



Ambetter BrokerOffice Quick Guide

Quick Overview of How to Use
the Ambetter Enrollment Portal

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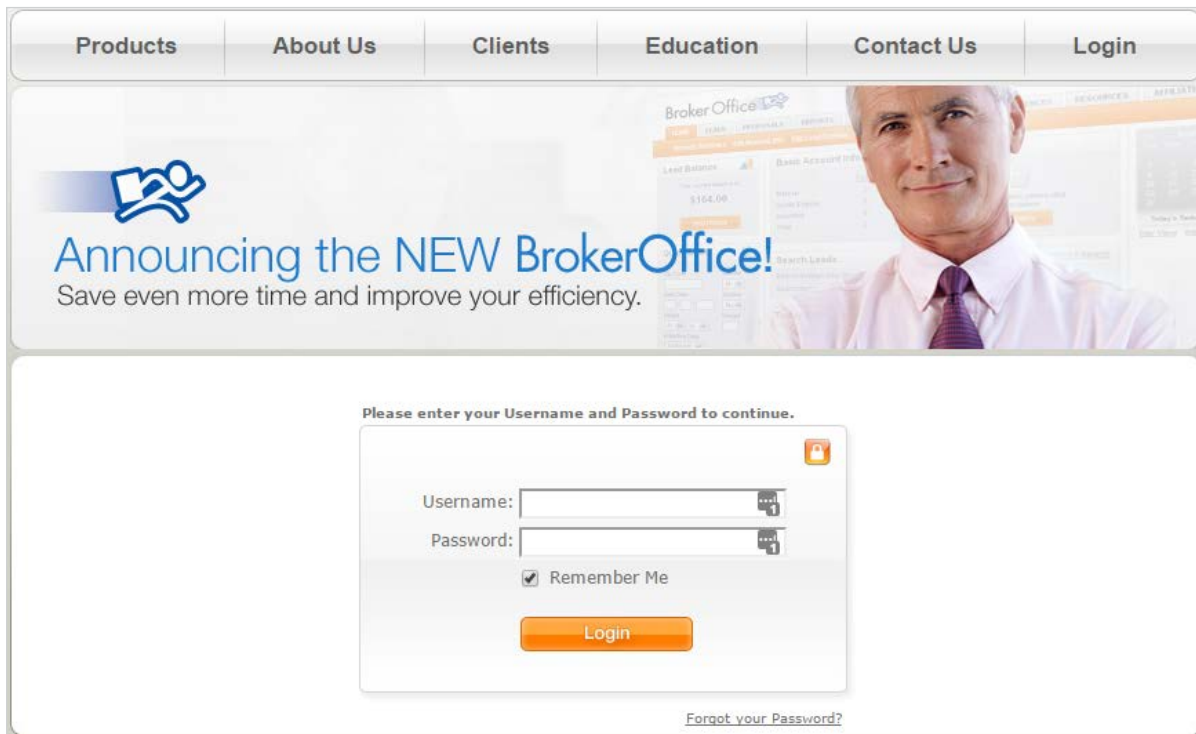
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Logging Into Ambetter BrokerOffice

Logging In

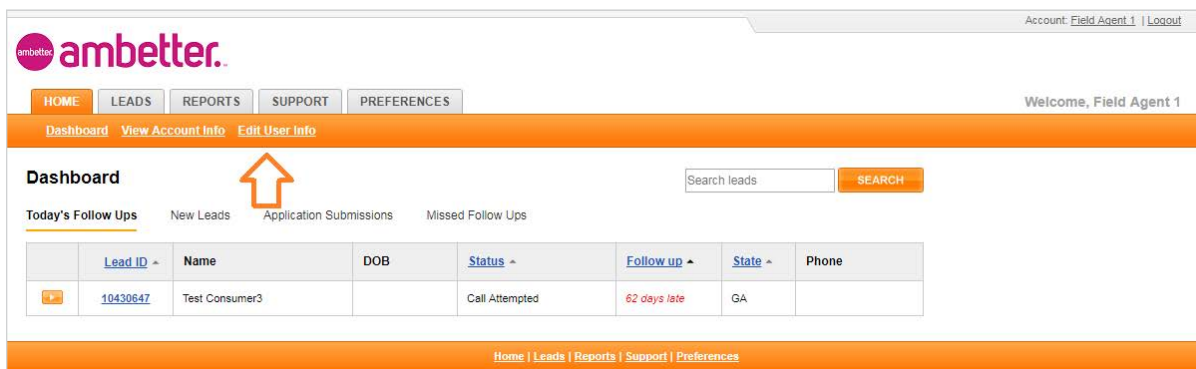
- Login to BrokerOffice using “User Name” and “Password”
- Click the “Login” button

Note: If password reset is needed, select the “Forgot your Password?” link and enter your username. An email will be sent to the email address on file with instructions how to reset your password.

