



How to Enroll

Welcome to Open Enrollment, where every qualifying Nevadan can shop for, and enroll in, the best health insurance plans available through Nevada Health Link. Follow this step-by-step process to enroll now!

Below you will find a checklist of items and documents that you will need to have when going through the enrollment process either online or with a free enrollment assister. In order to determine your eligibility for savings available for qualified health plans on Nevada Health Link you will need to calculate your yearly household income. Depending on your income, you may be directed to Medicaid enrollment options.

DOCUMENT CHECKLIST

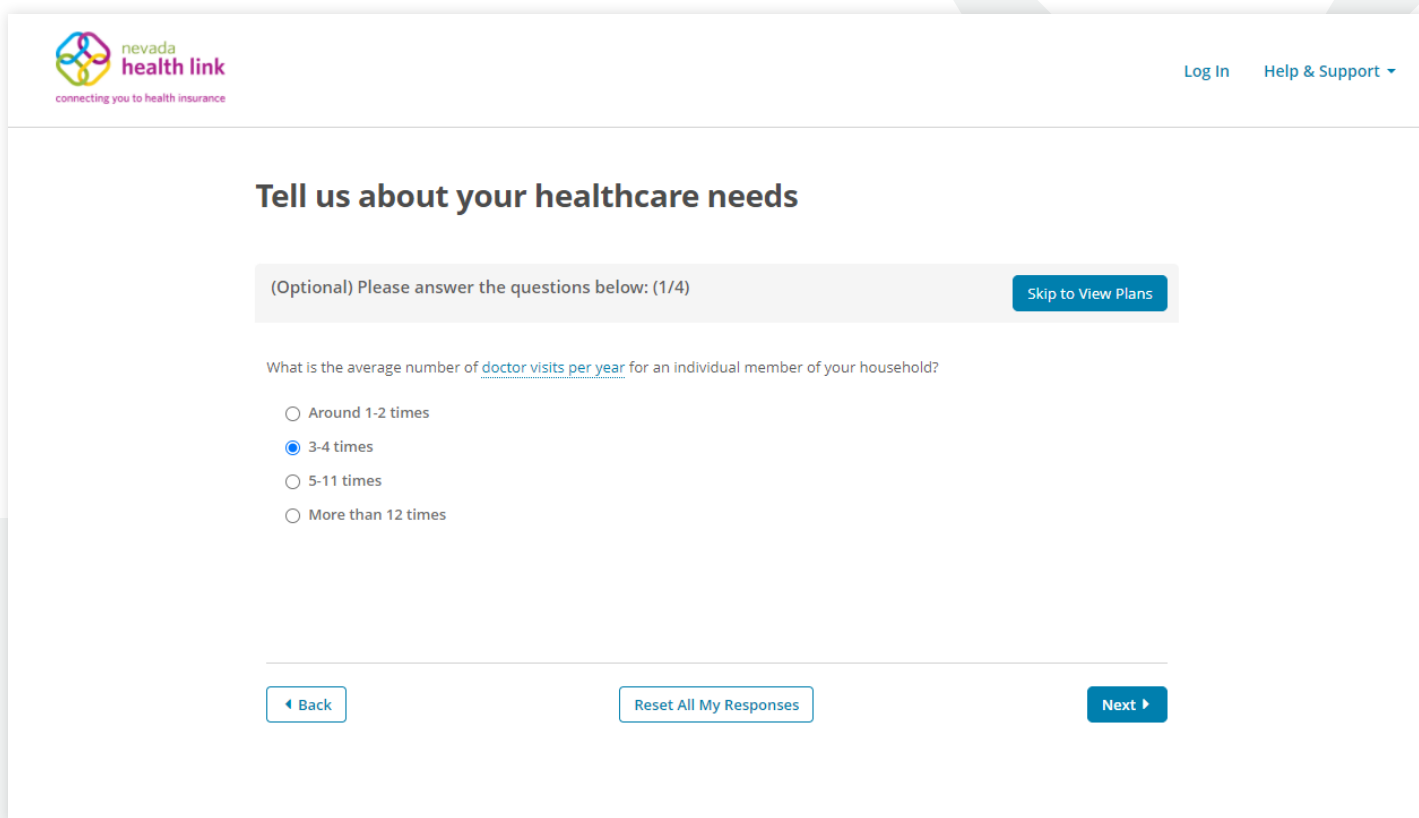
- | | |
|--|---|
| <input type="checkbox"/> Valid Nevada Driver License | <input type="checkbox"/> Household Income Estimate |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Current Health Insurance |
| <input type="checkbox"/> Proof of Nevada Residence | <input type="checkbox"/> Nevada Health Link Login Credentials |

What Best Fits the Needs of You and Your Family?

