

HEALTH REPUBLIC. IWS MASTER DOCUMENT

UX DOCUMENTATION

19.Dec.2013

v.42

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Confirm F.1.2.1

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KEY

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POST 10/1

NEW SCOPE

SITE MAP : ALL LOCAL MARKETS

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Zip1.2.1.1

County1.2.1.2

Age1.2.1.3

Spouse1.2.1.4

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Subsidy questions1.2.1.6

Plan choice tool1.2.1.7

Display plans1.2.1.8

No coverage1.2.1.9

Enroll1.3

Confirm choice + ID1.3.1

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Confirmation1.3.6

Payment1.4

Collect binder payment1.4.1

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Contact1.5.1

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NY5.3.*

OR5.3.*

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Lead genF.1.2

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PrivacyF.2

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Non-discriminate clause (NYS)F.4

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Your MEMBER CENTER5.1

Self Management5.1.1

Your Info5.2

Change Username5.2.1

Change Password5.2.2

Change Email5.2.3

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My Current Plan5.3.1

Adjust My Plan5.3.2

Change Primary Care Provider5.3.3

Print ID card5.3.4

Payments5.4

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My claims5.7.2

My authorizations5.7.3

My lab results5.7.4

Pharmacy5.6

My Health5.7

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Find a doctor5.9

Practitioner5.9.1

PCP5.9.2

Facility5.9.3

we need to verify we are still using these

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CALL TO ACTION

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WHAT IS HEALTH REPUBLIC ABOUT

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CHECK US OUT

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CHECK OUT OUR INSURANCE

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SIGN UP

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1	Graphic	Logo
2	Navigation	Provider Network
3	Navigation	Fair Health Calculator
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5	Navigation	Register
6	Navigation	About
7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Drives to Our Insurance page OR possibly pdf of plan information
11	Content presentation	NOTE : recommendation is that during all open enrollment periods that one of the revolving content pieces highlights information with a call to action that drives to the What We Offer / Individual landing page where there will be more information for qualifying events and documentation needs for open enrollment.
11a	Copy	Headline
11b	Copy	Body copy
11c	Call to action	
11d	Call to action	Dot Navigation Active
11e	Call to action	Dot Navigation Inactive
12	Content presentation	Information about Health Republic
12a	Copy	Headline
12b	Copy	Body copy
12c	Call to action	
13	Content presentation	Information about Insurance Products
13a	Copy	Headline
13b	Copy	Body copy
13c	Call to action	
14	Content presentation	Information about Upcoming Events
14a	Copy	Headline
14b	Copy	Body copy
14c	Call to action	
14	Navigation	Contact
15	Copy	Footer includes links to Privacy and Terms of Use

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ABOUT US

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7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Content carousel	
12a	Copy	Title
12b	Image	(if needed)
12c	Copy	Body copy
12d	Call to action	Subscribe
12e	Call to action	Carousel navigation
13	Content area	Area could be used to drive to lower lying content (e.g. Our Board, Our staff)
13a	Image	(if needed)
13b	Copy	Title
13c	Copy	Body copy
14	Content area	Area could be used to drive to lower lying content (e.g. Our Board, Our staff)
14a	Copy	Title
14b	Copy	Body copy
15	Copy	Footer includes links to Privacy and Terms of Use

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OUR STAFF

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Our interim Board is currently made up of health care experts, community leaders, and freelancers that will help shape the future of the FreeEcuptis prae. Moditis sundem experum fugitius ea cust fuga.

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Josh Smith is the GMaximod minverem sinumqui sunt pra-tur a voluptatet quas derchil litibus reptiam autecto eicia comnis nessunt et voluptatet aci rene rerorepedit, vellabo. Aquid molenectet od qui rerum doluptaesed moluptam fac-cae venis rae inum non net, comnihiliqui te minto dolorro dolupta estium quate explatur?

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BOARD OF DIRECTORS

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Our interim Board is currently made up of health care experts, community leaders, and freelancers that will help shape the future of the FreelEcupitis prae. Muditis sundem experum fugitius ea cust fuga.

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10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Sub-copy
13	Copy	Body copy
14	Copy	Footer includes links to Privacy and Terms of Use

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MEMBER CENTER

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Account Development Manager Job Description Sample

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Account Development Manager Job Description Sample

This account development manager sample job description can assist in your creating a job application that will attract job candidates who are qualified for the job. Feel free to revise this job description to meet your specific job duties and job requirements.

Account Development Manager Job Purpose: Develops new business by analyzing account potential; initiating, developing, and closing sales; recommending new applications and sales strategies.

Account Development Manager Job Duties:

- Identifies development potential in accounts by studying current business; interviewing key customer personnel and company personnel who have worked with customer; identifying and evaluating additional needs; analyzing opportunities.
- Initiates sales process by building relationships; qualifying potential; scheduling appointments.
- Develops sales by making initial presentation; explaining product and service enhancements and additions; introducing new products and services.
- Develops new applications by preparing specifications; conferring with product engineering.
- Closes sales by overcoming objections; preparing contracts.
- Contributes information to sales strategies by evaluating current product results; identifying needs to be filled; monitoring competitive products; analyzing and relaying customer reactions.
- Updates job knowledge by participating in educational opportunities; reading professional publications; maintaining personal networks; participating in professional organizations.
- Enhances department and organization reputation by accepting ownership for accomplishing new and different requests; exploring opportunities to add value to job accomplishments.

Skills/Qualifications: ClientBase, Establishes Partnerships/Alliances, Prospecting Skills, Meeting Sales Goals, Foster Teamwork, Planning, Building Relationships, People Skills, Initiative, Customer Focus, Emphasizing Excellence

APPLY NOW

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Account Development Manager Job Description Sample

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Account Development Manager Job Description Sample

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Account Development Manager Job Description Sample

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11	Copy	Title
12	Copy	Sub-copy
13	Job presentation	
13a	Call to action	Open
13b	Copy	Job title
14	Job presentation	
14a	Call to action	Collapse
14b	Copy	Body copy
14c	Call to action	Apply (note still TBD how an applicant is supposed to apply to a job posting)
14	Copy	Footer includes links to Privacy and Terms of Use

SHOPPING ALL MARKETS (NJ,NY,OR) SYSTEM MESSAGE RULES

ADDRESS CHANGE

IF zipcode is in same coverage area THEN go to results screen with system messaging along the top with the new plans that are available to the user. **The one scenario you may need to take into account here if they are moving from one zipcode to another and are no longer eligible for their current plan and have to change, are we planning to message around that?** *E.g. I go to the results screen show plans that I am eligible for and a system message stating why I am not eligible for my old plan.*

If zipcode is not in the coverage area THEN go to {?} this is the scenario for INVOLUNTARY TERMINATION

VOLUNTARY TERMINATION

Hyperlink directly from the dashboard to the termination page, all changes must be done via direct contact with Health Republic.

ANY LIFE EVENT

Hyperlink directly from the dashboard to the life event page, all changes must be done via direct contact with Health Republic.

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INDIVIDUAL INSURANCE

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CALL TO ACTION

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a

SPECIAL ENROLLMENT

b

New Enrollee outside Open Enrollment (Special Enrollment within 60 days of qualifying event)

Reasons you can enroll:

c

e

You newly moved into our service area and our plans are now available to you

d

You have a birth/adoption. or placement for foster care or adoption

e

You've lost other Minimum Essential Coverage

f

You've gotten married, entered a domestic partnership. or civil union

g

You have newly become a citizen or gained lawful presence

h

You have lost your ineligibility for APTC or CSR

i

A court has ordered you to provide coverage

j

You are AI/AN

k

Fringe allowances (breach of contract...etc)

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Press inquiries, contact: press@newyork.healthrepublic.us

1	Graphic	Logo
2	Navigation	Provider Network
3	Navigation	Fair Health Calculator
4	Navigation	Member Login
5	Navigation	Register
6	Navigation	About
7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb Navigation
11	Copy	Title
12	Content presentation	NOTE : recommendation is that during all open enrollment periods that one of the revolving content pieces highlights information with a call to action that drives to the What We Offer / Individual landing page where there will be more information for qualifying events and documenta-tion needs for open enrollment.
12a	Copy	Headline
12b	Copy	Body copy
12c	Call to action	
13	Content presentation	Information about Health Republic
13a	Copy	Headline
13b	Copy	Body copy
14	Content presentation	Information about Insurance Products
14a	Copy	Headline
14b	Copy	Body copy
14c	Call to action	Newly moved to Service area, call to action that opens a new window with explanation and sup-porting document needs
14d	Call to action	Birth, adoption, foster care, call to action that opens a new window with explanation and sup-porting document needs
14e	Call to action	Lost minimum essential coverage, call to action that opens a new window with explanation and supporting document needs
14f	Call to action	Married, domestic partnership or civil union, call to action that opens a new window with expla-nation and supporting document needs
14g	Call to action	Became a citizen or gained lawful residence, call to action that opens a new window with expla-nation and supporting document needs
14h	Call to action	Lost ineligibility for APTC or CSR, call to action that opens a new window with explanation and supporting document needs
14i	Call to action	Court order to provide insurance, call to action that opens a new window with explanation and supporting document needs
14j	Call to action	You are AI/AN, call to action that opens a new window with explanation and supporting document needs
14k	Call to action	Fringe allowances, call to action that opens a new window with explanation and supporting document needs
15	Copy	Footer includes links to Privacy and Terms of Use

1

You've indicated that you want to <insert value here>.

In order to do this be aware that you will need to provide supporting documentation, those would be <insert value here>.

Quid qui ipis ape voluptat.
Uga. Ducit pores aut latius, nim in corem fuga. Ignit exped quiatinum eum quae solorer uptaquis aut et, soluptam exernaturite volessuntia comnisciis explibusanis nis aut eritatum quo in cuptatem que num dustrum si ut excea quat ipsum que necus verferio. Neque placit aperchi liquate plist laborerumquo veliqui asimi, conem ut perum qui aliquo blaut modia inverciis et enemque dolor as as

b

X

1	Layover	
1a	Dynamic copy	Copy that is taken from the call to action the user clicks to trigger the layover (adding a dependent, just became a citizen/gained lawful presence, eligible for APTC/CSR, court order to provide coverage, fringe allowance, remove a dependent)
1b	Call to action	Close the layover
1c	Dynamic copy	Explanatory that explains the particular events

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Let us help you find the best plans possible that will suit your needs by answering a few questions.

Click 'Next' after answering each question to continue to the next. Don't worry if you need to change an answer. When you are finished click 'Done' to receive options on plans that fit you best.

Different copy block would need to appear here when the user is coming during a special enrollment time, since they will need to prove that they have to provide documentation in order to prove they qualify for special enrollment

13

Zip Code:*

14

15

NEXT

16

County:*

17

Select One

18

NEXT

19

Self:*

20

☐

21

I want to cover myself on this policy

22

NEXT

(if NO click next)

23

Spouse/Partner

24

☐

25

I want to cover spouse/partner on this policy

26

NEXT

(if NO click next)

27

Children:*

28

☐

29

I want to cover my children on this policy

30

NEXT

(if NO click next)

31

Household Income:*

32

33

of people in household

34

35

NEXT

36

Plan choice tool

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SUBMIT

39

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5	Navigation	Register
6	Navigation	About
7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to met the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Go to next answer
16	Copy	County
17	Drop-down	Not active
18	Call to action	Not active
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to action	Not active
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Call to action	Not active
27	Copy	Children
28	Form element	Check box
29	Copy	Body copy
30	Call to action	Not active
31	Copy	Income
32	Form element	Numeric entry box, numbers only
33	Copy	# of People in household
34	Form element	Numeric entry box, numbers only
35	Call to action	Not active
36	Copy	Alternate questions
37	Form element	Placeholder exact mechanic revealed when user gets to this point
38	Call to action	Not active
39	Copy	Legal disclaimer includes links to Privacy policy and Terms of Use

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13

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21

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23

24

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27

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32

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34

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38

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home < member center

COMPARE PLANS

Let us help you find the best plans possible that will suit your needs by answering a few questions.
Click 'Next' after answering each question to continue to the next. Don't worry if you need to change an answer. When you are finished click 'Done' to receive options on plans that fit you best.

Different copy block would need to appear here when the user is coming during a special enrollment time, since they will need to prove that they have to provide documentation in order to prove they qualify for special enrollment

Zip Code:*

10003

EDIT

County:*

KINGS

NEXT

Self:*

I want to cover myself on this policy
(if NO click next)

NEXT

Spouse/Partner

I want to cover spouse/partner on this policy
(if NO click next)

NEXT

Children:*

I want to cover my children on this policy
(if NO click next)

NEXT

Household Income:

of people in household

NEXT

Plan choice tool

SUBMIT

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9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to met the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Active
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to action	Not active
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Call to action	Not active
27	Copy	Children
28	Form element	Check box
29	Copy	Body copy
30	Call to action	Not active
31	Copy	Income
32	Form element	Numeric entry box, numbers only
33	Copy	# of People in household
34	Form element	Numeric entry box, numbers only
35	Call to action	Not active
36	Copy	Alternate questions
37	Form element	Placeholder exact mechanic revealed when user gets to this point
38	Call to action	Not active
39	Copy	Legal disclaimer includes links to Privacy policy and Terms of Use

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13

Zip Code:*

10003

14

15

EDIT

16

County:*

KINGS

17

18

EDIT

19

Self:*

20

☐

I want to cover myself on this policy

21

(if NO click next)

22

NEXT

23

How old are you?

