



# How Employers Enroll in the SHOP Marketplace

The SHOP Marketplace is open for employers with 1-50 employees, in most states.

If you need to renew your SHOP Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) to get started and [learn more about renewing your coverage](#).

If your business is in a state that's running its own SHOP Marketplace, follow your state's application and enrollment process. To find the SHOP Marketplace that will serve your business, visit [HealthCare.gov/small-businesses](https://www.healthcare.gov/small-businesses) and select your state from the drop down menu.

If your business is in a state that isn't running its own SHOP Marketplace, you'll use [HealthCare.gov](https://www.healthcare.gov) to enroll. Select **APPLY NOW** for your state, then follow these steps.

## Create a HealthCare.gov account

If you already have a [HealthCare.gov](https://www.healthcare.gov) account, you're all ready to go. Log-in with your username and password, and click **VISIT THE EMPLOYER MARKETPLACE**.

If you're applying for coverage through [HealthCare.gov](https://www.healthcare.gov) for the first time, follow the steps below.

- **Answer a few questions.** On the **Create an account** page, you'll give your name, email address, preferred password, and set up a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

Select **CREATE ACCOUNT**. Follow the instructions on the screen to verify your email address and start using the SHOP Marketplace.

## Create a profile & verify your identity

- **Log into your HealthCare.gov account.** Enter your new username and password, and then select **I ACCEPT** on the **Terms & Conditions** page.
- **Select the employer application.** On the **WELCOME TO THE MARKETPLACE** page, select **VISIT EMPLOYER MARKETPLACE**.
- **Review your information.** Carefully review the details on the **My Profile** page and add or change any information that's missing, like your phone number or address. Select the **Verify Now** link.
- **Start identity proofing.** On the **Verify your identity** screen, select **GET STARTED**. This process will help protect your employees' and your personal information. Without this identity verification process, someone else could create an account in your name without your knowledge.
- **Enter data in required fields.** On the **Contact information** page, enter all data in the required fields, and select **CONTINUE**.
- **Answer questions to verify your identity.** Answer personal questions on the **Identity questions** page to confirm your identity. These questions will be different for each person. Select **CONTINUE**. On the next screen, you'll see one of 2 messages below:
  1. Your identity has been verified.
  2. Your identity wasn't verified.

If your identity **was** verified, select **CONTINUE** to start your SHOP Marketplace application.

If your identity **wasn't** verified, follow the directions on the screen.

## Start a SHOP Marketplace application

To start your application, choose the state where your business is located from the drop down menu, then select **APPLY**. You must have a primary business address in the state where you're applying for SHOP coverage.

- **Get help with your application.** Select the **Get assistance** tab if you want SHOP Marketplace enrollment help from an agent or broker. On the **Find an agent/broker** page, you can search a list of agents and brokers registered to work with the SHOP Marketplace in your area. Enter information about your location and preferred language. You'll have to authorize the agent/broker to act on your behalf.
  1. If you already have an agent or broker, you can enter their name and National Producer Number (NPN), if available.
  2. Make sure your agent or broker has completed the SHOP Marketplace registration requirements, so you can authorize him or her to act on your behalf.
- **Start your eligibility application.** On the **My account** tab, select **My eligibility**. Then select **Create**.
- **Enter information about your business.** On the **Employer details** page, enter details about your business, like business name, business address, phone number(s), federal tax ID, and employer type. You'll also enter your business's primary contact information. The primary contact is the person who will have access to your account to make premium payments and update enrollment.
- **Verify that you meet all eligibility requirements.** On the **Eligibility** page, click the box next to each statement to verify that your business meets all of the [SHOP Marketplace requirements](#) to be eligible to participate in the SHOP Marketplace. Select **SAVE AND CONTINUE**.

■ **Enter employee information.** On the **Employee details** page, you'll list all employees who will get an offer of coverage, including you. To complete the employee roster, you'll need each employee's legal first and last name, date-of-birth, and Social Security Number. While not required, it's also important to include their email address so they can be notified directly about your coverage offer. You'll also enter their address, employment status (like full or part-time), date of hire, and contact preferences. You can do this in one of two ways:

1. Select **ADD EMPLOYEE** to enter information about your employees one at a time on the **Employee roster** screen.
2. Select **BLANK ROSTER** to download an Excel roster template. Once you complete this roster template, select **COMPLETED ROSTER** to upload the completed roster template with your employees' information. After you select the file from your computer, the filename will appear in the employee roster dialogue box.

After you create your enrollment criteria, only employees included on the roster will be included in your initial Open Enrollment Period. Once you've created or uploaded an employee roster, select **SAVE AND CONTINUE**.

■ **Review and sign your application.** On the **Signature page**, you'll need to certify that the information on your application is valid. Click on the box showing that you agree to the terms of the application, enter your full name, and select **SAVE AND CONTINUE**.

■ **Get an eligibility confirmation.** You'll get a confirmation letting you know if you're eligible to buy coverage through the SHOP Marketplace for your business. Select **CONTINUE** to go to the **My eligibility** page and start your enrollment criteria. You can also view, withdraw, or update your application there.

## Create your enrollment criteria

Select **Create enrollment** on the **My eligibility** page to start your enrollment criteria.

