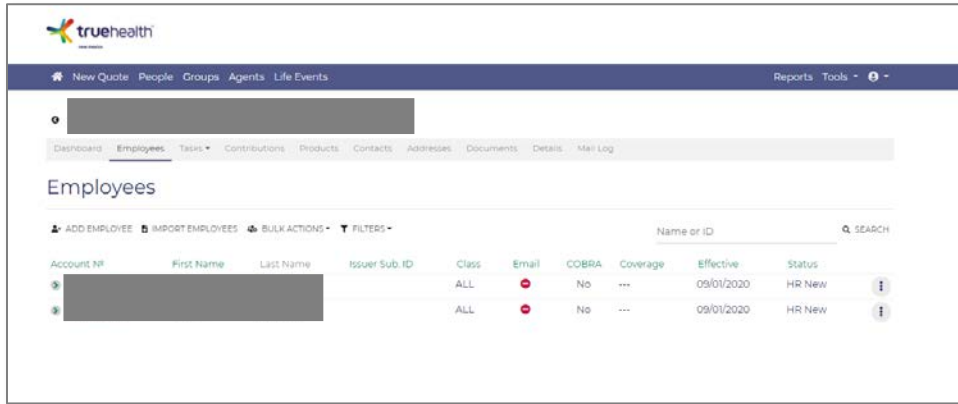
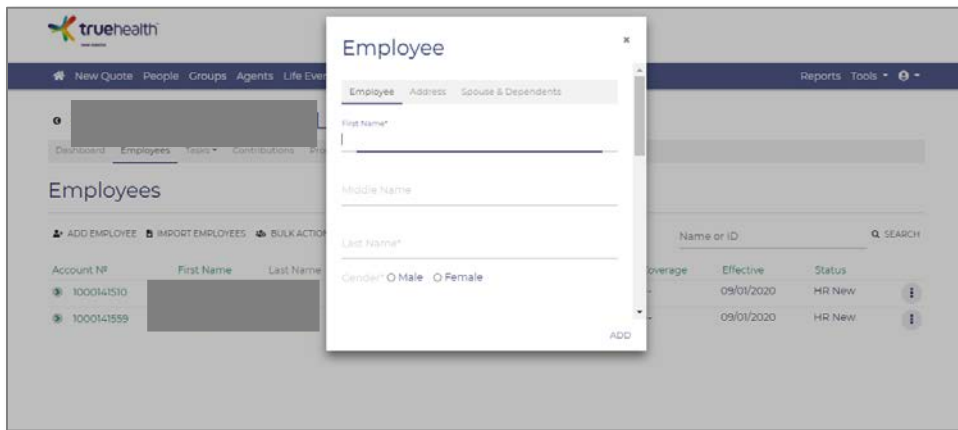


Go to <https://www.truehealthnewmexico.com/producer-resources/> and click the login button for the producer portal. Enter your credentials and log in.

From the **Employees** menu, select **Add Employee**.



Enter the person's information.



Be sure to click **Next** in the bottom right corner of every screen when you're ready to move on.

Policy

- Subscriber
- Location
- Status
- Renewal Status
- Account N°

Group

- Group
- Group Policy ID
- Employee Class

Agent

- Agent
- Agency
- Phone
- Email

No Coverage

Available Actions

Coverage Changes

- ADD BENEFITS
- DECLINE BENEFITS
- UPDATE EFFECTIVE DATE

History

- STATUS HISTORY
- LEAVE A NOTE

Carrier Options

- DOWNLOAD B34
- RE-SEND B34
- SIMULATE B34

CANCEL NEXT

Demographics

ADD SPOUSE ADD DEPENDENT

CANCEL NEXT

Subscriber

Name:

EDIT

Contact

Secondary Phone No:

Email Address:

EDIT

Class

Employee Class: ALL

ADD SPOUSE ADD DEPENDENT

CANCEL NEXT

The screenshot shows the TrueHealth web application interface. At the top, there is a navigation bar with the TrueHealth logo and menu items: New Quote, People, Groups, Agents, Life Events, Reports, and Tools. Below the navigation bar, there is a breadcrumb trail: Dashboard > Demographics > Benefits > Enrollment > Documents > Notices > Life Events > Mail Log. The main content area is divided into two sections. On the left, there is a 'Plan Cart' section with a 'NEXT' button and a 'Group' section with a list of fields: Name, Location, Effective Date, Employees (0), Benefits (Medical), and an 'EDIT' button. On the right, there are two plan options. The first is 'True Select Silver C HMO' with a 'SILVER' tag, a price of '\$300.26 /mo', and a 'SELECT' button. Below it is an 'Add to Compare' checkbox and a 'MORE' dropdown. The second is 'True Select Silver B HMO' with a 'SILVER' tag, a price of '\$323.17 /mo', and a 'SELECTED' button. Below it is also an 'Add to Compare' checkbox and a 'MORE' dropdown.

When you're finished entering demographic information and selecting a plan, click **Start Application**.