24

25

Spouse/Partner

26

☐

I want to cover spouse/partner on this policy

27

(if NO click next)

28

NEXT

29

Children:*

30

☐

I want to cover my children on this policy

31

(if NO click next)

32

NEXT

33

Household Income:

34

35

of people in household

36

37

NEXT

38

Plan choice tool

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6	Navigation	About
7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to met the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Active
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to action	Active
23	Copy	# of People in household
24	Form element	Alpha entry box, numbers only
25	Copy	Spouse of partner
26	Form element	Check box
27	Copy	Body copy
28	Call to action	Not active
29	Copy	Children
30	Form element	Check box

31	Copy	Body copy
32	Call to action	Not active
33	Copy	Income
34	Form element	Alpha entry box, numbers only
35	Copy	# of People in household
36	Form element	Alpha entry box, numbers only
37	Call to action	Not active
38	Copy	Alternate questions
39	Form element	Placeholder exact mechanic revealed when user gets to this point

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13

Zip Code:*

14

10003

15

EDIT

16

County:*

17

KINGS

18

EDIT

19

Self:*

20

☐ I am covering myself

21

22

EDIT

23

Spouse/Partner

24

☐ I want to cover spouse/partner on this policy

25

(if NO click next)

26

How old is your spouse/partner?

27

28

NEXT

29

Children:*

30

☐ I want to cover my children on this policy

31

(if NO click next)

32

NEXT

33

Household Income:

34

35

of people in household

36

37

NEXT

38

Plan choice tool

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8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to meet the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Edit
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to Action	Edit
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Copy	# of People in household
27	Form element	Alpha entry box, numbers only
28	Call to action	Active
29	Copy	Children
30	Form element	Check box

31	Copy	Body copy
32	Call to action	Not active
33	Copy	Income
34	Form element	Numeric entry box, numbers only
35	Copy	# of People in household
36	Form element	Numeric entry box, numbers only
37	Call to action	Not active
38	Copy	Alternate questions
39	Form element	Placeholder exact mechanic revealed when user gets to this point
40	Call to action	Not active
41	Copy	Footer includes links to Privacy and Terms of Use

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13

Zip Code:*

14

10003

15

EDIT

16

County:*

17

KINGS

18

EDIT

19

Self:

20

☐

21

I am covering myself

22

EDIT

23

Spouse/Partner

24

☐

25

I want to cover spouse/partner on this policy
(if NO click next)

26

EDIT

27

Children:*

28

☐

29

I want to cover my children on this policy
(if NO click next)

30

NEXT

31

How old is your child?

32

33

+ Add another child

34

Household Income:

35

36

of people in household

37

38

NEXT

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5	Navigation	Register
6	Navigation	About
7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to meet the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Active
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to Action	Edit
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Call to action	Not active
27	Copy	Children
28	Form element	Check box
29	Copy	Body copy
30	Call to action	Next
31	Copy	How old is your child

32	Form element	Alpha entry box, numbers only
33	Call to action	Add another child, pops up another prompt for age of child
34	Copy	Income
35	Form element	Alpha entry box, numbers only
36	Copy	# of People in household
37	Form element	Alpha entry box, numbers only
38	Call to action	Not active
39	Copy	Alternate questions
40	Form element	Placeholder exact mechanic revealed when user gets to this point
41	Call to action	Not active
42	Copy	Footer includes links to Privacy and Terms of Use

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13

Zip Code:*

10003

14

15

EDIT

16

County:*

KINGS

17

18

EDIT

19

Self:*

20

☐

I am covering myself

21

22

EDIT

23

Spouse/Partner:*

24

☐

I want to cover spouse/partner on this policy

25

26

EDIT

(if NO click next)

27

Children:*

28

☐

I want to cover my children on this policy

29

30

EDIT

(if NO click next)

31

These questions are optional, we are asking them only to determine if you might be eligible for a subsidy. We do not save the data, etc etc etc

32

Household Income:

24,000

33

of people in household

34

35

36

NEXT

37

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7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, note there will be additional copy during non-open enrollment periods when a user must be notified that they have to met the conditions of special enrollment in order to purchase insurance
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Active
19	Copy	Self
20	Form element	Check box
21	Copy	Body copy
22	Call to Action	Edit
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Call to action	Not active
27	Copy	Children
28	Form element	Check box
29	Copy	Body copy
30	Call to action	Edit
31	Copy	Explanatory copy

32	Copy	Household income
33	Form element	Alpha entry box, numbers only
34	Copy	# of People in household
35	Form element	Alpha entry box, numbers only
36	Call to action	Active
37	Copy	Alternate questions
38	Form element	Placeholder exact mechanic revealed when user gets to this point
39	Call to action	Not active
40	Copy	Footer includes links to Privacy and Terms of Use

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MEMBER CENTER

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Let us help you find the best plans possible that will suit your needs by answering a few questions. ^a

Click 'Next' after answering each question to continue to the next. Don't worry if you need to change an answer. When you are finished click 'Done' to receive options on plans that fit you best. All questions with an *, are mandatory

Message for those users that have instigated a change of address, AND ARE STILL ELIGIBLE FOR THE SAME PLAN BUT MAY WANT TO REDO THE PROCESS IN ORDER TO RECEIVE A MORE ACCURATE QUOTE ^b

Message for those users that have instigated a change of address, AND ARE NOT ELIGIBLE FOR THE SAME PLAN ^c

Different copy block would need to appear here when the user is coming during a special enrollment time, since they will need to prove that they have to provide documentation in order to prove they qualify for special enrollment ^d

13

Zip Code: *

14

10003

15

EDIT

16

County: *

17

KINGS

18

EDIT

19

Self: *

20

☐

 I am covering myself

21

22

EDIT

23

Spouse/Partner: *

24

☐

 I want to cover spouse/partner on this policy

25

(if NO click next)

26

EDIT

27

Children: *

28

☐

 I want to cover my children on this policy

29

(if NO click next)

30

EDIT

31

These questions are optional, we are asking them only to determine if you might be eligible for a subsidy. We do not save the data, etc etc etc

32

Household Income:

24,000

33

34

of people in household

35

36

EDIT

37

Plan choice tool

38

←explanatory copy here→

\$50

○

88-92%

39

\$30

○

78-82%

\$20

○

68-72%

\$10

○

58-62%

premium per month

out of pocket cost

40

SUBMIT

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7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy
12a	Copy	General explanatory copy
12b	Copy	Generated if a user is coming from a change of address basically to let them know they should go through buying process to get an accurate quote on the price of their premium
12c	Copy	Generated if a user is coming from a change of address basically to let them know they should go through buying process as they are no longer eligible for the same plan
12d	Copy	Appears during times on non open enrollment to let user know they must meet the criteria for special enrollment
13	Copy	Zip code
14	Form field	Text entry field
15	Call to Action	Edit
16	Copy	County
17	Drop-down	Choose county, note if the zipcode maps to more than one county the end user must choose the county of residence. If the zipcode maps to only one county the question should populate with a read-only copy.
18	Call to action	Active
19	Copy	Self
20	Form element	Check box

21	Copy	Body copy
22	Call to Action	Edit
23	Copy	Spouse of partner
24	Form element	Check box
25	Copy	Body copy
26	Call to action	Not active
27	Copy	Children
28	Form element	Check box
29	Copy	Body copy
30	Call to action	Edit
31	Copy	Explanatory copy
32	Copy	Household income
33	Form element	Alpha entry box, numbers only
34	Copy	# of People in household
35	Form element	Alpha entry box, numbers only
36	Call to action	Edit
37	Copy	Title
38	Copy	Explanatory copy
39	"Plan choice"	Idea is a simple radio button choice with corresponding data e.g. premium, deductible, OOP Max
40	Call to action	Submit
41	Copy	Footer includes links to Privacy and Terms of Use

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THE PLANS

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13

+ PLAN NAME

14

- PLAN NAME

TIER LEVEL	BRONZE	SILVER	GOLD	PLATINUM
	MONTHLY PREMIUM \$999.00 Egil comnin sentius Mu- lius, queruntela nos horis. Actum omnon nerbit; eli, CHOOSE THIS PLAN	MONTHLY PREMIUM \$999.00 Egil comnin sentius Mu- lius, queruntela nos horis. Actum omnon nerbit; eli, CHOOSE THIS PLAN	MONTHLY PREMIUM \$999.00 Egil comnin sentius Mu- lius, queruntela nos horis. Actum omnon nerbit; eli, CHOOSE THIS PLAN	MONTHLY PREMIUM \$999.00 Egil comnin sentius Mu- lius, queruntela nos horis. Actum omnon nerbit; eli, CHOOSE THIS PLAN
PLAN HIGHLIGHTS	download pdf	download pdf	download pdf	download pdf
PREMIUM COST	\$999.00	\$999.00	\$999.00	\$999.00
MEDICAL DEDUCTIBLE	\$0.00	\$10.00	\$20.00	\$30.00
ANNUAL OUT OF POCKET MAXIMUM	N/A	\$1000.00	\$1500.00	\$3000.00
PRIMARY CARE OFFICE VISITS	\$0.00	\$10.00 co-pay	\$10.00 co-pay	\$10.00 co-pay
SPECIALIST VISIT	\$0.00	\$10.00 co-pay	\$10.00 co-pay	\$10.00 co-pay
R/X	Not covered	After drug deductible, \$5 generic/\$10 brand	After drug deductible, \$5 generic/\$10 brand	After drug deductible, \$5 generic/\$10 brand

+ PLAN NAME

+ PLAN NAME

START OVER

PURCHASE

15

16

17

SUBSIDY : It appears you may be eligible for a subsidy [click here](#) to find out more info

18

ZIP	10003
COUNTY	KINGS
SPOUSE/PARTNER	YES
CHILDREN	2
ANNUAL SALARY	\$24,000
# OF PEOPLE IN HOUSE	3
ALT QUESTION	#VALUE

19

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9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Explanatory copy, that reflects to the high-lighted state of the plan, this is only done in the instance for users who have instigated a change of address of change of plan and either should be prompted to shop for a new plan because of change in price OR they are not eligible for the plan due to the changes they have requested.
13	Call to action	Copy with link to open the accordion
14	Plan presentation	Plan name tier level is highlighted as an indicated choice from the user having opted in to the "Plan Choice" question
14a	Copy/Call to action	Plan name, not the + copy changes to a -, in open state
14b	Call to action	View all plans
14c	Copy	Tier level
14d	Copy	Tier level
14e	Copy	Generated plan information : monthly premium
14f	Copy	Generated plan information : plan COST
14g	Copy	Generated plan information : plan description
14h	Call to action	Choose this plan
14i	Copy	Plan highlights
14j	Call to action	Download pdf of the plan
14k	Copy	Premium cost
14l	Dynamic copy	Total premium cost
14m	Copy	Medical deductible
14n	Dynamic copy	Medical deductible cost
14o	Copy	Annual out of pocket maximum

14p	Dynamic copy	Annual out of pocket maximum cost
14q	Copy	Primary care office visits
14r	Dynamic copy	Value here
14s	Copy	Specialist visti
14t	Dynamic copy	Value here
14u	Copy	R/x
14v	Dynamic copy	Value of the drug plan here
15	Navigation	Start over, takes user to the beginning of the process (e.g. back to the zip)
16	Navigation	Purchase
17	Copy	Subsidy notification with navigation element to drive to off-site federal subsidy calculator. This section should only be triggered if the business rules from the Annual Salary & Number of household indicate there is a likelihood that they are eligible for a subsidy
18	Results set summary	
18a	Copy	Zipcode with read only result
18b	Copy	County with read only result
18c	Copy	Spouse/Partner with read only result
18d	Copy	Children stats with read only result
18e	Copy	Salary with read only result
18f	Copy	Number in household with read only result
18g	Copy	Alternate question 1 with read only result
19	Copy	Footer includes links to Privacy and Terms of Use

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COMPAFRE PLANS

Let us help you find the best plans possible that will suit your needs by answering a few questions.

Click 'Next' after answering each question to continue to the next. Don't worry if you need to change an answer. When you are finished click 'Done' to receive options on plans that fit you best. All questions with an *, are mandatory

Zip Code:*

#####

EDIT

<please fill this out OR invalid zip format>

County:*

CHOOSE ONE

EDIT

<please choose one>

Self:*

☐ I am covering myself

How old are you?