■ **Set your enrollment period.** On the **Set enrollment period** page, you can set the:

- **Enrollment period.** Your enrollment period is the time frame your employees have to review your coverage offer, and accept or decline coverage.
- **Effective date of coverage.** The effective date of coverage is the day you want to start coverage for your employees. **Learn how your coverage start date might affect your costs at [HealthCare.gov/help/does-the-coverage-start-date-affect-my-costs](https://www.healthcare.gov/help/does-the-coverage-start-date-affect-my-costs).**
- **New employee waiting period.** You can decide how much time must pass before coverage can become effective for a new employee hired after your SHOP Marketplace Initial Enrollment Period or renewal. You're not required to set a waiting period, but if you do, you can't select more than 60-days. This will ensure the waiting period never goes beyond the maximum 90-day waiting period. If you hire an employee at the beginning of the month with a 60-day waiting period, the employee's waiting period may be close to the 90-day maximum waiting period when their coverage actually starts. This is because the effective dates of coverage are always the first of the month following any waiting period. **Learn more about waiting periods at [HealthCare.gov/help/what-is-a-waiting-period](https://www.healthcare.gov/help/what-is-a-waiting-period).**

Select **SAVE AND CONTINUE**.

■ **Select how you'll offer coverage.** On the **Decide how you offer coverage** page, you'll choose whether you want to offer your employees a choice of plans, or you can select a single plan to offer. You'll also decide if you'll offer dental coverage.

- If you offer your employees a choice of plans, you'll select one plan category (like Bronze or Silver) and your employees can choose any insurance company and plan in that category.
  - In some states, you can select one insurance company with multiple plans. Then, your employees can select a plan from that insurance company in any plan category.
- **Set your premium contribution.** On the **Set employer premium contribution** page, decide how much you want to contribute toward employee and dependent premiums, if you offer dependent coverage. **Note:** To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium. Visit the Small Business Health Care Tax Credit Estimator at [HealthCare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits](https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits) to see if you qualify for the tax credit and how much it may be worth to you.
- If you offer **one** health and/or dental plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage).
  - If you offer your employees a **choice of plans**, you have 2 options:
    1. Contribute a fixed percentage of any individual plan premium within a health plan category (like Bronze or Silver), and dental plan category (like High or Low) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary based on the age of the employee and the plan an employee selects.  
**For example:** Jane is 25, and her premium is \$200 per month. John is 60, and his premium is \$300 per month. You decided to pay 80% toward your employees' individual plan premiums (which varies by their age). This means that you'll pay \$160 per month toward Jane's premium and \$240 per month toward John's premium.
    2. Contribute a fixed percentage of a specific "reference plan" premium amount that you choose. The reference plan is used only to determine the percentage amount you'll contribute toward your employees' premium.  
**For example:** The reference plan premium is \$100 for Bob, and your contribution is 50%. You'll pay \$50 towards Bob's premium, even if he chooses a different plan. The reference plan premium amount will vary based on the age of the employee. You'll know up front what your cost will be for each employee and dependent regardless of the plan each employee chooses.

Whether you offer one plan or a choice of plans, your percentage contribution will convert to a specific dollar amount that you can use for budgeting purposes. You'll see what the employees' and your premium contributions will be when you compare plans.

**Note:** You can offer dependent coverage without contributing toward coverage. If you offer dependent coverage without contributing, enter "0" in the dependents percentage contribution box.

After you enter your percentage contribution, select **SAVE AND CONTINUE**.

- **Select a plan.** You'll review and select coverage on the **Select plans** page. If you're offering one health plan, you can look through the available plans in your area, compare costs and benefits, and choose one that's right for you and your employees.
- **Select a health plan category or insurance company.** If you offer your employees a choice of health plans, you'll select one health plan category (like Bronze, Silver, Gold, or Platinum) and your employees can choose any insurance company and plan in that category. Or, depending on your state, you can select one insurance company with multiple plans. Then, your employees can select a plan from that insurance company in any plan category.

- **Review dental coverage options.** If you're offering dental coverage, compare dental plans and choose one that's right for you and your employees. If you offer your employees a choice of dental plans, you'll select one dental plan category (like High or Low) and your employees can select any dental plan in that category. Or, depending on your state, you can select one insurance company with multiple dental plans. Then, your employees can select a plan from that insurance company in either category.
  - **Review coverage selection.** On the **Summary & submit** page, review the details of your coverage offer and submit it. Click on the **My account** tab and select **My enrollment** to view your enrollment details, like your employee participation rate, coverage start date, and enrollment period date.
  - **Tell your employees about your coverage offer.** Once you submit your coverage offer, the SHOP Marketplace will send an email to all employees for whom you provided email addresses with your application. The email includes your participation code and a link to the SHOP Marketplace where employees can fill out the employee application and accept or decline the coverage offer.
- You're responsible for making sure that all your employees get information about how to enroll in SHOP Marketplace coverage, whether you enter an email address for them or not.**

## Track employee participation & submit application

- **View employee enrollment status.** Select **My enrollment** to see the list of employees who've responded to your coverage offer. Your employees have to respond by the last day of the enrollment period you set for your employees.
- **Submit your application.** In **My enrollment**, you'll submit your enrollment application after your employees have responded to your coverage offer and you've met your employee participation requirement. **Learn more about the minimum participation requirement at [Marketplace.cms.gov/outreach-and-education/employee-minimum-participation-shop.pdf](https://www.cms.gov/outreach-and-education/employee-minimum-participation-shop.pdf).**
  - Review your application, sign the SHOP Marketplace user agreement, and select **SUBMIT APPLICATION**.
  - To activate your new coverage you must pay the first month's premium by selecting **PAY NOW**.
- **Pay your first month's premium.** To find out your initial premium amount, log in to your account. You should submit your first month's premium payment by the enrollment deadline (the 15th of the month prior to the coverage effective date) for coverage to start on the first of the month. If you don't submit your payment when you submit your final application, employee ID cards may be delayed and your coverage could be canceled. The fastest way to submit a payment is online. You can also mail in SHOP Marketplace payments to:

SHOP Marketplace  
PO Box 2130  
South Portland, ME 04116

Make checks payable to SHOP Marketplace.

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.