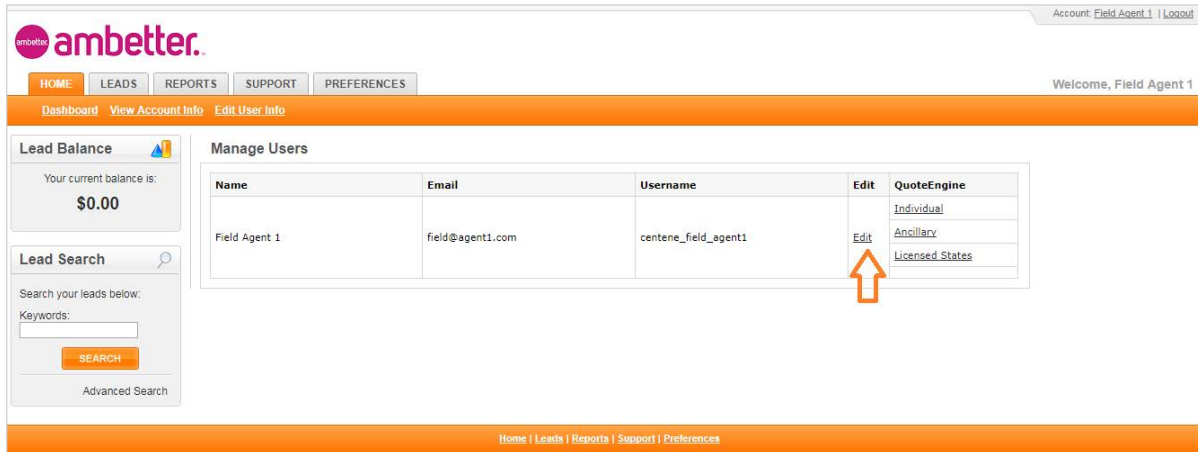


Updating Agent Information (including FFM ID)

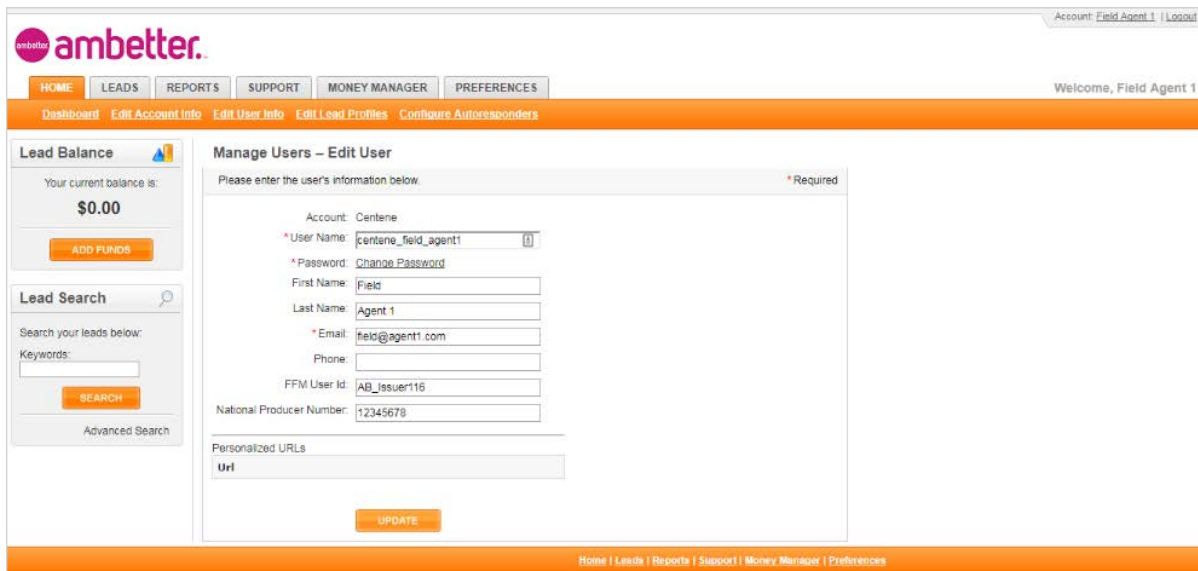
- Select “Edit User Info” link in the orange bar



- Select “Edit”