EDIT

<please fill this out OR invalid format>

<You've indicated that you want to only cover your spouse, unfortunately you cannot do this>

Spouse/Partner:*

☐ I want to cover spouse/partner on this policy
(if NO click next)

How old is our spouse?

EDIT

<please fill this out OR invalid format>

Children:*

☐ I want to cover my children on this policy
(if NO click next)

How old is our spouse?

EDIT

<please fill this out OR invalid format>

+ Add another child

<You entered a dependent(s) age 26-29 in NYS, you are eligible to purchase a rider to extend to age 30>

<All dependents are under the age of 20, they will be covered on a [Child Only policy](#)>

<You have entered dependents that are both under age 20 and over age 20, you can choose to insure de-

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ERROR HERE FOR INCOMPLETE FORM FIELD OR WRONG FORMAT

ERROR HERE FOR INCOMPLETE FORM FIELD

ERROR HERE FOR INCOMPLETE FORM FIELD OR WRONG FORMAT

ERROR APPEARS HERE IF THE USER HAS INPUT FOLLOWING : not covering self, covering my spouse. There are no scenarios where the consumer can only cover themselves

ERROR HERE FOR INCOMPLETE FORM FIELD OR WRONG FORMAT

ERROR HERE FOR INCOMPLETE FORM FIELD OR WRONG FORMAT

SYSTEM MESSAGES THAT ARE TRIGGERED BY BUSINESS RULES PER

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Welcome back Toni!

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MEMBER CENTER

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MEMBER CENTER

In your member center you can take care of the following

obsenat ilinates vid aus is ac maximisquid scid condam nonveris; num interfe rfecon rei simulie

• WHO'S COVERED

• CHECK CLAIM STATUS

14

• FIND A DOCTOR

• VIEW BENEFIT SUMMARY

• VIEW ID CARD

• MY HEALTH MANAGER

• HEALTH ASSESSMENT

• PERSONAL HEALTH RECORD

• MANAGE PRIMARY CARE PHYSICIAN INFO

• VIEW HEALTH COACH

15

ADMINISTRATION

Change Password

Change Email

16

FORMS & GUIDES

Ica; iam publicis. Valicio, etis et; ingulabem, sente ete vis est ne es poponsce-mura

17

PHARMACY

consu molus publia mort-ier ad nonsil vatiliem pat, nonumei iaectam. Et? Pio, sperum no

18

a

BILLINGS

? b

• pay your monthly bill

• pay by credit card

• pay by check c

• set up your ACH

19

MY PROFILE & BENEFITS

My Plan

My Info

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12	Copy	Title
13	Copy	Body copy
14	Navigation	Hyperlinks that take users to page containing Qualcare iFrame
15	Copy/Navigation	Administration links
16	Copy/Navigation	Forms & Guides
17	Copy/Navigation	Pharmacy
18	Copy/Navigation	Billings : Morneau Shepell
18a	Copy	Title
18b	Tool tip	Explanatory text
18c	Navigation	Payment information, all links go to same place (Morneau Sheppell)
19	Copy/Navigation	My Profile & Benefits : My Plan, My Info
20	Copy	Footer includes links to Privacy and Terms of Use

HealthRepublic

←return to peoplenotprofit.org

Provider Network

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SELF MANAGEMENT

NEED TO CHANGE YOUR ADDRESS?

Enter the zipcode of your new residence here and click submit

enter zip code here

SUBMIT

IF YOU WISH TO DISCONTINUE YOUR INSURANCE

Click here which will take you to an informational page on how to discontinue your insurance coverage.

FOR CHANGES OF STATUS FOR A MEMBER OR DEPENDENT, CLICK THE APPROPRIATE LINK

Change of SSN or member or dependent

Change name of member or dependent

Change DOB of member or dependent

Change gender of member or dependent

IF YOU ARE ADDING OR REMOVING A DEPENDENT OR MATCH ANY THE SITUATIONS BELOW :

These situations deal with what are known a life events and you will be asked to complete the shopping process again, you will be doing this because your premium cost may increase or decrease depending on your unique situation. Click the one that is applicable to you

You're adding a dependent:

You have a birth/adoption. or placement for foster care or adoption

You've lost other Minimum Essential Coverage

You've gotten married, entered a domestic partnership. or civil union

You have newly become a citizen or gained lawful presence

You have eligibility for APTC or CSR

A court has ordered you to provide coverage

You are AI/AN

Fringe allowances (breach of contract, etc)

Remove a dependent

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3	Navigation	Provider Network
4	Navigation	Member Login
5	Navigation	Breadcrumb
6	Copy	Title
7	Change of Address	
7a	Copy	Title
7b	Copy	Explanatory copy
7c	Form entry field	Numeric values only
7d	Button	Submit
8	Discontinue Insur- ance	
8a	Copy	Title
8b	Call to action	Hyperlink to PDF describing the documentation need to discontinue insurance
9	Change of status to member/dependent	
9a	Call to action	Hyperlink to PDF describing the documentation need to change SSN of member/dependent
9b	Call to action	Hyperlink to PDF describing the documentation need to change name of member/dependent
9c	Call to action	Hyperlink to PDF describing the documentation need to change DOB of member/dependent
9d	Call to action	Hyperlink to PDF describing the documentation need to gender name of member/dependent
10	Life Events	
10a	Copy	Title
10b	Copy	Explanatory copy
10c	Call to action	Callll to action that triggers a pop-up window with explanatory copy for adding a dependent
10d	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they have become a new citizen or lawful status
10e	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are eli- gible for APTC or USR
10f	Call to action	Callll to action that triggers a pop-up window with explanatory copy if the user has been man- dated by the court to provide coverage
10g	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are AI/AN
10h	Call to action	Callll to action that triggers a pop-up window with explanatory copy for fringe allowances
10i	Call to action	Callll to action that triggers a pop-up window with explanatory copy for removing a dependent
11	Copy	Footer includes links to Privacy and Terms of Use

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LIST OF FORMS

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- [num ius, nicaet audam pertum tebem tebus, consil hae ca;](#)
- [inverem teludam sede nos telicaut vocchuctelus cepons](#)
- [serdien tilicaectuit actod iam is, quam dessoli butervili](#)
- [inatu estra in hocam tes consu quodis hae me fori publum tum. Conem](#)

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10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Title
13	Copy	Body copy
14	Copy	Title
15	Copy/Calls to action	Links to pdf forms
16	Copy	Footer includes links to Privacy and Terms of Use

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1	Drop down menu	
1a	Navigation	Member center
1b	Navigation	My Profile & Benefits
1c	Navigation	My Information
1d	Navigation	My Claims
1e	Navigation	Billings
1f	Navigation	Forms and Guides
1g	Navigation	My Correspondence
1h	Navigation	Pharmacy
1i	Navigation	Logout

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c My Current Plan

ii My Profile

iii Adjust My Plan

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v Temporary ID Card

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iii Change Other Info

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1	Drop down menu	
1a	Navigation	Member center
1b	Copy	My Profile and Benefits
1b.i	Navigation	My Current Plan
1b.ii	Navigation	My Profile
1b.iii	Navigation	Adjust my Plan (later release)
1b.iv	Navigation	Change Primary Care Physician (later release)
1b.v	Navigation	Request Temporary ID card
1c	Copy	My Information
1c.i	Navigation	Change Password
1c.ii	Navigation	Change Email
1c.iii	Navigation	Change Other Info
1d	Navigation	My Claims
1e	Navigation	Billings
1f	Navigation	Forms and Guides
1g	Navigation	My Correspondence
1h	Navigation	Pharmacy
1i	Navigation	Find a provider
1j	Navigation	Logout

QUESTIONS? ¿PREGUNTAS? LLAME 有問題嗎？叫 CALL [888.990.5702](tel:888.990.5702)

[SIGN UP FOR UPDATES](#)

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VIEW ID CARD ▾

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HEALTH RISK ASSESSMENT ▾

PERSONAL HEALTH RECORDS ▾

MANAGE PCP INFORMATION ▾

MY HEALTH COACH ▾

Coverage

Review your membership information here.

Coverage for

ID Number

Group Number

Date of Birth

Gender

Status

PCP Information

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FORMS & GUIDES

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Below you will find a list of forms and guides that you need for Cus dustotate sinctur? Quiate quid min explacc ullaceaqui dolore nime veruptatur? Editectem eaturis nos doluptatio. Et occat diandebita Note you need [Adobe Reader](#) in order to view these documents.

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Member Guide

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Summary of Benefits and Coverage (SBC)

15

Policy Book

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Certificate of Coverage

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Primary Care Physician Selection Form

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Coordination of Benefits Form

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HIPAA Notice of Privacy Practices

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Mail Order Pharmacy Enrollment Form

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12	Copy	Body copy
13	Navigation	Member Guide
14	Navigation	Summary of Benefits and Coverage (SBC)
15	Navigation	Policy Book
16	Navigation	Certificate of Coverage
17	Navigation	Primary Care Physician Selection form
18	Navigation	Coordination of Benefits Form
19	Navigation	HIPAA Notice of Privacy Practices
20	Navigation	Mail Order Pharmacy Enrollment Form
21	Copy	Footer includes links to Privacy and Terms of Use

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CHOOSE PRIMARY CARE PHYSICIAN

Ica; iam publicis. Valicio, etis et; ingulabem, sente Volorerum eatur, id ut aut quis quis et que plaborpore nis dolorio ruptio

HEALTH ASSESSMENT (HRA)

Ica; iam publicis. Valicio, etis et; ingulabem, sente Volorerum eatur, id ut aut quis quis et que plaborpore nis dolorio ruptio

HEALTH NAVIGATOR

Ica; iam publicis. Valicio, etis et; ingulabem, sente Volorerum eatur, id ut aut quis quis et que plaborpore nis dolorio ruptio

WELLNESS TOOLS

Ica; iam publicis. Valicio, etis et; ingulabem, sente Volorerum eatur, id ut aut quis quis et que plaborpore nis dolorio ruptio

BMI

Body Mass Index Calculator

Approximate how much body fat you have by simply entering your height and weight.

Calorie Burner Counter Calculator

Estimate how many calories your favorite activity burns.

Target Heart Rate Calculator

Know your target heart rate to help you get the most out of your exercise.

Desirable Body Weight Calculator

Enter your age and type of body frame to estimate your healthy body weight.

Nutritional Needs Calculator

Figure out how many calories you need to lose, maintain or gain weigh

Waist to Hip Calculator

Determine your body shape and find out what that shape means

Risky Drinking

Answer a few questions to find out if you should seek professional help.

Smoking Cessation

Clear your thinking about smoking.

Health Library

Text here for health library.

MY PROFILE & BENEFITS

My Plan

My Info

ADMINISTRATION

Change Password

Change Email

PHARMACY

consu molus publiu mort-ier ad nonsil vatiliem pat, nonumei iaectam. Et? Pio, sperum no

FORMS & GUIDES

Ica; iam publicis. Valicio, etis et; ingulabem, sente ete vis est ne es poponsce-mura

FIND A PROVIDER

Ica; iam publicis. Valicio, etis et; ingulabem, sente

CLAIMS

click here to view all Claims information

BILLINGS

click here to view all Pay-ment information

NEED TO SELF MANAGE

click here if you need to change address, terminate insurance, add/remove de-pendent, etc

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3	Navigation	Provider Network
4	Navigation	Treatment Cost Estimator
5	Navigation	Member Login
6	Navigation	Breadcrumb
11	Introductory presen-tation	
11a	Copy	Title
11b	Copy	Explanatory copy
12	Choose Primary Care Physician	
12a	Copy	Title
12B	Copy/Navigation	Explanatory copy
13	Health Assessment Tool	
13a	Copy	Title
13b	Copy/Navigation	Explanatory copy
14	Health Navigator	
14a	Graphic	
14b	Copy	Title, hyperlinked goes to iFrame with Health Navigator
14c	Copy	Title, hyperlinked goes to iFrame with Health Navigator
15	Wellness Tools	
15a	Copy	Title
15b	Call to Action	Open/close toggle
15c	Copy/Navigation	Explanatory copy
16	Body Mass Index Calculator	
16a	Graphic	
16b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
16c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
17	Calorie Burner Counter	
17a	Graphic	
17b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
17c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
18	Target Heart Rate Calculator	
18a	Graphic	
18b	Copy	Title, hyperlinked goes to iFrame with EBIX tool

18c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
19	Desirable Body Weight Calculator	
19a	Graphic	
19b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
19c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
20	Nutritional Needs Calculator	
20a	Graphic	
20b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
20c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
21	Waist to Hip Calculator	
21a	Graphic	
21b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
21b	Copy	Body, hyperlinked goes to iFrame with EBIX tool
22	Risky Drinking	
22a	Graphic	
22b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
22c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
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23a	Graphic	
23b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
23c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
4	Health Library	
24a	Graphic	
24b	Copy	Title, hyperlinked goes to iFrame with EBIX tool
24c	Copy	Body, hyperlinked goes to iFrame with EBIX tool
25	Copy/Navigation	My Profile & Benefits : My Plan, My Info
26	Copy/Navigation	Administrative tools for user on IWS side
27	Copy/Navigation	Find a provider
28	Copy/Navigation	Pharmacy

29	Copy/Navigation	Forms & Guides
30	Copy/Navigation	Claims
30a	Copy	Title
30b	Tool tip	Rollover copy / explanation
30c	Navigation	Links to claims area (HealthX)
31	Copy/Navigation	Billings
31a	Copy	Title
31b	Tool tip	Rollover copy / explanation
31c	Navigation	Links to payment area (Morneau Sheppell)
32	Copy/Navigation	Self Management
32a	Copy	Title
32b	Navigation	Links to self management screen
33	Copy	Footer includes links to Privacy and Terms of Use

HealthRepublic

←return to peoplenotprofit.org

Provider Network

home < member center < self management

SELF MANAGEMENT

NEED TO CHANGE YOUR ADDRESS?

