1. On consumer's Overview page select the *Plans tab*.

Daniel McBride	Overview	Account	Application	Eligibility	Verification	Plans	Inbox	Appeals	Address History
Edit Account Information	Overvi	ew							
Mailing Address: 4303 Main St Albany NY 12208 Primary Phone: (555) 555-5555	It is importan family are gr family, marri required to r Health Plus, what levels	nt that you the beatting the beatting the beat age or divo eport any coordinate and coordinate a	tell us about a est coverage a rce, a move, r hanges that m eiving tax cred assistance yo	ny changes available. Yo ecent unem nay affect yo its, you also u qualify for.	so that NY Sta u should tell u ployment, cha ur health insu need to repor	ate of Hea s about ch nge in job rance. If y t income c	Ith can m nanges si , loss of l ou are er changes.	ake sure th uch as a pre nealth cover nrolled in Me Some char	at you and your agnancy, death in rage. You are adicaid, Child ages may affect
OPTIONS	Communi	cation fror	n NY State of	Health			Go	to Inbox	Go to Appeals
Update Application	You have	7 new mess	ages in your i	nbox and 0	new anneals o	locuments			
Return to Agent Portal	Tou nave	11010111038	ages in your i		iow appeals c				

2. Once on the Plans tab select *Pick a New Plan*.

Health Plan InformationView Plan BenefitsPlan NameCDPHPInsurance CompanyCDPHPPlan TypeMedical with DentalLevel of CoverageNAMonthly Premium\$0.00Coverage Period07/01/2023 - 07/31/2023	Household Member(s)	Adam McBride (3) HX ID : HX0000074230
Plan NameCDPHPInsurance CompanyCDPHPPlan TypeMedical with DentalLevel of CoverageNAMonthly Premium\$0.00Coverage Period07/01/2023 - 07/31/2023	Health Plan Information	View Plan Benefits
Insurance Company CDPHP Plan Type Medical with Dental Level of Coverage NA Monthly Premium \$0.00 Coverage Period 07/01/2023 - 07/31/2023	Plan Name	CDPHP
Plan Type Medical with Dental Level of Coverage NA Monthly Premium \$0.00 Coverage Period 07/01/2023 - 07/31/2023	Insurance Company	CDPHP
Level of Coverage NA Monthly Premium \$0.00 Coverage Period 07/01/2023 - 07/31/2023	Plan Type	Medical with Dental
Monthly Premium \$0.00 Coverage Period 07/01/2023 - 07/31/2023	Level of Coverage	NA
Coverage Period 07/01/2023 - 07/31/2023	Monthly Premium	\$0.00
	Coverage Period	07/01/2023 - 07/31/2023
	Cancel Enrollment in Plans	Pick a New Plan

3. Select *Next* on the Plan Selection Introduction page.

Plan Selection Introduction	
Coming Up in this Section	What You Need to Know
In this section, you will select a health insurance plan for yourself and your family members. It will show you the plans that are available to you, the benefits that the plans cover, the doctors and facilities that participate in the plan network, and the cost of enrolling in the plan.	 List of your current doctors Names of nearby hospitals and facilities
In this section, you can pick plans for yourself and all of your eligible family members whether they qualify for Medicaid, Child Health Plus, Essential Plan, or a qualified health plan through NY State of Health.	
Here are some things to think about as you select a plan:	
 Does it provide the benefits you need? What are the plan's deductible and other cost-sharing charges? Does it include your doctors, hospitals and other facilities "in network"? Does it cover the prescription drugs you need? Is it highly rated on the things that are important to you? Can you afford the premium for enrolling in the plan? 	
Sometimes, the plans that your provider accepts, or the "network" they are in, will change. It is always best to check with your provider and the health plan first. We strongly encourage you to call your doctors, hospitals, other facilities, and the health plans directly before completing the plan selection process.	
If you think you cannot afford to purchase health insurance, you can also learn more about exemptions in this section.	
We will now look at the plans that are available to you and your family.	
Next]