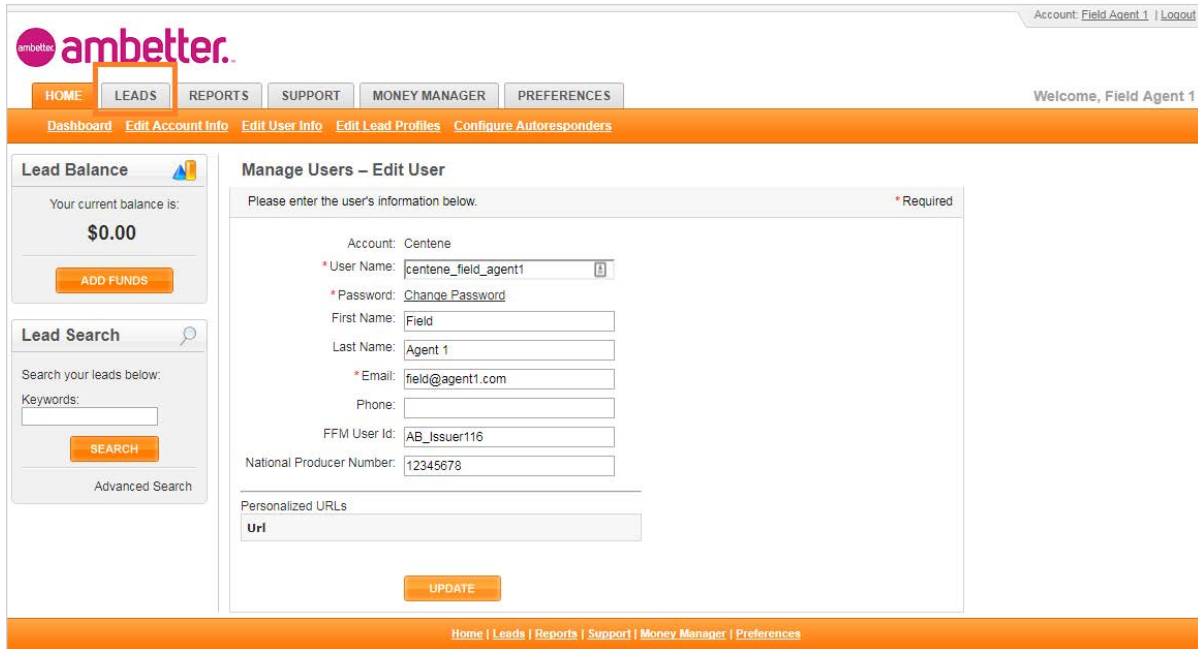


- You can then edit any of the below information:
 - ◆ User Name
 - ◆ Password
 - ◆ First/Last Name
 - ◆ Email
 - ◆ Phone Number
 - ◆ FFM User ID
 - ◆ NPN
- Once updates are made, click “Update” to save changes

