

pennie
connecting Pennsylvanians to health coverage

Comparison Shopping on Pennie

For Customers, Assistors, and Producers



Shop Overview

Let's find the right coverage for you.

Everyone's life and circumstances are unique. Pennie can help you find the coverage to best protect you and your health.

Pennie is the only place that will link you to financial assistance to lower your monthly payment and/or out-of-pocket expenses.



From pennie.com – just click

“Get Covered.”

No need to log in yet.



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Login **Help & Support** ▼

Connecting Pennsylvanians to health coverage.

Pennie is the only place that you can apply for financial help to lower the cost of your monthly premiums and out-of-pocket costs for health insurance.

LET'S GET STARTED



Browse for health & dental plans

Shop first, sign up later.



Register with access code

Use your access code to register for a new account.



Log in to existing account

If you already have an account, log in here.

As a customer, you do not need a Pennie customer account to shop for health insurance.

Right from the Pennie homepage, you can shop without pressure, compare plans without the need for an account, and if you do need help – “Help & Support” are in the upper right-hand corner.

Let's browse plans.



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Pennie Plan Comparison Tool

This tool takes you through a few simple steps to see if you might qualify for free or low-cost health insurance and find the right medical and dental plan for you. Please note, if you have specific questions about Pennie, please feel free to contact us. If you have questions about your eligibility for advanced premium tax credits, please consult with a tax consultant. This tool is only intended to help you learn about:

- Projected costs of buying and using different health and dental plans.
- Your estimated eligibility for financial help (the only way to know for sure if you qualify is to complete an application through Pennie).
- Whether a plan covers your prescription drugs.

Use this tool to help you decide on a plan. After you choose a plan you can enroll through Pennie.

Here are a few things to consider when reviewing the costs of a plan:

- The monthly payment (premium).
- Financial help you may be eligible for to help pay your premium.
- Co-pays, deductibles, co-insurance and maximum out-of-pocket limits.

IMPORTANT: By clicking "Continue" below, you acknowledge that you understand:

- This tool is not intended to be your only source of information for health insurance decisions. You should consider all relevant facts in choosing a health insurance plan, including whether your doctors accept the insurance and are in the plan network. You need to review plan documentation carefully so that you understand what you are receiving.
- The results in the tool are an estimate only. The only way to see what you are fully eligible for is to submit your information through Pennie.
- The plans available in this tool may change without notice. Pennie does not guarantee the availability of a plan prior to submission of your application.
- Your actual costs may vary significantly from the estimate provided depending on:
 - Your actual health care usage.
 - Type(s) and location(s) of the care you receive.
 - The accuracy of the information you provide.
- We make every effort to make the drug preferences list in this tool as accurate as possible, but health plans can change the prescription drugs they cover at any time. Some drugs may not appear in the drug preferences list even though they are actually covered. To confirm that a particular drug is covered, call the insurance company or go to its website.
- The tool's results are not an endorsement of, and should not be considered support for or against, any specific plan, program, or insurer.
- The information you enter into this tool will not be stored or shared with any third party or insurance company. It will have no effect on your current or future premiums, cost sharing or eligibility for coverage. To obtain coverage, you will have to submit your information to Pennie.

Continue

Pennie wants to make sure that you understand that the Comparison Tool is not intended to be your only source for information about health insurance decisions.

Again – if you need help while comparing plans, please click on Help & Support in the upper right-hand corner.

Click “Continue” to proceed to the comparison tool.

Comparison Shopping on Pennie

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Find Out How Much Insurance May Cost

In this section:

All labels marked * are required.

i The cost of health and dental insurance depends on where you live, how many people are in your household, and income.

i You can view your selected favorite health and dental plans for coverage year 2021 from start of open enrollment.

Where do you live?

Enter ZIP Code: *

Who is in your household and do they need coverage?

Members	Birthdate*	Tobacco Use	Native American	Seeking Coverage
YOU	<input type="text" value="10/22/1988"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="button" value="+ Spouse"/>		<input type="button" value="+ Dependent"/>

Check to see if your household income qualifies you for lower costs.

Annual Tax Household Income: \$

Enter the approximate annual income for your tax household. This will be used to determine eligibility for potential cost-saving programs. If you are not interested in these programs and want to view plans at full price, click BROWSE PLANS.

- Enter your zip code.
- Tell Pennie about your household
- Add a spouse/partner/dependent
- Enter your household income

Click “See if you qualify for savings” – nearly 9 out of 10 Pennie customers do.

Comparison Shopping on Pennie

For Customers, Assistors, and Producers

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Find Out How Much Insurance May Cost

In this section:

- 1 The cost of health and dental insurance depends on where you live, how many people are in your household, and income.
- 2 You can view your selected favorite health and dental plans for coverage year 2021 from start of open enrollment.

It looks like you may qualify for cost-savings.



Lower monthly premium

Estimated Tax Credit of \$145/month

Based on the income you entered, you may qualify for an Advanced Premium Tax Credit (APTC). A tax credit could lower your monthly insurance bill. Your monthly premium may be about \$316/month.

NOTE: These Results are only an estimate. You will need to complete an application.

Previous

Next

In this case, the customer did qualify for financial assistance.

Click “Next” to proceed.

Comparison Shopping on Pennie

For Customers, Assistors, and Producers

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Tell us about your healthcare needs

(Optional) Please answer the questions below: (1/4)

[Skip to View Plans](#)

Search for a that you would like to keep in your plan

Search by doctor name within 20 miles radius of

DOCTOR

Elton Smith
Psychiatry & Neurology
200 S Front St Ste 5
Harrisburg, PA 17104

The health plan's list of providers changes daily. Call your doctor or provider to be sure they belong to the health plan.

Important: The information represented here is an estimation of doctors and clinics only. The address displayed may or may not reflect where you receive service or reflect all of your doctor's office locations. If you do not have a doctor, please contact your insurance company after enrolling to locate in-network providers available in your area. Please check with your insurance company before service to ensure you have a full understanding of costs and provider networks.

[Back](#)

[Reset all my responses](#)

[Next](#)

Tell Pennie about your healthcare needs...

- Looking for a specific doctor
- Looking for a certain Hospital or Health Center
- Search by your location
- Know your Doctor's Name? You can add that too.

Click "Next" to proceed.

Comparison Shopping on Pennie

For Customers, Assistors, and Producers



Tell us about your healthcare needs

(Optional) Please answer the questions below: (2/4)

Skip to View Plans

What is the average number of doctor visits per year for an individual member of your household?

- Around 1-2 times
- 3-4 times
- 5-11 times
- More than 12 times

◀ Back

Reset all my responses

Next ▶

Average number of visits per year?

Click "Next" to proceed.



Comparison Shopping on Pennie

For Customers, Assistors, and Producers



Tell us about your healthcare needs

(Optional) Please answer the questions below: (3/4)

Skip to View Plans

What is the average number of ongoing monthly prescriptions per year for an individual member of your household?

- 0-2
- 3-4
- 5-11
- 12 or more

◀ Back

Reset all my responses

Next ▶

Average number of prescriptions?

Click "Next" to proceed.



Comparison Shopping on Pennie

For Customers, Assistors, and Producers



Tell us about your healthcare needs

(Optional) Please answer the questions below: (4/4)

Skip to View Plans

Add up to 5 prescription drugs to see if they are covered by your plan.

Nexium 20 Mg Dr Tab (Delayed Release Oral Tablet)	x
Esomeprazole (Generic Name)	

Important: Please check with your insurance company as benefits and networks may change during the plan year.

This information will not be stored and will not be shared with any third party or insurance company. This tool is anonymous, and the information you provide will not have any effect on your insurance premiums, cost sharing or eligibility for coverage.

← Back

Reset all my responses

View Plans

List your prescriptions?

Click “View Plans” to proceed.



