Get Covered Illinois Broker Office Hour

Thursday, November 6, 2025

11:00 AM CT

Get Covered Illinois℠

The state's official health insurance marketplace.

Logistics

- **Phone lines are muted upon entry**.
- **To submit comments or questions** or directly chat with other participants, click the icon with three dots at the bottom right of your screen, then select the “Q&A” option.
  - Questions are encouraged!
- We will address questions as they come in.
- The **slides** and **recording** will soon be available on the Get Covered Illinois **website**!
- Please complete the survey that will pop up on your screen after exiting the office hour.

Agenda

- Upcoming Activities and Reminders
- Enrollment Resources
- Recent Broker Questions
- Q&A Session

Upcoming Activities and Reminders

What's Happened in October?

- **October 1, 2025**:
  - Customer Assistance Center is open taking calls.
    - **REMINDER**: Call the Get Covered Illinois Assister & Broker Support Team 1-866-349-7579 for assistance.
  - Updated Get Covered Illinois website is live.
- **Week of October 6, 2025**:

Migrated HealthCare.Gov Customers	Migrated Brokers	New Brokers
• Can claim their accounts. • **No further details available until November 1, 2025.**	• Can start claiming their accounts • Can clean up their agency setup • Can update their profile information as needed. • **Cannot help customers until November 1, 2025.**	• Can create an account. • If your agency already was migrated, your agency manager will add you to the agency and you will get an email to claim your new account. • Only create a new agency account if your agency **and** no one from your agency was already migrated.

Broker Account Activation: IMPORTANT

- Migrated brokers received **account activation links** on Friday, 10/10/25.
- These links will be **valid through Saturday, 11/8/25**.
- Starting on **Sunday, 11/9/25**, migrated brokers who have not activated their accounts will need to:
  - Call the Partner Support Line: 1-866-349-7579
  - Request a **new** activation link.
  - Activate the link within 24 hours of receipt.

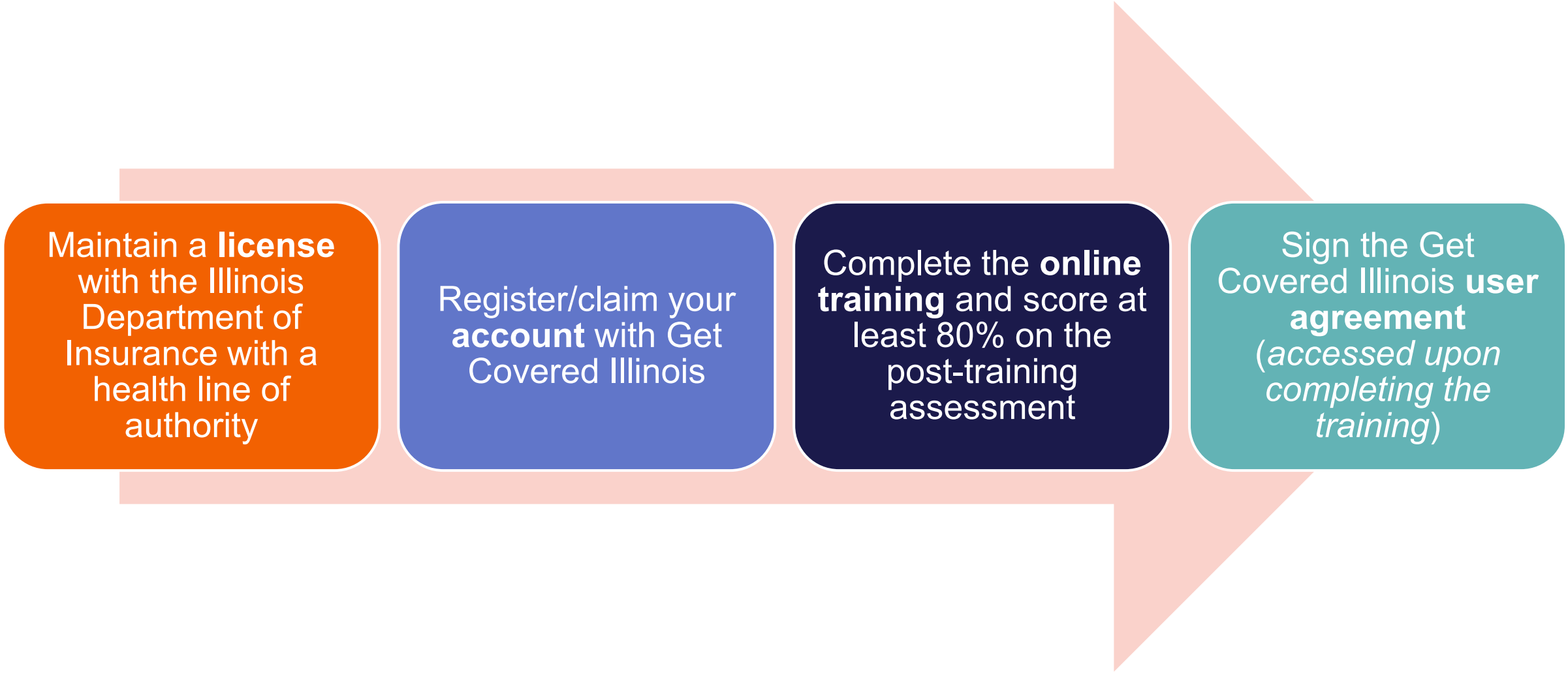
IMPORTANT!

This only applies to migrated brokers who have not yet activated their accounts as of Sunday, 11/9/25.

What's Coming?

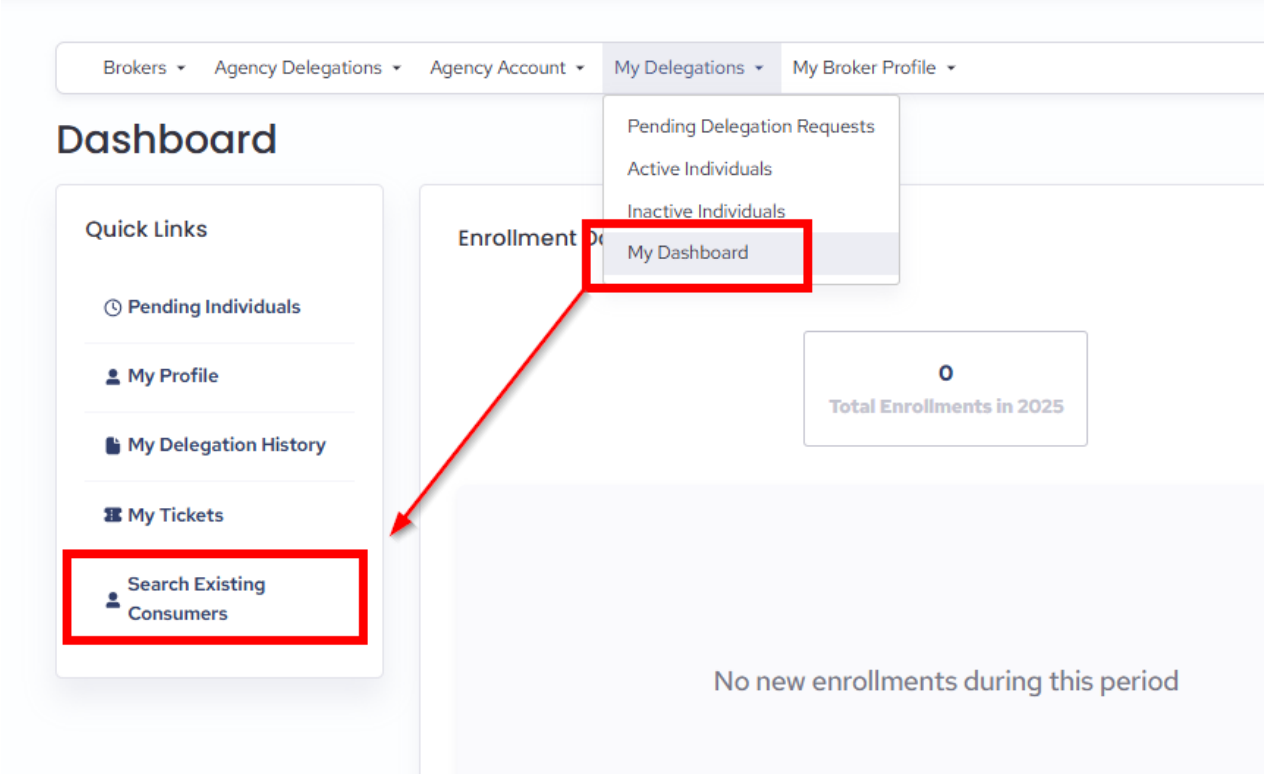
- **November 1, 2025**: Open Enrollment BEGAN at **8:00 AM CT**!
  - Migrated brokers have access to their migrated book of business.
  - Migrated customers can update their applications and compare plans.
  - New customers can create accounts.
- **November 30, 2025**: **FINAL** date to complete certification requirements.
  - If not completed, brokers will be de-designated from their migrated customers.
  - If completed later, brokers will have to manually work with their clients to be designated by them again.
- **December 15, 2025**: Deadline to enroll for January 1, 2026, coverage (without an SEP).
- **January 15, 2026**:
  - End of Open Enrollment.
  - Deadline to enroll for February 1, 2026, coverage (without an SEP).
- **After January 15, 2026**: Enrollment requires a QLE/SEP.