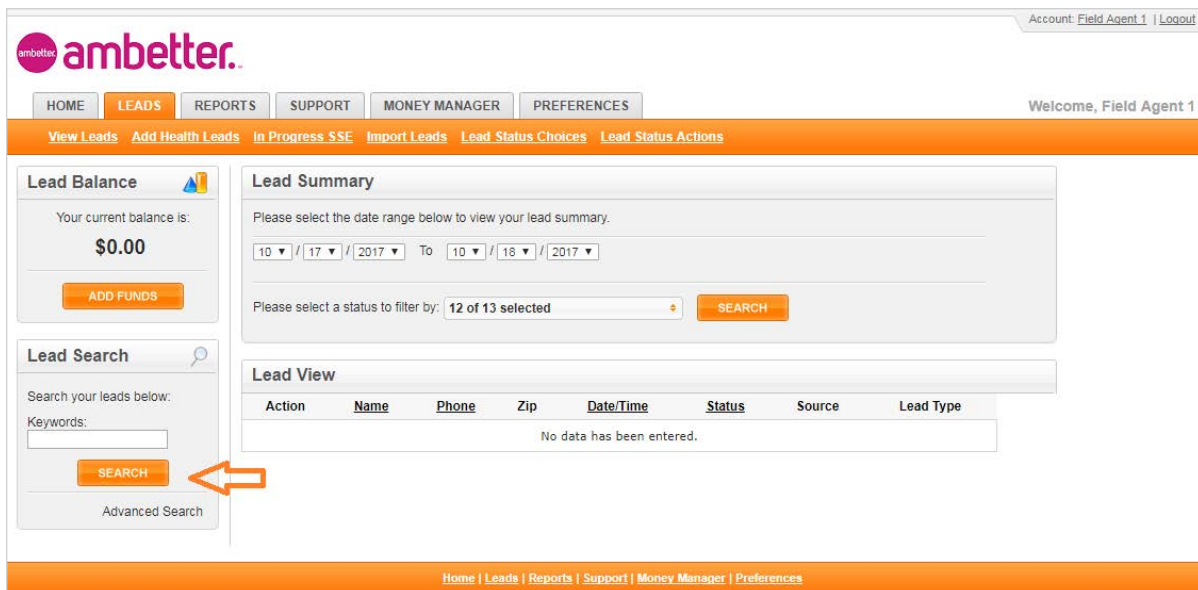


Quoting/Enrollment: Existing Member

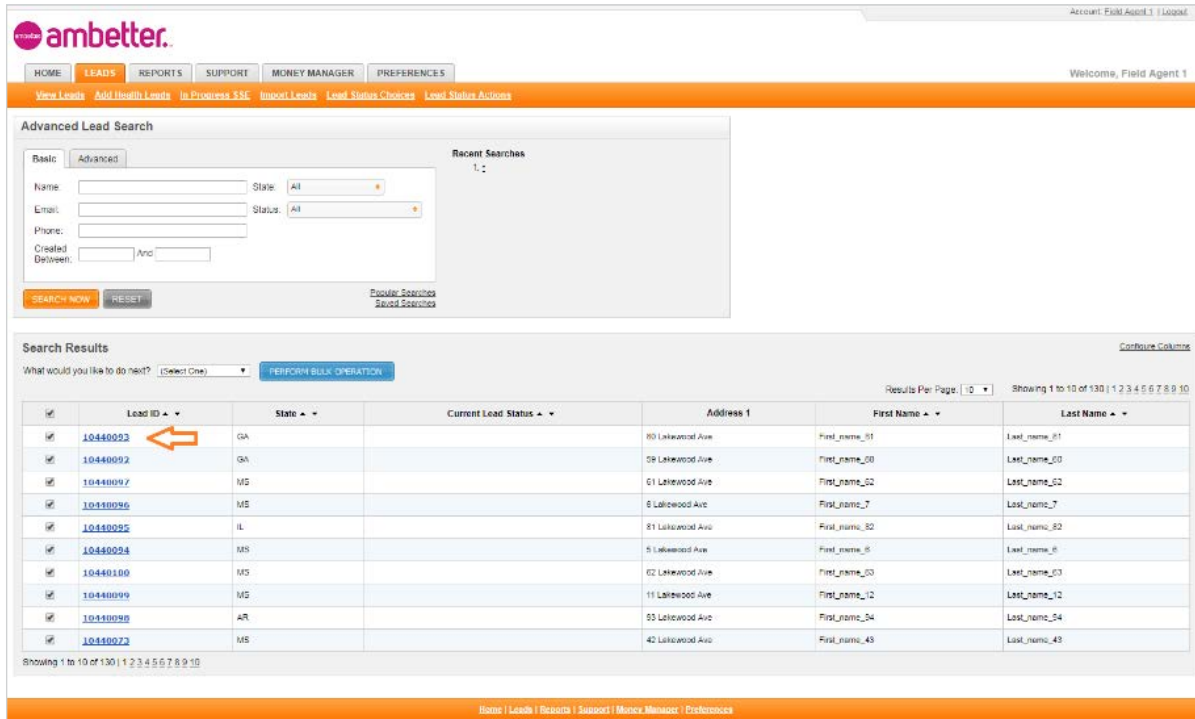
- Click “Leads” tab to access lead information