After entering your basic information on our website and including your family details and your income, you'll be able to see what benefits and plans you qualify for. And, did you know that Nevada Health Link is the only place where you can get subsidies to assist with paying your monthly premium? 4 out of 5 enrollees qualify.

Step 1

Tell us Your **Healthcare Needs**



The screenshot shows the Nevada Health Link website interface. At the top left is the logo with the text 'nevada health link' and 'connecting you to health insurance'. At the top right are links for 'Log In' and 'Help & Support'. The main heading is 'Tell us about your healthcare needs'. Below this is a grey box with the text '(Optional) Please answer the questions below: (1/4)' and a blue button labeled 'Skip to View Plans'. The question is 'What is the average number of doctor visits per year for an individual member of your household?'. There are four radio button options: 'Around 1-2 times', '3-4 times' (which is selected), '5-11 times', and 'More than 12 times'. At the bottom are three buttons: 'Back', 'Reset All My Responses', and 'Next'.

nevada health link
connecting you to health insurance

Log In Help & Support ▾

Tell us about your healthcare needs

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



Step 2

Determine Your **Income**. Nevada Health Link savings are based on your expected household income for the year you want coverage, not last year's income. For help estimating this, click [here](#).



Federal Poverty Level Chart for Nevada



| Categories | | MAGI Programs that provide financial assistance | | | | | | | | | |
|---|-------------------|--|----------------------------|----------|-----------------|----------|-----------------|----------|-----------------|-----------|--------------------------|
| APTC | | APTC/CSR iff Medicaid denied due to immigration status | Federal Tax Credits (APTC) | | | | | | | | |
| AIAN Applicants -> | | CS3 - Limited Cost Share for < 100% FPL | CS2 - Zero Cost Sharing | | | | | | | | CS3 - Limited Cost Share |
| Non AI/AN applicants -> | | CS6 - Silver 94 | | | CS5 - Silver 87 | | CS4 - Silver 73 | | No Cost Sharing | | |
| 2022 | | %FPL | | | | | | | | | |
| | | 0 to < 100 | 100 | 138 | 150 | 165 | 200 | 205 | 250 | 300 | 400 |
| No. of members in the household | 1 | < \$12,880 | \$12,880 | \$17,774 | \$19,320 | \$21,252 | \$25,760 | \$26,404 | \$32,200 | \$38,640 | \$51,520 |
| | 2 | < \$17,420 | \$17,420 | \$24,040 | \$26,130 | \$28,743 | \$34,840 | \$35,711 | \$43,550 | \$52,260 | \$69,680 |
| | 3 | < \$21,960 | \$21,960 | \$30,305 | \$32,940 | \$36,234 | \$43,920 | \$45,018 | \$54,900 | \$65,880 | \$87,840 |
| | 4 | < \$26,500 | \$26,500 | \$36,570 | \$39,750 | \$43,725 | \$53,000 | \$54,325 | \$66,250 | \$79,500 | \$106,000 |
| | 5 | < \$31,040 | \$31,040 | \$42,835 | \$46,560 | \$51,216 | \$62,080 | \$63,632 | \$77,600 | \$93,120 | \$124,160 |
| | 6 | < \$35,580 | \$35,580 | \$49,100 | \$53,370 | \$58,707 | \$71,160 | \$72,939 | \$88,950 | \$106,740 | \$142,320 |
| | 7 | < \$40,120 | \$40,120 | \$55,366 | \$60,180 | \$66,198 | \$80,240 | \$82,246 | \$100,300 | \$120,360 | \$160,480 |
| | 8 | < \$44,660 | \$44,660 | \$61,631 | \$66,990 | \$73,689 | \$89,320 | \$91,553 | \$111,650 | \$133,980 | \$178,640 |
| | each addnl person | | \$4,540 | \$6,265 | \$6,810 | \$7,491 | \$9,080 | \$9,307 | \$11,350 | \$13,620 | \$18,160 |
| Kids (Age 0 - 5)-> | | Medicaid For Children (Age 0 - 5) | | | | | CHIP | | | | |
| Kids (Age 6 - 18) -> | | Medicaid for Children (Age 6 - 18) | | | | | CHIP | | | | |
| Adults -> | | Medicaid | | | Pregnant Women | | | | | | |
| *** Note: Current year (2021) FPLs, if available, are used for Medicaid/CHIP programs, whereas for Exchange Programs, the prior year (2020) FPL guidelines are used. Current year FPL guidelines are usually published by IRS during February, until that time prior year FPL guidelines will be used for Medicaid/CHIP programs. | | | | | | | | | | | |

