

Get Covered Illinois Broker Office Hour

Tuesday, November 25, 2025

11:00 AM CT



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
- Shopping for Customers in 2026 Plans
- Find Local Help
- Creating New Customer Accounts
- Recent Broker Questions
- Q&A Session



Upcoming Activities and Reminders

Broker Account Creation: IMPORTANT

- **If you are part of an existing agency:**
 - Contact your Agency Manager to have them add you as a new broker to your existing agency account; OR
 - Register your agency upon confirming that no one else in your agency has already registered for or logged into a Get Covered Illinois broker account.
- **If you are an independent broker:**
 - Register your agency. You'll create an agency of one where you will be the sole broker.

Broker Account Activation: IMPORTANT

Migrated brokers who have not activated their accounts will need to:

- Call the Get Covered Illinois Assister & Broker Support Team.
- Request a **new** activation link.
- Activate the link within 24 hours of receipt.
- Enter the one-time verification code sent to your phone number.
 - You can choose text or voice call. If you cannot receive a text message or direct voice call at the phone number on your account, call the Get Covered Illinois Assister & Broker Support Team to have your phone number updated.
- Set up your [multifactor authenticator](#).
- **IMPORTANT:** Do NOT inadvertently create a **customer account** by going to “Enroll” and “Create Account.” This will cause delays in your ability to claim your broker account and begin serving customers.

Open Enrollment Timeline

- **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

Step 1. Create your **Broker Portal account** with Get Covered Illinois

Step 2. Maintain a **license** with the Illinois Department of Insurance with a health line of authority

Step 3. Complete the **online training** and score at least 80% on the post-training assessment



Shopping for Customers in 2026 Plans

What is Silver Loading?

Silver loading, also known as premium alignment, is a strategy newly implemented by Illinois this year that will **increase advance premium tax credits (APTC)** for customers who qualify.

How Does Silver Loading Help Customers?

- Silver loading will increase APTC for qualified health plan (QHP) customers. This is especially important at a time when affordability is at risk due to the expiration of enhanced premium tax credits (ePTCs).
- Illinois customers, on average, will encounter a 78% increase in the cost of their plan if they stay in the plan they had last year.
- By taking proactive steps to protect marketplace customers from the impact of rate changes to the silver plan level, some Illinois customers will see Gold plans available for under \$60 a month, and some areas, under \$10 a month. Some will find Bronze plans for \$1.

Examples Across Metal Levels

40-year-old single person in Cook county making \$40,000 a year:

Lowest Bronze	Lowest Silver	Lowest Gold
\$.94	\$112.82	\$59.86

50-year-old couple in Shelby county making \$60,000 a year:

Lowest Bronze	Lowest Silver	Lowest Gold
\$3.61	\$467.70	\$106

Family with a 45-year-old couple and two children in Champaign county making \$125,000 a year:

Lowest Bronze	Lowest Silver	Lowest Gold
\$6.46	\$847.18	\$7.20







Search



Get started ▼

Plans and costs ▼

Get help ▲

Call us 1-866-311-1119

[Log in](#)

Welcome to Illinois' official health insurance marketplace

Open enrollment is here

Get Covered Illinois is the only place to compare plans and get financial help to lower your monthly premium. It is run by the Illinois state government.

[How to enroll online](#)

Help Center

Free local help

Contact your insurer

FAQs

Get help in your language





Search

Get started ▾

Plans and costs ▾

Get help ▾

Call us 1-866-311-1119 | [Log](#)



Free local help

If you need assistance understanding your health coverage options through the Illinois marketplace, you can contact a navigator or broker. They provide free, year-round to help you and your family.

What is a Get Covered Illinois-Certified Broker?

Insurance brokers are able to help you enroll in a health plan through Get Covered Illinois and apply for financial help. They can make specific recommendations about which plan you should enroll in.

[Find a broker](#)



Search for a Certified Broker

Search by Location

ZIP Code *

Distance

miles

Languages

Select an Option

[Search](#)

