Visit: https://www.CarewellSEIU503.org/enrollment-platform

Enter	7in	Name	Fmail	ጼ	Phone	Number	Click	"SPP	nlans	and	nrices'	"
LIILEI	<i>Δ</i> ιρ,	manne,	Linan,	α	rnone	Number.	CIICK	JEE	piùns	unu	prices	•



Add age and select gender. Are you a tobacco user? Pregnant? Eligible for other coverage? Add your spouse and/or dependent(s), everyone in your tax filing household, even if they are not enrolling. This is necessary to determine your household tax credits.

Who needs health coverage? You can apply for yourself or anyone who lives with you.
You × Age Gender Identity ①
Male Female
Select any that apply Tobacco user
Pregnant
Eligible for coverage through Medicaid, CHIP, Medicare, or a job
Add my spouse
Add a dependent

How many people are in your household? Estimate your 2021 pretax income. This is just an estimate; later you will be asked more specific questions about your income.

How many people are in your tax household? 1 - t - Estimate your 2021 household income (before taxes) 3 35,000 Include the estimated income of anyone you file taxes with or claim on your taxes. If you'd like to know what types of income to include or need help estimating, use our income calculator.	YOUR	INFO		SAVING	3S		PERSO	NALIZE
How many people are in your tax household? Image: Comparison of the second		Your	hous	ehol	d info	ormat	tion	
1 - + Estimate your 2021 household income (before taxes) 5 35,000 Include the estimated income of anyone you file taxes with or claim on your taxes. If you'd like to know what types of income to include or need help estimating, use our income calculator.	How	many peop	le are in g	your tax h	nousehold	?		0
Estimate your 2021 household income (before taxes) \$ 35,000 Include the estimated income of anyone you file taxes with or claim on your taxes. If you'd like to know what types of income to include or need help estimating, use our income calculator.	1						-	+
Include the estimated income of anyone you file taxes with or claim on your taxes. If you'd like to know what types of income to include or need help estimating, use our income calculator.	Estin	nate your 2	021 hous	ehold inco	ome (befo	re taxes)		0
	Estin \$	nate your 20 35,000	021 hous	ehold inco	ome (befo	re taxes)		0
	S	Include the ron your taxe or need help	021 house estimated i ts. If you'd o estimating	ehold inco income of a like to know g, use our <u>i</u>	ome (befor inyone you i w what type ncome calcu	re taxes) file taxes wii s of income <u>ulator</u> .	th or cla to inclu	0 im de

Based on your income and # of people in your household you may qualify for a savings in the form of tax credits as shown here. By the end of the application, you will get an exact amount of your Advanced Premium Tax Credits (APTC).



SKIP THIS STEP BELOW

The enrollment platform will ask if you want to look for your preferred doctors, hospitals or if you want to review your medications. This is a great feature when comparing plans, however, to receive Healthcare Cost Assistance you must select the approved plan for your area. So, you can skip these steps.

VALLEY INSURANCE		Español	(503) 974-8471	Save progress
	YOUR INFO SAVINGS PERSONA	LIZE		
	28			
	Do you have any preferred doctors or hospitals?			
	You'll be able to see which plans they accept.			
	Enter the name of a doctor, specialist, or hospital			
	Back Skip this step →			

Scroll to the list of carriers on the left side and uncheck all carriers EXCEPT YOUR OWN. You can find a list of the approved plan for your area at: <u>CarewellSEIU503.org/benefits/healthcare-cost-assistance/approved-plans/</u>



Next, select your metal level. All approved plans are Silver Level Plans. Then, look for the Trust approved plan for your area. You can look at the *"Plan details"*-or simply select *"Add to cart"* to move forward.

Low Medium High	•200/mo was-\$866	~3,030/yr	Specialist visit Generic drugs	\$80 \$15	
- ingit	Compare			Plan details	Add to cart
Carriers BridgeSpan Health Company Kaica: Parmanento	M KAISER PERMANENTE, KP OR	Silver 2500/40 - EPO			SILVER
Moda Health	Premium	Deductible	Out-of-pocket max	\$8,550	
PROVIDENCE HEALTH PLAN	\$ 296 /mo	\$2,500/yr	Doctor visits Specialist visit	\$40 \$65	
Regence BlueCross BlueShield of Oregon	was \$896		Generic drugs	\$25	
	Compare			Plan details	Add to cart
Metal levels					
Expanded Bronze					

You may be given the option to add a dental plan: remember that if you are eligible for Carewell SEIU 503 benefits, you already have premium free dental coverage through Kaiser Dental. You may still choose to add dental for you or a family member, however as a reminder, you cannot use your Benefit Convenience Card to pay for your dental plan. Next, select *"Start application."*