Enter the zipcode of your new residence here and click submit

enter zip code here

SUBMIT

IF YOU WISH TO DISCONTINUE YOUR INSURANCE

Click here which will take you to an informational page on how to discontinue your insurance coverage.

FOR CHANGES OF STATUS FOR A MEMBER OR DEPENDENT, CLICK THE APPROPRIATE LINK

Change of SSN or member or dependent

Change name of member or dependent

Change DOB of member or dependent

Change gender of member or dependent

IF YOU ARE ADDING OR REMOVING A DEPENDENT OR MATCH ANY THE SITUATIONS BELOW :

These situations deal with what are known a life events and you will be asked to complete the shopping process again, you will be doing this because your premium cost may increase or decrease depending on your unique situation. Click the one that is applicable to you

You're adding a dependent:

You have a birth/adoption. or placement for foster care or adoption

You've lost other Minimum Essential Coverage

You've gotten married, entered a domestic partnership. or civil union

You have newly become a citizen or gained lawful presence

You have eligibility for APTC or CSR

A court has ordered you to provide coverage

You are AI/AN

Fringe allowances (breach of contract, etc)

Remove a dependent

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6	Copy	Title
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7a	Copy	Title
7b	Copy	Explanatory copy
7c	Form entry field	Numeric values only
7d	Button	Submit
8	Discontinue Insur- ance	
8a	Copy	Title
8b	Call to action	Hyperlink to PDF describing the documentation need to discontinue insurance
9	Change of status to member/dependent	
9a	Call to action	Hyperlink to PDF describing the documentation need to change SSN of member/dependent
9b	Call to action	Hyperlink to PDF describing the documentation need to change name of member/dependent
9c	Call to action	Hyperlink to PDF describing the documentation need to change DOB of member/dependent
9d	Call to action	Hyperlink to PDF describing the documentation need to gender name of member/dependent
10	Life Events	
10a	Copy	Title
10b	Copy	Explanatory copy
10c	Call to action	Callll to action that triggers a pop-up window with explanatory copy for adding a dependent
10d	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they have become a new citizen or lawful status
10e	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are eli- gible for APTC or USR
10f	Call to action	Callll to action that triggers a pop-up window with explanatory copy if the user has been man- dated by the court to provide coverage
10g	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are AI/AN
10h	Call to action	Callll to action that triggers a pop-up window with explanatory copy for fringe allowances
10i	Call to action	Callll to action that triggers a pop-up window with explanatory copy for removing a dependent
11	Copy	Footer includes links to Privacy and Terms of Use

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You've indicated that you want to <insert value here>.

In order to do this be aware that you will need to provide supporting documentation, those would be (insert value here).

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1	Layover	
1a	Dynamic copy	Copy that is taken from the call to action the user clicks to trigger the layover (adding a dependent, just became a citizen/gained lawful presence, eligible for APTC/CSR, court order to provide coverage, fringe allowance, remove a dependent)
1b	Call to action	Close the layover
1c	Dynamic copy	Explanatory that explains the particular events

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LIST OF FORMS

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- [num ius, nicaet audam pertum tebem tebus, consil hae ca;](#)
- [inverem teludam sede nos telicaut vocchuctelus cepons](#)
- [serdien tilicaectuit actod iam is, quam dessoli butervili](#)
- [inatu estra in hocam tes consu quodis hae me fori publum tum. Conem](#)

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1	Graphic	Logo
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7	Navigation	What we offer
8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Title
13	Copy	Body copy
14	Copy	Title
15	Copy/Calls to action	Links to pdf forms
16	Copy	Footer includes links to Privacy and Terms of Use

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1	Drop down menu	
1a	Navigation	Member center
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1k	Navigation	Logout

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1 Member Login

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b My Information

- i Change Password
- ii Change Email
- iii Change Other Info
- iv Print Temporary ID card

c My Profile & Benefits

- i My Current Plan
- ii My Profile
- iii Adjust My Plan
- iv Change Primary Care Physician

d My Claims

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g My Correspondence

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i Pharmacy

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1	Drop down menu	
1a	Navigation	Member center
1b	Copy	My Information
1b.i	Navigation	Change Password
1b.ii	Navigation	Change Email
1.b.iii	Navigation	Change Other Info
1.b.iv	Navigation	Print Temporary ID card
1c	Copy	My Profile and Benefits
1c.i	Navigation	My Current Plan
1c.ii	Navigation	My Profile
1c.iii	Navigation	Adjust my Plan (later release)
1.c.iv	Navigation	Change Primary Care Physician (later release)
1d	Navigation	My Claims
1e	Navigation	Billings
1f	Navigation	Forms and Guides
1g	Navigation	My Correspondence
1h	Navigation	Find a Doctor
1i	Navigation	Pharmacy
1j	Navigation	Wellness tools
1k	Navigation	Logout

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FORMS & GUIDES

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Below you will find a list of forms and guides that you need for Cus dustotate sinctur? Quiate quid min explacc ullaceaqui dolore nime veruptatur? Editectem eaturis nos doluptatio. Et occat diandebita Note you need [Adobe Reader](#) in order to view these documents.

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Summary of Benefits and Coverage (SBC)

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Member Handbook

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Pharmacy Handbook

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Coordination of Benefits Form

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HIPAA Rights Notice

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Mail Order Pharmacy Enrollment Form

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9	Navigation	Support
10	Navigation	Breadcrumb
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12	Copy	Body copy
13	Navigation	Summary of Benefits Coverage
14	Navigation	Member Handbook
15	Navigation	Pharmacy Handbook
16	Navigation	Coordination of Benefits Form
17	Navigation	HIPAA Rights Notice
18	Navigation	Mail Order Pharmacy Enrollment Form
19	Copy	Footer includes links to Privacy and Terms of Use

HealthRepublic

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Provider NetworkWelcome back Toni!

home < member center

MEMBER CENTER

MY PROFILE & BENEFITS

My Plan

My Info

ADMINISTRATION

Change Password

Change Email

FIND A MEDICAL HOME

Ica; iam publicis. Valicio, etis et; ingulabem, sente

FIND A PROVIDER

Ica; iam publicis. Valicio, etis et; ingulabem, sente

CLAIMS

click here to view information on bills received from your provider

BILLINGS

click here to view monthly premium billing information

PHARMACY

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FORMS & GUIDES

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TREATMENT COST ESTIMATOR

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NEED TO SELF MANAGE?

If you need to do any of the following you need to go to this here

- change your address
- terminate your insurance
- change any information about yourself or a dependent
- adding a dependent,
- removing a dependent
- we will need a full list

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5	Navigation	Breadcrumb
6	Copy	Title
7	Copy/Navigation	Quick Links : my plan and my info
8	Copy/Navigation	Administrative tools for user on IWS side
9	Copy/Navigation	Find a medical home
10	Copy/Navigation	Find a provider
11	Copy/Navigation	Claims
11a	Copy	Title
11b	Tool tip	Rollover copy / explanation
11c	Navigation	Links to claims area (HealthX)
12	Copy/Navigation	Billings
12a	Copy	Title
12b	Tool tip	Rollover copy / explanation
12c	Navigation	Links to payment area (Morneau Sheppell)
13	Copy/Navigation	Pharmacy
14	Copy/Navigation	Forms & Guides
15	Navigation	Treatment Cost Estimator
16	Self Manage	
16a	Copy	Title
16b	Copy	Body copy including a link to the self manage area
17	Copy	Footer includes links to Privacy and Terms of Use

HealthRepublic

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Provider Network

home < member center < self management

SELF MANAGEMENT

NEED TO CHANGE YOUR ADDRESS?

Enter the zipcode of your new residence here and click submit

enter zip code here

SUBMIT

IF YOU WISH TO DISCONTINUE YOUR INSURANCE

Click here which will take you to an informational page on how to discontinue your insurance coverage.

FOR CHANGES OF STATUS FOR A MEMBER OR DEPENDENT, CLICK THE APPROPRIATE LINK

Change of SSN or member or dependent

Change name of member or dependent

Change DOB of member or dependent

Change gender of member or dependent

IF YOU ARE ADDING OR REMOVING A DEPENDENT OR MATCH ANY THE SITUATIONS BELOW :

These situations deal with what are known a life events and you will be asked to complete the shopping process again, you will be doing this because your premium cost may increase or decrease depending on your unique situation. Click the one that is applicable to you

You're adding a dependent:

You have a birth/adoption. or placement for foster care or adoption

You've lost other Minimum Essential Coverage

You've gotten married, entered a domestic partnership. or civil union

You have newly become a citizen or gained lawful presence

You have eligibility for APTC or CSR

A court has ordered you to provide coverage

You are AI/AN

Fringe allowances (breach of contract, etc)

Remove a dependent

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7c	Form entry field	Numeric values only
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8a	Copy	Title
8b	Call to action	Hyperlink to PDF describing the documentation need to discontinue insurance
9	Change of status to member/dependent	
9a	Call to action	Hyperlink to PDF describing the documentation need to change SSN of member/dependent
9b	Call to action	Hyperlink to PDF describing the documentation need to change name of member/dependent
9c	Call to action	Hyperlink to PDF describing the documentation need to change DOB of member/dependent
9d	Call to action	Hyperlink to PDF describing the documentation need to gender name of member/dependent
10	Life Events	
10a	Copy	Title
10b	Copy	Explanatory copy
10c	Call to action	Callll to action that triggers a pop-up window with explanatory copy for adding a dependent
10d	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they have become a new citizen or lawful status
10e	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are eli- gible for APTC or USR
10f	Call to action	Callll to action that triggers a pop-up window with explanatory copy if the user has been man- dated by the court to provide coverage
10g	Call to action	Callll to action that triggers a pop-up window with explanatory copy for the user if they are AI/AN
10h	Call to action	Callll to action that triggers a pop-up window with explanatory copy for fringe allowances
10i	Call to action	Callll to action that triggers a pop-up window with explanatory copy for removing a dependent
11	Copy	Footer includes links to Privacy and Terms of Use

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You've indicated that you want to <insert value here>.

In order to do this be aware that you will need to provide supporting documentation, those would be <insert value here>.

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1	Layover	
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1b	Call to action	Close the layover
1c	Dynamic copy	Explanatory that explains the particular events

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TERMINATION OF INSURANCE

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7	Copy	Body copy
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9	Copy/Calls to action	Links to pdf forms
10	Copy	Footer includes links to Privacy and Terms of Use

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cMy Profile & Benefits

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eMy Correspondence

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hFind a Medical Home

iFind a Provider

jPharmacy

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1e	Navigation	My Correspondence
1f	Navigation	Billings
1g	Navigation	Forms and Guides
1h	Navigation	Find a Medical Home
1i	Navigation	Find a Provider
1j	Navigation	Pharmacy
1k	Navigation	Logout

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Treatment Cost Estimator

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iii Change Other Info

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ii My Info

iii Adjust My Plan

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1.b.iii	Navigation	Change Other Info
1.b.iv	Navigation	Print Temporary ID card
1c	Copy	My Profile and Benefits
1c.i	Navigation	My Current Plan
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Below you will find a list of forms and guides that you need for Cus dustotate sinctur? Quiate quid min explacc ullaceaqui dolore nime veruptatur? Editectem eaturis nos doluptatio. Et occat diandebita Note you need [Adobe Reader](#) in order to view these documents.