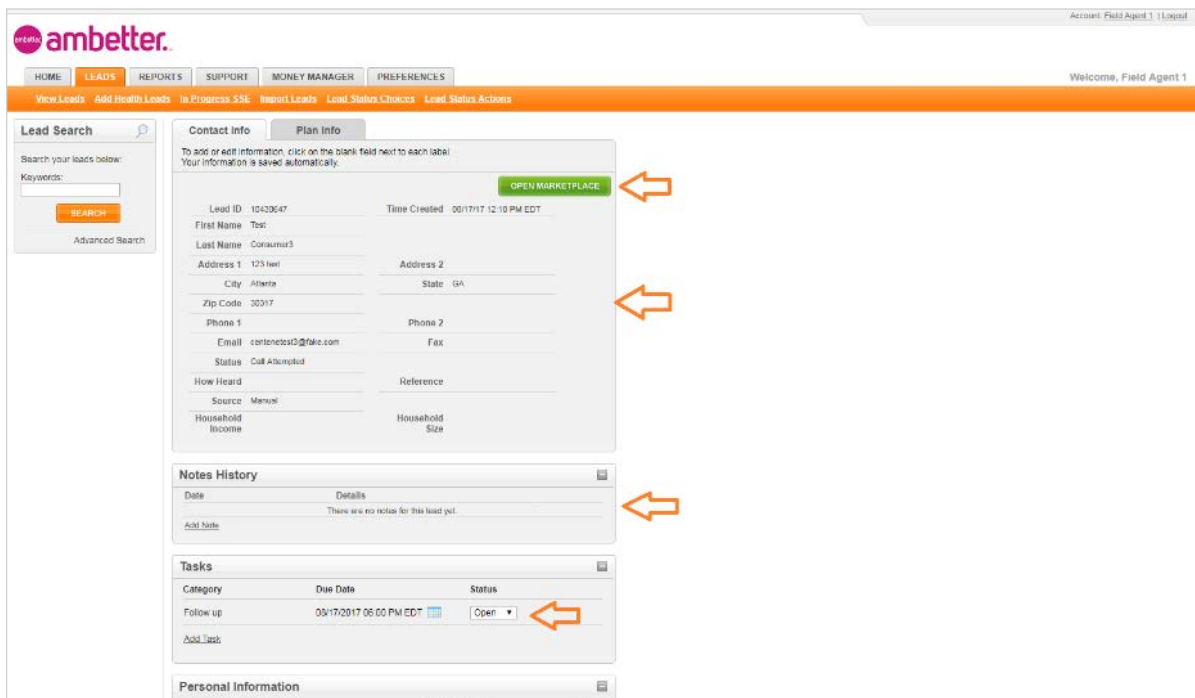
- You can search for all of your leads by clicking the “Search” button in the lead search box on the left side of the screen



- You will then be taken to the **“Advanced Lead Search”** screen, where you can enter the lead’s page by clicking the link in the **“Lead ID”** column



- Launch the Quoting/Enrollment Marketplace by clicking on the green **“OPEN MARKETPLACE”** button



- Once you launch the Quoting/Enrollment Marketplace from Ambetter BrokerOffice, you will be taken to the page below:

ambetter. Español | Call Us **(877) 659-8454**

To renew or select new coverage, please verify your identity

Zip Code Last Name

Date of Birth (MM/DD/YYYY)
MM / DD / YYYY

Verify Identity **New Business**

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- To quote/enroll an existing member (aka “Renewal”), enter the member’s zip code, last name, and date of birth
- Click **“Verify Identity”**


*Note: If a record cannot be found using the information entered, you will receive an error message at the top of the screen. At any point, you may advance to quote the consumer by clicking the **“New Business”** button*

The screenshot shows the Ambetter website interface. At the top left is the Ambetter logo. At the top right, there is a language selector for "Español" and a phone number "Call Us (877) 659-8454". A central banner reads "To renew or select new coverage, please verify your identity". Below this banner, a red-bordered box contains the error message: "No records found with the information provided." Underneath, there are three input fields: "Zip Code" with the value "60614", "Last Name" with the value "Test", and "Date of Birth (MM/DD/YYYY)" with values "06 / 05 / 1980". At the bottom of the form area are two buttons: "Verify Identity" and "New Business". The footer of the page contains the copyright notice: "© 2017 Centene Corporation. All rights reserved. | Privacy Policy".

- Once the member is verified, you will be prompted to enter information needed to estimate the 2018 subsidy
Note: The estimated savings are not final. The actual subsidy amount will be determined after the application is submitted to the FFM.
- Once entered, click **“Continue”**

The screenshot shows the Ambetter website interface. At the top left is the Ambetter logo. At the top right, there is a language selector for 'Español' and a phone number 'Call Us (877) 659-8454'. The main content area is titled 'Confirm Details' and contains a section for '2018 Expected Annual Household Income'. A note instructs users to adjust for expected 2018 changes. Below the note are two input fields: 'Number of people on 2018 tax return' and '2018 annual household income'. A 'Continue' button is located at the bottom right of the form area. The footer contains copyright information for Centene Corporation and a link to the Privacy Policy.

- You will then be taken to the “Plan Renewal” page where you will be able to take the following actions:
 1. Edit applicants on the plan
 2. Compare current 2017 plan to recommended 2018 plan
 3. Select to keep current plan for 2018
 4. Shop other available plans



Expanded

Call Us **(877) 659-8454**

Reenroll

Applicants

Please specify the applicants that you would like to be covered by the plan.

Applicant	Marie Calcofin
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[Edit Applicants](#)

My Plans



Below is a comparison between your current plan and the plan that you are scheduled to use for 2018.