4. On the Plan Selection Dashboard, select *Change Child Health Plus Plans*.

You will receive a bill for the premium amount from the health plan after you have selected a plan for your child(ren). You must pay the premium to start and keep your coverage. If you do not pay the premium on time, your child could lose his/her health insurance. This does not apply if your child(ren) are eligible for Child Health Plus and do not have a monthly premium.Health PlanMonthly Premium \$0.00Advance Premium Tax CreditAmount you Would Ow \$0.00Current Plan Name: CDPHP\$0.00NA\$0.00New Plan Name: CDPHP\$0.00NA\$0.00				Der Start Date: 07/01/2023
Realth Plan Monthly Premium Advance Premium lax credit Amount you would Ow Current Plan Name: CDPHP \$0.00 NA \$0.00 New Plan Name: CDPHP \$0.00 NA \$0.00	child(ren). You must pay the time, your child could lose hi Health Plus and do not have	premium amount from premium to start and s/her health insuranc a monthly premium.	h the nearth plan after you have s keep your coverage. If you do no e. This does not apply if your child	elected a plan for your t pay the premium on d(ren) are eligible for Child
Current Plan Name: CDPHP \$0.00 NA \$0.00 New Plan Name: CDPHP \$0.00 NA \$0.00			Advance Premium Tax Credit	Amount you would Owe
New Plan Name: CDPHP \$0.00 NA \$0.00	Health Plan	Monthly Premium		40.00
	Health Plan Current Plan Name: CDPHP	\$0.00	NA	\$0.00

5. Help the members select the new CHPlus plan they would like to be enrolled in. Once they have decided, click *Select Plan*. For this example, we are changing from CDPHP to MVP Healthcare.

	Plan name	Quality	Plan Type	
CDPHP CDPHP	СДРНР	Overall Quality Rating	CHP	View Detail Remove
FIDELIS CARE* Fidelis Care Fidelis Care	Fidelis Care Fidelis Care	Overall Quality Rating ★ 🛧 🏠 🏠	CHP	View Detail Select Plan
HEALTH CARE MVP Health Plan, Inc. MVP Health Plan, Inc.	MVP Health Plan, Inc. MVP Health Plan, Inc.	Overall Quality Rating 🛧 🛧 🏫 🏫	СНР	View Dotail Select Plan
UnitedHealthcare UnitedHealthcare Community Plan UnitedHealthcare Community Plan	UnitedHealthcare Community Plan UnitedHealthcare Community Plan	Overall Quality Rating 🛧 🛧 🏫 🏫	СНР	View Detail Select Plan

6. After you select the new plan, a pop-up will appear advising that you are going to override the previously selected plan. If everything is correct, click *Ok.*

	Plan name	Quality	Plan Type	
CIPHP	CDPHP CDPHP	Overall Quality Rating ★ ★ ★ ☆ ☆	CHP	View Detail Remove
CDPHP				
	Warning		CHP	View Detail
Fideli	ride your previously selected Pl	an for this member.		Select Plan
HEALTH CARE	MVP Health Plan, Inc. MVP Health Plan, Inc.	Overall Quality Rating Art	CHP	View Detail Select Plan
MVP Health Plan, Inc. MVP Health Plan, Inc.				
UnitedHealthcare	UnitedHealthcare Community Plan UnitedHealthcare	Overall Quality Rating 🛧 🛧 🏫 🏫	CHP	View Detail Select Plan
UnitedHealthcare Community Plan UnitedHealthcare Community Plan	Community Plan			