Comparison Shopping on Pennie For Customers, Assistors, and Producers

pennie connecting Pennsylvanians to health coverage

26 Health Plans

Estimated Monthly Savings: \$145.00/month for 1 Member in ZIP code 1701. Edit Family Info
Coverage will start on 01/01/2024

COMPARE

Geisinger Health Plan
BRONZE HMO
\$291.36

HIGHMARK
BRONZE EPO
\$190.35

UPMC Health Plan
BRONZE EPO
\$207.31

Compare Now

LOWER EXPENSE
HIGHMARK
my Direct Blue EPO Bronze...
BRONZE EPO
\$190.35 /month after \$445.00 tax credit
OFFICE VISITS 400
GENERIC DRUGS 0%
DEDUCTIBLE \$7000
OOP MAX \$7000

LOWER EXPENSE
HIGHMARK
my Direct Blue EPO Bronze...
BRONZE EPO
\$203.04 /month after \$445.00 tax credit
OFFICE VISITS 400
GENERIC DRUGS 80
DEDUCTIBLE \$7000 / 50
OOP MAX \$7000

LOWER EXPENSE
HIGHMARK
my Direct Blue EPO Bronze...
BRONZE EPO
\$203.49 /month after \$445.00 tax credit
OFFICE VISITS 800
GENERIC DRUGS 40%
DEDUCTIBLE \$3000
OOP MAX \$7000

LOWER EXPENSE
UPMC Health Plan
UPMC Advantage Bronze 67...
BRONZE EPO
\$207.31 /month after \$445.00 tax credit
OFFICE VISITS 850
GENERIC DRUGS 90
DEDUCTIBLE \$7000
OOP MAX \$8500

LOWER EXPENSE
Capital BLUE
Bronze PPO 8000/0/60
BRONZE PPO
\$262.16 /month after \$445.00 tax credit
OFFICE VISITS 800
GENERIC DRUGS 40
DEDUCTIBLE \$8000
OOP MAX \$8500

LOWER EXPENSE
HIGHMARK
my Blue Access EPO Bronze...
BRONZE EPO
\$264.42 /month after \$445.00 tax credit
OFFICE VISITS 0%
GENERIC DRUGS 0%
DEDUCTIBLE \$7000
OOP MAX \$7000

MEDIUM EXPENSE
HIGHMARK
my Blue Access EPO Bronze...
BRONZE EPO
\$279.93 /month after \$445.00 tax credit
OFFICE VISITS 400
GENERIC DRUGS 80
DEDUCTIBLE \$7000 / 50
OOP MAX \$7000

MEDIUM EXPENSE
HIGHMARK
my Blue Access EPO Bronze...
BRONZE EPO
\$280.48 /month after \$445.00 tax credit
OFFICE VISITS 800
GENERIC DRUGS 40%
DEDUCTIBLE \$3000
OOP MAX \$7000

MEDIUM EXPENSE
Geisinger Health Plan
Geisinger Marketplace All...
BRONZE HMO
\$291.36 /month after \$445.00 tax credit
OFFICE VISITS 600
GENERIC DRUGS 0%
DEDUCTIBLE \$7000
OOP MAX \$8500

In this scenario, the customer has 26 health insurance plans to compare.

Check mark the “Compare” box under each plan to comparison shop.

Once you have selected your plans of interest, click “Compare Now” to view plan details.

Comparison Shopping on Pennie

For Customers, Assistors, and Producers

Compare Plans

EXPENSE ESTIMATE	MEDIUM	EXPENSE ESTIMATE	LOW	EXPENSE ESTIMATE	LOW
Geisinger Marketplace Al...	my Direct Blue EPO Bronz...	UPMC Advantage Bronze \$7...			
BRONZE HMO	BRONZE EPO	BRONZE PPO			
\$291.36 /month after \$145.00 tax credit	\$190.35 /month after \$145.00 tax credit	\$207.31 /month after \$145.00 tax credit			
ADD	ADD	ADD			

When you have selected a plan, click “Add to Cart” to add the plan to the customer’s shopping cart.

At this point, you may “Continue to Dental Plans” or “Continue to Cart.”

▼ Summary

Expense Estimate	\$3674.90	\$2575.18	\$2725.29
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	EPO	PPO
HSA-compatible	No	No	No

▼ Doctors and Facilities

Check for your doctor

▼ Deductible & Out-of-Pocket (In Network)

Deductible	\$7100 (Individual)	\$7900 (Individual)	\$7400 (Individual)
Out-of-pocket max	\$6150 (Individual)	\$7900 (Individual)	\$8150 (Individual)

Fantastic!

You've selected UPMC Advantage Bronze \$7,400/\$550 - Premium Network for your family.

[Continue To Dental Plans](#) [CONTINUE TO CART](#)



Comparison Shopping on Pennie

For Customers, Assistors, and Producers



Your Cart

What's next?
In order to enroll in the plan(s) you have selected, you must create an account and complete an application. To begin this process, click Next : Register at the bottom of the screen.
IMPORTANT: The Advanced Premium Tax Credit (APTC) shown here is only an estimate. Additional information you provide during the application process will determine your actual APTC. The monthly payments and coverage options you see may be different after you have completed the application.

[Shop for Dental](#)

Health Plan		Remove
UPMC HEALTH PLAN	Monthly Premium	\$352.31
	Monthly Tax Credit (APTC)	-\$145.00
UPMC		
UPMC Advantage Bronze \$7,400/\$50 - Premium Network		
Coverage Start Date: 01/01/2021	HEALTH MONTHLY PAYMENT	\$207.31
Cart Total		
	Health Monthly Payment	\$207.31
	TOTAL MONTHLY PAYMENT	\$207.31

[Continue Shopping](#) [Next: Register](#)

Again, you may opt to shop for dental plans as well from your cart or you may "Register."



Comparison Shopping on Pennie

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Set Up Your Individual Account on Pennie

All fields on this form marked with an asterisk (*) are required.

Basic Information

First Name *

Last Name *

Email Address *

Confirm Email Address *

Phone Number *

Date of Birth *

Security Question

Security Question *

Set Password

Password *

Confirm Password *

I have read and agree to the Privacy Policy

If you have a Pennie Account, you may log in at this time. If you do not have a Pennie Customer account, you may create one.

If you need help, you may contact the Pennie Call Center at: +1 (844) 844-8040 for help completing your application.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

First...

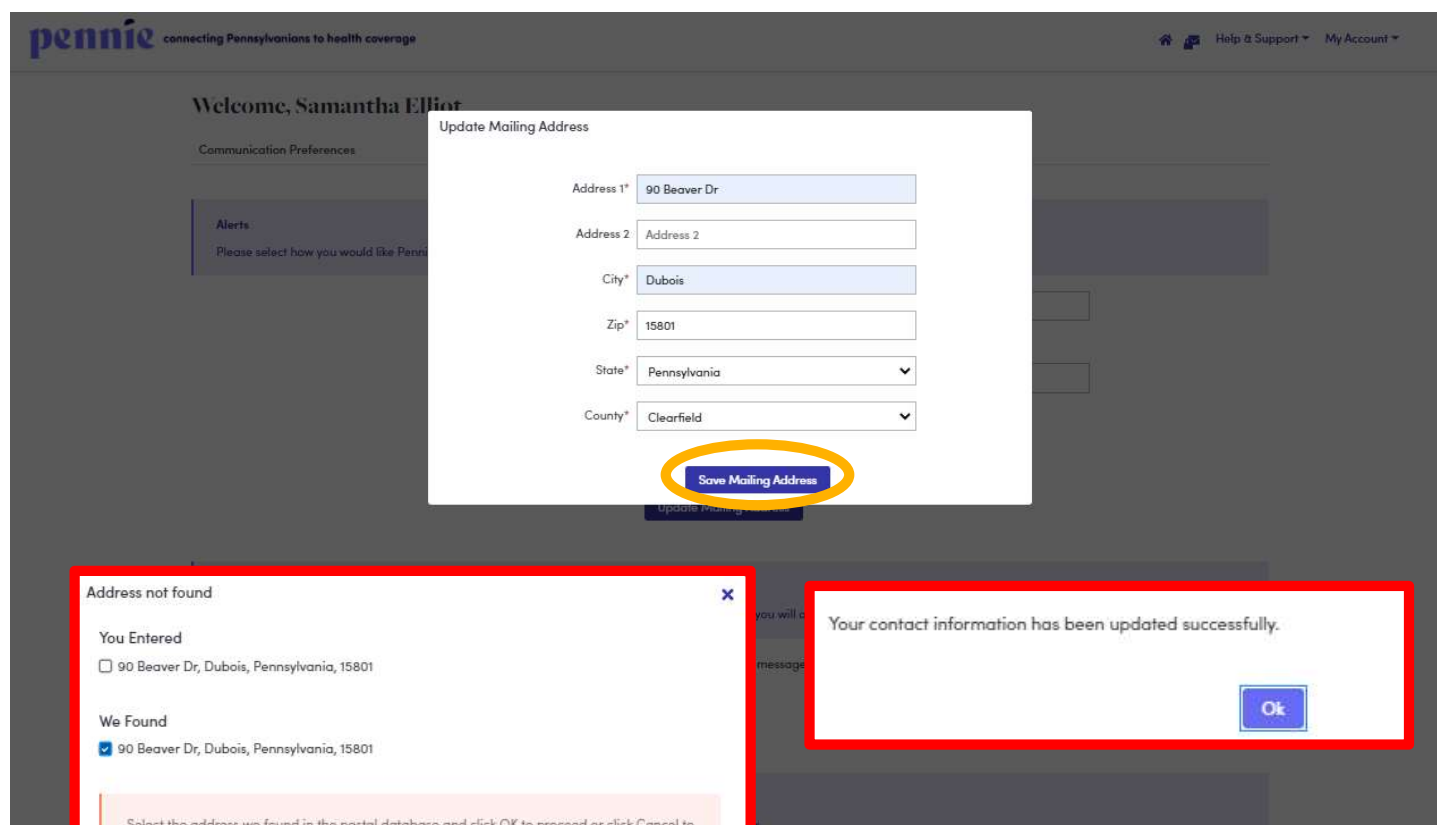
Add or update your mailing address.