October, 2021

Source: <https://aspe.hhs.gov/poverty-guidelines>




Step 3

Shop and Compare Plans

*Prices Based Upon the Following Customer Profile:

- 30-year-old living in Clark County
- Zip code 89108
- Income is \$32,000/year


Log In Help & Support

[Back to preferences](#)

78 Health Plans Dental Plans

Estimated Monthly Savings
\$213.00/month For 1 Member in ZIP code 89108. [Edit Family Info](#)
 Coverage will start on 01/01/2022

COST-SHARING REDUCTIONS
CSR You qualify for cost-sharing reductions.

SORT BY

- ☒ Expense Estimate
- ☐ Monthly price
- ☐ Deductible
- ☐ Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- ☐ HMO
- ☐ EPO

PLAN FEATURES

- ☐ CSR Eligible
includes special discounts
- ☐ HSA Qualified
eligible for Health Savings Account (HSA)


METAL TIER

- ☐ Platinum
highest premiums, lowest deductibles
- ☐ Gold
higher premiums, lower deductibles
- ☐ Silver
lower premiums, higher deductibles
- ☐ Bronze
lowest premiums, highest deductibles

DEDUCTIBLE

- ☐ \$2500 and less
- ☐ \$5000 and less
- ☐ \$7500 and less

Lower Expense



HEALTH PLAN OF NEVADA
 A UnitedHealthcare Company
 Virtual HPN
BRONZE HMO

\$28.62 /month
 after \$213.00 tax credit

Office Visits \$0
 Generic Drugs \$25
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS

Lower Expense



HEALTH PLAN OF NEVADA
 A UnitedHealthcare Company
 MyHPN Plus Bronze 1
BRONZE HMO

\$17.08 /month
 after \$213.00 tax credit

Office Visits 0%
 Generic Drugs 0%
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS

Lower Expense



HEALTH PLAN OF NEVADA
 A UnitedHealthcare Company
 MyHPN Plus Bronze 3
BRONZE HMO

\$40.26 /month
 after \$213.00 tax credit

Office Visits \$0
 Generic Drugs \$25
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS

Lower Expense



friday health plans
 FRIDAY Bronze Plus: Unli...
BRONZE EPO

\$45.98 /month
 after \$213.00 tax credit

Office Visits \$0
 Generic Drugs \$25
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS

Lower Expense



friday health plans
 FRIDAY Bronze Plus Copay...
BRONZE EPO

\$48.42 /month
 after \$213.00 tax credit

Office Visits \$0
 Generic Drugs \$30
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS

Lower Expense


HEALTH PLAN OF NEVADA
 A UnitedHealthcare Company
 MyHPN Plus Bronze 4
BRONZE HMO

\$54.03 /month
 after \$213.00 tax credit

Office Visits \$50
 Generic Drugs \$30
 Deductible \$8700
 OOP Max \$8700

☐ COMPARE ☐ DETAILS



Step 4

Set-Up Your Nevada Health Link Account

- Identity Verification
 - You may need: **Social Security Number** and **Documentation Numbers** for anyone with eligible immigration status
- Family & Household Information
 - For anyone else you want to insure, you will need: **Names, Addresses, Social Security Number, Birthdates** and **Document Numbers** for anyone with eligible immigration status
- Income Verification
 - You may need: **Pay stubs, W-2 forms, Information about Income** (Pension, Scholarship, Alimony received, Social Security Benefits, Retirement, Capital Gains, Unemployment, etc.) and **Deduction Sources**
- Additional Information