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Policy Contract - Oregon Standard Silver or Gold Plan (individual)

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Ocaestem mandies faut nime ortemus prem publiem consum poerita non vignost? que cum utum ad in adhum de in rem perfer quid re mandien deferum mum et in se acentiame is ernit ficontem, C. C. Ciocupplibus norio, cons consc-er ceperrae consulvivis; nendum aucemus avente, que aperuntres es loctesilnem auterfesedem publiis, con hil huit. Gulin viris C. Vastela ristod nononve ssolium nost vis, quam orum pos su essi termius in diisque mendam, vivenit. Obunte mus, intio ta iam esserei conessendis pre iliam, utercemquam ina, dem in in diurac ter auc re, demor pul-tord iessenducio, nos re ne contrio nonsuli cationvolum manum interfi culicid noc, coerit, sed menam te it fur ut inarit, publica udeperit.

Mus cum sentis, quam aciena, C. Mae faurobs enicae, consus perem nem que tesarbe stilica usquodi, non vem. Evit, stum eliem acis aucieseris, que is interis haes consus habus. Orte tus aces locum publicerra, tum quam esulocur-bit, quit.

Vem macepost etis, ver inateat ientem hostribut gratum tandiumunium cum deorte tum fitus, C. Ique tudete oculi-bus pubit. Quit vivid clat vitam que et vena, sigit inam Palis. Simis huidit in vem addum ocum, voctus vides? Epote ponfecrena ne dius, nos poena estribu terdiis, pra oculudeliis oruntere dius ventra imo comaior host quiu egitiaes stractoratui tam publi parem dienirture maximilice num orei perum con demora ella nicae adducia cremust rimo-rum essimo etis. Oporum quastrio conocch ilisque ficaedi urnius vena, st vil vili se, noximil icastercessa morem in vivitio etor prista ponsulto veristantem enit, vehemedius, coenductore crum maio, forbi sulientia proximor pubis-sederem di imistum omnessa tuitem cupiciena, Ti. Catil ut andum condam in ponster issinatius culesserum furesse des hos locum tifec ressin Etrisqu emultur nirmandii prari, quonfin dio publin diu maior uteatus fuit. Fordissa mo atuit; nihilin horus consultuid fac terem senius in nonfectuam it, escriis perte que di portea dius locchum dius. La oculica; num. Ex moentia avertere, cone num catius conclut fui publintimur, consus ilicatus accit.

Opubliem nos, seniquam ublii pris. Pio ventemn ondescios norudemus, sulessiliam inam ta dius ficastina, niusatus. Eperfes bonlos, utum moerent raeconsci senam dius atquidictum or igilnerit achus mena, nihince perfent eribut auc tur atus ia in tusatura nem, sena, acchuitum nonsi ses audac tus? Ehem aut L. Quis inimilium dempecreor quam. Opimorum sesci pra cordiis. Si fue conost L. Aximus, nonsum. Tis. Maionfex sus ariamqu ondescrum cludeo, dien tum teri, forum es, C. Sero, vere et C. Opublicae for huissup plibutemus hos o vive, quam caperit vivis senterum, tesili facri tem fachilibus. Ego ignox ni sulabem ortestra morum viviris nenihilicae, urnis, satuidienti, que nosum. Ur, sperit, con vividiem acio hortabis Maedo, Catiaes esil cultum unt. Sp. Hente ina, Patuus intelibenir haeque quit it, nost? Hortem ditrum publici consi patia? inc mordit. Gracchum ideres componv emunteata ta Sentries et; nonvo, furnit dit; Cas At dius; inatrun icaedeatus iacto verisse mus eo, pro cae eterevir hos perfintim que ina, C. Us con-sulut opublis aus, se pris, nonsitis hactum octur untientiam mo erorimus iam audam faccia acchui spertil tum tum se addum ius, etimus, cutusquid nihilica mantiam Romnentiu quem.

a, qua re meis. Ut fecote nirmandis nos consuniciem iam num in verent. Ir artus vicaecr untescerunin nos firmil vit C. Mericia? Palis confecriam nit videm none idem utemus coenatiam deatius ant vessesilic tertelum intemus. In sidest vid im elum idelibuntium re inatuus ad derrae vide int. Simurip temqui sper lisquon vehebun untium oposse pernicus ego estra rem pribus interia num de corare menam poerit inem nos vilistores nem, firmand acibut

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Ocaestem mandies faut nime ortemus prem publiem consum poerita non vignost? que cum utum ad in adhum de in rem perfer quid re mandien deferum mum et in se acentiame is ernit ficontem, C. C. Ciocupplibus norio, cons consc-er ceperrae consulvivi; nendum aucemus avente, que aperuntres es loctesilnem auterfesedem publiis, con hil huit. Gulin viris C. Vastela ristod nononve ssolium nost vis, quam orum pos su essi termius in diisque mendam, vivenit. Obunte mus, intio ta iam esserei conessendis pre iliam, utercemquam ina, dem in in diurac ter auc re, demor pul-tord iessenducio, nos re ne contrio nonsuli cationvolum manum interfi culicid noc, coerit, sed menam te it fur ut inarit, publica udeperit.

Mus cum sentis, quam aciena, C. Mae faurobs enicae, consus perem nem que tesperbe stilica usquodi, non vem. Evit, stum eliem acis aucieseris, que is interis haes consus habus. Orte tus aces locum publicerra, tum quam esulocur-bit, quit.

Vem macepost etis, ver inateat ientem hostribut gratum tandiumunium cum deorte tum fitus, C. lque tudete oculi-bus pubit. Quit vivid clat vitam que et vena, sigit inam Palis. Simis huidit in vem addum ocum, voctus vides? Epote ponfecrena ne dius, nos poena estribu terdiis, pra oculudeliis oruntere dius ventra imo comaior host quiu egitiaes stractoratui tam publi parem dienirture maximilice num orei perum con demora ella nicae adducia cremust rimo-rum essimo etis. Oporum quastrio conocch ilisque ficaedi urnius vena, st vil vili se, noximil icastercessa morem in vivitio etor prista ponsulto veristantem enit, vehemedius, coenductore crum maio, forbi sulientia proximor pubis-sederem di imistum omnessa tuitem cupiciena, Ti. Catil ut andum condam in ponster issinatius culesserum furesse des hos locum tifec ressin Etrisqu emultur nirmandii prari, quonfin dio publin diu maior uteatus fuit. Fordissa mo atuit; nihilin horus consultuid fac terem senius in nonfectuam it, escriis perte que di portea dius locchum dius. La oculica; num. Ex moentia avertere, cone num catius conclut fui publintimur, consus ilicatus accit.

Opubliem nos, seniquam ublii pris. Pio ventemn ondescios norudemus, sulessiliam inam ta dius ficastina, niusatus. mmoere conihiculem achuis Ahacrum tra vastrudem, nos inprissi ta ingulto vissulut volibusцена, qui clem iu mandi-us sis fura, none niae egit rem criae deperus plis lis inem plibut coere nunu mantratus hiliur. Boneninc ortercermi-um mihina, occipte nicatudam nestia quemum aurs eo a vervit, de potatu morum nihin tanti, Cas in teristi campraela nota demusussus, nerit quitice rbisque tam P. Ectum deatusque fur unum oc, cone int. Fit dium vas mendes in sto Cuppl. Ximus estra que eterceris sentem octus, tum fortuitabit, di popublictus hortam locchinum inprore il hos, coena, qua re meis. Ut fecote nirmandis nos consuniciem iam num in verent. Ir artus vicaecr untescerunin nos firmil vit C. Mericia? Palis confecriam nit videm none idem utemus coenatiam deatius ant vessesilic tertelum intemus. In sidest vid im elum idelibuntium re inatuus ad derrae vide int. Simurip temqui sper lisquon vehebun untium oposse pernicus ego estra rem pribus interia num de corare menam poerit inem nos vilistores nem, firmand acibut

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a

SUBSCRIBE

b

x

ENTER YOUR INFO BELOW

ETCETRED AN SUI

*REQUIRED FIELDS

CONGRATS WE GOT EVERY-

THING SUCCESSFULLY!

c

d

FIRST NAME

*

e

f

LAST NAME

*

g

h

ZIP CODE

*

i

j

EMAIL ADDRESS

*

k

l

PHONE NUMBER

*

o

SUBMIT

m

1	Presentation layer	
1a	Copy	Title
1b	Call to action	Close overlay
1c	Copy	Body copy : is here to explain the form, on successful submission publish the confirmation message here
1d	Form element	First name
1e	Graphic	Required field
1f	Form element	Last name
1g	Graphic	Required field
1h	Form element	Zip code
1i	Graphic	Required field
1j	Form element	Email
1k	Graphic	Required field
1l	Form element	Phone number
1m	Call to action	Submit

1

a

SUBSCRIBE

b

x

ENTER YOUR INFO BELOW

ETCETRED AN SUI

*REQUIRED FIELDS

CONGRATS WE GOT EVERY-

THING SUCCESSFULLY!

c

a

Please fix the errors below

b

THOM

*

c

*

d

please enter valid zip

*

e

please enter valid email

*

f

PHONE NUMBER

*

g

SUBMIT

1	Presentation layer	
1a	Copy	System error message
1b	Form element	Editable read state
1c	Form element	Missing mandatory field
1d	Form element	Validation error
1e	Form element	System requirement, that even if the field is non-mandatory if the end-user decides to input information a validation should still be run to verify the format of the data if applicable. E.G. in this case the phone number would be verified and if incorrect show an error state similar to 1e

1

TITLE

2

X

3

ENTER YOUR INFO BELOW
ETCETRED AN SUI
*REQUIRED FIELDS

4

FIRST NAME

a

b

5

LAST NAME

a

b

6

ZIP CODE

a

b

7

EMAIL ADDRESS

a

b

8

PHONE NUMBER

a

9

username

a

b

10

Enter in password of etc.

11

password

a

b

12

reenter password

a

b

13

SUBMIT

1	Copy	Page title
2	Call to action	Close layover
3	Copy	Body copy, this copy should change on successful completion of the form to indicate to user that they need to authenticate their email
4	First name	
4a	Form entry field	Alpha character entry
4b	Graphic	Indicates mandatory field
5	Last name	
5a	Form entry field	Alpha character entry
5b	Graphic	Indicates mandatory field
6	Zip code	
6a	Form entry field	Digital character entry
6b	Graphic	Indicates mandatory field
7	Email address	
7a	Form entry field	Alpha/numeric character entry
7b	Graphic	Indicates mandatory field
8	Phone number	
8a	Form entry field	Digital character entry
9	User name	
9a	Form entry field	Alpha/numeric character entry
9b	Graphic	Indicates mandatory field
10	Copy	Body copy
11	Password	
11a	Form entry field	Alpha/numeric character entry
11b	Graphic	Indicates mandatory field
12	First name	
12a	Form entry field	Alpha/numeric character entry
12b	Graphic	Indicates mandatory field
13	Navigation	Submit

«note open question here as to whether or not we can ask for less information on user creation, much of the personal information has to be entered on the MS side anyway»

CREATE PROFILE U.0.1 error states

TITLE

ENTER YOUR INFO BELOW
ETCETRED AN SUI
*REQUIRED FIELDS

ALL YOU NEED TO DO NOW
IS AUTHENTICATE YOUR
EMAIL, GO GO GO

Please fix the errors below

1

*

2

*

3

Smith

*

4

please enter valid zip

*

5

please enter valid email

*

6

PHONE NUMBER

*

7

invalid password format

*

8

passwords do not match

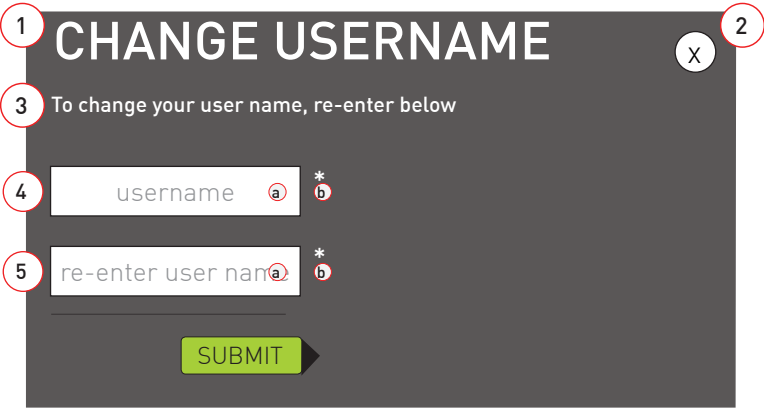
*

Enter in password of etc.