Click “Save Mailing Address”

Pennie will help you verify.

Select the correct address.

Click “OK” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

pennie connecting Pennsylvanians to health coverage Help & Support My Account

Welcome, Samantha Elliot

Communication Preferences

Alerts
Please select how you would like Pennie to alert you when you have a notice in your Secure Inbox.

Phone Number* (717) 460-7303
 Send me important alerts to this phone number. Standard message rates may apply.

Email Address* samantha.elliott@yopmail.com
 Send me important alerts to this email address.

Mailing Address* 90 Beaver Dr, Dubois, PA, 15801

[Update Mailing Address](#)

Notices
Please select how you would like to receive notices from Pennie. Regardless of your selection here, you will always have access to your notices in your Secure Inbox.

Go Paperless We'll send you a text message or email when a Notice or Letter lands in your Secure Inbox.

Postal Mail
Notice will be sent to this address:
90 Beaver Dr, Dubois, PA, 15801

1095-A Tax Form
Please select how you would like to receive your Form 1095-A tax document at the end of each year.

Go Paperless We'll send you a text message or email when a Notice or Letter lands in your Secure Inbox.

Postal Mail
1095-A Tax Forms will be sent to this address:
90 Beaver Dr, Dubois, PA, 15801

Language
Please tell us your preferred language. Pennie will deliver notices in that language when available. Customer Service is available in 100+ languages.

Preferred Spoken Language* English

Preferred Written Language* English

[Save Preferences](#)

As a customer, you will be able to set up your Pennie Account communication preferences.

Click “Save Preferences” to proceed.

Your preferred method of communication has been updated successfully.



Comparison Shopping on Pennie – The Pennie Application

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pennie connecting Pennsylvanians to health coverage

Help & Support My Account

Welcome, Samantha Elliot

My Stuff

My Dashboard

My Applications

My Eligibility Results

My Enrollments

My Inbox

My Tickets

My Preferences

Quick Links

Find Local Assistance

2021

Open enrollment Period starts on 11/01/2020 ! Please keep all your income and other documents ready to get maximum savings. You can complete your application now by clicking on the application. You can enroll in a health plan only after Open Enrollment Period starts.

Next Steps

You missed the open enrollment period to shop and enroll in a health plan. You can still enroll if you have a Qualifying Life Event.

[Start New Application](#)

Overview

Your Application Status (Your Case Id is PA1100001555)

2021 Application

Not started

[Start Application](#)

Your Household Eligibility

Your household member and your eligibility for tax breaks or Cost reduction program will show up here once you have completed your application. Based on household and income information you used in our eligibility estimator, you are likely eligible for Tax Credit .

Your Health Plans

UPMC
UPMC Advantage Bronze \$7,400/\$50 -
Premium Network

In your Cart

[Complete application to enroll](#)

Your Dental Plans

You will be able to see your dental plan here once you have completed plan shopping.

Welcome to your Pennie customer account.

Note: Your health insurance plan selection is in your cart. You are invited to “Complete Application To Enroll.”

Again...note the “Help & Support” drop menu in the upper right-hand corner. Help is never far away at Pennie.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers



[Back to application](#)

Identity Verification Steps:

[Get started](#)

[Contact information](#)

[Identity Questions](#)

[Finish](#)

Verify your Identity

Before you continue, we need to ask you few questions to verify your identity. If you skip this step now, you will need to complete it before you submit your application.

[Get Started](#)

Why do I need to verify my identity?

To protect your privacy, you will need to complete Identity Verification successfully, to proceed. By clicking 'Get Started' you are providing consent to Experian to access your personal information to conduct ID Verification on behalf of Pennie as required by the Centers for Medicare and Medicaid Services (CMS).

Below are a few items to keep in mind:

- Ensure that you have entered your legal name, current home address, primary phone number, date of birth and email address correctly. We will only collect personal information to verify your identity with Experian, an external identity verification provider.
- Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a 'soft inquiry' on your Experian consumer report. 'Soft inquiries' do not affect your credit score and you do not incur any charges related to them. They are only visible to you and will never be presented to third parties.
- You may need to have access to your personal information, as the Experian application will pose questions to you, based on data in their files.

Help Pennie verify your identity in a few simple steps.

Click “Get Started” to verify with Pennie.

Or click “Back to Application” to begin your application.

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pennie connecting Pennsylvanians to health coverage

[Back to application](#)

Identity Verification Steps:

[Get started](#)

[Contact information](#)

[Identity Questions](#)

[Finish](#)

Contact Information

Please enter the contact information of the primary household contact. Use complete name and residential address as it appears on legal documents. Do not enter business or P.O. box address.

Important Note: While some of the information below is not required please provide as much information as possible to increase the likelihood of successful identity verification.

First Name *

Middle Name

Last Name *

Suffix

Date Of Birth

SSN

Street Address *

City *

State *

Zip Code *

Primary Phone Number

CONTINUE

Verify your contact and personal information.

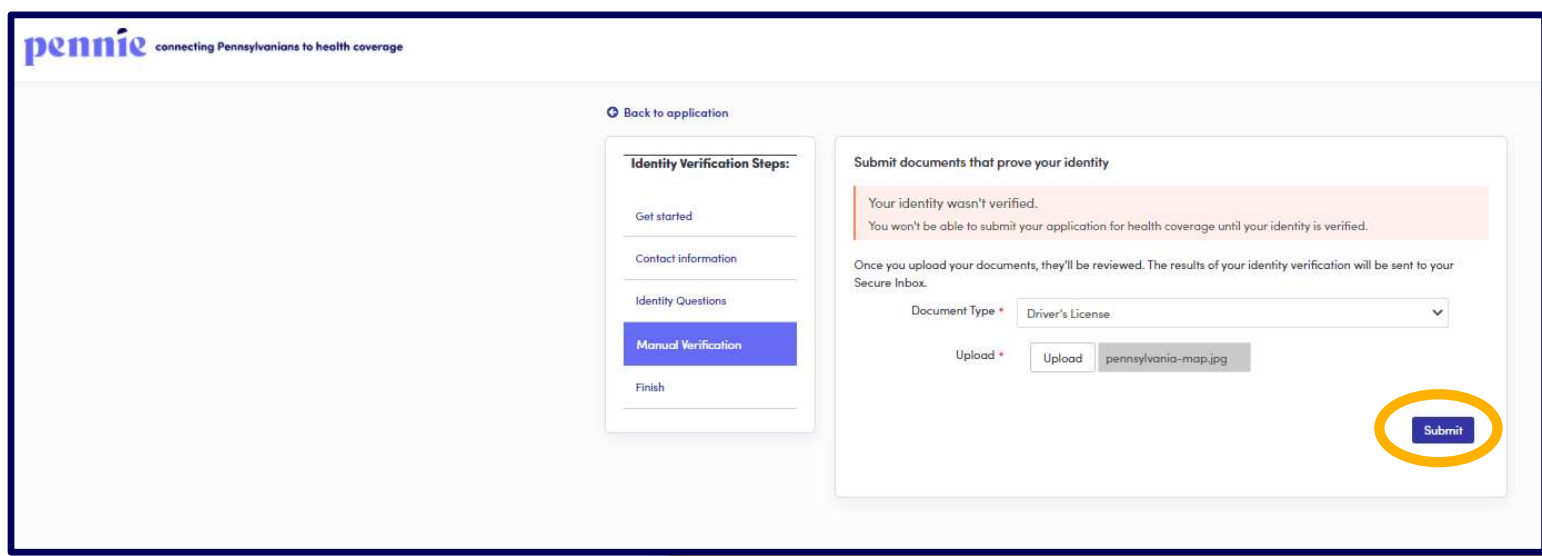
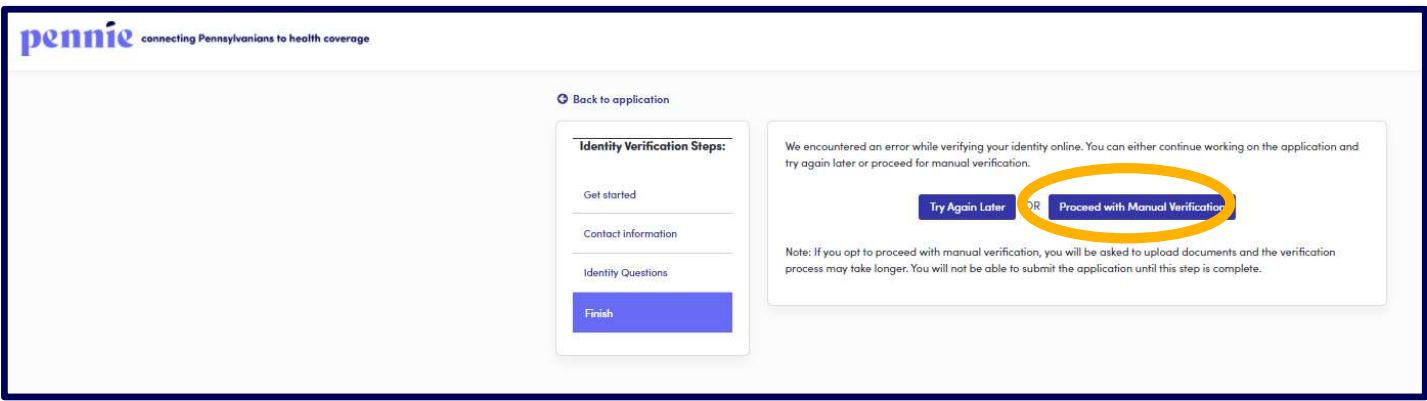
Click “Continue”