Medium High Carriers BridgeSpan Health Company	Cart KP OR Silver 2500/40		X 5896./mo \$296./mo	\$80 \$15 Plan deta	is Add to cart
Carriers BridgeSpan Health Company	X KP OR Silver 2500/40	1	5896-mo \$296/mo	Plan deta	ils Add to cart
BridgeSpan Health Company					
	Total premium		\$296 /mo		
 Xaiser Permanente Moda Health 					@ SILVER
PROVIDENCE HEALTH PLAN	Add a dental plan Most plans include free cl	a She eanings and X-rays	op dental	max \$8,5 \$40	50
Regence BlueCross BlueShield of Oregon				\$65 \$25	
Netal levels	Continue shoppin	g Start applicat	ion	Plan deta	ls View in cart

Read the following privacy notice statements and indicate that you agree by checking each box.

VALLEY-INSURANCE		Español	(503) 974-8471	Save progress
	Privacy statement Here at HealthSherpa, we work with the Health Insurance Marketplace to help you get health coverage. Learn more about the Marketplace			
	Privacy and the use of your information			
	Important Marketplace Emails: If the Marketplace has your email address, they'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.			
	Privacy and the use of your information: The Marketplace will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. The Marketplace will check your answers using the information in their databases and the databases of other federal agencies. If the information doesn't match, the Marketplace may ask you to send them proof. The Marketplace won't ask any questions about your medical history. Household			
	To continue, you must agree and check each of the following statements: I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.			
	I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a <u>Special Enrollment Period</u> if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.			
	Back Continue			

Fill in your personal information and click Continue.

VALLEY INSURANCE					Español (503) 974-8471	Save pr
Primary contact Your information Home address		Primary contact				
Contact details Verify identity		Your information				
Household		First name	Middle (Optional)	Last name	Suffix (Optional)	
Members		b ~			Select V	
Additional questions		Date of birth	Sex			
Finalize		MM/DD/YYYY	Male Female			
Need h	elp?	What is your Social Secur This helps us verify your ider to proceed. If you don't have	ity Number (SSN)? (Optional, itity. If you're applying for cover- a an SSN, leave this field blank.) age and have an SSN, ente	er it here now, or you may not be able	
Our team of ex help you final enrollme	perts can ze your nt.					
<u>(503) 974</u>	-8471	В	ack		Continue	

Continue to fill in your personal information (address, email, etc.) and click Continue on each page.

In this step, the Enrollment Platform connects to the Marketplace to verify your identity. This is designed to ensure your privacy, so they can verify you are the real person applying.

VALLEY INSURAL	NCE		Español (503) 974-8471	Save progress
	Primary contact Your information Home address Contact details	\$ \$ \$	Verify identity Please verify your identity by answering the questions below. If you have an existing application in Healthcare.gov, we will pre-fill the rest of this application from it.	
	Verify identity Household		Fetching questions	
	Additional questions		O	
	Need help? Our team of experts can help you finalize your enrollment. (503) 974-8471		Back Continue	

You will be asked to respond to a series of questions to determine your identity. Some will not have a correct answer. If that happens, select None of these above/Does not apply.

INSURANCE	Español (503) 974-8471 S
Primary contact	Verify identity
Your information 🗸	Please verify your identity by answering the questions below. If you have an existing application in Healthcare.gov, we
Home address 🗸	will pre-fill the rest of this application from it.
Verify identity	
Household	Which one of the following retail credit cards do you have? If there is not a matched retail credit
Members	Dry Creek Mercantile
Additional questions	O Bencraft
Finalize	O Boot Barn
	Mikasa
Need help?	None of the Above/Does Not Apply
Our team of experts can help you finalize your enrollment.	According to your credit profile, you may have opened an auto loan in or around September 2020. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE
<u>(503) 974-8471</u>	ABOVE/DOES NOT APPLY'.

Next, the Enrollment Platform will connect to the automatically generated application from your 2020 enrollment, if you have one. **Once this step is complete, you must finish your application, or you risk not auto-renewing into health insurance for 2021.**

VALLEY INSURANC	Е	Español (503) 974-8471	Save progress
Pri	imary contact	Checking HealthCare.gov	
Но	ousehold	We're syncing with HealthCare.gov to ensure we have the most up-to-date information for you	
Me	embers		
Ad	dditional questions		
Fin	nalize	Syncing with HealthCare.gov	
	Need help? Our team of experts can help you finalize your enrollment.	0	
	<u>(503) 974-8471</u>	Back	

Some of the answers may already be filled in from your 2020 enrollment. Please review the answers, update as necessary, and click Continue.