Steps to Becoming a Get Covered Illinois-Certified Broker



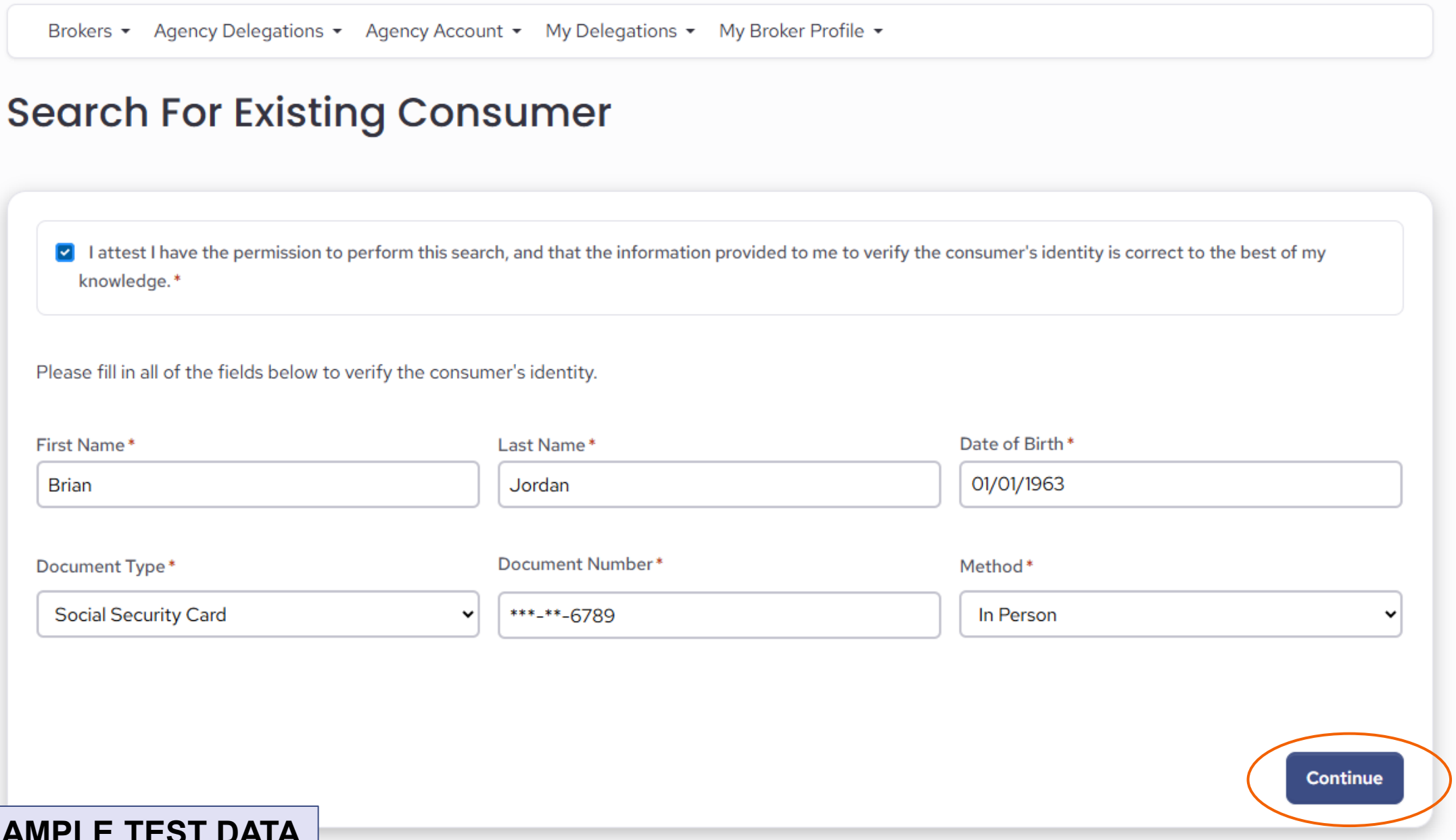
Creating New Customer Accounts

Creating New Customer Accounts

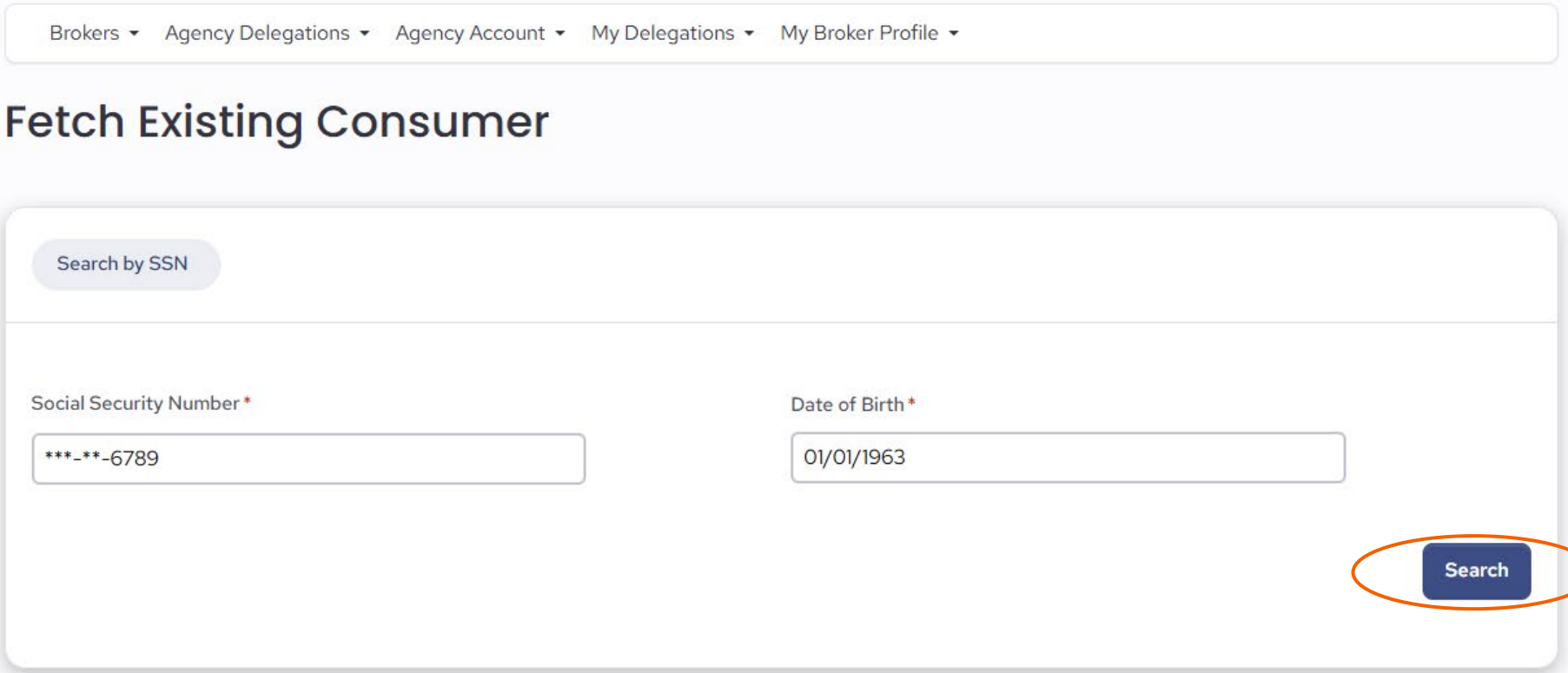


- To set up a new customer for delegation in your account, you **MUST** first search for existing customers in the system.
- Check against creating duplicate accounts.
- You may still designate your new customer even if they have an account in the system,

SAMPLE TEST DATA



SAMPLE TEST DATA



If a customer does **not** have an SSN, the customer must use one of the following designation options:

- **Option 1**: Customer logs into their Customer Portal to make designation.
- **Option 2:** Customer calls the CAC to designate a broker over the phone.

SAMPLE TEST DATA

Fetch Existing Consumer

Search by SSN

Social Security Number *

***-**-6789

Date of Birth *