OR

Search by Name

First Name

Last Name

Agency Name

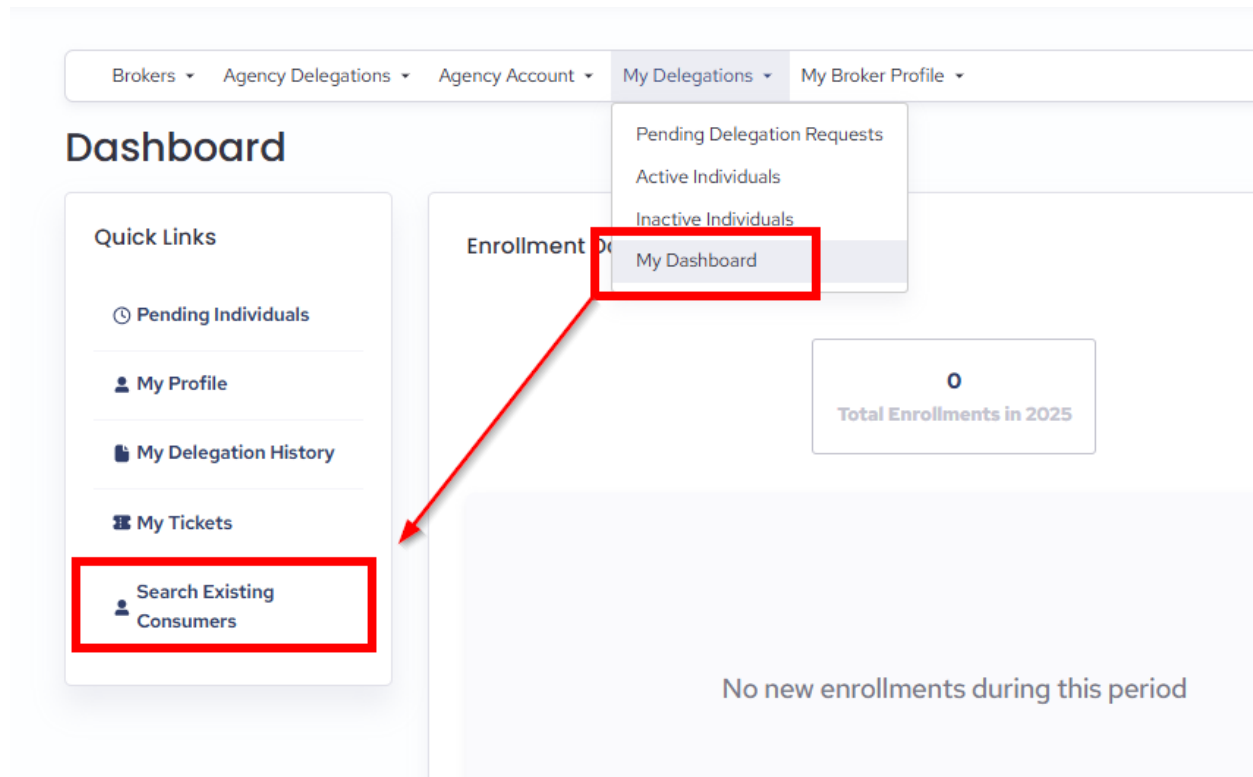
[Search](#)

<https://enroll.getcovered.illinois.gov/nix/broker/search/individual> [Illinois Navigator?](#)



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

Brokers ▾ Agency Delegations ▾ Agency Account ▾ My Delegations ▾ My Broker Profile ▾

Search For Existing Consumer

☒ I attest I have the permission to perform this search, and that the information provided to me to verify the consumer's identity is correct to the best of my knowledge.*

Please fill in all of the fields below to verify the consumer's identity.

First Name*

Brian

Last Name*

Jordan

Date of Birth*

01/01/1963

Document Type*

Social Security Card ▾

Document Number*

***-**-6789

Method*

In Person ▾

Continue

SAMPLE TEST DATA

Brokers ▾ Agency Delegations ▾ Agency Account ▾ My Delegations ▾ My Broker Profile ▾

Fetch Existing Consumer

Search by SSN

Social Security Number *

***-**-6789

Date of Birth *

01/01/1963

Search

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

Brokers ▾ Agency Delegations ▾ Agency Account ▾ My Delegations ▾ **My Broker Profile ▾**

RuBarb Barker

Steps

Broker Information

Profile

My Tickets

Certification Status

Status

Broker Information

Edit

First Name RuBarb
Last Name Barker
Illinois Broker License Number 3419235012
Broker NPN 3419235012
License Renewal Date 10/20/2030
Individual Email rubarb.broker.UAT1@yopmail.com
Primary phone number (217) 867-5309
Alternate Phone Number (555) 444-3321
Preferred Method of Communication Email
Business Name Barker's Brokers
Federal Employer Identification
Number (EIN) ***-**-6120
Role Agency Manager
Captive Agent No

Business Address

Business Address 4 Barker's Brokers Blvd

SAMPLE TEST DATA

Brokers ▾ Agency Delegations ▾ Agency Account ▾ **My Delegations ▾** My Broker Profile ▾

RuBarb Barker

Steps

Broker Information

Profile

My Tickets

Certification Status

Status

Broker Information

Edit

Pending Delegation Requests

Active Individuals

Inactive Individuals

My Dashboard

First Name RuBarb

Last Name Barker

Illinois Broker License Number 3419235012

Broker NPN 3419235012

License Renewal Date 10/20/2030

Individual Email rubarb.broker.UAT1@yopmail.com

Primary phone number (217) 867-5309

Alternate Phone Number (555) 444-3321

Preferred Method of Communication Email

Business Name Barker's Brokers

Federal Employer Identification
Number (EIN) ***-**-6120

Role Agency Manager

Captive Agent No

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
	 DELTA DENTAL
AetnaHealth	Delta Dental