VALLEY INSURANCE Español (503) 974-8471 Save progress Household Primary contact 0 Household Who's applying? Residence Who's applying for coverage? Tax household Additional information Is ______ applying for coverage? Yes O No Members Do you want to see if you are eligible for cost savings? Income Yes O No Additional questions Finalize Who else is applying for coverage? ③ Need help? + Add spouse + Add another person Our team of experts can help you finalize your enrollment. (503) 974-8471 Back Continue VALLEY INSURANCE Español (503) 974-8471 Save progress Residence Primary contact 0 Household Who's applying? Residence **Applicant addresses** Tax household Does everyone applying for coverage live with you at the following address? Additional information -----Members O Yes O No Income Additional questions

Back

Finalize

Continue

Next you can add or remove a previous spouse or dependent. If you are no longer claiming someone as a dependent for 2021, you can remove them at this step. If you are unsure, leave them on the application and proceed forward. Afterwards, contact your Carewell Benefits Team to schedule an appointment with a Valley Insurance Professionals Agent for after Open Enrollment, to review/update your household information.

	Are you claiming any	y dependents on your taxes fo	or 2021?	
	Yes	O No		
Need help? Our team of experts can help you finalize your enrollment.	Who are these Please provide	dependents? information about anyone els	se you will claim as a dep	pendent:
<u>(503) 974-8471</u>				Remove
	First name	Middle (Optional)	Last name	Suffix (Optional)
				Select
	Date of birth	Sex		
		Male Female	e	
	Relationship	to you		
	Select	~		
	Does this pe	erson live with you?		
	O Yes	O No		
		+ Add dependent		
		-	C	

Continue to answer questions about your household. Remember, these questions are for what you expect for next year, 2021.

	riodschold
Household	
Who's applying? 🗸 🗸	
Residence 🗸	Your tay information
Tax household	
Additional information	Are you married?
Members	Ves No
Income	Do you plan to file a federal income tax return for 2021? You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to
Additional questions	help pay for coverage now.
Finalize	
	Are you claiming any dependents on your taxes for 2021?
	◯ Yes (No
Need help?	
Our team of experts can	Will you be claimed as a tax dependent by someone else for 2021?
help you finalize your enrollment.	Ves No
<u>(503) 974-8471</u>	
	Back Continue

If you do not live with someone under 19, then select no.

ALLEY-INSURANCE		Español (503) 974-8471	Save prog
Primary contact	Ø	Additional Relationship Information	
Household	ø		
Additional informatic Other family relati	on ionships	Other relationships for	
Members		Does live with someone under the age of 19?	
Income		O Yes O No	
Additional questions			
Finalize		Back Continue	
Need hel	n?		h.

Please enter your full Social Security Number and answer all questions below. The questions about race/ethnicity are optional and do not need to be answered.

Additional information		
Members	Your Information	
Income	What is your Social Security Number (SSN)? ③ Enter your 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.	
Additional questions	I don't have a SSN	
Finalize		
Need help?	Have you used tobacco 4 or more times a week in the past 6 months? Yes No	
help you finalize your enrollment. (503) 974-8471	Are you a US citizen or US national? Yes No	
	Are you currently incarcerated (detained or jailed)? ③	53
	Are you an American Indian or Alaska Native?	
	V Yes No	
	is a 115, with Ditino, or Spanish origin? (Optional)	



The Income section is very important. The information here is used to calculate your tax credits, based on household size and the federally taxable income for everyone included on your federal taxes.

Please note: The employer for your homecare or personal support work should be listed as: Consumer Client, 550 Capitol St, NE, Salem OR 97301, 1-877-867-0077.

If your household has more than one income source, please list each one separately, by clicking on Add New Income Source. The Marketplace will compare the information you provide to the information on your taxes.

Household	0			
Additional information	0	To determine if you're eligible	o for savings, we need to ask about your	View list v
Members	0	income. Click to view a list of	acceptable types.	VIEW IISL V
Income				
Additional questions				
Finalize		Current income for		
		Does currently get any in	come?	
Need help?		Yes No		▶
Our team of experts ca help you finalize your enrollment.	an r	Tell us about any income	will have this month. ③	
<u>(503) 974-847</u>	1	Туре	How much	Remove all
		Job / Consumer Client	\$33,789.00 per year	Edit Remove
		Add new income source		
		Deductions for		
		Does have any deduction	s for 2021?	