01/01/1963

Search

No match found

Based on the details you provided, we were unable to make a match to our database. If you would like to start a new application, please select the Start A New Application button to begin the process. If you would like to try again, please select the Cancel button to re-enter details.

Cancel

Start new application

SAMPLE TEST DATA

Create Individual Record

About Individual

Enter information for the individual to create a record prior to acting on the individual's behalf.

Individual Information

First Name * Brian

Last Name * Jordan

Date Of Birth * 01/01/1963

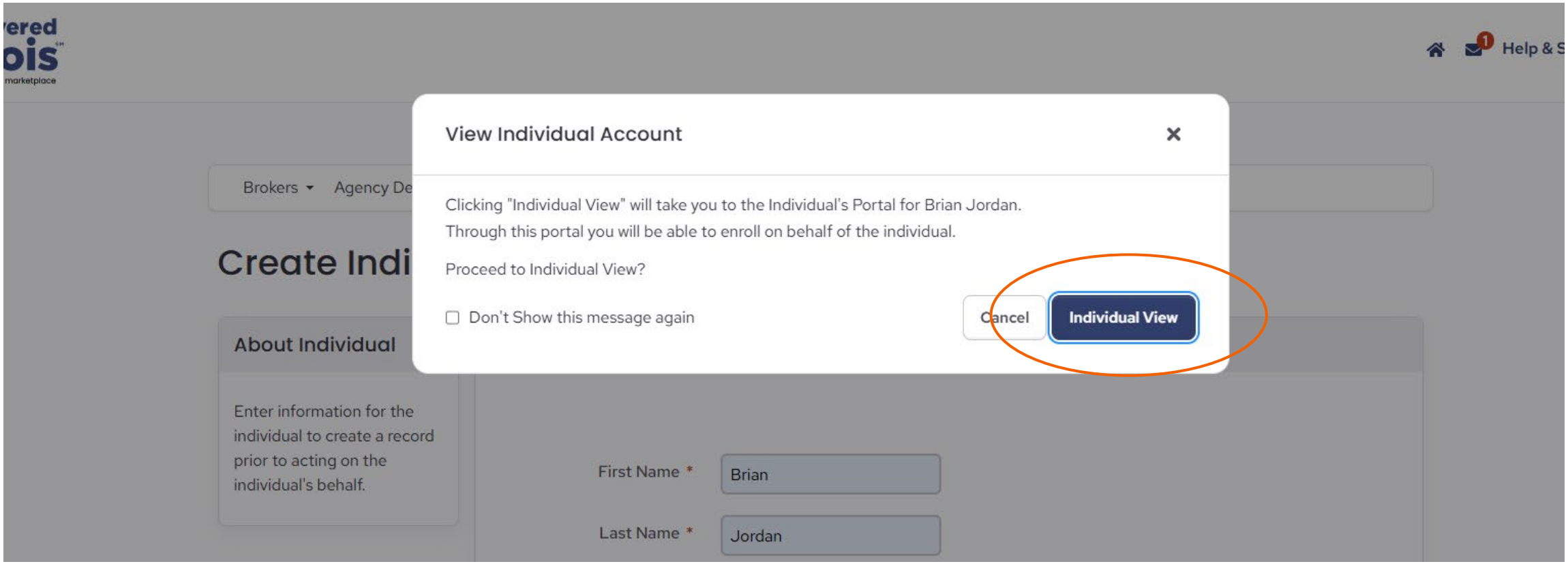
ZIP Code * 60601

Phone Number * (312) 123-4567

Email Address brianjordan@yopmail.com

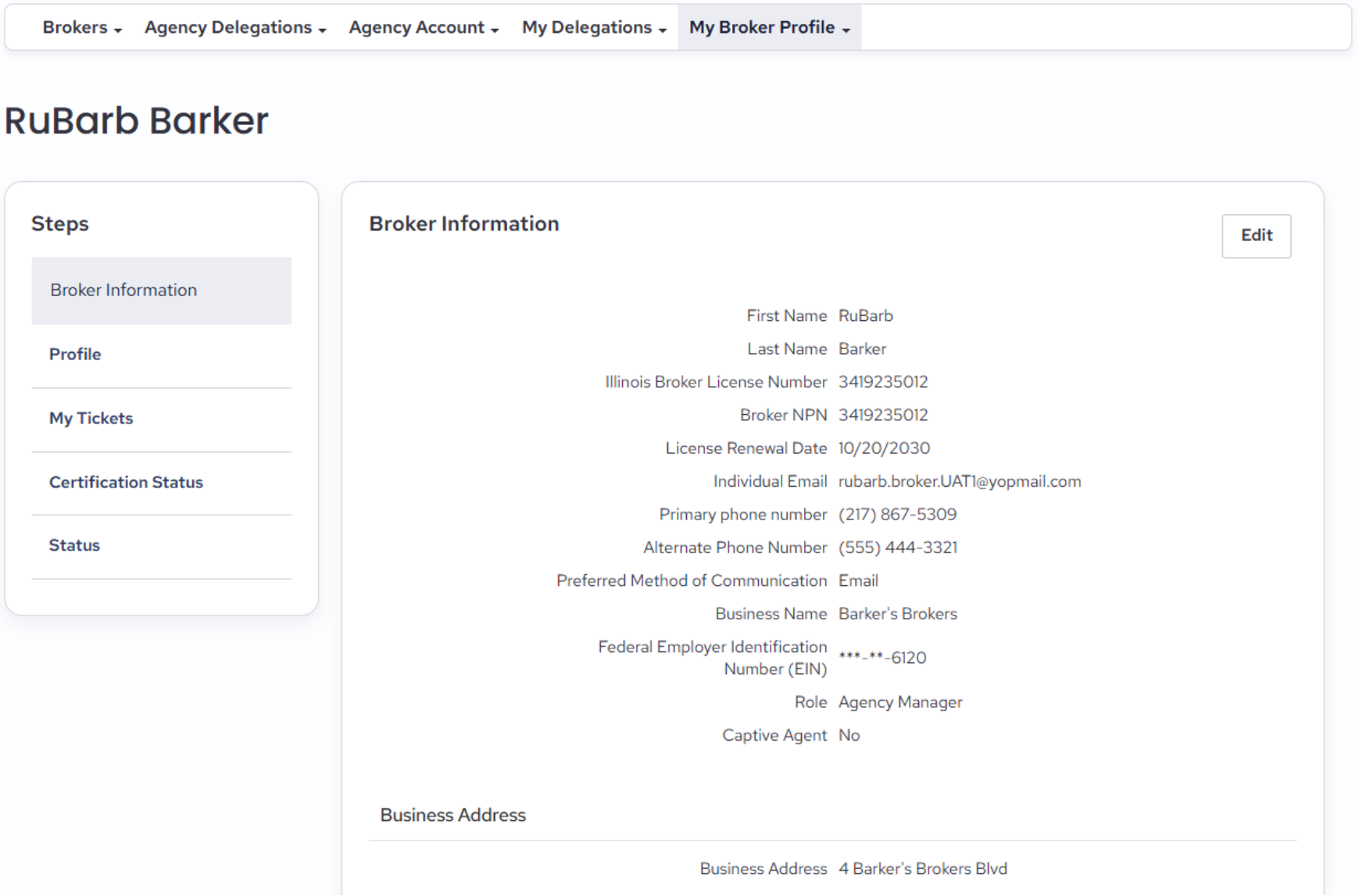
NOTE: If an email is provided, the new individual will be sent an email to activate their account.