Comparison Shopping on Pennie – The Pennie Application

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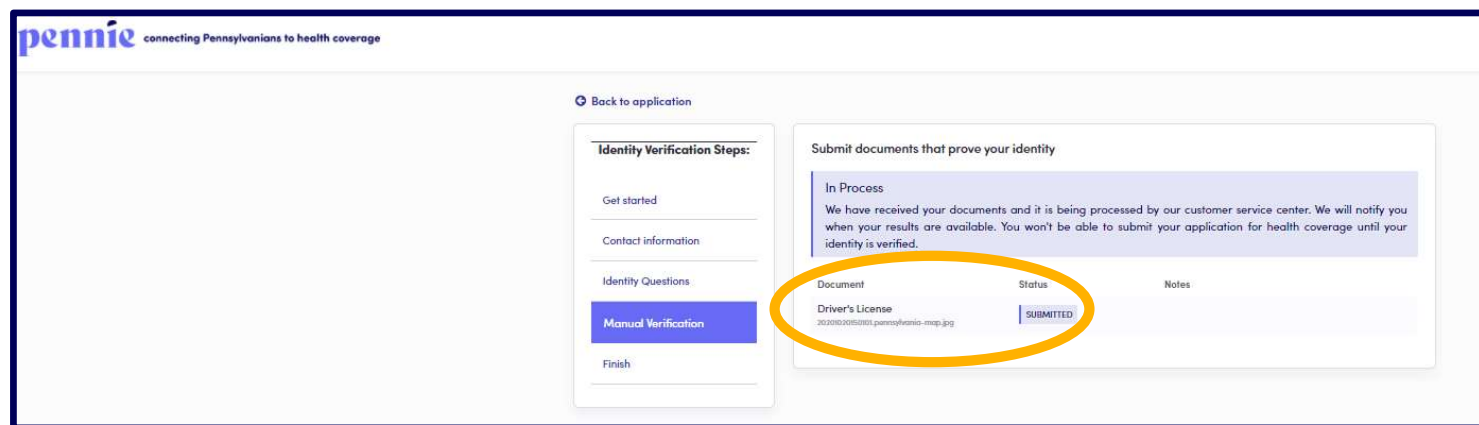
If prompted, please click on “Proceed with Manual Verification”

Upload supporting document and click “Submit.”



Comparison Shopping on Pennie – The Pennie Application

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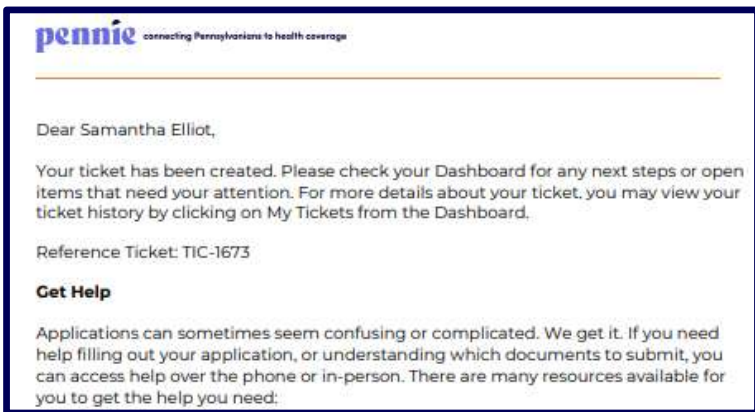


Help & Support My Account

The customer will receive a message stating that their verification document has been received.

NOTE: a customer may call +1 (844) 844-8040 for help with the verification process or their application.

Customers will also receive a notification regarding the verification.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Steps

Start Your Application

Before We Begin

Get Ready

Primary Contact Information

Help applying for coverage

Help Paying for Coverage

About Your Household

Summary

Family and Household

Income information

Additional information

Review and Sign

Before We Begin

Privacy of Your Information

The privacy of your information is our top priority. We will keep your information private as required by federal and state law. Your answers on this form will only be used to determine eligibility for health coverage. We will verify your answers using the information in our electronic databases and the databases of federal and state agencies. If the information does not match, we may ask you to send us additional documentation. We will not ask any questions about your medical history. If you have questions about a request for information or suspect that the request is not from us, please contact our call center.

Important:

As part of the application process, we may need to retrieve your information from the Social Security Administration, the Department of Homeland Security, the Internal Revenue Service, a consumer reporting agency, and/or other services available through the Federal Data Services Hub. We need this information to check your ability to enroll in coverage. We may also re-verify your information at a later time to make sure your information is up to date. If we re-verify your information, we will notify you if we find something has changed.

To learn more, see the [Notice of Privacy Practices](#)

I agree that my data may be retrieved and used to validate the information on my application. I have consented from all the people that will be included on this application for their information to be retrieved and used to validate the information on this application. By clicking the checkbox, I affirm the accuracy of this statement and any assertion herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904.

Save & Exit

Save & Continue

Please read and attest to Pennie's Privacy Policy.

Click "Save and Continue" to proceed.

Comparison Shopping on Pennie – The Pennie Application

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Steps

Start Your Application

Before We Begin

Get Ready

Primary Contact Information

Help applying for coverage

Help Paying for Coverage

About Your Household

Summary

Family and Household

Income information

Additional information

Review and Sign

Get Ready

Welcome to Pennie.

Here you'll be able to shop for health insurance for yourself or anyone in your household. Before you start, please take a moment now to gather the information listed below.

All fields on this application marked with an asterisk () are required unless otherwise indicated.*

For anyone you want to insure, you will need:

- Names
- Addresses
- Social Security Number
- Birthdates
- Document numbers for anyone with eligible Immigration status

Back

Continue

To make the application process easier, please be sure to have your documents on hand.

Comparison Shopping on Pennie – The Pennie Application

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Get Ready

Primary Contact Information

Help applying for coverage

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Income information

Additional information

Review and Sign

Primary Contact Information

Primary Contact Name

First Name*

Middle Name

Last Name*

Suffix

Date of Birth*

Email Address*

Send me important alerts to this email address.

Primary Contact Home Address

Address 1*

Address 2

City*

Zip*

State*

County*

Verify your primary contact information.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Primary Contact Mailing Address

Check if same as Primary Contact Home Address

Address 1*

Address 2

City*

Zip*

State* ▼

County* ▼

Primary Contact Phone

Mobile Phone Number

Send me important alerts to this phone number.
Standard message rates may apply.

Home Phone Number

Phone Extension

Verify your primary contact information.



Comparison Shopping on Pennie – The Pennie Application

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Primary Contact Preferences

Preferred Spoken Language ▼

Preferred Written Language ▼

Preferred Method of Communication* Go Paperless Postal Mail

How do you wish to receive your 1095-A Form* Go Paperless Postal Mail

With Paperless option, notifications will always be delivered to your Secure Mailbox and you would get a text message or email informing you of the availability of the Notice. With Postal Mail option, apart from Secure Mailbox we deliver a paper/hard copy of the Notice to your mailing address.

Verify your primary contact information.