Click on select *"income type"*, to add any additional income ex. (rental income). Again, only include income that is federally taxable.

Need help? Our team of experts can help you finalize your enrollment.	Tell us about any income will have this month. ③	
<u>(503) 974-8471</u>	Type How much Job / Consumer Client \$33,789.00 per year	Remove all Edit
	Select an income type belect Alimony Social Security Retirement Pension Cash support Capital Gains Investment Rental or rocupity	

After adding income, add any deductions you claim on your federal taxes. For example, student loan interest, alimony or Roth IRA contributions.

Amount	How often		
\$ 8400	Yearly	× v	
Save	eel 🕨		
Deductions for			
Deductions for	tions for 2021?		
Deductions for	tions for 2021?		
Deductions for Does have any deduction Yes N	t <u>ions</u> for 2021? o		
Deductions for Does have any deduc Yes N	tions for 2021?		
Deductions for Does have any deduc Yes N	tions for 2021? o		

Review all of your income and deduction amounts before moving forward.

Please note: It is okay to estimate your income a little bit higher so that you are not responsible for repaying any tax credits if you have underestimated your income and received too many tax credits.

If you find later that you need to update your income, contact your Carewell Benefits Team to schedule an income update appointment with a Valley Insurance Professionals agent.

Need help?				
Our team of experts can help you finalize your enrollment.	Tell us about any income	will have this month. ③		
<u>(503) 974-8471</u>	Туре	How much	Remove all	
	Job / Consumer Client	\$33,789.00 per year	Edit Remove	
	Rental or royalty	\$8,400.00 per year	Edit Remove	
	Add new income source Deductions for Does have any deduction	ons for 2021?		
	Ves No			
	Yearly income for			
	Based on what you entered Is this correct? ③ Yes O No	, income minus any deduction	s for 2021 will be about \$42,189.00 .	
	Back		Continue	

Continue to answer the additional questions about you and your household.

VALLEY INSURANCE		Español (503) 974-8471	Save progre
Primary contact	0	Additional questions	
Additional information	0	Extra help	
Members	0	Do any of these people have a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (Optional) ①	
Additional questions Extra help Coverage			
Employer coverage Additional questions		Do any of these people need help with <u>daily activities</u> (like dressing or using the bathroom), or live in a medical facility or nursing home? (Optional) ③	
Finalize			
Need help? Our team of experts help you finalize you	an Ir	Additional coverage questions Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program in the past 90 days? ③	

Existing Coverage Information: If you are re-enrolling, then you should select Yes. If you are currently uninsured, then select No.

Primary contact	0	Additional questions
Household	0	
Additional information	0	
Members	ø	Existing coverage information
Income	0	Select "No" if you're currently enrolled but know your coverage will end on or before 12/31/2020. (2)

If you are re-enrolling through the Marketplace; then select the box indicated below ["Individual insurance (including Marketplace or private market non-group coverage)"]

Extra help 🗸	What type of coverage does have? (Select all that apply.)
Coverage	Medicaid 🕐
Employer coverage	Children's Health Insurance Program (CHIP) ③
	Medicare ③
Finalize	TRICARE (Don't check this if this person has Direct Care or Line of Duty.)
	VA health care program ③
Need help?	Peace Corps ①
Our team of experts can	Individual insurance (including Marketplace or private market non-group coverage)
enrollment.	COBRA
<u>(503) 974-8471</u>	Coverage through a job (or another person's job, like a spouse or parent)
	Retiree plan coverage
	Other Coverage

The following questions are new this year.

PLEASE NOTE: Carewell SEIU 503 Healthcare Cost Assistance is NOT an HRA. If you have an HRA through another employer, you can check the boxes, otherwise, leave these boxes blank.

Before you start this section, gather HRA information. You'll need any information about Health Reimbursement Arrangements (HRAs) that the people on this application may have gotten from an employer. Do any of these people have an individual coverage HRA through their job, or through the job of another person like a spouse or parent? Learn more Have any of these people been offered an individual coverage HRA they haven't yet accepted through their job, or through the job of another person, like a spouse or parent? Only select a person's name if the person will be able to use their individual coverage HRA through 12/31/2020, or by January 1st if applying during Open Enrollment.
Back

Has anything changed in your life in the last 60 days? If no, leave the boxes blank. Like the HRA question above, Carewell SEIU 503 Healthcare Cost Assistance is NOT an ICHRA or a QSEHRA. If you have an ICHRA or a QSEHRA through another employer, you can check the boxes, otherwise, leave these boxes blank.