SAMPLE TEST DATA

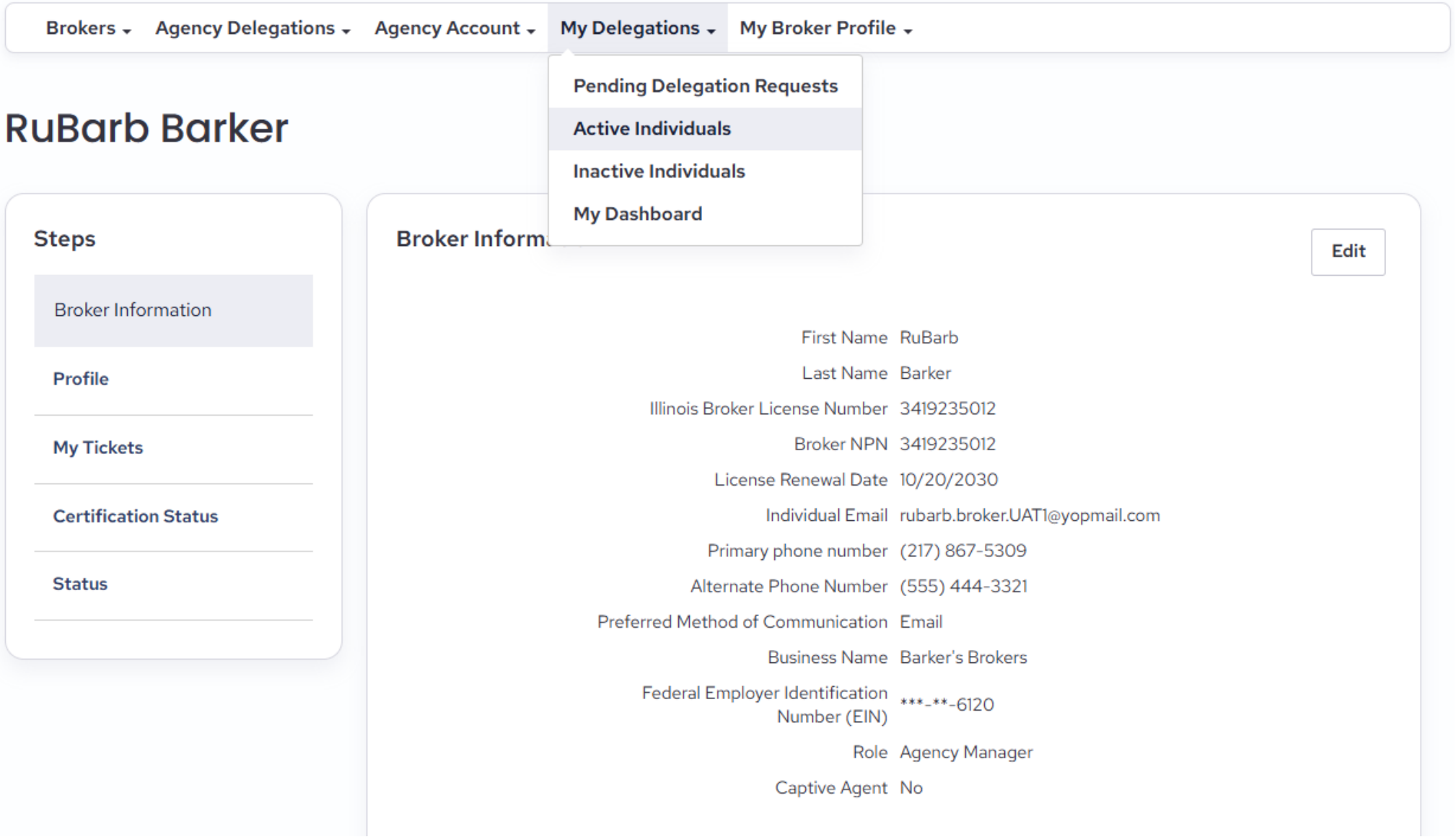


SAMPLE TEST DATA

Shopping for Customers in 2026 Plans



SAMPLE TEST DATA



SAMPLE TEST DATA

Brian Jordan

Household Case ID IL100013086

Application Year -

Application Status **Start New Application**

Eligibility Status -

Household not enrolled in a plan

Select | Household Composition & Eligibility | Applicant Verifications | More Actions

Alicia Aguilar

Household Case ID IL100006191

Application Year **2025 (2 members)**

Application Status **Shop for Plans**

Eligibility Status **Conditional**

Appr. Medicare Age

Household not enrolled in a plan

Select | Household Composition & Eligibility | Applicant Verifications | More Actions

