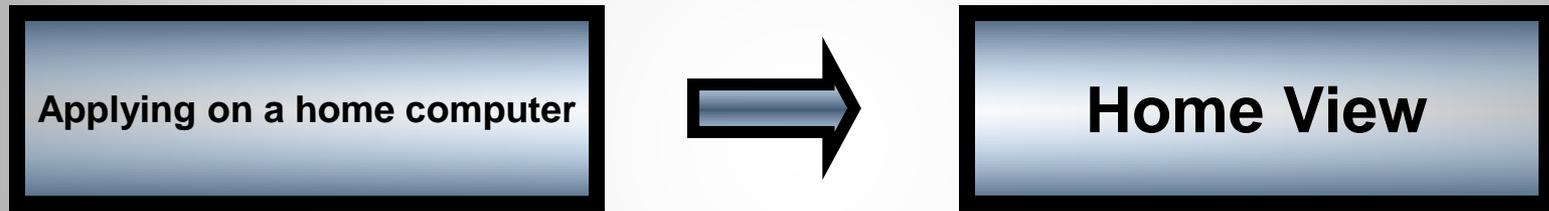


Oklahoma Health Care Authority

Online Enrollment Home View

www.mySoonerCare.org
www.InsureOklahoma.org

General Overview



Online Enrollment

**Home View
Application**

**Application
Walkthrough**

Website Options

- ❑ **Accessing online application**

www.mysoonercare.org or

www.insureoklahoma.org

- ❑ **Maintaining and updating the application after eligibility determination**

- ❑ **Printing a paper application for the Health Insurance Marketplace**

- ❖ **Currently Internet Explorer 8 (or higher); and the latest versions of Google Chrome, Mozilla Firefox and Safari are acceptable browsers.**

- ❖ **Fictitious applicant data used throughout this document for demonstration purposes.**

Web Application www.insureoklahoma.org

Home Page

www.insureoklahoma.org



The screenshot shows the Insure Oklahoma website home page. At the top left is the 'IO Insure Oklahoma' logo. To its right is the 'insure! oklahoma!' logo with the tagline 'Making Health Care Affordable'. Further right is a circular photo of a diverse group of people. Below the logo area is a navigation menu with links for 'Home', 'About Us', 'Employers', 'Employees/Individuals', and 'Agents'. On the far right of the navigation bar are social media icons for Facebook, Twitter, and YouTube. The main content area features a large blue heading: 'HOW TO USE INSURE OKLAHOMA'S NEW APPLICATION'. Below this is the text 'NEW ONLINE PAYMENT SITE' and a prominent blue button that says 'CLICK HERE'. At the bottom of the page, there are four icons with labels: 'Apply Online' (with a red arrow pointing to it), 'Manage Account & Pay Online', 'Order Brochures', and 'Employer Portal'. Below these icons are two paragraphs of text: 'Insure Oklahoma's Employer Sponsored Insurance plan helps employers provide their eligible employees with affordable health care.' and 'Eligible individuals may also participate in the Insure Oklahoma Individual Plan to have affordable health care.'

Web Application

www.mysooner.org

www.mysooner.org



[about us](#) | [individuals](#) | [providers](#) | [research](#) | [contact us](#) | [search](#)



Individuals

What Is SoonerCare?

Online Enrollment

- ▶ Before Starting
- ▶ Step-By-Step Guide
- ▶ Get Started

Programs

Benefits

Policies & Rules

Forms

Stay Healthy!

Help

Updates

Home > Individuals

SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.



If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency. The list of local agencies can be found at <http://okcaa.org/agencies/>.

The online enrollment web application is only compatible with Microsoft Internet Explorer 8 and above. You may download Internet Explorer by clicking the Explorer image below.



