 1, 2016 to December 31, 2016: \$333.00 Maximum Monthly Advanced Premium Tax Credit: \$333.00				
		800 King Farm Blvd Suite 600 Rockville, MD 20850 Phone: 800-357-0908 Web: http://www.myuhc.com		

Note:
 The total household premiums are determined by the number of household members on the QHP each month. Please be aware that your monthly premium may change as members begin or end their coverage. The tax credit amount applied to the monthly premiums may vary accordingly as the tax credit amount will not exceed to the total monthly premium.

Previous Enrollment

Plan	Enrolled Member(s)	Coverage Period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household After Tax Credits
Evergreen Health HMO Open-Access Silver 3000 View Plan Summary	Moon Joshi	Effective Date: January 1, 2016 End Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	\$ 164.96 <small>\$497.06 Before Tax Credits</small>
	Sun Joshi	Effective Date: January 1, 2016 End Date: January 1, 2016	\$248.98 <small>Before Tax Credits</small>	
Selected Monthly Advanced Premium Tax Credit ¹ January 1, 2016 to January 1, 2016: \$333.00 Maximum Monthly Advanced Premium Tax Credit: \$333.00				
		3000 Falls Road Suite 1 Baltimore, MD 21211 Phone: 855-475-0990 Web: http://www.evergreenmd.org/members		

YOUR APPLICATION/ENROLLMENT IS NOT COMPLETE, YOU MUST CLICK "NEXT" TO COMPLETE IT.

Proceed to Dental Eligibility Determination
Next

Now that the plan change is confirmed, you can see and print this plan summary page.

24. Click "Next" to display the "Next Steps" screen:

Thank you for enrolling in coverage through Maryland Health Connection!


[Download and Print \(PDF\)](#) this one-page guide for important Final Steps:

- Billing and payment information if you enrolled in a qualified health plan
- Getting your insurance card
- See what benefits are covered by your plan (many at no cost to you)
- Find a doctor who accepts your plan
- Report changes in your household or income

You may also be eligible for other programs offered by the Maryland Department of Health and Mental Hygiene or Department of Human Resources (DHMH/DHR). For assistance, please visit your [local health department](#) or [department of social services office](#).

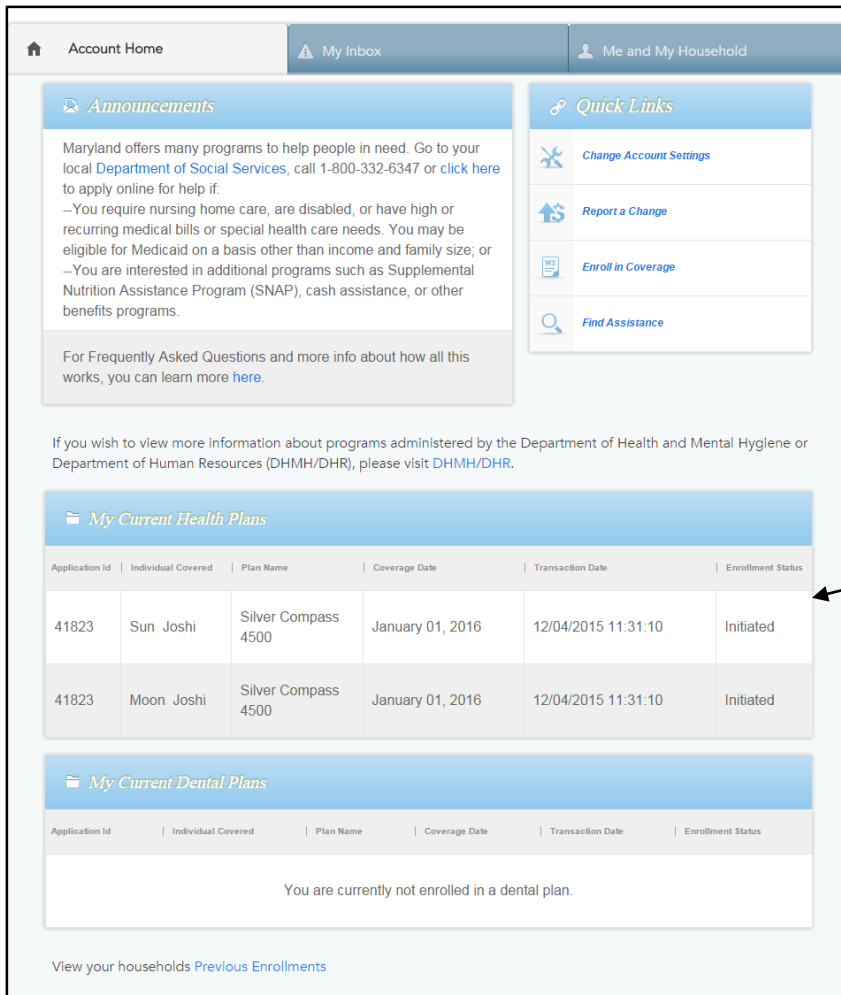
Learn more at MarylandHealthConnection.gov/enroll/

Share with your friends!



[← Back](#) [Proceed to Account Home](#)

25. Click "Proceed to Account Home" to display your "Account Home" page:



Account Home | My Inbox | Me and My Household

Announcements

Maryland offers many programs to help people in need. Go to your local [Department of Social Services](#), call 1-800-332-6347 or [click here](#) to apply online for help if:

- You require nursing home care, are disabled, or have high or recurring medical bills or special health care needs. You may be eligible for Medicaid on a basis other than income and family size; or
- You are interested in additional programs such as Supplemental Nutrition Assistance Program (SNAP), cash assistance, or other benefits programs.

For Frequently Asked Questions and more info about how all this works, you can learn more [here](#).

If you wish to view more information about programs administered by the Department of Health and Mental Hygiene or Department of Human Resources (DHMH/DHR), please visit [DHMH/DHR](#).

My Current Health Plans

Application Id	Individual Covered	Plan Name	Coverage Date	Transaction Date	Enrollment Status
41823	Sun Joshi	Silver Compass 4500	January 01, 2016	12/04/2015 11:31:10	Initiated
41823	Moon Joshi	Silver Compass 4500	January 01, 2016	12/04/2015 11:31:10	Initiated

My Current Dental Plans

You are currently not enrolled in a dental plan.

View your households [Previous Enrollments](#)

The new plan displays here.

That's it! You're all done.