Adam Adams

Household Case ID IL100005603

Application Year **2026 (1 member)**

Application Status **Report a Change**

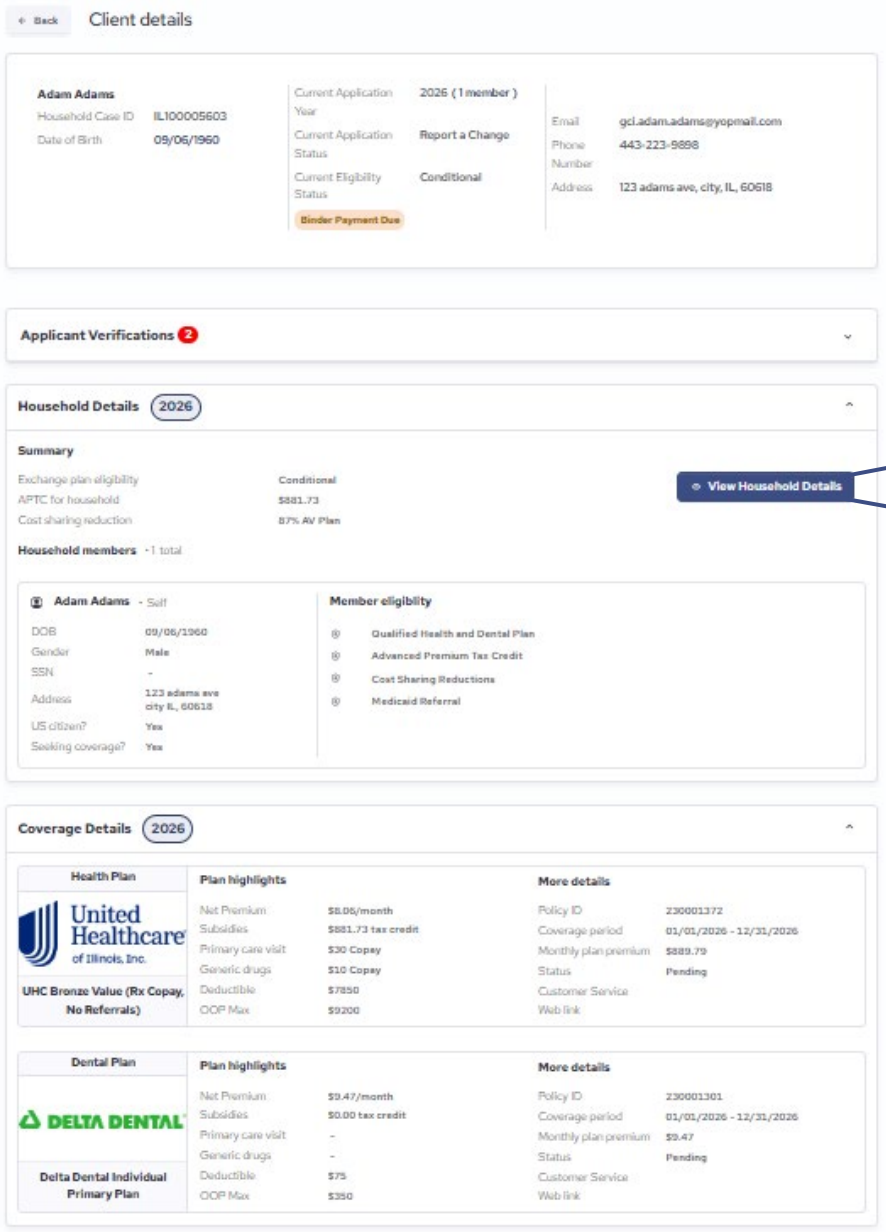
Eligibility Status **Conditional**

Binder Payment Due

HEALTH PLAN	DENTAL PLAN
AetnaHealth	Delta Dental

Select | Household Composition & Eligibility | Applicant Verifications | More Actions

SAMPLE TEST DATA



View Household Details

View Customer Account

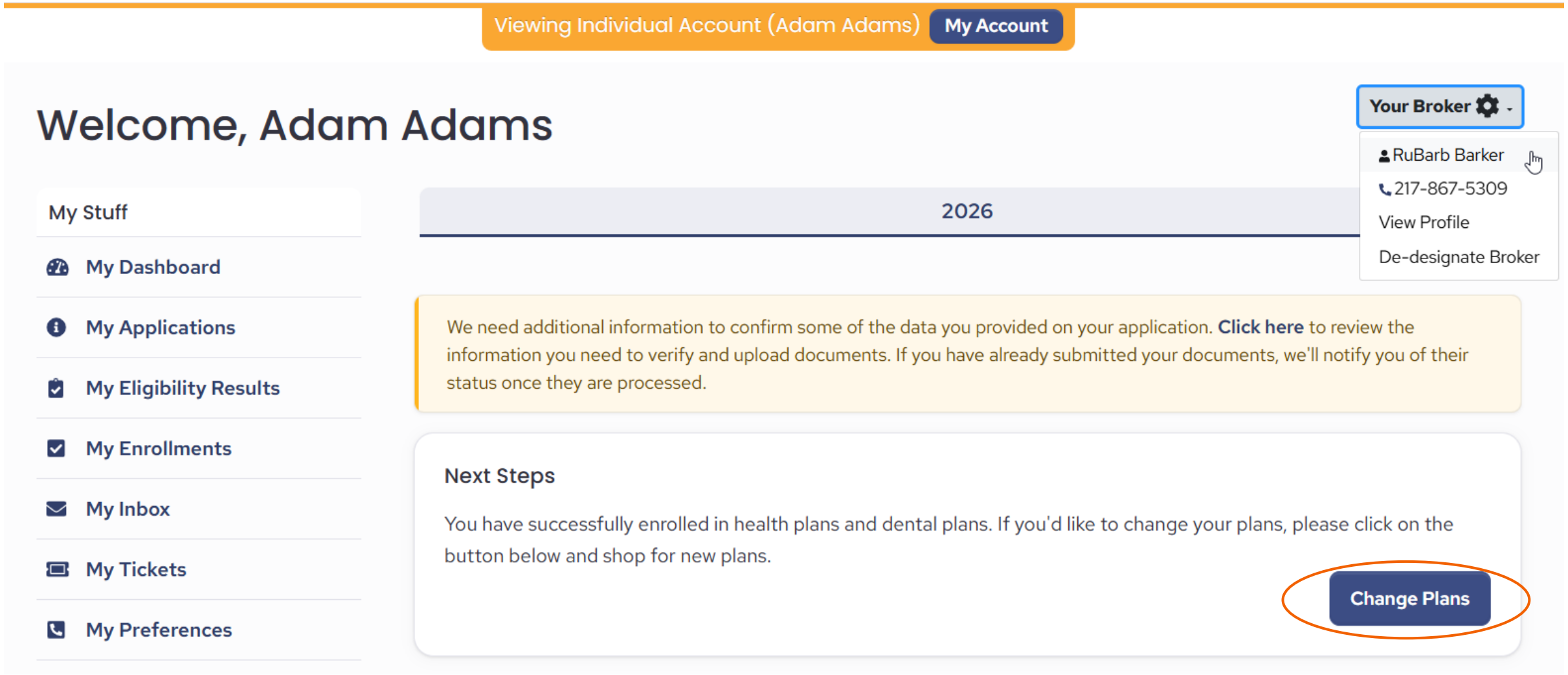
Click on Customer Application to go to the consumer portal for Adam Adams. You will be able to complete the application, make changes, or select a plan on behalf of the customer. Proceed to the Customer Portal ?

Proceed to Individual View ?

Don't show this message again.

Cancel | Individual View

SAMPLE TEST DATA



SAMPLE TEST DATA

Viewing Individual Account (Adam Adams) My Account

Welcome, Adam Adams

Your Broker

RuBarb Barker
217-867-5309
View Profile
De-designate Broker

My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Inbox
- My Tickets
- My Preferences

SHOP HEALTH PLANS | SHOP DENTAL PLANS

Enrolled (1 member)

You have successfully enrolled the following family members. $881.73 of APTC per month has been applied to this enrollment.

✔ Adam Adams

These family members qualify for Cost-Sharing Subsidies on qualified health plans

UHC
UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)
Net Premium: $41.52 per month

Cancel Coverage

Continue to change plan

SAMPLE TEST DATA

Viewing Individual Account (Adam Adams) **My Account**

Estimated Monthly Savings

$881.73/month For Adam Adams in ZIP code 60618.

Coverage will start on 01/01/2026

COST-SHARING REDUCTIONS

CSR You qualify for cost-sharing reductions.