[Keep this plan for 2018](#)

Premiums

Your Current 2017 Premium Totals	2018 Premium Totals
<p style="font-size: small;">Monthly Premium</p> <p style="font-size: small;">\$778.21</p> <p style="font-size: large; font-weight: bold; color: #e91e63;">\$33.24</p>	<p style="font-size: small;">Monthly Premium</p> <p style="font-size: large; font-weight: bold; color: #e91e63;">\$1,141.38</p>

Health Plan

Your Current 2017 Health Plan	2018 Health Plan
 <p style="font-weight: bold; margin-top: 5px;">Ambetter Balanced Care 1 (2017)</p> <p style="font-size: small; margin-top: 10px;">Plan Category Silver</p>	 <p style="font-weight: bold; margin-top: 5px;">Ambetter Balanced Care 2 (2018)</p> <p style="font-size: small; margin-top: 10px;">Plan Category Silver</p>
<p style="color: #e91e63; font-size: small;">Show More Details</p>	

Find another plan?

Select the link below if you are interested in seeing other options available to you for 2018.

[Shop Other plans](#)

- Select “Keep Current Plan for 2018” to proceed straight to enrollment, or “Shop Other Plans” to proceed to compare other plan options (shown below)

5 Plans found
[Show All Plans](#)

Shop by

- Deductible >
- Copayment >
- Max Out-Of-Pocket >
- Plan Categories >
- Monthly Premium >
- Tax Credit Eligible >
- Pediatric Dental >
- HSA Eligible >

Categories

Platinum: Plan pays 90% of out-of-pocket costs, you pay 10% of out-of-pocket costs.

Gold: Plan pays 80% of out-of-pocket costs, you pay 20% of out-of-pocket costs.

Silver: Plan pays 70% of out-of-pocket costs, you pay 30% of out-of-pocket costs.

Bronze: Plan pays 60% of out-of-pocket costs, you pay 40% of out-of-pocket costs.

Health Plans

Showing 5 of 5 plans starting at **\$1106.00 a month.**
 Quote results for **1 applicant** in MS. ([Edit Applicants](#))
 Estimated monthly cost savings of **\$0.00** applied. ([Edit Income](#))
 Earliest effective start date is **01/01/2018** ([Edit Effective Date](#))

SORT PLANS BY Premium

Default 2018 Plan

Ambetter from Magnolia Ambetter Balanced Care 2 (2018)					YOUR MONTHLY PREMIUM
Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	
HMO	\$575	\$1.00	\$575	View	\$1141.38
Compare Silver/ Reduced Cost Tax Credit Eligible					Continue

Ambetter from Magnolia Ambetter Essential Care 2 HSA (2018)					YOUR MONTHLY PREMIUM
Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	
HMO	\$6,550	Not Applicable	\$6,550	View	\$1106.00
Compare Bronze HSA Eligible Tax Credit Eligible					Continue

Ambetter from Magnolia Ambetter Balanced Care 3 (2018)					YOUR MONTHLY PREMIUM
Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	
HMO	\$200	N/A	\$600	View	\$1238.40
Compare Silver/ Reduced Cost Tax Credit Eligible					Continue

Ambetter from Magnolia Ambetter Balanced Care 3 (2018) + Vision + Adult Dental					YOUR MONTHLY PREMIUM
Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	
HMO	\$200	N/A	\$600	View	\$1295.19
Compare Silver/ Reduced Cost Tax Credit Eligible					Continue

- If the applicant’s subsidy eligibility information needs to be revised, you can do so by clicking by clicking the **“Edit Income”** link
- Plans can be sorted using the **“Sort Plans By”** dropdown menu which appears right above the first available plan to select from
- Plans can also be filtered using the options available in the **“Shop by”** menu on the left side of the screen.
- If the applicant qualifies for subsidized health insurance, then an estimate of the subsidy amount that will be applied is available in the white box above the plans.
- To select a plan, click **“Continue”** next to the plan desired to move to the **“Shopping Cart”** page and advance to the application

The screenshot shows a web interface for selecting health plans. On the left, there is a sidebar with a 'Shop by' menu and 'Categories' section. The main area displays a list of health plans under the heading 'Health Plans'. Above the list, a summary box shows 'Showing 5 of 5 plans starting at \$1106.00 a month' and 'Estimated monthly cost savings of \$0.00 applied'. The 'Sort Plans By' dropdown is set to 'Premium'. The first plan, 'Ambetter from Magnolia Ambetter Balanced Care 2 (2018)', is highlighted with a green border and has a 'Continue' button. The second plan, 'Ambetter from Magnolia Ambetter Essential Care 2 HSA (2018)', also has a 'Continue' button. The third plan, 'Ambetter from Magnolia Ambetter Balanced Care 3 (2018)', has a 'Continue' button. The fourth plan, 'Ambetter from Magnolia Ambetter Balanced Care 3 (2018) + Vision + Adult Dental', is partially visible. Orange arrows point to the 'Shop by' menu, the 'Edit Income' link, the 'Sort Plans By' dropdown, and the 'Continue' buttons for the first two plans.