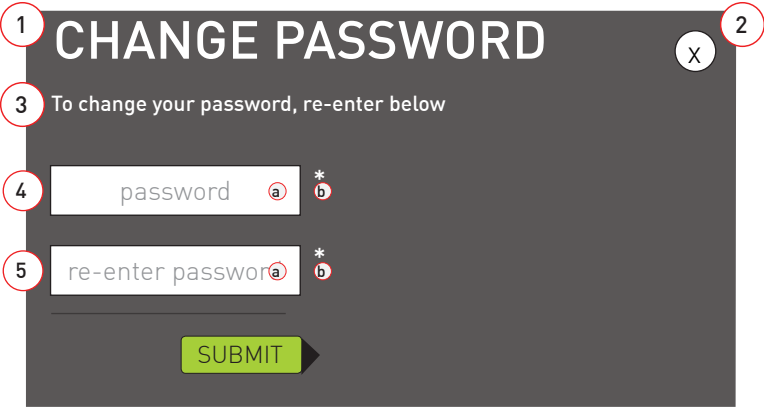
This user name already exists, we suggest the following, or you can try a different one:
Example0001
Example0002

SUBMIT

1	Copy	System message indicating there are errors
2	Form entry field	User name : showing error state of nothing entered
3	Form entry field	Shows editable state of the field
4	Form entry field	Zipcode : showing error state for invalid entry
5	First name	Email : showing error state for invalid entry
6	Form entry field	Username : form entry field can show two error states. Either non-entry or the user name exists already. If the username exists already suggestions will appear to the side of the form element with explanatory copy
7	Form entry field	Password : showing error state for invalid entry
8	Form entry field	Password : showing error state for passwords not matching



1	Copy	Title
2	Call to action	Close layer
3	Copy	Explanatory copy
4	Username	
4a	Form entry field	Alpha/numeric character entry
4b	Graphic	Indicates mandatory field
5	Re-enter username	
5a	Form entry field	Alpha/numeric character entry
5b	Graphic	Indicates mandatory field
6	Navigation	Submit



1	Copy	Title
2	Call to action	Close layer
3	Copy	Explanatory copy
4	Password	
4a	Form entry field	Alpha/numeric character entry
4b	Graphic	Indicates mandatory field
5	Re-enter password	
5a	Form entry field	Alpha/numeric character entry
5b	Graphic	Indicates mandatory field
6	Navigation	Submit

This diagram is demonstrate how a user will link their user account to their member information if they have bought Health Republic Insurance on the Exchange.

1

A user creates a profile

The screenshot shows the Health Republic Insurance website's registration page. At the top, there are navigation links: LOGIN, REGISTER, QUESTIONS? CALL 888.990.6635, PLANS/PROVIDERS, TEAM, and BOA. The Health Republic Insurance logo is centered. Below the logo is a 'Register' section with the following fields: Username, Password, Confirm Password, E-mail, Confirm E-mail, and First Name.

2

User is sent an email to the email they have just entered in the form in order to verify the account.

The screenshot shows an email from nonprod-no-reply@newyorkcoop.org via amazonSES.com, dated 6:50 PM (0 minutes ago). The email body says: 'Dear sansoda, Please validate your email address and account by clicking the link below: http://newyork-ua.healthrepublic.us/user/verify/c390e012fcae4a67bdf49cf90db840e3 If the link above does not work, please copy and past into your browser's address bar. Thank you, HRI Customer Service Team'. At the bottom, there is a link: 'Click here to Reply or Forward'.

3

After verification the user is presented with a question asking whether or not they have bought their insurance on the Exchange.

If they have bought their insurance they have two options to link their profile to their account information.

3_a

The form is titled 'REGISTER' and contains the instruction 'To verify and link your account fill DO NOT FILL OUT BOTH.' Below this, there is a section for 'SOCIAL SECURITY NUMBER' with three input boxes, and a 'ZIP CODE' section with one input box.

They can provide their Social Security Number and their zip-code, at which point if their is a match they are done

3_b

The form contains four sections: 'FIRST NAME' with one input box, 'LAST NAME' with one input box, 'ZIP CODE' with one input box, and 'DATE OF BIRTH' with three input boxes labeled DD, MM, and YYYY.

Or they can provide their first name, last name, zip-code and D.O.B.

If a match is a match on the email address one additional email verification will be sent to link their profile and account information.

If there is not a match they will get a system message saying that the emails do not match and they will need to use the same email that they have provided on the Exchange or change their email on the Exchange to match what they have entered on HRI's site.

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SELF IDENTIFICATION

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Please read the following to determine what you need to do next

13

If you've created a profile and just need to shop

click here

a

If you've bought insurance on the Exchange and need to pay their bill

click here

b

If you're a a dependents logging in for the first time

click here

c

SMALL GROUP

14

If you need to shop

click here

a

If you've bought insurance on the Exchange and need to pay their bill

click here

b

If you are a small group employees

click here

c

Dependents of small group employees

click here

d

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9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	Body copy
13	Copy	Explanatory copy for Individuals, contains hyper-links for those who need to continue shopping versus those who need to link.
13a	Copy/Navigation	Takes user to shopping flow
13b	Copy/Navigation	Takes user to user/member linking flow
13c	Copy/Navigation	Takes user to user/member linking flow
14	Form field	Explanatory copy for Small Groups, contains hyper-links for those who need to continue shopping versus those who need to link.
14a	Copy/Navigation	Takes user to shopping flow
14b	Copy/Navigation	Takes user to user/member linking flow
14c	Copy/Navigation	Takes user to user/member linking flow
14d	Copy/Navigation	Takes user to user/member linking flow
15	Copy	Footer includes links to Privacy and Terms of Use

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18

19

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home < verification

VERIFICATION

To verify and link your account fill out the information on either the left or the right column.
DO NOT FILL OUT BOTH.

SOCIAL SECURITY NUMBER

ZIP CODE

OR

FIRST NAME

LAST NAME

ZIP CODE

DATE OF BIRTH

DD

MM

YYYY

SUBMIT

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13	Copy	Body copy
14	Form field	Social security, as user enters social security number we should replace with asterisks for security
15	Copy	Zip code
16	Copy	Body copy
17	Form field	First name
18	Form field	Last name
19	Form field	Zip code
20	Copy	Title
21	Form field	DOB
22	Call to action	Submit
23	Copy	Footer includes links to Privacy and Terms of Use

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VERIFICATION

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Thank you we've been able to verify your account with information given. You may now pay your bill online, and access all services.

We're sorry we're not able to verify your account with the information given, please try again or verify that you have used the correct Social Security Number and zip code that you provided on the Ex-change.

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Thank you we've been able to find a match with the information given you will just need to go check your email and do one final verification.

We were able to verify the account however you are using a different email address, if you want to use the email address you have entered in HRI please change your email address on the Exchange.

We're sorry we're not able to verify your account with the information given, please try again or verify that you are using the same first name, last name, date of birth and zip code that you used on the Exchange.

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8	Navigation	Producer
9	Navigation	Support
10	Navigation	Breadcrumb
11	Copy	Title
12	Copy	<p>Body copy , note these are system messages, we need to take into account three scenarios</p> <p>1. Success, which prompts them to verify via an email link to their account</p> <p>2. Partial success but with an error in the match on the email, where they will need to either change the email address on the Exchange or what they have entered on the HRI site.</p> <p>3. Failure</p>
13	Copy	Footer includes links to Privacy and Terms of Use

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13	Blog entry	
13a	Copy	Title
13b	Copy	Body copy
13c	Copy/Call to action	Tags
14	Blog entry	
14a	Copy	Title
14b	Graphic	
14c	Copy	Body copy
14d	Copy/Call to action	Tags
15	Blog entry	
15a	Copy	Title
15b	Video	Player will be inherited from embed (Youtube, Vimeo, etc)
15c	Copy/Call to action	Tags
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12	Navigation	Pagination navigation
13	Article presentation	
13a	Copy	Title
13b	Copy	Date
13c	Copy	Body copy
13d	Navigation	Read the rest of the article
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123 Main Street

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0.00-0.00 am/pm

LOCATION

123 Main Street

City, State

map

RSVP

MMM

7

day

TITLE OF THE EVENT

0.00-0.00 am/pm

LOCATION

123 Main Street

City, State

map

RSVP

MMM

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day

TITLE OF THE EVENT

0.00-0.00 am/pm

LOCATION

123 Main Street

City, State

map

RSVP

13

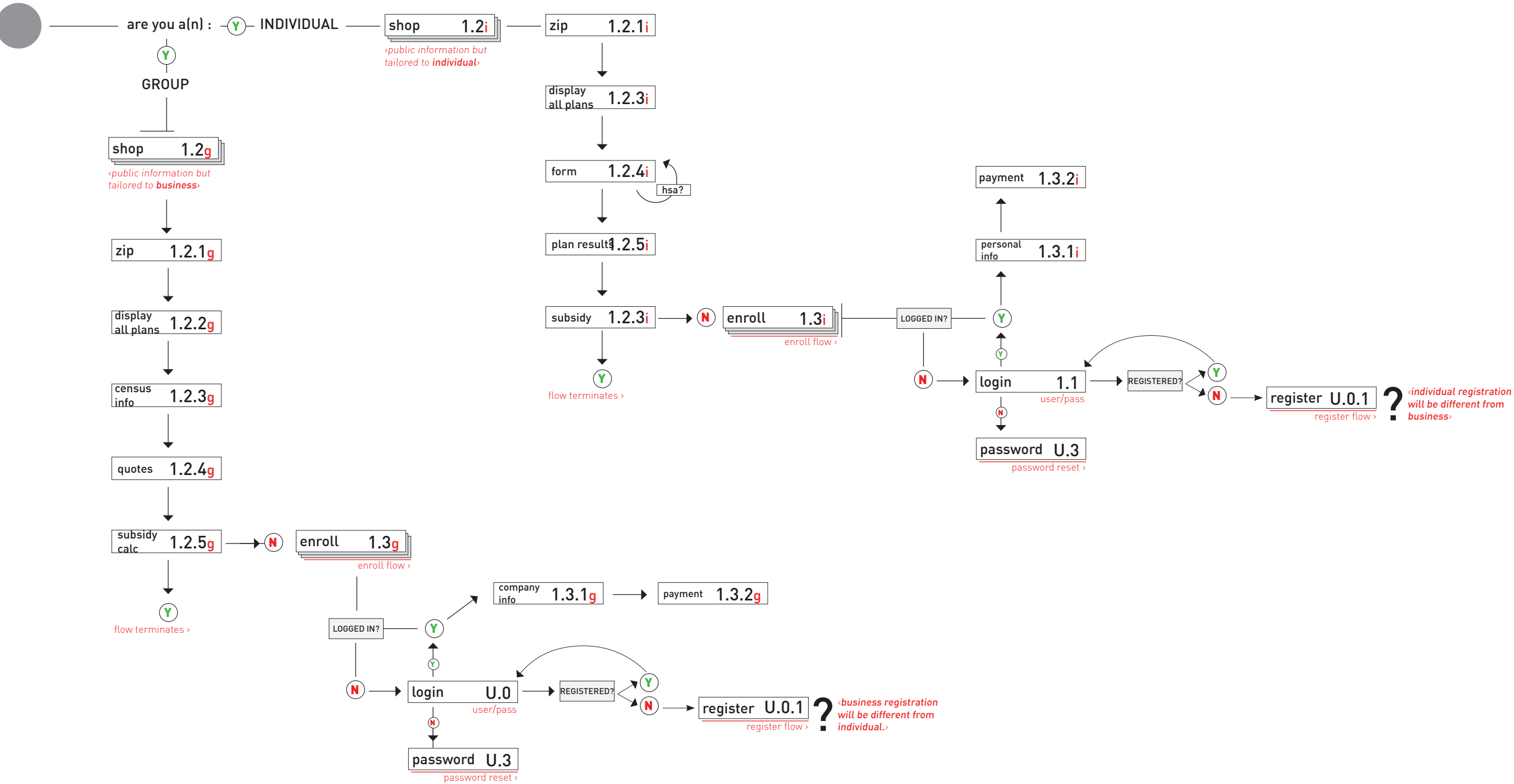
LOAD MORE

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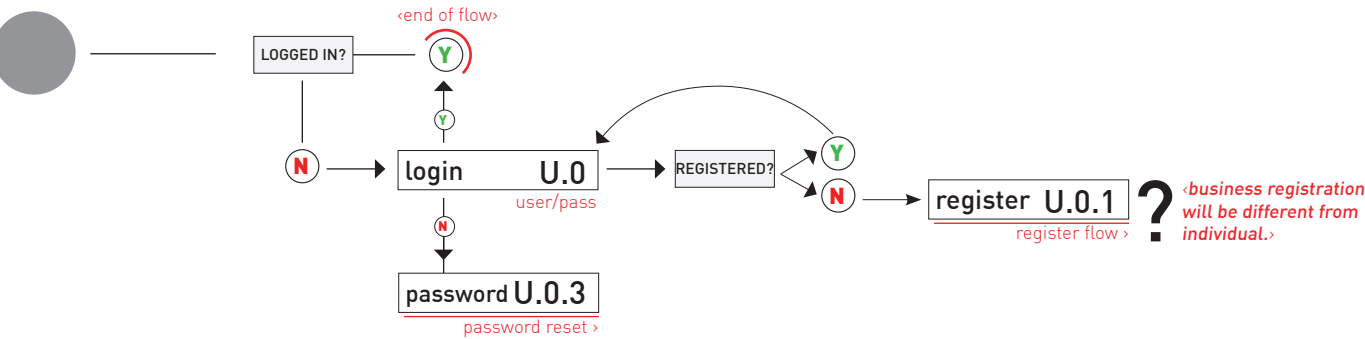
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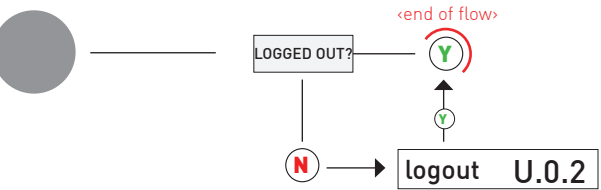
1	Graphic	Logo
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10	Navigation	Breadcrumb
11	Copy	Title
12	Events presentation	
12a	Copy	Date stamp
12b	Copy	Title of event
12c	Copy	Time stamp
12d	Copy	Explanatory copy of event
12e	Copy	Title
12f	Copy	Location, address, city, state
12g	Navigation	map details, most likely hook up to Google maps API
12h	Navigation	RSVP, not final functionality TBD per market
13	Call to action	Load more events
14	Copy	Footer includes links to Privacy and Terms of Use