1 of 2

SORT BY

- (•) Expense Estimate
- ( ) Monthly Price
- ( ) Preferred Provider or Facility
- ( ) Deductible
- ( ) Out-of-Pocket (OOP) max

FILTER BY

PLAN TYPE

- [ ] HMO
- [ ] PPO

PLAN FEATURES

- [ ] CSR Eligible
  includes special discounts
- [ ] HSA Qualified
  Eligible for Health Savings Account (HSA)
- [ ] Standardized Plan
  Standard set of benefits for clear comparison.

LOWER EXPENSE $

United Healthcare of Illinois, Inc.

UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)

YOUR CURRENT PLAN

BRONZE HMO

$41.52 /month

After $881.73 in total savings

PRIMARY CARE VISIT	$30
GENERIC DRUGS	$10
DEDUCTIBLE	$7850
OOP MAX	$9200
OVERALL QUALITY RATING	Not Available
PROVIDER	Search

COMPARE DETAILS

REMOVE

LOWER EXPENSE $

United Healthcare of Illinois, Inc.

UHC Bronze Value (Rx Copay, No Referrals)

BRONZE HMO

$8.06 /month

After $881.73 in total savings

PRIMARY CARE VISIT	$30
GENERIC DRUGS	$10
DEDUCTIBLE	$7850
OOP MAX	$9200
OVERALL QUALITY RATING	Not Available
PROVIDER	Search

COMPARE DETAILS

ADD

LOWER EXPENSE $

United Healthcare of Illinois, Inc.

UHC Bronze Standard (No Referrals)

BRONZE HMO

$2.15 /month

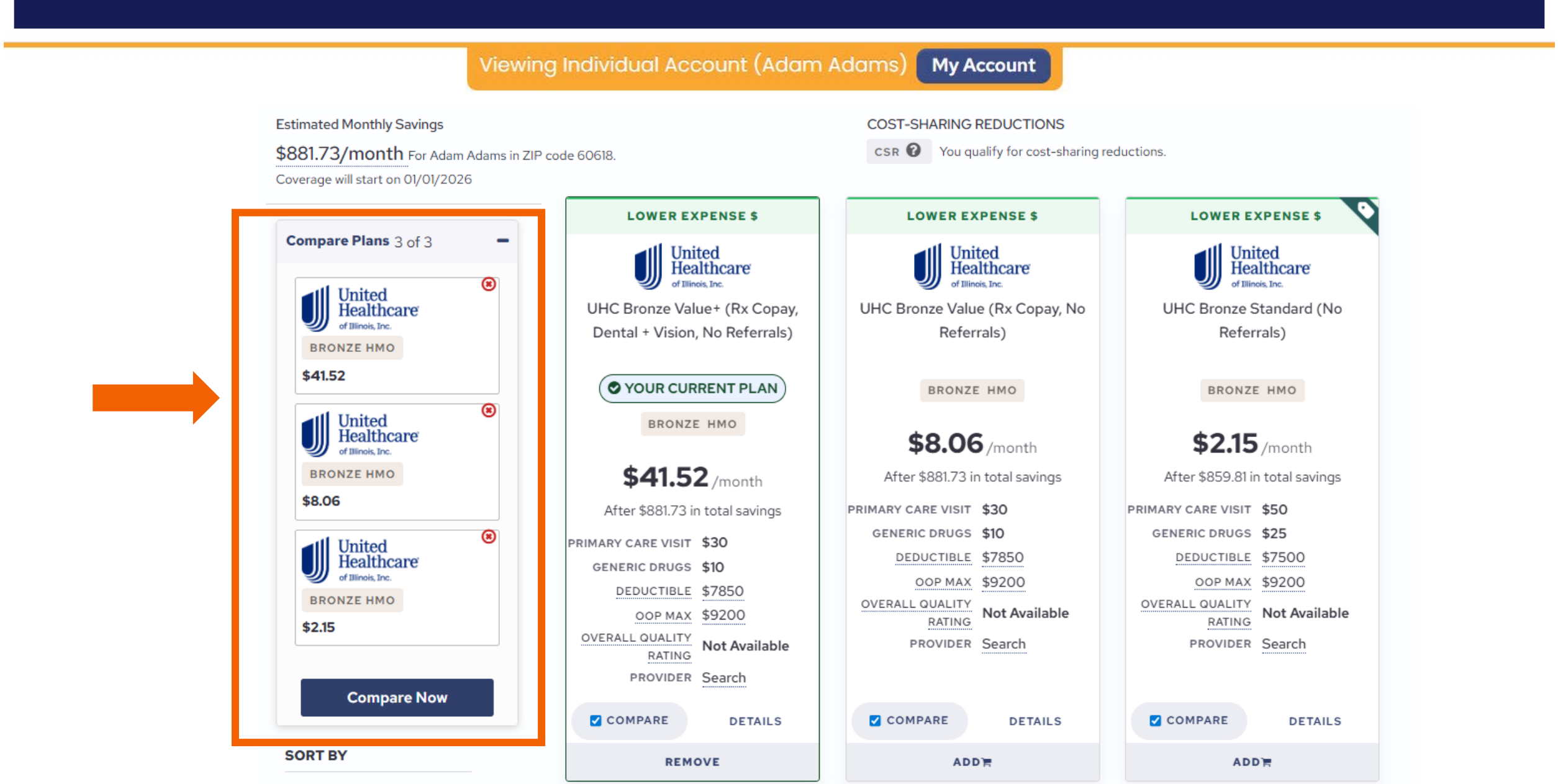
After $859.81 in total savings

PRIMARY CARE VISIT	$50
GENERIC DRUGS	$25
DEDUCTIBLE	$7500
OOP MAX	$9200
OVERALL QUALITY RATING	Not Available
PROVIDER	Search

COMPARE DETAILS

ADD

SAMPLE TEST DATA



SAMPLE TEST DATA

Viewing Individual Account (Adam Adams) My Account

Compare Plans

Print Preview

	EXPENSE ESTIMATE LOW $	EXPENSE ESTIMATE LOW $	EXPENSE ESTIMATE LOW $
	United Healthcare of Illinois, Inc.	United Healthcare of Illinois, Inc.	United Healthcare of Illinois, Inc.
	UHC Bronze Value+ (Rx Co...	UHC Bronze Value (Rx Cop...	UHC Bronze Standard (No ...
	YOUR CURRENT PLAN	BRONZE HMO	BRONZE HMO
	BRONZE HMO	$8.06 /month	$2.15 /month
	$41.52 /month	After $881.73 in total savings	After $859.81 in total savings
	After $881.73 in total savings	ADD	ADD
	REMOVE		

Summary

Expense Estimate	$3025.85	$2624.33	$2688.30
Doctors & Facilities	No Directory Available	No Directory Available	No Directory Available
Plan Type	HMO	HMO	HMO
HSA-compatible	No	No	No
Overall Quality Rating	Not Available	Not Available	Not Available