Web Application (cont.)

www.mysooner.org



PDFs

- ▶ [Top Ten Online Enrollment Questions/Answers](#)
- ▶ [SoonerCare FAQs](#)

SoonerCare provides quality health care for one in four Oklahomans. If you are one of our 700,000 plus members, or a former member, we want to hear from you! What has SoonerCare done for you or your child? Whether it is life-saving medical treatment or the ability to provide much needed care for your child, we would like to hear how SoonerCare made a difference in your life.

- ▶ [Submit Your Story - MySoonerCare](#)



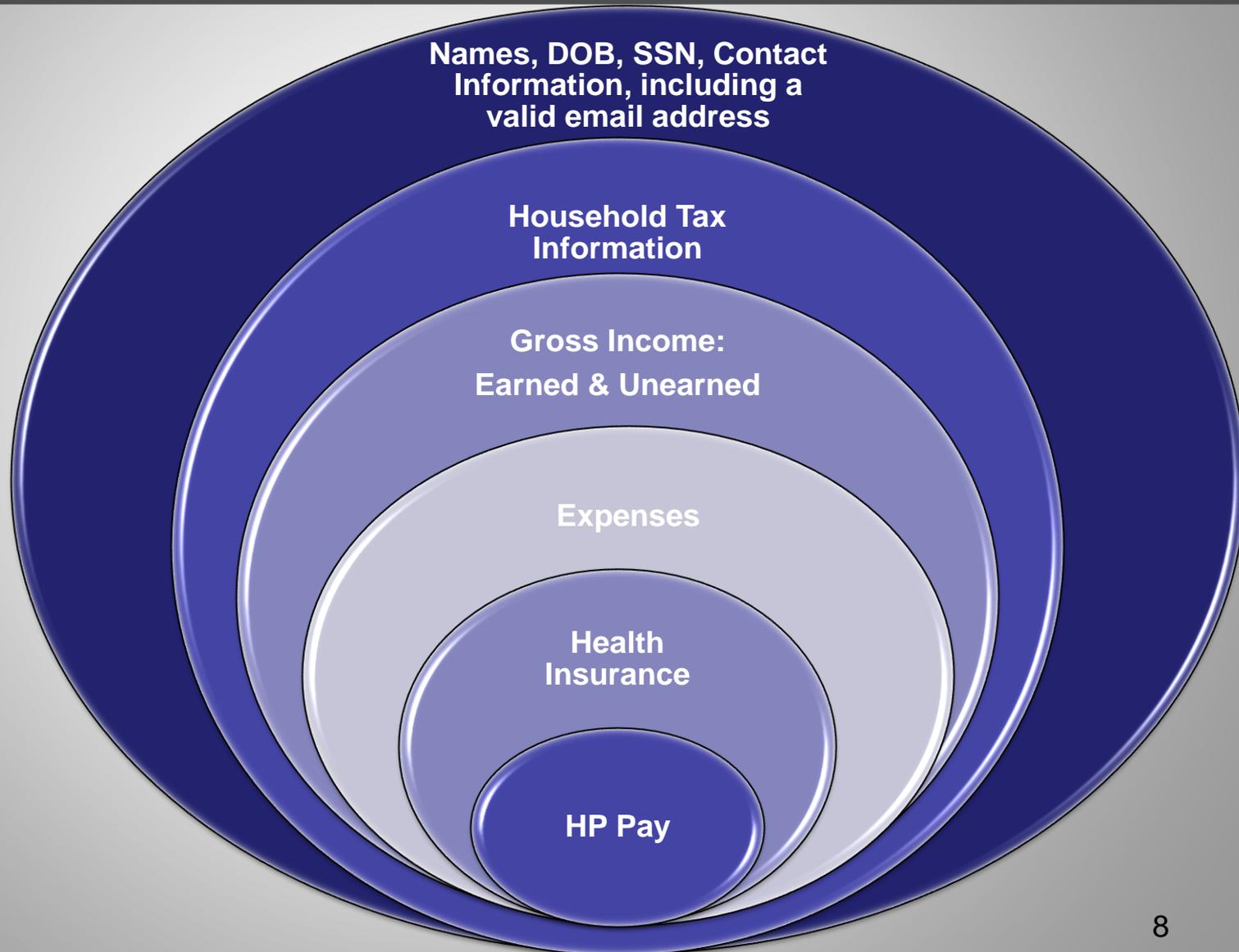
- ▶ [SoonerCare Health Benefits Application](#)
[English](#) | [Spanish](#)