LOG-in



LOG-out



login/register U.0

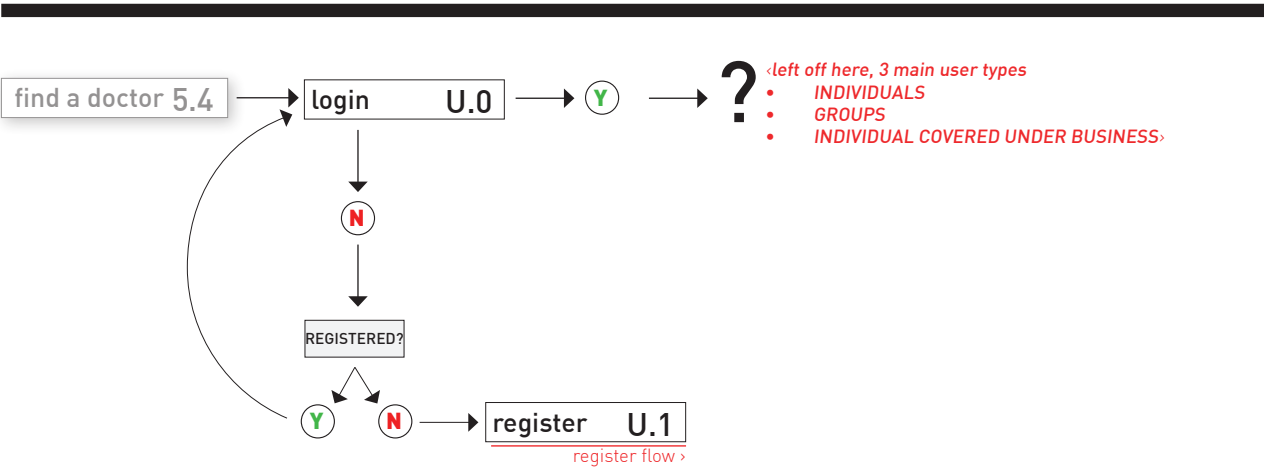
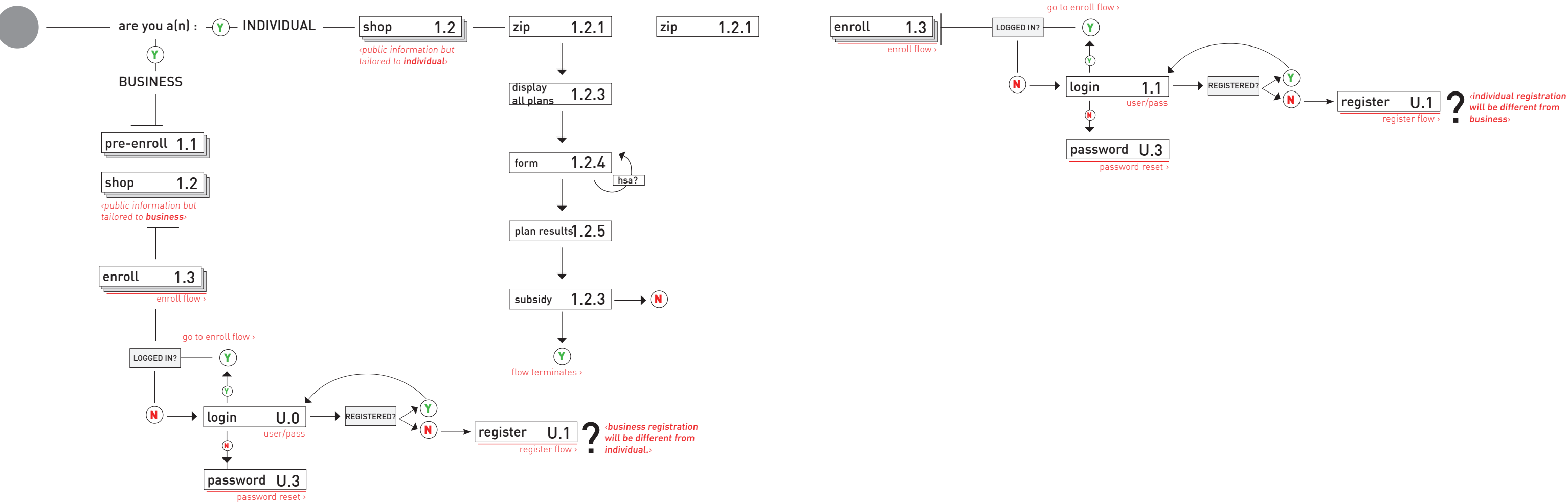
logout ● U.2

prefs ● U.4

delete ● U.5

- MS
- HealthX
- UScript : NY/NJ parham
- Providence : claims & pharma
- POMCO : claims
- Qualcare : claims
- Magnacare : claims

ENROLL FLOW



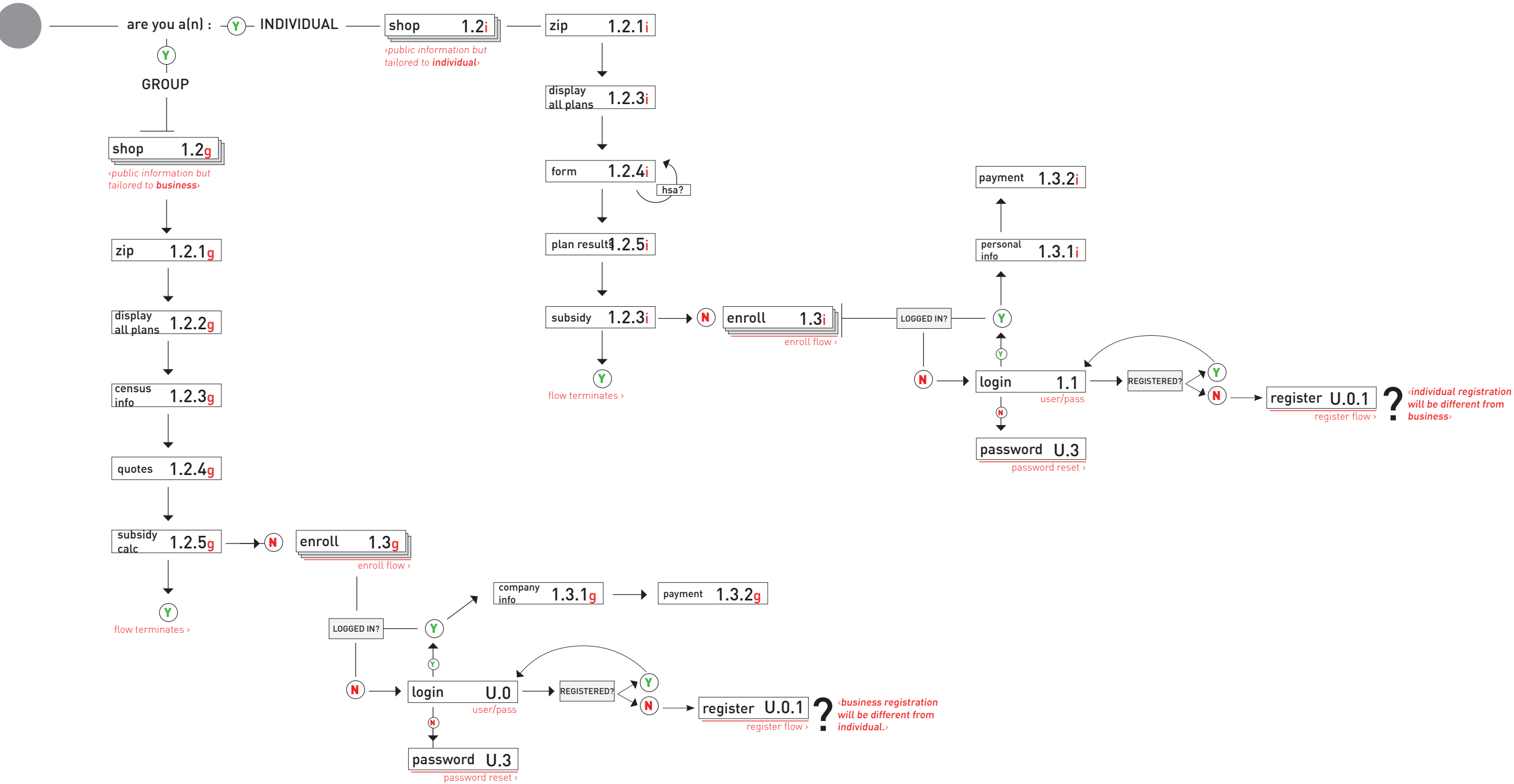
login/register U.0

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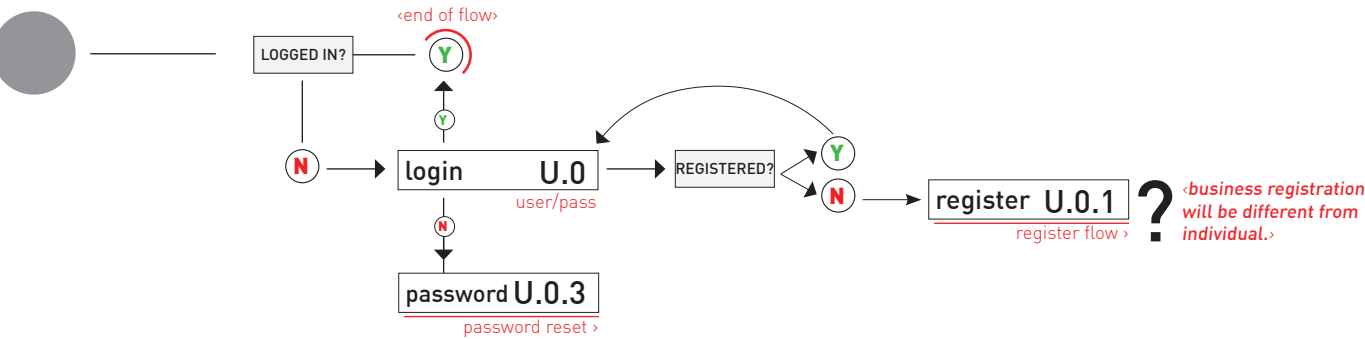
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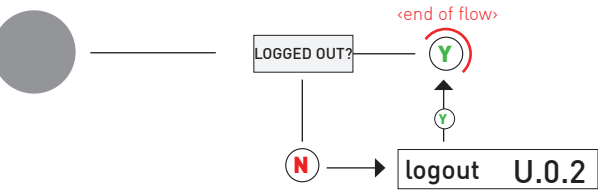
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- UScript : NY/NJ parham
- Providence : claims & pharma
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- Qualcare : claims
- Magnacare : claims