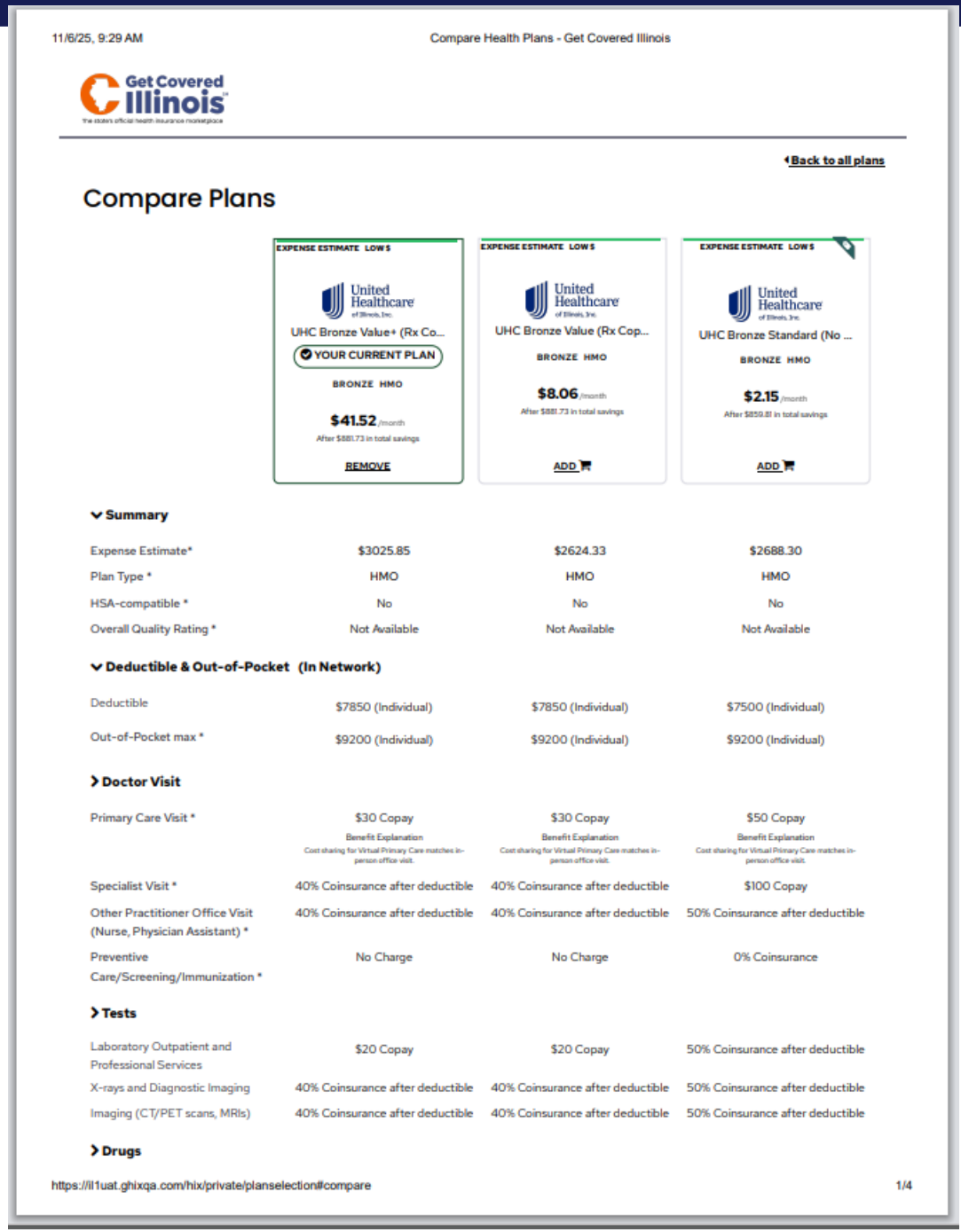
Doctors and Facilities

Check for your doctor

Deductible & Out-of-Pocket (In Network)

SAMPLE TEST DATA

Plan Comparison Print View



11/6/25, 9:29 AM Compare Health Plans - Get Covered Illinois

Get Covered Illinois

Back to all plans

Compare Plans

	EXPENSE ESTIMATE LOW $	EXPENSE ESTIMATE LOW $	EXPENSE ESTIMATE LOW $
	United Healthcare of Illinois, Inc.	United Healthcare of Illinois, Inc.	United Healthcare of Illinois, Inc.
	UHC Bronze Value+ (Rx Co...	UHC Bronze Value (Rx Cop...	UHC Bronze Standard (No ...
	YOUR CURRENT PLAN		
	BRONZE HMO	BRONZE HMO	BRONZE HMO
	$41.52 /month	$8.06 /month	$2.15 /month
	After $881.73 in total savings	After $881.73 in total savings	After $859.81 in total savings
	REMOVE	ADD	ADD

Summary

Expense Estimate*	$3025.85	$2624.33	$2688.30
Plan Type *	HMO	HMO	HMO
HSA-compatible *	No	No	No
Overall Quality Rating *	Not Available	Not Available	Not Available

Deductible & Out-of-Pocket (In Network)

Deductible	$7850 (Individual)	$7850 (Individual)	$7500 (Individual)
Out-of-Pocket max *	$9200 (Individual)	$9200 (Individual)	$9200 (Individual)

Doctor Visit

Primary Care Visit *	$30 Copay Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.	$30 Copay Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.	$50 Copay Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.
Specialist Visit *	40% Coinsurance after deductible	40% Coinsurance after deductible	$100 Copay
Other Practitioner Office Visit (Nurse, Physician Assistant) *	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
Preventive Care/Screening/Immunization *	No Charge	No Charge	0% Coinsurance

Tests

Laboratory Outpatient and Professional Services	$20 Copay	$20 Copay	50% Coinsurance after deductible
X-rays and Diagnostic Imaging	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
Imaging (CT/PET scans, MRIs)	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible

Drugs

https://il1uat.ghixqa.com/hix/private/planselection#compare 1/4

SAMPLE TEST DATA

Viewing Individual Account (Adam Adams) My Account

Confirm your Plan Selection

Update: You have added a new plan to the cart. **Switch back to the existing plan.**

Health Plan Adam Adams			
United Healthcare of Illinois, Inc.	Monthly Premium		$889.79
	Monthly Tax Credit (APTC)	Adjust APTC	-$881.73
UHC **UHC Bronze Value (Rx Copay, No Referrals)**			
Change Effective Date: 01/01/2026	HEALTH MONTHLY PAYMENT		$8.06

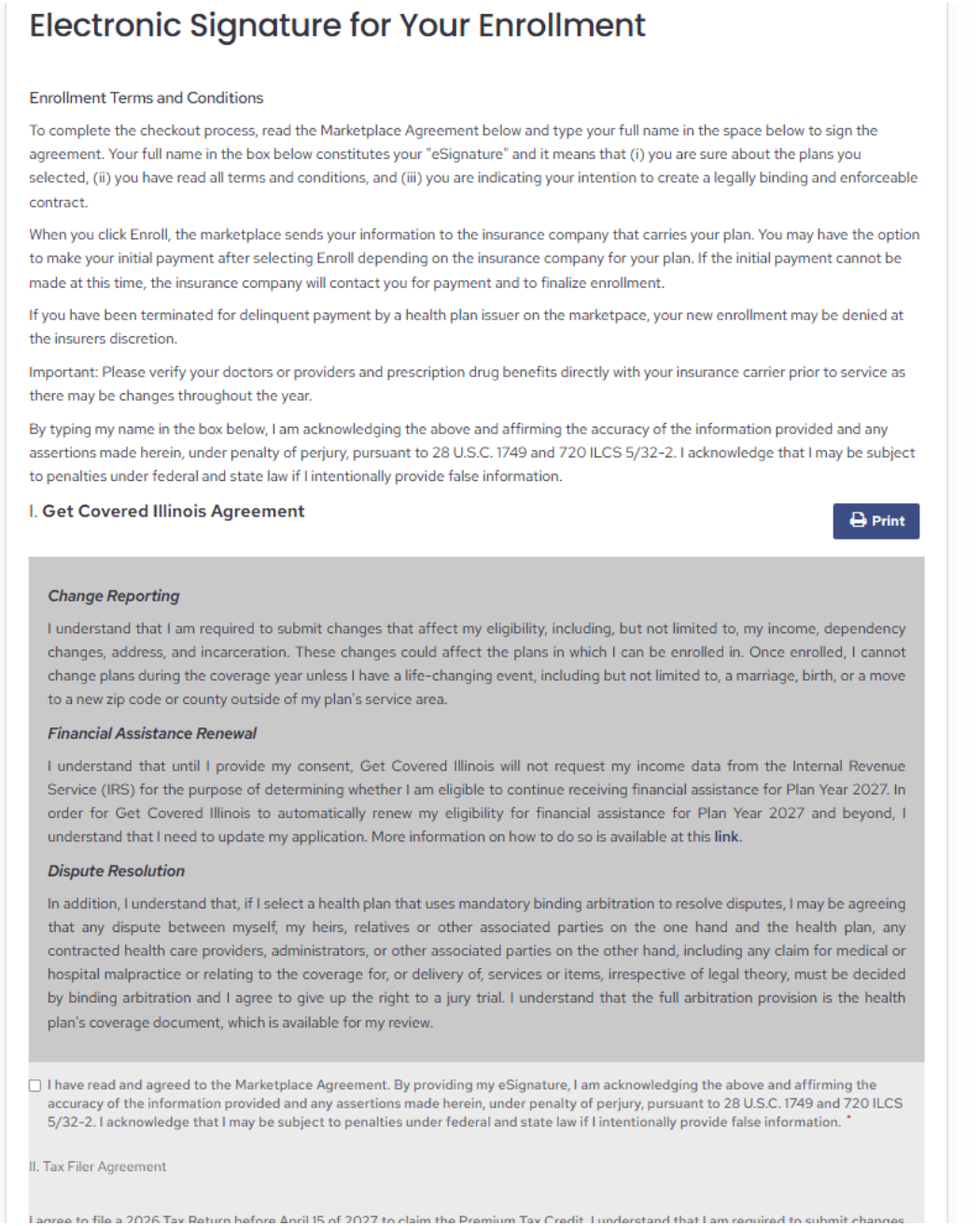
Cart Total	
Health Monthly Payment	$8.06
TOTAL MONTHLY PAYMENT	$8.06

