Cancel Health Enrollment

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|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Customer: Dashbo | | |
| Dashboard | Eligibility Encolment Appeals | Report a Change |
| Account Reference ID: RefD_ Contact Information <u>Viewelfait Profile</u> Email Address L_ Phone Number Ext. | Premium Amount Due Marketplace Health Plan | Due Date: 8 Nov 23, 2 5 Day Last Payment: Paid ment, we will update the amount due after we have successfully rs |
| Home Address | 5 | Show More Details |
| Mailine Address | What I need to do | |

Screenshots on how to cancel health enrollment while in the client's portal.

| Health Insu | rance Plan | | | | Ch | ange Enrollment |
|--------------------------------------|-----------------------|-------------------------------------------|----------------------------------------------------------|---------------------------------------------|------------------------------------------|-----------------------------------------|
| | | | | Cancel H | ealth Enrollment | View Detail |
| ENROLLMENT ID: 10 HEAD OF HOUSEHOLD: | | SUBMITTED ON: | EFFECTIVE | DATE: 🚯 | | |
| RefID_ | | | | Nov 17, 2021 | Jan 01, 2022 | : |
| Plan selected for | | | Costs reflect a premium tax credit of | | | |
| | | | | | Tax cree | dit claimed : |
| MONTHLY PREMIUM | INSURANCE CARRIER | VIEW ADDITIONAL CARRIER INFORMATION | HEALTH PLAN NAME | INSURER ASSIGNED POLICY ID () | ANNUAL DEDUCTIBLES () | MAX. OUT-OF- POCKET COST |
| | illueCross Blackbickd | D | Blue Community Gold HMO ^s 205 HMO/ Gold | - | \$750.00 / Person \$2,250.00 / Family | \$8,700.00 / Perso \$17,400.00 / Fam |