Plan Type	Deductible	PCP Visit Copay	Max Out-Of-Pocket	Plan Details	YOUR MONTHLY PREMIUM
HMO	\$575	\$1.00	\$575	View	\$1141.38
HMO	\$6,550	Not Applicable	\$6,550	View	\$1106.00
HMO	\$200	N/A	\$600	View	\$1238.40

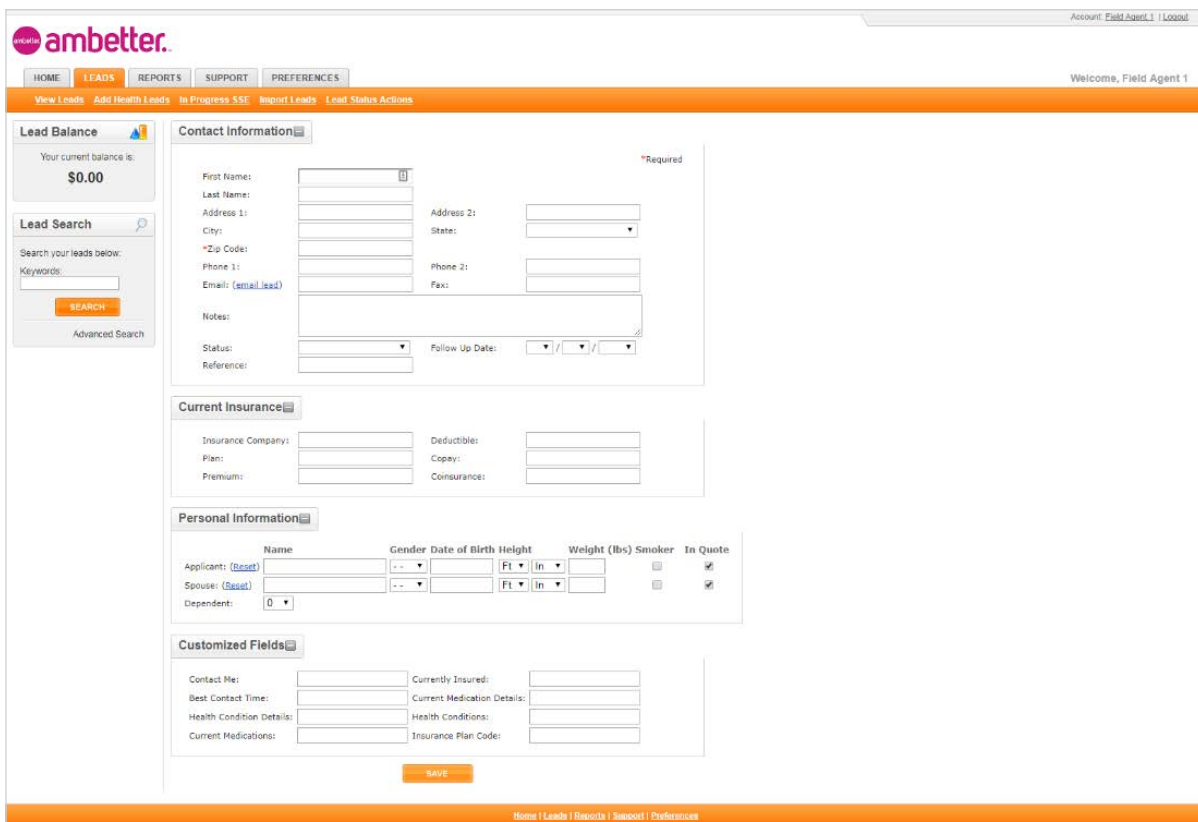
- You will then be taken to the **“Shopping Cart”** screen where you will be able to start the application via re-direct to the FFM for final subsidy determination. Once this is complete, you will be taken back to the platform to finalize plan selection

Quoting/Enrollment: New Member

- Click on “Add Health Leads” button from the “Leads” page
- Click the “Leads” tab and then select “Add Leads” from the menu below the tabs




- Enter the information for the lead
- Make sure to enter information in all required fields
Note: In order to launch a lead into a Marketplace session to quote and shop for a health plan, an email address and zip code is required
- Click “Save” when complete, then “OPEN MARKETPLACE” to launch the Quote/Enrollment platform



- Click “**New Business**” to advance to the quotes

The screenshot shows the Ambetter website interface. At the top left is the Ambetter logo. At the top right, there is a language selector for "Español" and a phone number "Call Us (877) 659-8454". A central banner reads "To renew or select new coverage, please verify your identity". Below this banner are input fields for "Zip Code" (with a dropdown arrow), "Last Name", and "Date of Birth (MM/DD/YYYY)" (with three separate input boxes for MM, DD, and YYYY). At the bottom of the form area are two buttons: "Verify Identity" and "New Business", with a large orange arrow pointing from the first button to the second. The footer contains the copyright notice "© 2017 Centene Corporation. All rights reserved." and a link to "Privacy Policy".

