



How Employees Enroll in the SHOP Marketplace

The Small Business Health Options Program (SHOP) Marketplace is open for employers with 50 or fewer employees, in most states. If you already have SHOP Marketplace coverage, check with your employer to find out when you can renew or change your coverage on HealthCare.gov.

If your employer is offering coverage through the SHOP Marketplace for the first time, you may get an email notice with a participation code. You'll use this information to view and respond to your employer's coverage offer on HealthCare.gov. If you don't have an email address, your employer will get this information to you.

Note: If you think your employer is offering SHOP Marketplace coverage and you haven't gotten a notice with your participation code, contact your employer, not the SHOP Marketplace. Your employer can provide your participation code. **You must have the participation code to take your next steps.**

Create a HealthCare.gov account

- ❑ Visit [HealthCare.gov/small-businesses/employees](https://www.healthcare.gov/small-businesses/employees) and select the state where your employer's primary address is located.
- ❑ Select **SEE HOW TO ACCEPT OR DECLINE**. On this page you'll learn how to accept or decline your employer's SHOP Marketplace coverage offer. To review your coverage offer, log in to your HealthCare.gov account. If you don't have a HealthCare.gov account, follow the link on the page to create one.

Confirm eligibility

- ❑ **Log into your HealthCare.gov account.** Enter your username and password, review the **Terms & Conditions**, and then select **I ACCEPT**.
- ❑ **Select the employee application.** On the **WELCOME TO THE MARKETPLACE** page, select **VISIT EMPLOYEE MARKETPLACE**.
- ❑ **Enter the SHOP participation code.** On the **My employer** page, enter the participation code given to you by your employer, and your Social Security Number (SSN) or an alternative number to your SSN from your employer. You should do this even if you don't want coverage now. Then, select **VERIFY**. Select **Yes** to add the employer to your account.

Review coverage offer

On the **My employer page**, select **Begin** in the **Action** field to start reviewing your employer's coverage offer.

- ❑ **Accept or decline your employer's coverage offer.** You can return and change your response after viewing health plans.
- ❑ **If you accept the coverage offer**, enter employee details, like mailing address and other contact information.
 - Add dependents. If your employer is offering dependent coverage, select **ADD DEPENDENT(S)**.
 - Sign the enrollment application. Enter your name in the box to sign the application, then select **SAVE AND CONTINUE**.
- ❑ **If you decline the coverage offer**, select the reason from the drop-down menu.
 - Verify your decision to decline coverage. Read and agree with the statements.
 - Sign the enrollment application. Enter your name in the box to sign the application, then select **SUBMIT**. **If you're declining coverage, no further action is required.**

Select plan(s)

- ❑ **Review employer's health coverage.** The plan(s) you'll see are based on your employer's primary business address. Select **View plan details** to see plan details, like copayments, laboratory and outpatient services, medical devices, emergency care, and inpatient hospital services. If your employer is offering you a choice of plans, you'll see a list of plans to compare.
 - **Compare plans.** If you have multiple plans listed, you can select up to 3 plans to compare side-by-side. Select the **Compare** checkbox for each plan you want to compare. Then, select **Compare plans**.
 - **Sort plans.** Select **Sort by** on the drop-down menu to see your options.
 - **Filter plans.** You can use the menu listing on the left side of the the page to narrow your plan search based on certain criteria.
- ❑ **Select one health plan and/or one dental plan (if offered).** To choose plan(s) for you and your dependents, click **Select** next to the health plan information. Then, select **CONTINUE**.

Complete enrollment

- ❑ **Review plan selection(s) and cost.** Read the summary of your health and/or dental plan (if offered).
- ❑ **Confirm plan choice(s).** Select **CONFIRM** to submit your application.
- ❑ **Get a confirmation.** You'll get a confirmation letting you know that your application is complete. It includes a confirmation number that you should keep for your records.
- ❑ **View enrollment.** Select **Return to My enrollment** to view the details of your enrollment.
- ❑ **Don't want to buy coverage?** Select **WAIVE**. On the page that says **I'm declining this coverage offer**, select the health coverage you currently have or will have once your employer's coverage is effective. Then, select **WAIVE**.

If you have questions about the SHOP Marketplace or need help with the employee application, contact the SHOP Call Center at 1-800-706-7893, Monday - Friday, from 9 AM – 7 PM ET. TTY users should call 711 to reach a call center representative.

For more information about the SHOP Marketplace, visit [HealthCare.gov/small-businesses](https://www.healthcare.gov/small-businesses).

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