When complete, click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

The screenshot shows the Pennie website header with the logo and tagline 'connecting Pennsylvanians to health coverage'. Navigation links for 'Home', 'Help & Support', and 'My Account' are visible. The main content area is titled 'Help applying for coverage'. On the left is a vertical sidebar with a 'Steps' section containing: 'Start Your Application', 'Before We Begin', 'Get Ready', 'Primary Contact Information', 'Help applying for coverage' (highlighted), 'Help Paying for Coverage', 'About Your Household', 'Summary', 'Family and Household', 'Income information', 'Additional information', and 'Review and Sign'. The main form area asks 'Who is Helping you?' and 'Is anyone helping you with this application?*' with two radio button options: 'Someone is helping me' and 'I am filling out this application for myself and/or my family'. Below the options is a note: 'If you would like assistance, let us help you find a licensed broker or assister.' At the bottom of the form are 'Back', 'Save & Exit', and 'Save & Continue' buttons, with the 'Save & Continue' button circled in yellow.

Is someone helping you with your application?

- Broker
- Assister
- Pennie CSR

When complete, click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Help applying for coverage

Who is Helping you?

Is anyone helping you with this application?*

- Someone is helping me
- I am filling out this application for myself and/or my family

If you would like assistance, let us help you find a licensed broker or assister.

[Back](#) [Save & Continue](#)

Is someone helping you with your application?

- Broker
- Assister
- Pennie CSR

When complete, click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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Before We Begin

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Help applying for coverage

Help Paying for Coverage

About Your Household

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Income information

Additional information

Review and Sign

Help applying for coverage

Who is Helping you?

Is anyone helping you with this application?*

- Someone is helping me
- I am filling out this application for myself and/or my family

If you would like assistance, let us help you find a licensed broker or assister.

Authorized Representative

If someone is helping you complete your application, you can designate that person as your Authorized Representative.

An Authorized Representative is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. By designating an Authorized Representative, you are giving permission for your authorized representative to:

- Sign the application on your behalf
- Act on your behalf for all matters related to the application and account

Please note: An Authorized Representative is not certified by Pennie. This is different than designating an Agent or an Assister who has completed training and is certified by Pennie.

Do you want to name someone as your authorized representative?*

- Yes
- No

Back

Save & Exit

Save & Continue

If someone is helping you, do they have your permission to do so? Do you want them to act as your representative?

If so, select “Yes” or “No.”

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

Do you want to name someone as your authorized representative?*

Yes
 No

Authorized Representative Contact Information

First Name* Olivia
Middle Name Enter Middle Name
Last Name* Fox
Suffix Suffix
Email Address* olivia.fox@yopmail.com

Authorized Representative Home Address

Address 1* 90 Beaver Dr
Address 2 Address 2
City* Dubois
Zip* 15801
State* Pennsylvania
County* Jefferson

Authorized Representative Phone

Mobile Phone Number (717) 460-7307
Phone Extension Ext.
Home Phone Number (xxx) xxx-xxxx
Phone Extension Ext.
Work Phone Number (xxx) xxx-xxxx
Phone Extension Ext.

Is this person part of an organization helping you apply for health insurance?*

Yes
 No

By checking this box and typing my name below, I (Samantha Elliot) am electronically signing my application

Type your full name here* Samantha Elliot

Back Save & Exit **Save & Continue**

When you select “Yes,” please have the person who is helping you complete the following information.

You must check the box that authorizes them to act on your behalf, you must also e-sign your name as it appears on your application.

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Help Paying for Coverage

You may be eligible for free or low-cost coverage, or financial assistance that will lower your monthly premiums right away.

Do you want to find out if you can get help paying for health coverage?*

Yes. (You will have to provide income information to see what you may qualify for.)

No. (You will pay full cost for Pennie health coverage.)

[Back](#) [Save & Exit](#) [Save & Continue](#)

Steps

- Start Your Application
 - Before We Begin
 - Get Ready
 - Primary Contact Information
 - Help applying for coverage
 - Help Paying for Coverage**
 - About Your Household
 - Summary
- Family and Household
- Income information
- Additional information
- Review and Sign

If you would like help paying for coverage, please select “Yes” to be considered for Pennie Financial Assistance.

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

About Your Household Add person

Learn more about who to include

Samantha E Elliot

Are you seeking coverage? Yes No

First Name*

Middle Name

Last Name*

Suffix

Month Day Year
Date of Birth*

Add person

Need to include someone else? Add person

Use the "Add Person" button to add each person in your household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can. The amount of help or type of program you qualify for is based on the number of people in your household and your household income. If you don't include someone, even if they already have health coverage, your eligibility results could be affected.

Back Save & Exit **Save & Continue**

Verify that you are the one seeking coverage.

Add other people if needed.

Click "Save & Continue" to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Steps

Start Your Application

Family and Household

Get Ready

Household Member

Samantha E Elliot

Military Service

Household information

American Indian/Alaska Native

Medicaid/ CHIP Denial Information

Disability Information

Summary

Income information

Additional information

Review and Sign

Get Ready

In this section, we will ask for more detailed information about everyone in your household. If you step away from this application at any time, please be sure to save your progress. You can save your application at any time by clicking the "Save" button.

All fields on this Family & Household section marked with an asterisk () are required unless otherwise indicated.*

For anyone you want to insure, you will need:

- Social Security Number
- Document numbers for anyone with eligible Immigration status

Back

Continue

Prepare to enter household information.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Steps

Start Your Application

Family and Household

Get Ready

Household Member

Samantha E Elliot

Personal Information

Citizenship/Immigration Status

Ethnicity and Race

Marital Status

Military Service

Household information

American Indian/Alaska Native

Medicaid/ CHIP Denial Information

Pregnancy Information

Disability Information

Summary

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Review and Sign

Personal Information

Samantha E Elliot's Gender*

Male

Female

Enter Samantha E Elliot's Social Security Number.

Social Security Number ***-**-0901

Please provide Samantha E Elliot's Social Security Number (SSN). If no Social Security Number is provided, Samantha E Elliot will be required to provide additional documentation at the end of the application, and may risk losing eligibility for coverage. Providing a Social Security Number can help verify your eligibility to enroll in health coverage. If Samantha E Elliot does not have a Social Security Number, please visit www.ssa.gov/ssnumber/ to apply.

Is the name you provided the same on your Social Security Card?*

Yes

No

Back

Save & Exit

Save & Continue

Verify personal information

Click "Save & Continue" to proceed.

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Steps

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Household Member

Samantha E Elliot

Personal Information

Citizenship/Immigration Status

Ethnicity and Race

Marital Status

Military Service

Household information

American Indian/Alaska Native

Medicaid/ CHIP Denial Information

Pregnancy Information

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Review and Sign

Ethnicity and Race

Optional: These questions are optional, and you do not need to answer them to apply for health insurance. If you choose to answer them, Pennie will use this information to get a better understanding of the demographics and health needs of Pennsylvanians. This information will also be shared with the Department of Health and Human Services to support a broader understanding of health needs across the U.S. population.

Is **Samantha E Elliot** of Hispanic, Latino, or Spanish origin?

- Yes
- No

Race (check all that apply)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White or Caucasian
- Other

Back

Save & Continue

Verify Ethnicity and Race

Click “Save & Continue” to proceed.

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For Customers, Assisters, and Producers

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 - Samantha E Elliot
 - Military Service**
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Military Service

Are any of these people honorably discharged veteran or active duty member of the military? [Learn more](#)

Samantha E Elliot

None of the Above

Back Save & Exit **Save & Continue**

Verify Military Status

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Household information

Based on information provided so far, below are all the household members and their living arrangement:
Samantha E Elliot has no parents and has no siblings
It is important that everyone living with you is entered into the application, even if they are not applying for health coverage

Do you want to make any changes, including the addition of any household members not listed above?*

Yes
 No

Who plans to file a federal income tax return for 2021?*

Samantha E Elliot
 None of the Above

You don't have to file taxes to apply for coverage, but you will need to file next year if you want to get a premium tax credit to help pay for coverage now.

Primary Tax Filer on the application is **Samantha E Elliot**

[Back](#) [Save & Exit](#) [Save & Continue](#)

Verify Household information

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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American Indian/Alaska Native

Are any of the people below Federally Recognized American Indian/Alaskan Natives?*

Samantha E Elliot

None of the Above

Back Save & Exit **Save & Continue**

Verify Alaska/Native Information

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Medicaid CHIP Denial Information

Were any of these people found not eligible for Medicaid or CHIP in the past 90 days?*

Samantha E Elliot

None of the Above

Back Save & Continue

- Steps
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 - Samantha E Elliot
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Verify Medicaid and CHIP Denial Information

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Steps

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Samantha E Elliot

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Pregnancy Information

Are any of these people pregnant or were pregnant in the last 60 days?