7. You will be brought back to the Plan Selection Dashboard. If everything is correct, select *Review Plan Selections*.

Child Health Plus Policy Start Date: 07/01/2023 Change Child Health Plus Plan			
Adam McBride (3)		Member	Start Date : 07/01/2023
You will receive a bill for the premiu child(ren). You must pay the premiu time, your child could lose his/her h Health Plus and do not have a mon	m amount from the m to start and keep ealth insurance. Thi thly premium.	health plan after you have sele your coverage. If you do not p is does not apply if your child(r	ected a plan for your ay the premium on en) are eligible for Child
Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: CDPHP	\$0.00	NA	\$0.00
New Plan Name: MVP Health Plan, Inc.	\$0.00	NA	\$0.00
When you click on the Review Plan S plans. Disenrollments	Selections button, t	he following people will be dise	enrolled from the following
Household Member	Plan Name	Program	
Adam McBride	CDPHP plan	Child Health Plus-Health F	Plan
		6	Review Plan Selections

8. Review plans for all household members. Confirm that the enrollments showing are correct and then choose *Confirm Plan Selections*.

Child Health Plus Policy Start Date: 07/01/2023			
Adam McBride (3)		Membe	r Start Date: 07/01/2023
You will receive a bill for the premiur child(ren). You must pay the premiur time, your child could lose his/her he Health Plus and do not have a mont	m amount from the m to start and keep ealth insurance. Th thly premium.	health plan after you have sele your coverage. If you do not p is does not apply if your child(r	ected a plan for your pay the premium on en) are eligible for Child
Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: CDPHP	\$0.00	NA	\$0.00
New Plan Name: MVP Health Plan, Inc. Start Coverage: 07/01/2023 End Coverage: 07/31/2023	\$0.00	NA	\$0.00
When you click on the Confirm Plan following plans. Disenrollments	Selections button,	the following people will be dis	senrolled from the
Household Member	Plan Name	Program	
Adam McBride	CDPHP plan	Child Health Plus-Health	Plan
Return to Plan Selection Dashboard	1		Confirm Plan Selections

9. Now that the plan(s) have been confirmed, the consumer can print this page or they can write down the transaction IDs for their records.

ongratulations! Information abou iis page for your records.	nfirmed t the plans you have	e chosen for you and your family	y is below. You can print or
Medicaid Policy Start Date: 07/01/2022			
Daniel McBride (36)		Memb	er Start Date: 07/01/2022
Child Health Plus Policy Start Date: 07/01/2023			
Adam McBride (3)		Memb	er Start Date: 07/01/2023
You will receive a bill for the prer child(ren). You must pay the prer time, your child could lose his/he Health Plus and do not have a m	mium amount from t mium to start and ke er health insurance. nonthly premium. Monthly	the health plan after you have so eep your coverage. If you do no This does not apply if your child Advance Premium Tax	elected a plan for your t pay the premium on l(ren) are eligible for Child Amount you Would
Health Plan	Premium	Credit	Owe
	50.00	6 T A	0.0.0
Current Plan Name: CDPHP New Plan Name: MVP Health Plan, Inc.	\$0.00	NA	\$0.00
Current Plan Name: CDPHP New Plan Name: MVP Health Plan, Inc. Your transaction id is ET00 Your child will not be enrolle paid. The health plan will se made by the end of the mo	S0.00 S0.00 0008456560 ed in a Child Health end you a bill for the oth prior to the start	NA Plus plan until the first month's e first month's premium. Payment of coverage. If the health plan	s0.00 \$0.00 premium is nt must be does not O Show More
Current Plan Name: CDPHP New Plan Name: MVP Health Plan, Inc. Your transaction id is ET00 Your child will not be enrolly paid. The health plan will se made by the end of the mo	S0.00 S0.00 0008456560 ed in a Child Health end you a bill for the oth prior to the start	Plus plan until the first month's e first month's premium. Payment of coverage. If the health plan	s0.00 \$0.00 premium is nt must be does not Show More
Current Plan Name: CDPHP New Plan Name: MVP Health Plan, Inc. Your transaction id is ET00 Your child will not be enrolle paid. The health plan will se made by the end of the mo	S0.00 S0.00 0008456560 ed in a Child Health end you a bill for the oth prior to the start	Plus plan until the first month's e first month's premium. Payment of coverace. If the health plan of Program	s0.00 \$0.00 premium is nt must be does not Show More