[Income Guidelines](#)

Application Requirements

Information Needed



Apply for Benefits

www.mysooner.org



[about us](#) | [individuals](#) | [providers](#) | [research](#) | [contact us](#) | [search](#)



Individuals

What Is SoonerCare?

Online Enrollment

- ▶ Before Starting
- ▶ Step-By-Step Guide
- ▶ Get Started

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Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.



If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency. The list of local agencies can be found at <http://okaca.org/agencies/>.

The online enrollment web application is only compatible with Microsoft Internet Explorer 8 and above. You may download Internet Explorer by clicking the Explorer image below.



Rights and Responsibilities

Member Enrollment

Language: ▼

Programs

- [Mental Health & Substance Abuse](#)
- [SoonerCare](#)
- [SoonerPlan](#)
- [Insure Oklahoma](#)

Applying Online

- [Getting Started](#)
- [Information You Will Need](#)
- [Apply Now](#)

Related Links

- [Eligibility Questionnaire](#)
- [Provider Directory](#)
- [Application Form](#)  PDF
- [Download Adobe Acrobat Reader](#)

Rights and Responsibilities

Thank you for your interest in our programs.

To apply for benefits, you must agree to the terms listed below. You must select "I agree" to complete the application.

I agree to:

- Help the Oklahoma Health Care Authority check any information on this application, and let them get needed information from government agencies, employers, medical providers and other sources.
- Tell the Oklahoma Health Care Authority within 10 days if there are any changes in our income, the people who live in our home, where we live or get our mail, and/or our health insurance.
- Transfer, assign and authorize payment to the Oklahoma Health Care Authority all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by the Oklahoma Health Care Authority for me or my dependents.
- Help the Oklahoma Department of Human Services or the Oklahoma Health Care Authority identify and find absent parents who might be liable for the costs of medical care for me or others in my family receiving SoonerCare or Insure Oklahoma.
- Adults who want health benefits or family planning are required by federal law to cooperate with the child support office to get medical support established for any of their children whose other parent is not in the home. I agree to cooperate in establishing medical support. I understand that if I feel that I have good cause for not cooperating, I can contact my local child support office to request good cause consideration. I also understand that I can contact my local child support office to ask that my home address or location not be released if there is a fear of family violence.
- If approved for Insure Oklahoma I understand I will be responsible for paying the appropriate premiums and out-of-pocket costs including but not limited to co-payments.

SoonerCare Member Log-in

Returning User?
[Log on to your account](#)

Rights and Responsibilities (cont.)

I will allow the Oklahoma Health Care Authority to:

- Collect payments from anyone who is supposed to pay for any of my or my family's medical care provided by the Oklahoma Health Care Authority.
- Share any of my necessary information that the Oklahoma Health Care Authority maintains with any insurance company, person or entity who is responsible for paying the medical bill.
- Access and receive my medical records from any of my medical providers.
- Share important health and benefits information through electronic messages. Message and Data Rates may apply.

I will allow any of my medical providers to:

- Give any of my information they have to the Oklahoma Department of Human Services or the Oklahoma Health Care Authority to make payment or overpayment decisions.

You have the right to a hearing if you disagree with an adverse action taken on your case. You must fill out and submit an LD-1 form to the Oklahoma Health Care Authority within twenty (20) days from the day of adverse action. You can get an LD-1 form by contacting Member Services at 1-800-987-7767. You can represent yourself at the hearing, or you can have an attorney or other representative.