Set Up Your Individual Account on Nevada Health Link

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

Basic Information

| | |
|-------------------------|---|
| First Name * | <input type="text" value="John"/> |
| Last Name * | <input type="text" value="Doe"/> |
| Email Address * | <input type="text" value="jdoe-test1@yopmail.com"/> |
| Confirm Email Address * | <input type="text" value="jdoe-test1@yopmail.com"/> |
| Phone Number * ? | <input type="text" value="555"/> <input type="text" value="555"/> <input type="text" value="5555"/> |
| Date of Birth * | <input type="text" value="11/11/1980"/> |

Security Question

| | |
|---------------------|--|
| Security Question * | <input type="text" value="What was your childhood nickname?"/> |
| | <input type="text" value="John"/> |

Set Password

| | |
|------------|--|
| Password * | <input type="password" value="*****"/> |
|------------|--|



Step 5

Did you receive **DMI notification**? If so, free enrollment assistance is available through brokers and navigators. They can help you with your application and missing documents. The following steps provide a guide that may assist you.

On your dashboard, if you have a DMI, this screen will appear at the top of your dashboard. Click the “upload documents” link.

Welcome, **Consumer Name** Your Agent ⚙️

My Stuff 2021 2022

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

Quick Links

- Find Local Assistance
- User Guides

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.

Based on changes you reported in your income, your household is eligible for a new subsidy of \$726.27 and/or new Cost Sharing Reduction. Please complete the action below to ensure that these changes are applied to your enrollment.

NEXT STEPS

You have successfully reported change to your application. You can now Shop for new plans or keep your existing plans.

[FINALIZE PLANS](#)

Overview

Your Application Status (Your Case ID is 2935938842)

| | | |
|--------------------------------|----------|----------------------------------|
| 2022 Application For 2 members | Complete | View Application |
|--------------------------------|----------|----------------------------------|

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

| | | |
|---|--|--|
| Consumer Name (PIF) | Advanced Premium Tax Credit \$726.27 per month One or more members of your household are eligible for Cost Sharing Reductions | View Details Edit Application |
| Dependent Name Not seeking coverage | Not eligible to enroll in a plan on the exchange | |

The below screen will then pop up. The area where a red exclamation point and the words “not verified” appear indicate that an issue has occurred and this information needs to be verified.

Applicant Verifications

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 02-28-2022. 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 health coverage and/or savings if you do not submit the documents requested. You can submit documents online or by mail, but uploading them online 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 | (Verified) ✓ |
| Death | (Verified) ✓ |
| Citizenship | (Verified) ✓ |
| Incarceration Status | (Verified) ✓ |
| Minimum Essential Coverage | (Verified) ✓ |

- A** All household members will be listed here. Whomever the system encountered a DMI will have a red exclamation point next to their name. If no DMI then a green check mark will appear next to their name and no further information is needed.
- B** From the above screen click on the “+” sign, from there you will have the option to upload the requested documentation.

Income (Not Verified) ⓘ

We could not verify [redacted] Income entered on the application. You entered: \$39069. If this is incorrect, correct it and resubmit your application.

If this is correct, upload approved verification documents supporting your household's total income of **\$39069**.

Select Document Type * C

Choose Document to Upload:

- Pay stub indicating sick pay
- Prizes, settlements, and awards, including court-ordered awards letter
- Royalty income statement or 1099-MISC
- Unemployment Benefits Letter
- 1040 federal or state tax return
- Annuity statement
- 1065 Schedule K1 with Schedule E
- Proof of inheritances and cash or property
- Bookkeeping records
- Proof of bonus/incentive payments
- Proof of severance pay
- Pay stub
- Most recent quarterly or year-to-date profit and loss statement
- Tax return
- Self-employment income --
- Worker's compensation letter

Social Security Number (Verified) ✓

Death (Verified) ✓

Incarceration Status (Verified) ✓

Minimum Essential C

Income (Not Verified) ⓘ Override

We could not verify [redacted] Income entered on the application. You entered: \$39069. If this is incorrect, correct it and resubmit your application.

If this is correct, upload approved verification documents supporting your household's total income of **\$39069**.

Select Document Type * C

Choose Document to Upload: Choose File D Submit

- C You will need to choose the document type they are uploading from the drop down menu.
- D Once the document type is chosen, click “Choose File” and once the appropriate file is chosen, click “Submit”.

After the document is uploaded, a ticket will be created and sent to Nevada Health Link for review. Once a decision is made you will receive a notice in your secured inbox informing you whether the document was accepted or rejected