Samantha E Elliot

None of the Above

Back

Save & Exit

Save & Continue

Verify Pregnancy Information

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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Household Member

Samantha E Elliot

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Disability Information

Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?*

- Samantha E Elliot
- None of the Above

Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility?*

- Samantha E Elliot
- None of the Above

Back

Save & Exit **Save & Continue**

Verify Disability Information

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

Summary

Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now.

Samantha E Elliot (Primary Contact) [Edit](#)

Applying for Coverage	Yes
Gender	Female
Do you have a Social Security Number?	Yes
Social Security Number	***-**-0901
Is the name you provided the same on your Social Security Card?	Yes
Are you a US Citizen or US National?	Yes
Are you a Naturalized Citizen?	No
Are you of Hispanic, Latino, or Spanish origin?	No
Race	Chinese White or Caucasian
Are you honorably discharged veteran or active duty member of the military?	No
Are you American Indian or Alaska Native?	No
Are you planning to file a joint federal income tax return?	No
Were you denied Medicaid or CHIP in the past 90 days?	No
Is Pregnant?	No
Do you have physical disability or mental health condition that limits your ability to work, attend school, or take care of your daily needs?	No
Do you need help with activities of daily living, or live in a nursing home, or other medical facility?	No

[Back](#) [Continue](#)

Your household information is now complete.

Click “Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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 - Samantha E Elliot
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Get Ready

We ask for current information for everyone in your family and household to make sure you get the most benefits possible
Before you start, please take a moment now to gather the information listed below

All fields on this application marked with an asterisk (*) are required unless otherwise indicated.

You may need:

- Pay stubs
- W-2 forms
- Information about income

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Continue

Get ready to provide your household income information.

Click “Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

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 - Samantha E Elliot
 - Income Sources**
 - Deduction Sources
 - Expected Income
 - Summary
- Income Summary
- Additional information
- Review and Sign

Income Sources

Income of Samantha E Elliot

People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2021 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

Enter all your current Income Types

Does Samantha E Elliot currently earn any income?*

Yes

No

Add Income Source

Back

Save & Exit

Save & Continue

Do you earn income?

“Yes” or “No”

Click “Add Income Source” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistants, and Producers

Add Income for Samantha E Elliot



What type of Income would you like to add?*

Job

[Learn more](#)

Name of employer*

CWOPA

How much income do you currently get from this job?

Amount*

\$41,000.00

How often?*

Yearly

Cancel

Save

Add your income source.

Enter your earnings.

Click "Save" to proceed.

Comparison Shopping on Pennie – The Pennie Application

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 - Income Summary
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Income Sources

Income of Samantha E Elliot

People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2021 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

Add another type of income or continue to review a summary of your current income.

Income Type	Amount	Frequency	
Job	\$41,000.00	Yearly	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

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Samantha E Elliot

Income Sources

Deduction Sources

Expected Income

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Additional information

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Deduction Sources

Deductions for Samantha E Elliot

Telling us about the things that can be deducted on an income tax return that could lower the cost of your health insurance.

Does Samantha E Elliot pay any of these deductions* [Learn more](#)

- Alimony
- Student loan interest
- Other deductions

Yes

No

[Add Deduction Source](#)

[Back](#)

[Save & Exit](#)

[Save & Continue](#)

If you have any deductions, please add them here.

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

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Samantha E Elliot

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Expected Income

Based on what you told us, **Samantha E Elliot's** income will be about **\$41,000.00**. Is this your projected income for **2021**?*

Yes

No

Back

Save & Exit

Save & Continue

Is your income changing or do you expect it to change?

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

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Summary

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Samantha E Elliot's income summary Edit

Samantha E Elliot's total income in 2021
\$41,000.00

Current income

Income Source	How much	How often
Job (CWOPA)	\$41,000.00	Yearly

Current monthly income
\$3,416.67

This is based on your income sources above. We add them together for a year based on how often you get each type, and then divided by 12 for a monthly amount

Back
Continue

Here is your summary. If everything is good, you can proceed. If you need to correct your information, just click “Edit.”

Click “Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

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Other Health Coverage

Is **Samantha E Elliot** currently enrolled in health coverage that will extend beyond 60 days from today?

- [Learn more](#)

Yes

No

[Back](#) [Save & Exit](#) [Save & Continue](#)

Steps

- Start Your Application
- Family and Household
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 - Household Member
 - Samantha E Elliot
 - Other Health Coverage**
 - Reconciliation of APTC
 - Employer Coverage Detail
 - State Employee Health Benefit
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Do you currently have other health coverage?

“Yes” or “No”

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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pennie connecting Pennsylvanians to health coverage



Reconciliation of APTC

Did **Samantha E Elliot** reconcile premium tax credits on their tax return for past years?

Yes

No

I have never received premium tax credit in past years

Steps

- Start Your Application
- Family and Household
- Income information
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 - Household Member
 - Samantha E Elliot
 - Other Health Coverage
 - Reconciliation of APTC**
 - Employer Coverage Detail
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Have you ever received an Advanced Premium Tax Credit?

“Yes” or “No”

Or

“Never”

Click “Save & Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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Household Member

Samantha E Elliot

Other Health Coverage

Reconciliation of APTC

Employer Coverage Detail

State Employee Health Benefit

Additional Information

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Employer Coverage Detail

Will **Samantha E Elliot** be offered health coverage through a job (including another person's job, like a spouse or parent)? Tell us about coverage offers that apply to **Samantha E Elliot** starting November 01, 2020.*

Yes

No

Back

Save & Exit

Save & Continue

Do you have employer sponsored coverage?

“Yes” or “No”

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

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Additional Information

Steps

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 - Other Health Coverage
 - Reconciliation of APTC
 - Employer Coverage Detail
 - State Employee Health Benefit
 - Additional Information**
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Would **Samantha E Elliot** like help paying for medical bills from the last 3 months?*

Yes

No

Back Save & Exit **Save & Continue**

Do you need help with medical bills?

“Yes” or “No”

Click “Save & Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers



Steps

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Household Member

Samantha E Elliot

Summary

Review and Sign

Summary

Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now

Samantha E Elliot (Primary Contact)

Edit

Do you currently have health coverage?	No
Did reconcile premium tax credits on their tax return for past years	I have never received premium tax credit in past years
Offered Employer Coverage	No
Are you offered the Pennsylvania state employee health benefit plan through a job or a family member's job?	No
Would you like help paying for medical bills from the last 3 months?	No

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Continue

Your Summary Page.

Click “Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

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Review and Sign

Steps

Start Your Application

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Review and Sign

Review and Sign

Final Review

Sign and Submit

Now it's time to review and sign your health insurance application.

Please review all the detailed application information about every household member who is applying for health insurance. In a moment, you will finalize your application and provide your eSignature.

Back

Continue

You may now Review & Sign your application.

Click “Continue” to proceed.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers



Final Review

- Steps
- Start Your Application
- Family and Household
- Income information
- Additional information
- Review and Sign
 - Review and Sign
 - Final Review**
 - Sign and Submit

Household and Demographic Information

[Download](#) [Print](#)

Samantha E Elliot

Email	samantha.elliott@yopmail.com
Primary Phone Number	MOBILE (717) 460-7303
Date of Birth	02/06/1972
Home Address	90 Beaver Dr Dubois PA, 15801
Mailing Address	90 Beaver Dr Dubois PA, 15801
Preferred Spoken Language	English
Preferred Written Language	English
Preferred Method of Communication	Postal Mail
Is anyone helping you with this application?	Yes
Authorized Representative	Olivia Fox
Authorized Representative Home Address	90 Beaver Dr Dubois PA, 15801
Representative's Phone Number	(717) 460-7307
Do you want to find out if you can get help paying for health coverage?	Yes

You may review, download, print, or print to .pdf your Pennie application for your records.

Note: you may “Edit” even at the review stage.

Click “Continue” to proceed.



Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers



Steps

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Review and Sign

Final Review

Sign and Submit

Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)*

No. No one listed on this health insurance application is incarcerated (in prison or jail).