I understand if I give information that isn't true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the Oklahoma Health Care Authority for any medical bills that were not paid correctly.

You must select either 'I agree' or 'I do not agree'.

I agree

I do not agree

EXIT

Creating an Account

Account Creation

- ❖ **Creating an account is required to complete an application.**

Oklahoma HealthCare Authority

Welcome

Today is October 19, 2016

Contact Us

Member Enrollment

Language: English

Log On or Create Your Account

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: * [Forgot your User ID?](#)

Password: * [Forgot your Password?](#)

LOG ON

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

Programs

- [Mental Health & Substance Abuse](#)
- [SoonerCare](#)
- [SoonerPlan](#)
- [Insure Oklahoma](#)

Applying Online

- [Getting Started](#)
- [Information You Will Need](#)
- [Apply Now](#)

Related Links

- [Eligibility Questionnaire](#)
- [Provider Directory](#)
- [Application Form](#) PDF
- [Download Adobe Acrobat Reader](#)

Step 1: People & Contacts



Today is October 19, 2016

Welcome [Contact Us](#) | [Log On](#)

Member Enrollment

Language: English

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

The first step in the application process is to tell us about all of the people living in the household. Start with an adult, if there is one living in the house. He or she will be the contact person for the case. The contact person must be at least 15 years old. When you have finished, select "Next" to continue.

Required fields are marked with an asterisk(*)

Personal Information

First Name: * [Tell me more...](#)

(Full legal name as appears on Social Security card, not a nickname; example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Last Name: *

Suffix:

Date of Birth: *

Marital Status: *

Gender: * Male Female

Pregnant: * Yes No [Why do you need to know this?](#)

Step 1: People & Contacts (cont.)

**Pregnancy fields trigger additional
Health Condition Assessment Questions**

Due Date: * 

Number of Babies Expected: *

Note: You must provide medical proof of pregnancy if you are including the unborn child on this application.

Step 1: People & Contacts (cont.)

- ❖ **The selection of SoonerCare or help paying for health insurance is made automatically for children and pregnant women.**

Requested Benefits

Please select each benefit this person would like to apply for:

Do you want to find out if you can get SoonerCare for this person?

[Tell me more](#)

Do you want to enroll in the Insure Oklahoma program for this person?

[Tell me more](#)

Do you want to find out if you can get SoonerPlan for this person?

[Tell me more](#)

SSN

SSN: *

[What if I don't have an SSN?](#)

Re-enter SSN: *

Race & Ethnicity

Race: *
(check all that apply)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Declined to answer

[Why do we need this?](#)

Is this person of Hispanic or Latino origin (or descent)?

Yes No

[What's this?](#)

Step 1: People & Contacts (cont.)

Residency & Citizenship

Does this person live in Oklahoma? * Yes No

If you have to verify the citizenship or alien status for this person we may need additional documentation. Can you provide a document or have you ever had a document that shows this person

- * is a U.S. citizen
 is here as an alien with documentation
 none of the above

[+ Tell me more...](#)

Documentation that can be provided: * U.S. Birth Certificate

RESET FORM

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

Please tell us how we can contact you.

[What if I am homeless?](#)

When you have finished, select "Next" to continue.

Required fields are marked with an asterisk (*).

Contacts

Residence

Street - Line 1: *

Street - Line 2:

City: *

State: *

Zip Code: *

Mailing Address

Same as Residence

Street or P.O. Box: *

Street - Line 2:

City: *

State: *

Zip Code: *

Step 1: People & Contacts (cont.)

- ❖ Receive English or Spanish notices by letter or email.
- ❖ The Authorized Representative section of this page allows a user to identify an authorized representative.