The screenshot shows the TrueHealth web application interface. At the top, there is a navigation bar with the TrueHealth logo and menu items: New Quote, People, Groups, Agents, Life Events, Reports, and Tools. Below the navigation bar, there is a breadcrumb trail: Dashboard > Demographics > Benefits > Enrollment > Documents > Notices > Life Events > Mail Log. The main content area is divided into two sections. The first is 'Who's Covered' with a table with columns: Name, Gender, Family Role, and Birth Date. Below the table is an 'EDIT' button. The second is 'Selected Coverage' with a table with columns: ZIP Code, Effective, Plan Type, Plan Name, Description, and Quote. Below the table is an 'EDIT' button. At the bottom right, there are two buttons: 'BACK' and 'START APPLICATION'.

| Name | Gender | Family Role | Birth Date |
|------------|------------|-------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| ZIP Code | Effective |
|----------|----------------|
| 87505 | September 2020 |

| Plan Type | Plan Name | Description | Quote |
|-----------|--------------------------|--|----------|
| Medical | True Select Silver B HMO | Copays for primary and specialist visits | \$323.17 |

truehealth

New Quote People Groups Agents Life Events Reports Tools

Application:

Please complete all appropriate sections using the tabs below. You can save your progress for completion later.

Other Information **Other Coverage** Review

* Required information

Employee Information

Age: 40 -- Select -- Preferred Coverage: -- Select --

Variable Hour Employee? Yes No

Do you or any of your dependents require assistance due to a disability? Yes No

SAVE COMPLETE THIS SECTION

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New Quote People Groups Agents Life Events Reports Tools

Application:

Please complete all appropriate sections using the tabs below. You can save your progress for completion later.

Other Information **Other Coverage** Review

* Required information

Other Coverage

Will you or any applicants listed have other medical coverage in addition to this plan? Yes No

SAVE COMPLETE THIS SECTION

When you're finished, click **Finalize & Sign**.

truehealth

New Quote People Groups Agents Life Events Reports Tools

Application:

Please complete all appropriate sections using the tabs below. You can save your progress for completion later.

Other Information Other Coverage **Review**

Sections Completed

- Other Information Complete
- Other Coverage Complete
- E-Signature Required Incomplete

Coverage Location & Effective Date

1 ZIP Code: 87505 2 Effective Date: 09/01/2020

Selected Benefits

3 True Select Silver B HMO \$323.17/mo
Copay for primary and specialist visits

| | |
|------------------------------|------------------|
| Employer Contribution | \$323.17/mo |
| Monthly Total: | \$0.00/mo |

Electronic Signature

Application:

* Required Information

Terms and Conditions

By signing this application, it is consented by all applicants, to the extent permitted by applicable law, to the release of or use of Protected Health Information (PHI)* (as defined below) by any person or entity including, without limitation, practitioners, pharmacies or pharmacy benefit managers, providers, health information exchanges, and insurance companies to THNM or its designees for any permitted purpose, including but not limited to insurance eligibility, quality assurance, utilization review, processing of claims, financial audits or other purposes related to the treatment, payment, or healthcare operations activities of THNM. It is understood that it may be necessary for the parties administering the plan in which I/we are enrolling to obtain and/or provide to others this PHI. Therefore:

1. It is authorized that any person or entity having PHI to provide any such PHI upon request to THNM and its participating providers, or any entity performing a service for the purpose of eligibility determination under the plan, the administration of the plan, the performance of any THNM program or operation or assessing of healthcare services and supplies.
2. It is authorized for THNM to disclose any PHI to any person, company, or entity when it determines that such disclosure is necessary or appropriate for the administration of the Plan, the performance of THNM programs or operations, assessing quality and accessibility of healthcare services and supplies, or reporting to third parties involved in plan administration.
3. I know that I must tell THNM if anything changes (and is different than) what I wrote on this application. I can visit <https://www.truehealthnewmexico.com/> or call 844-508-4677 to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.

*Protected Health Information includes, with respect to me and/or a covered dependent/minor child, any individually identifiable health information, including but not limited to medical, dental, mental health, substance abuse, communicable disease, Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) related information, as well as any disability- or employment-related information.

By completing this form:

- I understand that I represent my current and continuing authority to act on behalf of myself and all dependent(s) listed on this form.
- I acknowledge that I have read all sections of this Application, and I certify on behalf of my eligible family dependents and myself that the answers contained in this Application are complete and accurate to the best of my knowledge.
- I understand that my answers, together with any supplements or additional pages, are the basis for the certificate or policy that is issued. I agree that no insurance will be effective until the date specified by the carrier on the certificate or policy.
- I understand that any intentional misrepresentation relied upon by the carrier may be used to deny a claim. I further understand that this contract can be voided if, within the first 24 months from the date of the policy or certificate, it is determined that I or a family member made an intentional misrepresentation in this application. I acknowledge that no one applying for coverage on this application is incarcerated (detained or jailed).
- **ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**
- At any time when True Health New Mexico is entitled to rescind coverage already in force, or is otherwise permitted to make retroactive changes to this Policy due to an act, practice or omission that constitutes fraud or making an intentional misrepresentation of material fact on this application, True Health New Mexico may at its option make an offer to reform the policy, stand in force, and/or change the rating category.