Back to shopping

Complete enrollment

SAMPLE TEST DATA

Electronic Signature and Attestation Page



Electronic Signature for Your Enrollment

Enrollment Terms and Conditions

To complete the checkout process, read the Marketplace Agreement below and type your full name in the space below to sign the agreement. Your full name in the box below constitutes your "eSignature" and it means that (i) you are sure about the plans you selected, (ii) you have read all terms and conditions, and (iii) you are indicating your intention to create a legally binding and enforceable contract.

When you click Enroll, the marketplace sends your information to the insurance company that carries your plan. You may have the option to make your initial payment after selecting Enroll depending on the insurance company for your plan. If the initial payment cannot be made at this time, the insurance company will contact you for payment and to finalize enrollment.

If you have been terminated for delinquent payment by a health plan issuer on the marketpace, your new enrollment may be denied at the insurers discretion.

Important: Please verify your doctors or providers and prescription drug benefits directly with your insurance carrier prior to service as there may be changes throughout the year.

By typing my name in the box below, I am acknowledging the above 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 720 ILCS 5/32-2. I acknowledge that I may be subject to penalties under federal and state law if I intentionally provide false information.

I. **Get Covered Illinois Agreement**

Print

Change Reporting

I understand that I am required to submit changes that affect my eligibility, including, but not limited to, my income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled in. Once enrolled, I cannot change plans during the coverage year unless I have a life-changing event, including but not limited to, a marriage, birth, or a move to a new zip code or county outside of my plan's service area.

Financial Assistance Renewal

I understand that until I provide my consent, Get Covered Illinois will not request my income data from the Internal Revenue Service (IRS) for the purpose of determining whether I am eligible to continue receiving financial assistance for Plan Year 2027. In order for Get Covered Illinois to automatically renew my eligibility for financial assistance for Plan Year 2027 and beyond, I understand that I need to update my application. More information on how to do so is available at this **link**.

Dispute Resolution

In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I may be agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital malpractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is the health plan's coverage document, which is available for my review.

☐ I have read and agreed to the Marketplace Agreement. By providing my eSignature, I am acknowledging the above 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 720 ILCS 5/32-2. I acknowledge that I may be subject to penalties under federal and state law if I intentionally provide false information. *

II. Tax Filer Agreement

I agree to file a 2026 Tax Return before April 15 of 2027 to claim the Premium Tax Credit. I understand that I am required to submit changes

SAMPLE TEST DATA

Confirmation & Pay Now

Congratulations! You have completed the enrollment process. We will send your enrollment to the insurance company.

FURTHER ACTION REQUIRED:
You must pay your first month's premium by the date provided by your insurance company to activate your coverage. They will send you information in the mail about how to make your payment. To pay online now, click **Pay Now** to make your payment on the insurer's payment portal.

Health

Adam Adams — Coverage Start Date: 01/01/2026

United Healthcare of Illinois, Inc.	UHC **UHC Bronze Value (Rx Copay, No Referrals)**	Monthly Price Tax Credit (APTC)	$889.79 -$881.73

Health MONTHLY PAYMENT — **$8.06**

It is important to pay now to complete your enrollment to begin coverage on 01/01/2026.
To pay online now, click **Pay Now** to make your payment on the insurer's payment portal.

Pay Now

Your Total Monthly Premium Payment $8.06

Making Changes to Your Plans

If you want to make changes to your plan selections, return to your account dashboard.

Shop For More Members | Print Page | Go to Dashboard

Exit & Pay Offline

SAMPLE TEST DATA

Recent Questions from Brokers

What Brokers Want to Know

- How do I access my broker account?
- Can a broker create or work in a customer account?
- How do I shop for plans, provide a quote, and enroll customers?
- How do I confirm all my certification requirements have been completed?
- Why am I showing as suspended in the broker portal?
- How do I submit a ticket and follow up on its status?
- When will I get the CE credits for my certification training?
- What is the number for the partner support line?
  - Partner Support: 1-866-349-7579
  - Customer Support: 1-866-311-1119
- What are the hours for the Customer Assistance Center?

Get Covered Illinois Customer Assistance Center

Hours (2026)	Outside of OEP	During OEP
Monday–Friday	8am–6pm CT	8am–8pm CT
Saturday	Closed	8am–2pm CT
Sunday	Closed	Closed

See https://getcovered.illinois.gov/get-help for days with extended hours due to key deadlines, and holiday closures.

Broker Resources Web Page

ILLINOIS.gov AGENCIES SERVICES

Get Covered Illinois

Search English

Get started Plans and costs Get help Call us 1-866-311-1119 | Log in Enroll

Home > Broker Resources

Resources for Brokers

Below you'll find resources to help you best serve your clients find health coverage that fits their needs and budgets.

Customer Communications

We will be communicating with customers often and we want to keep you up to date on what we are sending our customers and when.

System Notices to Customers.

- HealthCare.gov transition notices sent to customers on 9/30
- Get Covered Illinois welcome and account claiming notices sent to customers on 10/6
- Get Covered Illinois Enrollment Renewal notice
- Get Covered Illinois Insurer Enrollment Change Notice

Quick Guides for Brokers

- Plan Year 2026 Insurer Crosswalk Guide

Get Covered Illinois Broker Office Hours

Join us for our new virtual office hours where you can meet the Get Covered Illinois team, ask questions, and get the most current updates on our transition to state-based

Download the open enrollment marketing toolkit

This toolkit can help you communicate clearly with customers about state-based marketplace coverage. When you select the link below, a ZIP file of the materials will download to your device

Open Office Hour

Next Get Covered Illinois Broker Office Hour

Join us for our next office hour!

Tuesday, November 25, 2025, 11:00 AM CDT

Register here.

Broker Webinar Resources

- Recordings of past webinars and office hours
- Slide decks
- FAQs

Please complete the survey that will pop up on your screen at the end of the webinar.

Thank You!

Get Covered Illinois℠

The state's official health insurance marketplace.