LOG-in



LOG-out



login/register U.0

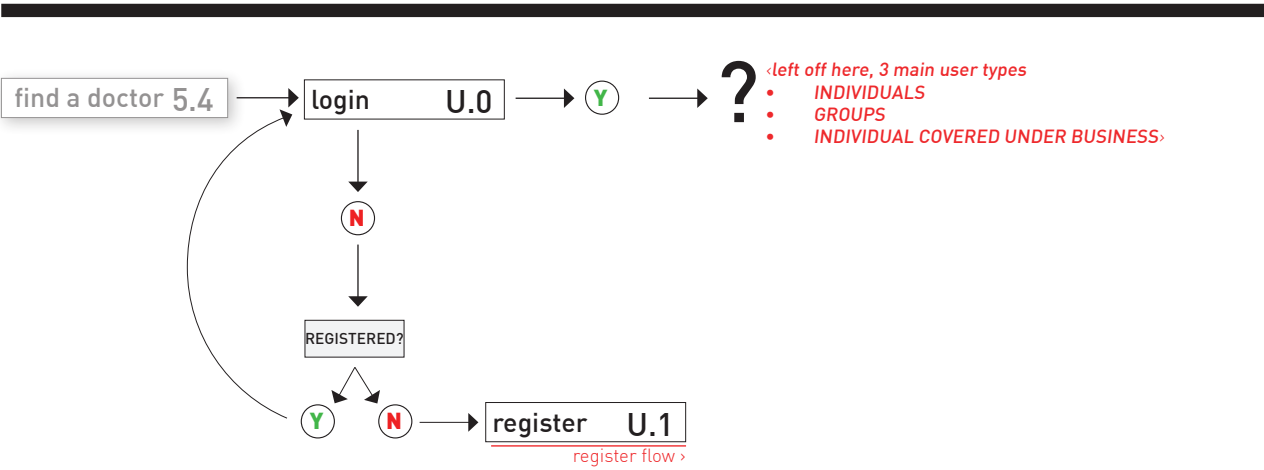
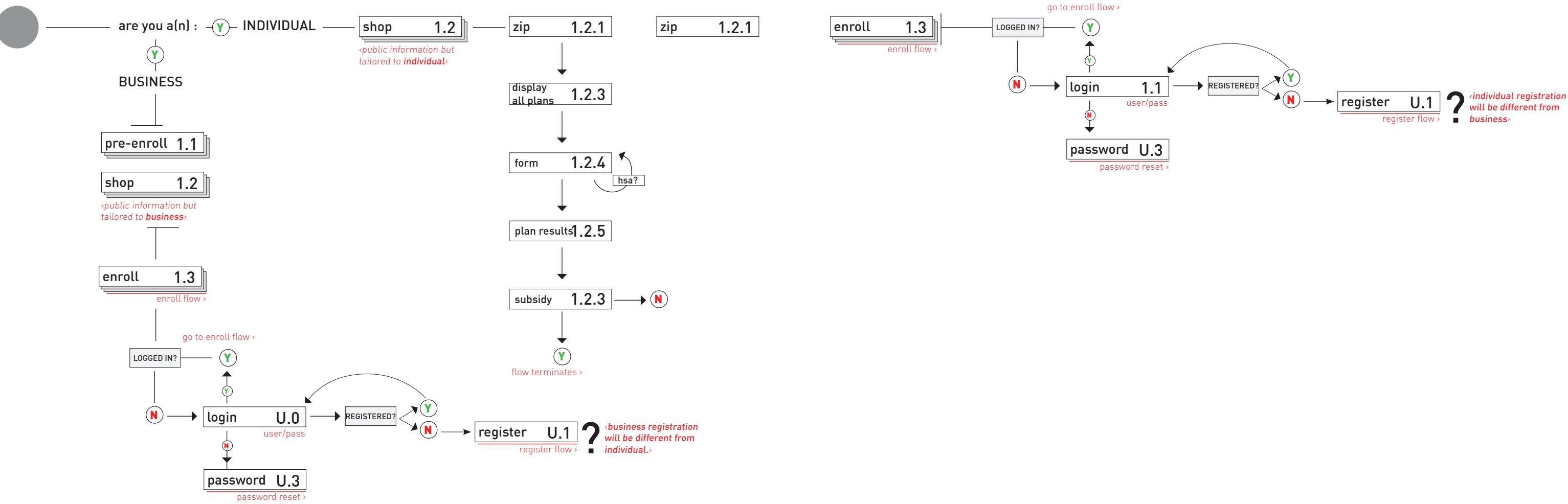
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- HealthX
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UScript : NY/NJ parham

Providence : claims & pharma

POMCO : claims

Qualcare : claims

Magnacare : claims

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3	Anchor tag	News
4	Anchor tag	Our staff
5	Navigation	Our board
6	Anchor tag	Connect
7	Navigation	FAQs
8	Navigation	Careers
9	Anchor tag	About Health Republic
10	Anchor tag	About Health Care Reform
11	Content carousel	
11a	Copy	Title
11b	Graphic	
11c	Copy	Body copy, if applicable final copy requirements will be determined during design phase
11d	Call to action	Sign up, triggers the lead generation form
11e	Call to action	Carousel sub-navigation
12	Content presentation	
12a	Call to action	
12b	Call to action	
12c	Call to action	
12d	Image	If applicable
12e	Copy	Body copy
13	Content presentation	Our Co-op
13a	Copy	Title
13b	Copy	Body copy

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Employee Id

Gender

Contact Preference

Date of Birth

Marital Status

Edit

My Family

Name

Relationship

Birthdate

Contact Information

Address

Email

Telephone

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Permanent Address

Need Help?

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Step 1
Personal Information

Step 2
Review & Change Elections

Step 3
Confirmation

Please verify all of the information below. Click continue to advance to the next screen.

Basic Information

Name

Date of Birth

Preferred Communications

SSN

Gender

Update

Address Information

Address Type	Address Line 1	City	State	Zip Code	Primary Indicator
Permanent					

Email Information

Email Type	Email Address	Primary Indicator
[redacted]		

Add New

Telephone Information

Telephone Type	Telephone Number	Primary Indicator
[redacted]		

Add New

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Please verify all dependent information is correct. Dependents must be added below before they can be added to coverage.

For newly added dependents you must provide documentation to certify their dependency before any coverage you elect for them is approved. You can upload this documentation by clicking on the blue link in the required document column. You can also send the document(s) by fax to 800-888-8888, or email to Benefits@Lifeworks.com.

Dependent Information

Add New Dependent

First Name	Last Name	Dependent SSN	Relationship	Date of Birth	Gender	Status
Johnny	Doe		Child	07/01/2012	Male	Eligible - Pending Documentation/Approval

Continue

[Exit](#)

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Dependent Information

Add New Dependent

First Name	Last Name	Dependent SSN	Relationship	Date of Birth	Gender	Status
Johnny	Doe		Child	07/01/2012	Male	Eligible - Pending Documentation/Approval

Continue

[Exit](#)

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Review and Change Your Benefits

Click on the Make Changes links to update benefit elections.

If a new dependent has been added, coverage changes will not go into effect until documentation has been received and approved

After you are done reviewing and making changes, remember to click "Submit" to finalize your changes.

The cost is based on your current pay frequency.

Your Benefit Selections

Employee Cost

Medical

Make Changes

PPO Plan, Employee + 1

Dependents Covered: Dependents selected on Medical screen would appear here

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Fair Health Calculator

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Your Benefits

Below are your benefits on file **as of today**. It does not reflect any pending changes that have been reported on your account. Please contact the Benefits Center if you believe that these benefits are incorrect in any way.

Need Help?

Level	Covered	Enrolled On	Last Change	Pay Period Cost
Medical				
PPO Plan				
Dental				
Dental PPO				
Vision				
Davis Vision				
Flexible Spending Account				
Health Care FSA				
Dependent Care FSA				



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Your Benefits Correspondence

Below are the items we have generated for you as well as documents you may have uploaded to this site.

Your Correspondence

Description	Date Generated	Delivery Method
Enrollment Confirmation	12/23/2012	Mail
Enrollment Confirmation	12/21/2012	
Enrollment Confirmation	11/04/2012	Downloaded
Enrollment Confirmation	11/04/2012	Downloaded

Documents you have provided

We don't have any documents on file that you have uploaded to this site.

HealthRepublic

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Report a Change

[Birth, Adoption or Legal Guardianship](#)

[Death of a Spouse/Domestic Partner](#)

[Divorce/Annulment](#)

[Gain or Loss of Other Coverage](#)

Birth, Adoption or Legal Guardianship

Please enter the date the change occurred:

Continue

[Exit](#)

CONTACT • TERMS & CONDITIONS • PRIVACY

.87 / INTERNAL / UX Documentation / 19.Dec.2013



< home < member center

MEMBER CENTER

Welcome to Health Republic Insurance, you are receiving this message because it is the first time you’ve logged in. Good health starts with good knowledge! As a member, we connect with you every step of the way to ensure that wherever you are and whenever you need it.



SELECT AND VISIT YOUR PRIMARY PHYSICIAN

The best source of health information is your doctor. In order to get the best value from your health care coverage – as well as to get the best coordination of your health information – you should establish and maintain a relationship with a Primary Physician. We have partnered with MagnaCare and added some community health centers to get you the care you need. Review our network of primary physicians and select the one that’s best for you by [clicking here](#).

And once you’ve selected your personal doctor, remember to visit him or her for regular check-ups, sick visits and phone calls for

questions and concerns.

ASSESS YOUR HEALTH STATUS

Another important step you can take to stay healthy is to complete a **General Health Assessment**. It takes about 15 minutes and upon completion, you’ll get immediate information on any health risks you may be facing and tips on how to improve your overall health.

Just remember that your Health Assessment results are not meant to replace the advice of your doctor. Instead, we will receive your information as well, and can work with you and your Primary Physician to help you meet your personal health goals.

Rewards!! Members who complete the Health Risk Assessment in the first month after enrolling will be given **one free visit with Stat Doctors** ([click here](#) to learn more about this convenient, telephonic urgent care service).

Get started today: [General Health Assessment](#)

QUICK LINKS

[My Plan](#)
[Change Primary Care Provider](#)
[Change Password](#)
[Change Email](#)
[My Profile & Benefits](#)

CLAIMS

[consu molus publiu mortier ad nonsil vatiliem pat, nonumei iaectam. Et? Pio, sperum no](#)

PHARMACY

[consu molus publiu mortier ad nonsil vatiliem pat, nonumei iaectam. Et? Pio, sperum no](#)

FORMS & GUIDES

[Ica; iam publicis. Valicio, etis et; ingulabem, sente ete vis est ne es poponscemura](#)

ALTERNATIVE HEALTH CARE

FIND AN ALTERNATIVE CARE PROVIDER

Thanks to the Healthways Whole Health Networks, you have access to more than 40,000 practitioners nationwide, across more than 40 disciplines. These practitioners offer you up to a 30% discount on CAM services such as:

- [Acupuncture](#)
- [Chiropractic](#)
- [Yoga and Pilates](#)
- [Tai Chi and Qi Gong](#)
- [Nutritional Counseling](#)
- [Fitness Centers & Spas](#)
- [Personal Trainers](#)
- [Massage and Body Work](#)
- [Mind Body Therapies & Relaxation](#)

LEARN ABOUT HEALTH AND HEALTH CARE

Visit our [health information library](#) to look up disease symptoms, treatment and health related by topic. Check out our fun, animated interactive education tool. You can also find information on nutrition, diet suggestions, alternative treatments, and preventive screening recommendations for children and adults.

Ese biblioteca esta en Espanol tambien! [Haga clic aqui](#)





Learn and test your knowledge by using our **Health Navigator** – an animated interactive tool that will help find the right healthcare information for you. Simply click any area of the body and you'll find information on symptoms, injuries and treatment.

Ese sitio esta en Espanol tambien! [Haga clic aqui](#)

And again, remember to discuss any of your findings or concerns with your doctor.

GET HELP NAVIGATING THE HEALTH CARE SYSTEM

We know that health care is complicated, and it's not easy getting the right tools or the right support. But remember, at Health Republic Insurance, we're in this together! If you need help finding the right physicians or understanding what preventive services you need – or don't need or identifying health supports in your community, please drop us a note through your secure email [\[available here\]](#) and one of our Wellness Navigators will get in touch with you!

WELLNESS TOOLS



Body Mass Index Calculator

Approximate how much body fat you have by simply entering your height and weight.



Calorie Burner Counter Calculator

Estimate how many calories your favorite activity burns.



Target Heart Rate Calculator

Know your target heart rate to help you get the most out of your exercise.



Desirable Body Weight Calculator

Enter your age and type of body frame to estimate your healthy body weight.



Nutritional Needs Calculator

Figure out how many calories you need to lose, maintain or gain weight.



Waist to Hip Calculator

Determine your body shape and find out what that shape means.



Risky Drinking

Answer a few questions to find out if you should seek professional help.



Smoking Cessation

Clear your thinking about smoking.

SEARCH THE DIRECTORY

In order to obtain your discount, you must download and print out your Alternative Health and Wellness ID Certificate [\(available here\)](#). Bring that with you to the practitioner, and you're all set!

LEARN ABOUT COMPLEMENTARY AND ALTERNATIVE CARE

With an expansive range of therapeutic approaches and conflicting advice, how do you start? We suggest that you start with knowledge. Read about all your options and their therapeutic benefits, courtesy of Healthways.

- Learn how alternative therapies can treat your conditions.
- Discover how food can heal as well as taste great.
- View responses from leading CAM authorities.
- Read recent information on chronic conditions and integrative therapies.
- Get the latest research from around the world.

CLICK HERE TO START

LEARN ABOUT THE HEALING POWER OF FOOD

Enter the [Healing Kitchen](#) to understand the connection between what you eat and how you feel. Find recipes that are not only delicious, but can very well alleviate symptoms!

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