Additional information	
Members 🥥	Upcoming changes
	Will anyone lose qualifying health coverage before 12/31/2020?
Income 🥥	You may need to submit documents to confirm that you recently lost coverage before your new coverage can start.
Additional questions	
Extra help 🗸	
Coverage 🗸	
Additional questions	Recent changes
Finalize	Select any of the life changes that apply to any of the applicants. This must have taken place within the last 60 days (since 9/2/2020)
	Lost qualifying health coverage
Need help? Our team of experts can	Got married
help you finalize your enrollment.	Changed primary place of living
<u>(503) 974-8471</u>	Released from incarceration (detention or jail)
	Adopted, placed for adoption, or placed for foster care
	Have any of these people been offered an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) with a start date between 9/2/2020 and 12/31/2020?

Next, review all of your information to make sure it is correct. If you need to make any changes, click the edit button in the upper right-hand corner.

Primary contact	0	Finalize	Print
Household	0	Take a few minutes to review the information you gave us and make any changes, if necessary.	
Additional information	0		
Members	0		Edit
Income	0	Primary contact	
Additional questions	0	Full name:	
Finalize Review Agreements Tax attestation Sign and submit		Address: Phone number: Email: Get updates by email: Yes Preferred written language: English	

Please read and confirm your agreement to the statements below.

Renewal of Coverage: Selecting "I agree" allows you to auto renew each year. Selecting "I disagree" means you must actively re-enroll every year, or you will not have health insurance the following year.



Tax Filer Attestation: To receive tax credits, you must reconcile the amount you receive, each year when you file your taxes. In this section you are stating that you intend to follow these rules in order to receive the premium tax credits. If your income changes throughout the year, please contact the Carewell Benefits team to schedule an appointment with a Valley Insurance Professionals agent to update your application.

Please note: If you need tax advice you may contact the EAP for free tax advice for up to 3-4 sessions/issue. The Carewell SEIU 503 Employee Assistance Program (EAP) provides resources to help you in your personal life, such as accessing discounted legal services and household finance advice or counseling. For more information on the Employee Assistance Program, please contact the Carewell Benefits Team.

Read through the following statements and select agree or disagree; then, sign and submit.

	•	
Members	0	Sign and submit
		Please read the attestations below and select a response for each statement.
Income	0	
A different second second		I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can
Additional questions	0	make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855- 889-4325). I know a change in my information could affect eligibility for member(s) of my household. (?)
Finalize		Agree Disagree
Review	~	
Agreements	~	If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health
Tax attestation	~	coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan
Sign and submit		coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.
		I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.
Need help?		I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that
Our team of experts car	n	O the affected people on my application will no longer be eligible for financial help and must pay full cost
help you finalize your enrollment.		for their Marketplace plan.
<u>(503) 974-8471</u>	1	h
		Sign
		I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions
		to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

Next, the Enrollment Platform connects to the Marketplace to retrieve your Eligibility results.

VALLEY-INSURANCE	Español (503) 974-8471 Save progre
Primary contact	Retrieving final eligibility results from HealthCare.gov
Household	We're currently syncing with HealthCare.gov to retrieve your final eligibility results. This can take a few minutes.
Additional information	
Members	
Income	Requesting eligibility results
Additional questions	
Finalize	
	Back
Need help? Our team of experts can help you finalize your enrollment.	
<u>(503) 974-8471</u>	*

To complete your enrollment, you must download your eligibility letter. Please review this notice to see if the Marketplace is requesting any documentation.

Rev Before	view eligibility result	S o a final review of your eligibility results.
	Applicants Name	Eligibility
	0	Eligible to enroll in a Marketplace plan Eligible for a tax credit
	Your household qualifies for a total mont	hly tax credit of \$519.
	For more details on your eligibility, download this document to finish Download Eligibility tter	download the official letter here. You must your enrollment.

Review this information. Write down your premium amount so you can pay that amount to your insurance carrier. Select Yes, to use the full amount of your tax credit. Then click "Enroll."

Confirm	vour	plan

Who's enrolling?	Kaiser Permar KP OR Silver 25 Silver	iente 600/40
Coverage begins	\$377. MONTHLY FOR HOU	00 SEHOLD
Expected a different eligibility or subsidy? Edit my details.	Original Subsidy You pay Deductible Per Person Max Out of Pocket Per Person	\$896.00 - \$519.00 \$377.00 \$2,500 \$8,550
ould you like to use the full amount o	your tax credit?	

Congratulations! Now that you have completed your enrollment you can go ahead and set up your monthly premium payments with your Insurance Carrier after December 15, 2020.



You should also receive an email that says Congratulations, next step is to pay your bill.