Contact Methods

What is the primary language spoken in the household? * English ▾

Where possible, we will send written communication in: * English ▾

How do you wish to receive your notices? * Letter ▾

Day Time Phone: - Select Type - ▾ () - ext:

Is it okay for us to leave a message here? Yes No

Night Time Phone: - Select Type - ▾ () - ext:

Is it okay for us to leave a message here? Yes No

Email: * you@yourdomain.com
! Email address is required.
E-mail address for the household contact can be used as an alternate to a User ID when logging in at a later time to retrieve this application.

Authorized Representative

You may name a person outside your household to act on your behalf about any benefits you or your family may be qualified for.

Do you want an authorized representative? Yes No [Who can I name as my authorized representative?](#)

RESET FORM ◀ PREVIOUS SAVE & EXIT NEXT ▶

Step 1: People & Contacts (cont.)

- ❖ Provide all of the required Authorized Representative information.

Authorized Representative

You may name a person outside your household to act on your behalf about any benefits you or your family may be qualified for.

Do you want an authorized representative? Yes No [Who can I name as my authorized representative?](#)

First Name: *

Middle Name:

Last Name: *

Suffix:

Designation Privilege: * Sign the application
 Act on the behalf of the applicant on all matters related to the account

Designation Start Date: * month day year

Designation End Date: * month day year

Organization Helping: * Yes No

Street or P.O. Box: *

Street - Line 2:

City: *

State: *

ZIP Code: *

Authorized Rep Phone: * - - ext:

Email:

Who is giving authorization for this person to represent the case members? *

RESET FORM

← PREVIOUS

SAVE & EXIT

NEXT →

Step 1: People & Contacts (cont.)

❖ Address Standardization

Please tell us how we can contact you. [What if I am homeless?](#)

When you have finished, select "Next" to continue.

Address Standardization Close

We were not able to locate the address

2401 NW 23rd Street Oklahoma City, OK 73107

Did you mean:

- 2401 NW 23RD ST OKLAHOMA CITY, OK 73107
- No. Use what I entered

OK

Mailing Address

Same as Residence

Street or P.O. Box: 2401 NW 23rd Street

Step 1: People & Contacts (cont.)

❖ Create a user ID and password.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Create User Account

 Do not use your browser back button or do a screen refresh.

You should create a user account now. This will let you see your information for 30 days. If you do not come back to it, it will be deleted. Information from earlier applications will still be there.

If you already have a user account, [log on now](#).

To create an account, you will need to create a User ID and password. The User ID and password will be needed to access your application. You will need to answer 3 challenge questions. The questions will be used if you forget your password.

Enter a user ID and password. Choose something that is easy for you to remember but hard for other people to guess. You may want to write your User ID down, as it will not be shown to you again. This user account will be associated with the Contact Person.

Required fields are marked with an asterisk (*).

User ID: *
Your User ID must: be between 8 and 20 characters long, not contain any spaces and contain only letters and numbers.

Password: *

Retype Password: *
Your Password must: be between 8 and 20 characters long, not contain any spaces, not contain your User ID, and contain at least 3 of the following 4 character types:
- Uppercase letters
- Lowercase letters
- Numbers
- Special Characters

Email: *
E-mail address for the household contact can be used as an alternate to a User ID when logging in at a later time to retrieve this application.

Written Language: * 
Please choose the language you would like OHCA email communications sent in.

CONTINUE

Step 1: People & Contacts (cont.)

- ❖ Choose questions and answers that are not easily known by others.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Create a User Account - Challenge Questions

 Do not use your browser back button or do a screen refresh.

Please select 3 challenge questions and provide the answers below. We will use this information to identify you if you forget your User ID or password. When you select and answer your 3 questions:

- Do not select a question that everyone who knows you would know the answer to.
- Remember that answers to challenge questions should be protected in the same way passwords are.

Required fields are marked with an asterisk (*).

Question 1: *

Answer 1: *

Retype Answer 1: *

Question 2: *

Answer 2: *

Retype Answer 2: *

Question 3: *

Answer 3: *

Retype Answer 3: *

[← PREVIOUS](#) [CREATE ACCOUNT](#)

Step 1: People & Contacts (cont.)