To make it easier to determine my future eligibility for cost-sharing opportunities, I agree to allow Pennie to use my income data, including information from tax returns, for the next 5 years. To the extent that this information changes, I understand that I may have to update the information I am providing and that failure to do so could result in legal consequences. Additionally, I understand that Pennie will send me notices and that I can opt out at any time.* [Learn more](#)

I agree

I disagree

I understand that if anyone on my application enrolls in an Exchange health plan and is later found to have other qualifying health coverage (including Medicare, Medicaid, or CHIP), Pennie will be required to take action, including, but not limited to automatically ending their Exchange health plan or eliminating their advanced premium tax credits or cost-sharing reductions.*

I understand that I have 30 days to notify the Pennie of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size address, income, or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Pennie if my application information changes.*

[Learn more](#)

By typing my name in the box below, I consent to my information being shared with the Pennsylvania Department of Human Services for the purposes of making a Medicaid or Children's Health Insurance Program (CHIP) eligibility determination if my application fits specific criteria to be potentially eligible or if I otherwise request a Medicaid or CHIP determination directly.*

Sign and Submit

Note: there are attestations

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers

- By typing my name in the box below, I am giving the Pennsylvania Department of Human Services, as the Medicaid and Children’s Health Insurance Program (CHIP) agency, the right to pursue and get any money from other health insurance, legal settlements, or other third parties should someone on this application enroll in Medicaid or CHIP. I am also giving the Pennsylvania Department of Human Services, as the Medicaid agency, the right to pursue and get medical support from a spouse or parent.*
- I acknowledge that if a child on this application has a parent living outside of the home, I know I will 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 may not have to cooperate.*
- I also attest that the information provided in this application, at the time it was submitted, was true and correct to the best of my knowledge.*
- By typing my name in the box below, I am signing this application and affirming the accuracy of the information provided and any assertions made herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904. I acknowledge that I may be subject to penalties under federal and state law if I intentionally provide false information. Additionally, I acknowledge that typing my name in the box below constitutes my signature.*

Samantha E Elliot's Electronic Signature*

Back

Submit application

Sign and Submit

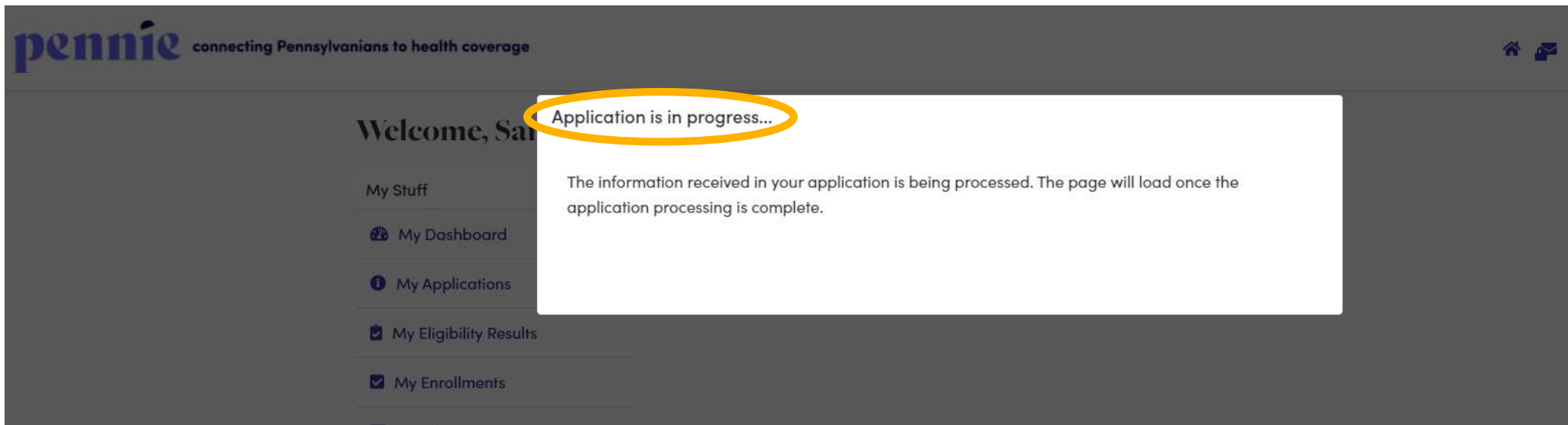
Note: there are attestations

Please e-sign your application.

Click “Submit Application”

Comparison Shopping on Pennie – The Pennie Application

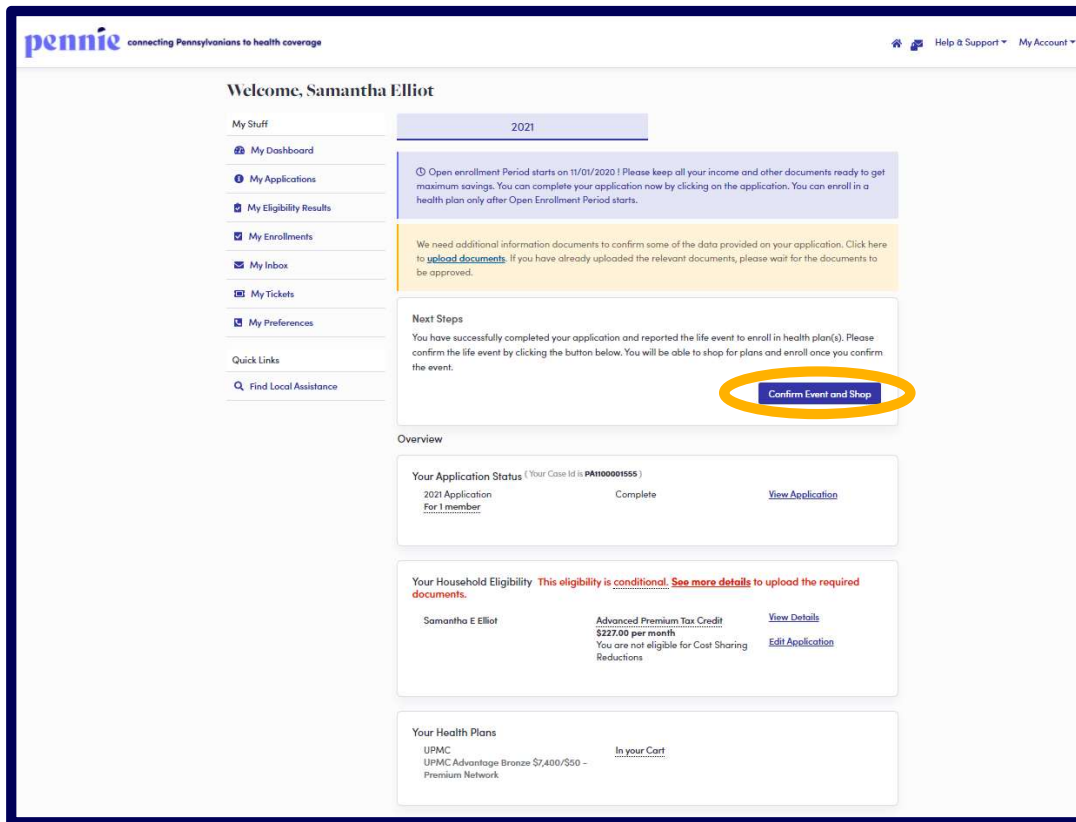
For Customers, Assistants, and Producers



While your application processes, you will see this screen.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers



pennie connecting Pennsylvanians to health coverage

Welcome, Samantha Elliot

My Stuff 2021

Open enrollment Period starts on 11/01/2020! Please keep all your income and other documents ready to get maximum savings. You can complete your application now by clicking on the application. You can enroll in a health plan only after Open Enrollment Period starts.

We need additional information documents to confirm some of the data provided on your application. Click here to [upload documents](#). If you have already uploaded the relevant documents, please wait for the documents to be approved.

Next Steps
You have successfully completed your application and reported the life event to enroll in health plan(s). Please confirm the life event by clicking the button below. You will be able to shop for plans and enroll once you confirm the event.

[Confirm Event and Shop](#)

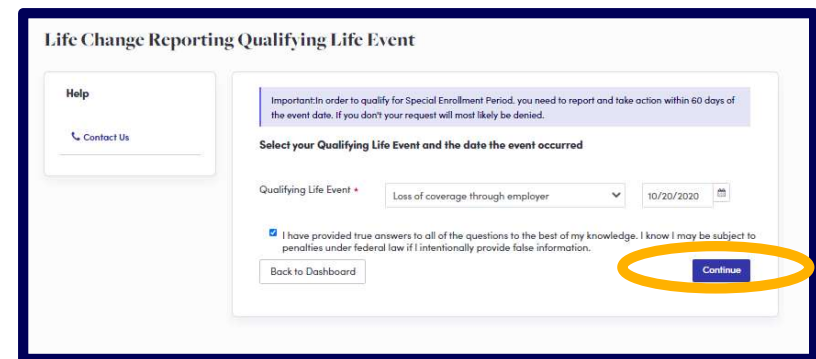
Overview

Your Application Status (Your Case Id is PA100001555)
2021 Application For 1 member Complete [View Application](#)

Your Household Eligibility This eligibility is conditional. [See more details](#) to upload the required documents.
Samantha E Elliot Advanced Premium Tax Credit \$227.00 per month You are not eligible for Cost Sharing Reductions [View Details](#) [Edit Application](#)

Your Health Plans
UPMC UPMC Advantage Bronze \$7,400/\$50 - Premium Network [In your Cart](#)

If the application is processed outside of Pennie's Open Enrollment Period, the application will ask the customer to confirm their Qualifying Life Event.