>

☐ Select

 Household Composition & Eligibility

 Applicant Verifications

More Actions ⋮

SAMPLE TEST DATA

← Back Client details

Adam Adams	Current Application Year	2026 (1 member)
Household Case ID IL100005603	Current Application Status	Report a Change
Date of Birth 09/06/1960	Current Eligibility Status	Conditional
	Binder Payment Due	
	Email	gcl.adam.adams@yopmail.com
	Phone Number	443-223-9898
	Address	123 adams ave, city, IL, 60618

Applicant Verifications 2

Household Details 2026

Summary

Exchange plan eligibility	Conditional
APTC for household	\$881.73
Cost sharing reduction	87% AV Plan



Household members - 1 total

Adam Adams - Self	Member eligibility
DOB 09/06/1960	① Qualified Health and Dental Plan
Gender Male	② Advanced Premium Tax Credit
SSN -	③ Cost Sharing Reductions
Address 123 adams ave city IL, 60618	④ Medicaid Referral
US citizen? Yes	
Seeking coverage? Yes	

View Household Details

View Household Details

Coverage Details 2026

Health Plan	Plan highlights	More details																								
 UHC Bronze Value (Rx Copay, No Referrals)	<table><tr><td>Net Premium</td><td>\$8.06/month</td></tr><tr><td>Subsidies</td><td>\$881.73 tax credit</td></tr><tr><td>Primary care visit</td><td>\$30 Copay</td></tr><tr><td>Generic drugs</td><td>\$10 Copay</td></tr><tr><td>Deductible</td><td>\$7850</td></tr><tr><td>OOP Max</td><td>\$9200</td></tr></table>	Net Premium	\$8.06/month	Subsidies	\$881.73 tax credit	Primary care visit	\$30 Copay	Generic drugs	\$10 Copay	Deductible	\$7850	OOP Max	\$9200	<table><tr><td>Policy ID</td><td>230001372</td></tr><tr><td>Coverage period</td><td>01/01/2026 - 12/31/2026</td></tr><tr><td>Monthly plan premium</td><td>\$889.79</td></tr><tr><td>Status</td><td>Pending</td></tr><tr><td>Customer Service</td><td></td></tr><tr><td>Web link</td><td></td></tr></table>	Policy ID	230001372	Coverage period	01/01/2026 - 12/31/2026	Monthly plan premium	\$889.79	Status	Pending	Customer Service		Web link	
Net Premium	\$8.06/month																									
Subsidies	\$881.73 tax credit																									
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Monthly plan premium	\$889.79																									
Status	Pending																									
Customer Service																										
Web link																										
Dental Plan	Plan highlights	More details																								
 Delta Dental Individual Primary Plan	<table><tr><td>Net Premium</td><td>\$9.47/month</td></tr><tr><td>Subsidies</td><td>\$0.00 tax credit</td></tr><tr><td>Primary care visit</td><td>-</td></tr><tr><td>Generic drugs</td><td>-</td></tr><tr><td>Deductible</td><td>\$75</td></tr><tr><td>OOP Max</td><td>\$350</td></tr></table>	Net Premium	\$9.47/month	Subsidies	\$0.00 tax credit	Primary care visit	-	Generic drugs	-	Deductible	\$75	OOP Max	\$350	<table><tr><td>Policy ID</td><td>230001301</td></tr><tr><td>Coverage period</td><td>01/01/2026 - 12/31/2026</td></tr><tr><td>Monthly plan premium</td><td>\$9.47</td></tr><tr><td>Status</td><td>Pending</td></tr><tr><td>Customer Service</td><td></td></tr><tr><td>Web link</td><td></td></tr></table>	Policy ID	230001301	Coverage period	01/01/2026 - 12/31/2026	Monthly plan premium	\$9.47	Status	Pending	Customer Service		Web link	
Net Premium	\$9.47/month																									
Subsidies	\$0.00 tax credit																									
Primary care visit	-																									
Generic drugs	-																									
Deductible	\$75																									
OOP Max	\$350																									
Policy ID	230001301																									
Coverage period	01/01/2026 - 12/31/2026																									
Monthly plan premium	\$9.47																									
Status	Pending																									
Customer Service																										
Web link																										

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



Welcome, Adam Adams


My Stuff

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

2026

Your Broker 

 RuBarb Barker 

 217-867-5309

View Profile

De-designate Broker


We need additional information to confirm some of the data you provided on your application. [Click here](#) to review the information you need to verify and upload documents. If you have already submitted your documents, we'll notify you of their status once they are processed.

Next Steps

You have successfully enrolled in health plans and dental plans. If you'd like to change your plans, please click on the button below and shop for new plans.

