

# 5-Step Quote Guide

A detailed walkthrough to help you quickly and accurately get a quote for your health insurance in about 10 minutes\*

Look for the highlighted markings on the screenshots to indicate the elements that need to be completed to proceed. Start by clicking the link on the website or clicking [here](#).

1. The first screen you will see is pictured below. Enter the zip code for your HOME ADDRESS. Then click “See Plans” to proceed to step 2.

Consumers 252.347.6572 Español

BlueCross BlueShield of North Carolina Joseph Hughes NPN 18780242

**A new Special Enrollment is here—anyone can apply for coverage!** Ends August 15th for most states. [Learn more](#)

Easily find an affordable health plan

Enter your info to compare plans

Zip code

Name (optional)

Email (optional)

Phone number (optional)

**See plans and prices**

\*# of applicants dependent

2. Next you will come across the form requesting applicant information as shown in the image below. Enter the potential *policyholder's* current age and sex (If you are looking up a quote for someone else, enter their information).

YOUR INFO — SAVINGS — PERSONALIZE

## Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You

Age Sex ?

Male Female

Add my spouse

Add a dependent

Continue

After clicking the policyholder's sex an additional box shown below will appear. Click the box next to any of the questions that are relevant.

Note: We recommend speaking to an agent if you are eligible for Medicaid or have received unemployment income.

Select any that apply

Tobacco user *i*

Pregnant *i*

Eligible for coverage through Medicaid, CHIP, Medicare, or a job *i*

Has gotten or is approved to get unemployment income in 2021 *i*

If there is more than one applicant for the policy, click either the **“Add my spouse”** or **“Add a dependent”** buttons depending on who the additional applicant is. *Do NOT include members of your tax household that are not applying for coverage in this form.* Complete the questions for the additional applicants and then click continue.

Your spouse

Age Sex ?

Male Female

Your dependent

Age Sex ?

Male Female

3. The next screen is show below. Be sure to indicate the correct number of members in your tax household by using the plus and minus buttons. Then enter your 2021 expected household income. See the notes below for additional information.

YOUR INFO — SAVINGS — PERSONALIZE

## Your household information

How many people are in your tax household? ⓘ

1 — +

Estimate your 2021 household income (before taxes) ⓘ

\$

 Include the estimated income of **anyone** you file taxes with or claim on your taxes. If you'd like to know what types of income to include or need help estimating, use our [income calculator](#).

**Continue** ⓘ

### What is a Tax Household?

A tax household is exclusively made up of the people included on your taxes. This does NOT include the people that may live at your residence that are not claimed on your taxes such as children that live with another parent or who are over the age of 26.

### How should I estimate my 2021 household income?

The form wants a projection for the combined taxable income for you and all members of your tax household for the year 2021. If you are currently unemployed, you can still qualify for coverage but to get a quote you will need to at least provide a guess.

It is important to note that even after the policy starts, it is possible to change this estimate if circumstances change. If you are not certain, simply provide your best guess.

Every situation can be unique. If you are confused at all about yours specifically, reach out to a licensed, award-winning customer service expert at no cost whatsoever to you by simply calling or texting 252-347-6572 or emailing [aca@fnb-corp.com](mailto:aca@fnb-corp.com).

4. The big green number shown on your screen, similar to the one below, is the value of your subsidy. After clicking continue on this screen, you will be directed to the various policies that you can enroll in.

YOUR INFO — SAVINGS — PERSONALIZE

## You may qualify for savings!

You **may save** this much on your premium:

**\$** month

✔ This means you'll see plans as low as **\$** per month

This is an initial estimate. You'll see your exact savings when you apply.

**Continue**

You may also qualify for an additional cost reduction. If you see the picture below, you are eligible for the *Enhanced* plans. These are typically the best options for those who qualify.

**CSR**

You may also qualify for a **Cost Sharing Reduction!**

This means **Silver plans** will be an especially good value.

- ✔ Cheaper doctor visits
- ✔ Cheaper hospital visits
- ✔ Cheaper prescriptions
- ✔ Lower deductibles
- ✔ Lower out-of-pocket max

5. At this point you have completed everything required to receive a quote. If you click the **Skip this step** button twice, you will arrive at the quote screen and be able to view your policy options! You're well on your way to securing health insurance coverage!

YOUR INFO — SAVINGS — PERSONALIZE

## Do you have any preferred doctors or hospitals?

You'll be able to see which plans they accept.

Enter the name of a doctor, specialist, or hospital

**Skip this step →**

YOUR INFO — SAVINGS — PERSONALIZE

## Do you take any prescription drugs?

You'll be able to see which plans cover your drugs, and how much they'll charge you.

Enter a prescription name

**Skip this step →**