- You will be taken to a page requiring the following information:
 - ◆ Enter **“Date of Birth”** (if not passed from BrokerOffice)
 - ◆ Select **“Gender”**
 - ◆ Enter smoking status
 - ◆ Click **“Continue”**
 - ◆ If you would like to add a spouse or dependent to the application, click **“Add Spouse”** or the **“Add Dependent”** button
 - ◆ Once you click **“Continue”** you will be prompted for the applicant’s Contact Information
 - ◆ Click **“View Plans”** to begin shopping


Español

Call Us **(877) 659-8454**

To get started, please tell us a bit about yourself...

Effective Date

For Testing Purposes Only - Not Visible in Production

Set System Testing Date

You

We need some basic information to show available plans in your area.

Zip Code

Date of Birth (MM/DD/YYYY) Gender
 / / Male Female

Have you used tobacco products 4 or more times per week in the past 6 months?
 Yes No

Anybody else?

If you want to include others on your insurance, add them here.

Add Spouse >
Add Dependent >

Contact Information

Please enter the contact information of the primary applicant.

First Name

Email Address

Last Name

Phone Number

By clicking the button you consent to be contacted via automatic telephone dialing system, by artificial voice and/or pre-recorded message, or by text message at the telephone number you provided above and receive email at the email you provided above from or on behalf of Ambetter. You understand that consent is not a condition of purchase and you may also receive a quote by contacting us via phone. You may revoke this consent at any time by contacting us via phone to be placed on our do-not-call list.

Ambetter does not charge you for sending or receiving text messages. Your carrier's message and data rates may apply. By using this form you agree to the terms of our Privacy Policy. [Privacy Policy](#).

View Plans
I consent to the terms of this form

- Once the quoting platform initiates, you will be asked to provide the applicant’s household size and yearly income to determine eligibility for subsidized health insurance.
- Enter the total number of individuals living in the household
Note: Even if the application is on behalf of one individual, household size provided in this screen should be inclusive of everyone who will be reported on the applicant’s tax return.
- Enter total yearly income
Note: This income should be inclusive of all members of the household.
Note: The estimated savings are not final. The actual subsidy amount will be determined after the application is submitted to the FFM.
- To select a plan, click **“Continue”** next to the plan desired to move to the **“Shopping Cart”** page and advance to the application

The screenshot shows the Ambetter quoting interface. At the top, there is a header with the Ambetter logo, a language selector for 'Español', and a phone number '(877) 659-8454'. Below the header, a sidebar on the left offers filters for 'Shop by' (Deductible, Copayment, Max Out-Of-Pocket, Plan Categories, Monthly Premium, Tax Credit Eligible, Pediatric Dental, HSA Eligible) and 'Categories' (Platinum, Gold, Silver, Bronze). The main content area displays '18 Plans found' and 'Showing 18 of 18 plans starting at \$117.07 a month.' It includes a summary of quote results for 1 applicant in FL, estimated monthly cost savings of \$171.00, and an earliest effective start date of 11/01/2017. A 'SORT PLANS BY' dropdown is set to 'Premium'. Three plan options are listed:

Plan Name	Original Monthly Premium	Your Monthly Premium
Ambetter from Sunshine Health Ambetter Essential Care 1 (2017)	\$288.07	\$117.07
Ambetter from Sunshine Health Ambetter Essential Care 1 (2017) + Vision	\$293.35	\$122.35
Ambetter from Sunshine Health Ambetter Essential Care 1 (2017) + Vision + Adult Dental	\$303.81	\$132.81

Each plan card includes details for Plan Type (EPO), Deductible (\$6,800), PCP Visit Copay (Not Applicable), Max Out-Of-Pocket (\$6,800), and Plan Details (View). It also shows a 'Continue' button and a 'Tax Credit Eligible' indicator.

- You will then be taken to the **“Shopping Cart”** screen where you will be able to start the application via re-direct to the FFM for final subsidy determination. Once this is complete, you will be taken back to the platform to finalize plan selection



Ambetter Health
www.ambetterhealth.com