

# HOW TO COMPLETE YOUR ENROLLMENT THROUGH HEALTHCARE.GOV WITH \$0.00 PREMIUM



If you are shopping for health coverage through Healthcare.gov and are receiving subsidies to fully cover your monthly premium amount, you may be wondering how to complete your Healthcare.gov enrollment. After making your plan selection, you will be lead to the final step in the enrollment process which is payment, as illustrated below from the Healthcare.gov website. This step in the enrollment process asks you for payment, even though no amount is due. At this point, you can click “See Important Reminders” (as circled in red below).

A screenshot of the Healthcare.gov enrollment process. The top section has a dark blue background with white text: "To activate your new coverage and be fully enrolled, you must pay your first month's premium by your plan's due date." Below this is a white box with a dark blue header "Health Plan for Avianna Bishopiss". Inside the white box, it lists "Alliant Health Plans SoloCare Gold PPO 40002" and "Plan ID: 83761GA0040002". It states: "To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2018". On the right, it says "Amount due \$0.00". Below that, it says: "Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .". A green button labeled "PAY FOR HEALTH PLAN NOW" is on the right. At the bottom of the white box, there is a blue button labeled "SEE IMPORTANT REMINDERS" which is circled in red. Below the white box, on a dark blue background, it says: "If you've already paid or want to pay later, continue to see some important reminders." and another blue button labeled "SEE IMPORTANT REMINDERS" is shown.

(Please note that personal information in the example above is fictitious and was created for illustrative purposes only.) Your enrollment in a plan has been completed (even without going through the payment process) and Healthcare.gov will send your enrollment file electronically to Alliant Health Plans. Please allow 14 days for your enrollment file to be loaded into Alliant Health Plans’ system.

If you have questions, please contact Healthcare.gov at (800) 318-2596 or Alliant Health Plans at (866) 403-2785.

## Notice of Non-Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Alliant Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **Customer Service at (866) 403-2785**.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, PO Box 1128, Dalton GA 30722, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: [Compliance@AlliantPlans.com](mailto:Compliance@AlliantPlans.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-403-2785 (TTY: 711).

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-403-2785 (TTY: 711).

### Trang Việt (Vietnamese)

CHÚY: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-403-2785 (TTY: 711).

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-403-2785 (TTY: 711)번으로 전화해 주십시오.

### 繁體中文 (Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-403-2785 (TTY: 711)。

### ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-403-2785 (TTY: 711).

### Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-403-2785 (ATS : 711).

### አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርቶዎ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-403-2785 (መስማት ለተሳናቸው: 711).

### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-403-2785 (TTY: 711) पर कॉल करें।

### Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-403-2785 (TTY: 711).

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-403-2785 (Телетайп: 711).

### العربية (Arabic)

ملاحظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-866-403-2785 (رقم هاتف الصم والكم: 711 TTY).

### Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-403-2785 (TTY: 711).

### فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-866-403-2785 (TTY: 711)

### Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-403-2785 (TTY: 711).

### 日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-403-2785 (TTY:711) まで、お電話にてご連絡ください。