Change Plans

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

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.

SAMPLE TEST DATA

LOWER EXPENSE \$	LOWER EXPENSE \$	LOWER EXPENSE \$
 UHC Bronze Value+ (Rx Copay, Dental + Vision, No Referrals)	 UHC Bronze Value (Rx Copay, No Referrals)	 UHC Bronze Standard (No Referrals)
<div>✓ YOUR CURRENT PLAN</div>	BRONZE HMO	BRONZE HMO
\$41.52 /month After \$881.73 in total savings	\$8.06 /month After \$881.73 in total savings	\$2.15 /month After \$859.81 in total savings
PRIMARY CARE VISIT \$30 GENERIC DRUGS \$10 DEDUCTIBLE \$7850 OOP MAX \$9200 OVERALL QUALITY RATING Not Available PROVIDER Search	PRIMARY CARE VISIT \$30 GENERIC DRUGS \$10 DEDUCTIBLE \$7850 OOP MAX \$9200 OVERALL QUALITY RATING Not Available PROVIDER Search	PRIMARY CARE VISIT \$50 GENERIC DRUGS \$25 DEDUCTIBLE \$7500 OOP MAX \$9200 OVERALL QUALITY RATING Not Available PROVIDER Search
<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS
REMOVE	ADD	ADD


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.



Compare Plans 3 of 3


BRONZE HMO
\$41.52



BRONZE HMO
\$8.06


BRONZE HMO
\$2.15

Compare Now

SORT BY

LOWER EXPENSE \$


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 \$


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 \$


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

Compare Plans

Print Preview

EXPENSE ESTIMATE LOW \$


UHC Bronze Value+ (Rx Co...


✓ YOUR CURRENT PLAN

BRONZE HMO

\$41.52/month
After \$881.73 in total savings

REMOVE

EXPENSE ESTIMATE LOW \$



UHC Bronze Value (Rx Cop...

BRONZE HMO

\$8.06/month
After \$881.73 in total savings

ADD

EXPENSE ESTIMATE LOW \$


UHC Bronze Standard (No ...

BRONZE HMO

\$2.15/month
After \$859.81 in total savings

ADD

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)

Plan Comparison

Print View

SAMPLE TEST DATA

11/6/25, 9:29 AM

Compare Health Plans - Get Covered Illinois

Get Covered Illinois

the state's official health insurance marketplace

11/6/25, 9:29 AM

Compare Health Plans - Get Covered Illinois

Back to all plans

Compare Plans

EXPENSE ESTIMATE LOW \$

United Healthcare of Illinois, Inc.

UHC Bronze Value+ (Rx Copay)

YOUR CURRENT PLAN

BRONZE HMO

\$41.52 /month

After \$881.73 in total savings

REMOVE

EXPENSE ESTIMATE LOW \$

United Healthcare of Illinois, Inc.

UHC Bronze Value (Rx Copay)

BRONZE HMO

\$8.06 /month

After \$881.73 in total savings

ADD

EXPENSE ESTIMATE LOW \$

United Healthcare of Illinois, Inc.

UHC Bronze Standard (No Rx Copay)

BRONZE HMO

\$2.15 /month

After \$881.73 in total savings

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 <small>Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.</small>	\$30 Copay <small>Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.</small>	\$50 Copay <small>Benefit Explanation Cost sharing for Virtual Primary Care matches in-person office visit.</small>
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/vhix/private/planselection#compare

1/4

30

Confirm your Plan Selection

Update: You have added a new plan to the cart. [Switch back to the existing plan.](#)

Health Plan Adam Adams



Monthly Premium	\$889.79
Monthly Tax Credit (APTC)	-\$881.73

Adjust APTC

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

Electronic Signature and Attestation Page

SAMPLE TEST DATA

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 marketplace, 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

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



UHC
UHC Bronze Value (Rx Copay, No Referrals)

Monthly Price	\$889.79
Tax Credit (APTC)	-\$881.73

Health MONTHLY PAYMENT

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.

\$8.06

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](#)

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SAMPLE TEST DATA



Recent Questions from Brokers

What Brokers Want to Know

- How do I access/get a new link to 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?
- Do I get credit for an enrollment the call center has helped me with?
- Why am I showing as suspended in the broker portal?
- After completing my certification training what are the next steps?
- When will I get the CE credits for my certification training?
- Is the login for the certification training the same as the login for the broker portal?
- What do I do if one of my customers is assigned to another broker?
- Can I request information about another broker?
- How do I search for a provider in the provider directory?
- How do you calculate income for the eligibility application?
- 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



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.



Next Get Covered Illinois Broker Office Hour

Join us for our next office hour!

Focus: Provider Directory

Thursday, December 11, 2025, 11:00 AM CT

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!



The state's official health insurance marketplace.