- ❖ **When the account is successfully created, the confirmation message displays.**

The screenshot displays a web interface for account management. At the top, the heading "Log On or Create Your Account" is visible. Below it, a warning icon and text state: "Do not use your browser back button or do a screen refresh." The main content area contains a form with fields for "User ID" and "Password", and a "LOG ON" button. A modal dialog box titled "Account Creation Confirmation" is overlaid on the form. The dialog contains the following text: "Your User Account has been created. Log on using your User ID and password the next time you want to access your account. An email has been sent to you with the instructions to complete your registration and verify your account. Please check your spam folder and re-verify your email address if you don't receive the email in 15 minutes." The dialog has a "Close" button in the top right corner and an "OK" button at the bottom center.

Step 1: Account Logon

- ❖ **Log on using your User ID *or* Email Address and Password created on the previous page**



Today is January 18, 2017

Welcome [Contact Us](#)

Member Enrollment

Language: English

Log On or Create Your Account

 Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID *or* E-Mail Address: *

Password: *

[Forgot your User ID?](#)

[Forgot your Password?](#)

LOG ON

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

Step 1: Account Registration

- ❖ **Enter the Registration code sent to the Email Address used to create your account.**

Dear SoonerCare applicant,

You are receiving this notice because you either have started an application or you are a SoonerCare member who needs to complete their registration.

Registration code: 85Ehez

Please login to your account by clicking the following link to complete your registration.

[SoonerCare](#)

Please do not reply to this email.

Sincerely,
SoonerCare

This email was sent from a notification-only email address that cannot accept incoming email.

Step 1: Account Registration

- ❖ Enter the Registration code sent to the Email Address used to create your account and click Register.

The screenshot shows the Oklahoma HealthCare Authority website. At the top left is the logo for Oklahoma HealthCare Authority. To the right of the logo, it says "Welcome Claire Example". Further right, it says "Today is January 18, 2017" and provides links for "Change Password", "Contact Us", and "Log Off". Below the welcome message, the page title is "Member Enrollment" and there is a language dropdown menu set to "English".

The main content area is titled "Account Registration". Below the title, there is a warning icon and the text: "Do not use your browser back button or do a screen refresh." Below this, it says: "To register your account, please enter the registration code that was provided in the registration email." There is a text input field for the registration code, with an asterisk indicating it is a required field. To the right of the input field is a link: "Send me registration email again." At the bottom right of the form is a blue button labeled "REGISTER".

Step 1: People and Contacts

❖ **Click Continue to resume the application.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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SoonerCare Health Benefits - Online Application

 Do not use your browser back button or do a screen refresh.

Welcome back.

The application you started on 10/21/2016 is not complete. You stopped at [Step 1, People & Contacts](#).

To review what you told us, select any of the links below.

[Step 1: People and Contacts](#)

Select "Continue" to complete the application.

Step 1: People and Contacts

❖ Entering additional household members.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

You have told us about the following person living in the household:

Name	SSN	Date of Birth	Gender
Claire V- Example	XXX-XX-1103	02/19/1970	Female

[Who should I include?](#)

Are there other people living in the household?

Yes or No is required.

Yes, there are other people in the household

No, everyone in the household is listed above

[← PREVIOUS](#) [SAVE & EXIT](#) [NEXT ▶](#)

Step 1: People & Contacts (cont.)

❖ Household Members

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

Tell us about the next person living in the house.

- If there is another adult in the household, tell us about him or her next.
- If you have entered all of the adults, tell us about a child living in your home.

When you have finished, select "Next" to continue.

Required fields are marked with an asterisk(*).

Personal Information

First Name: * [Tell me more...](#)
(Full legal name as appears on Social Security card, not a nickname; example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Last Name: *

Suffix:

Date of Birth: * 

Gender: * Male Female

Requested Benefits

Please select each benefit this person would like to apply for:

Do you want to find out if you can get SoonerCare for this person? [Tell me more](#)

Do you want to enroll in the Insure Oklahoma program for this person? [Tell me more](#)

Step 1: People & Contacts (cont.)