Life Change Reporting Qualifying Life Event

Help

Contact Us

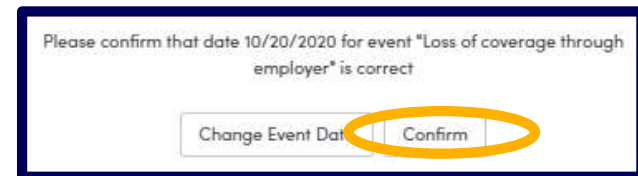
Important: In order to qualify for Special Enrollment Period, you need to report and take action within 60 days of the event date. If you don't your request will most likely be denied.

Select your Qualifying Life Event and the date the event occurred

Qualifying Life Event Loss of coverage through employer 10/20/2020

I have 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.

[Back to Dashboard](#) [Continue](#)



Please confirm that date 10/20/2020 for event "Loss of coverage through employer" is correct

[Change Event Date](#) [Confirm](#)

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

Your Household Eligibility **This eligibility is conditional. [See more details](#) to upload the required documents.**

Samantha E Elliot

Advanced Premium Tax Credit
\$227.00 per month
 You are not eligible for Cost Sharing
 Reductions

[View Details](#)

[Edit Application](#)

Documents for this household

Applicant Verifications

Samantha Elliot ⓘ

We weren't able to verify the information provided in your application with data available from one or more State and Federal data sources. If you're enrolled in a plan (or wish to enroll in a plan), it is important for you to upload the documents supporting the information on your application by 01-18-2021. The information that needs supporting documents is indicated below as "Not Verified". No action is needed if you have uploaded the documents. You will be notified once the documents are Accepted or Rejected.

IMPORTANT: You could lose your insurance or financial assistance if you miss the deadline, you could lose your health coverage or savings. Submit the documents as soon as possible. You can submit documents online or by mail. But uploading is the fastest and easiest way to get them to us.

Non-ESI Minimum Essential Coverage (Verified) ✓

Residency (Verified) ✓

Income (Not Verified) ⓘ

Social Security Number (Not Verified) ⓘ

Death (Not Verified) ⓘ

Citizenship (Not Verified) ⓘ

Incarceration Status (Not Verified) ⓘ

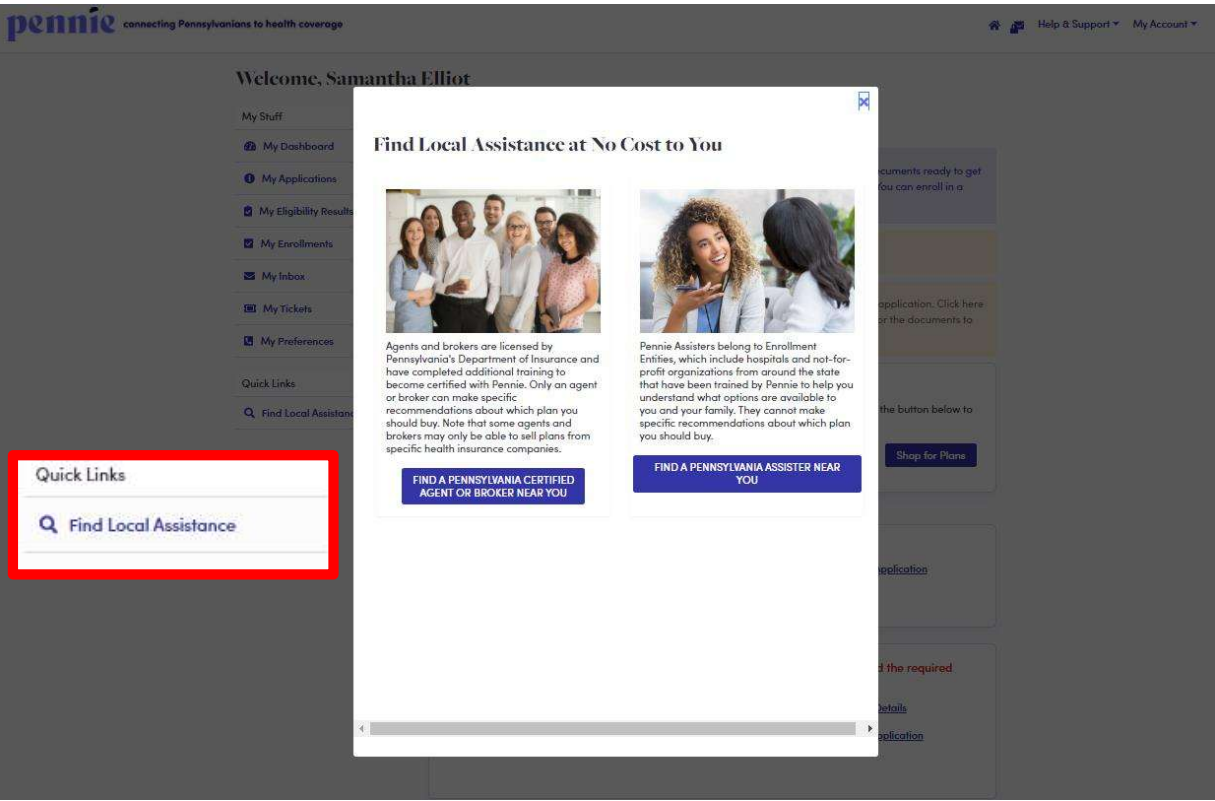
Minimum Essential Coverage (Verified) ✓

If your application requires any additional verification, you will know exactly what is required.

As always, Pennie's Call Center is there to help +1 (844) 844-8040.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers



In addition to Pennie’s Call Center at +1 (844) 844-8040, you may also use Pennie’s “Find Local Assistance” link to connect with a Pennie-Certified Broker or Assister near you.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assistors, and Producers

pennie connecting Pennsylvanians to health coverage

Confirmation

Congratulations! You've completed the checkout process on Pennie. Your information will be sent to the insurance company that carry your plan.

FURTHER ACTION REQUIRED:

You must pay your first month's premium before your enrollment can be finalized. This health/dental insurance is not yet in force.

Health

Samantha E Elliot

Coverage Start Date: 01/01/2021

UPMC HEALTH PLAN	UPMC	Monthly Price	\$ 563.04
	UPMC Advantage Silver \$2,000/\$80 - Premium Network	Tax Credit (APTC)	-\$ 227.00

Health MONTHLY PAYMENT \$ 336.04

You will receive billing statements and instructions for paying offline from your insurer.

Your Total Monthly Premium Payment **\$336.04**

Making Changes to Your Plans

If for any reason you need to make changes to the selections shown here, you can go back to the your account overview.

[Shop For More Members](#)

[Print Page](#)

[Go to Dashboard](#)

You will receive billing statements and instructions for paying offline from your insurer.

Go to your Dashboard to monitor your Pennie account.

Comparison Shopping on Pennie – The Pennie Application

For Customers, Assisters, and Producers



Welcome, Samantha Elliot

My Stuff

- [My Dashboard](#)
- [My Applications](#)
- [My Eligibility Results](#)
- [My Enrollments](#)
- [My Inbox](#)
- [My Tickets](#)
- [My Preferences](#)

Quick Links

[Find Local Assistance](#)

Access Code

Current Enrollments

Enrollment Year 2021

Health Plan

UPMC HEALTH PLAN

UPMC Advantage Silver \$2,000/\$80 - Premium Network

[View Benefit Details](#)

SUMMARY OF BENEFITS

Plan Type:	PPO
Office Visit:	\$80 Copay
Generic Medications:	\$25 Copay
Deductible:	\$2000
Out-of-Pocket Maximum:	\$8150

PLAN SUMMARY

Coverage Start Date:	01/01/2021
Coverage End Date:	12/31/2021
Enrollment Status:	Pending
Monthly Premium:	\$63.04
Elected APTC:	\$227.00
Net Premium:	\$336.04
Premium Effective Date:	01/01/2021

[Cancel coverage](#)

CONTACT YOUR INSURER

Customer Service:
Web:

COVERED FAMILY MEMBERS

Self	Samantha E Elliot	01/01/2021 - 12/31/2021
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Past Enrollments

Enrollment Year 2021

Click on “My Enrollments” to verify that you now have Health Insurance.

Stay connected to Pennie, and Pennie will help keep you covered.



pennie

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