❖ Household Members

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

You have told us about the following people living in the household:

Name	SSN	Date of Birth	Gender
Claire V- Example	XXX-XX-1103	02/19/1970	Female
Alexis V- Example	XXX-XX-1111	02/01/2009	Female
Charlotte V- Example	XXX-XX-1119	02/29/2016	Female

[Who should I include?](#)

Are there other people living in the household?

Yes or No is required.

Yes, there are other people in the household
 No, everyone in the household is listed above

Step 1: People & Contacts (cont.)

❖ Household Questions

- *There will be an Unemployment Benefits question for Insure Oklahoma applicants between the ages of 19 and 64.
- *There will be a Foster Care question for members in the household between the ages of 19 and 25.
- *There will be a full-time college student question for members in the household applying for Insure Oklahoma, between the ages of 19 and 22.

Yes or No is required for all questions.

Is anyone in the household blind or disabled? * Yes No

Is anyone in the household in need of long-term care? * Yes No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? * Yes No

Are any of the following members eligible for Unemployment Benefits? *

[What is this?](#)

Claire V- Example

Charlotte V- Example

None of these individuals are eligible for Unemployment Benefits

Were any of the following in foster care in Oklahoma on their 18th birthday? *

Charlotte V- Example

None of these individuals were in foster care then

Are any of the following members a full-time college student? *

[What is full-time?](#)

Charlotte V- Example

None of these individuals are in college full-time

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

- ❖ **When Yes is selected for any of the questions, a household member must be selected.**

Yes or No is required for all questions.

Is anyone in the household blind or disabled? * Yes No

Select household members *

- Claire V- Example
- Charlotte V- Example
- Alexis V- Example

Is anyone in the household in need of long-term care? * Yes No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? * Yes No

Step 1: People & Contacts (cont.)

- ❖ When a household member is between ages 19 and 22, applying for Insure Oklahoma and enrolled in an accredited Oklahoma college, you must select their college from the drop-down menu. If their college is not listed, select 'Other'

Are any of the following members eligible for Unemployment Benefits? * [What is this?](#)

Claire V- Example

Charlotte V- Example

None of these individuals are eligible for Unemployment Benefits

Were any of the following in foster care in Oklahoma on their 18th birthday? *

Charlotte V- Example

None of these individuals were in foster care then

Are any of the following members a full-time college student? * [What is full-time?](#)

Charlotte V- Example

! College is required.

None of these individuals are in college full-time

[PREVIOUS](#) [SAVE & EXIT](#) [NEXT](#)

Step 1: People & Contacts (cont.)

- ❖ Relationship information is collected by making a selection from the drop-down.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

Now we need to ask you how the people in the house are related.
To start, tell us how each person is related to **Claire V- Example**.
When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

How are the following people related to Claire V- Example?

Charlotte V- Example is the *	<input type="text" value="Other child residing in household"/>	of Claire V- Example.
Alexis V- Example is the *	<input type="text" value="Daughter"/>	of Claire V- Example.

Step 1: People & Contacts (cont.)

- ❖ Relationship information is collected by making a selection from the drop-down.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	---	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

Now, for each adult, tell us his or her marital status and, if married, who his or her spouse is. If the spouse is not listed, you must [add the spouse](#) to the household.

When you have finished, select "Next" to continue.

Required fields are marked with an asterisk (*).

Spousal Relationships		
Name	Marital Status	Spouse
Claire V-Example	Single or Unknown	- Select Spouse -
Charlotte V-Example *	- Select Status -	- Select Spouse -

[Add another person](#)

RESET FORM
◀ PREVIOUS
SAVE & EXIT
NEXT ▶

Step 1: People & Contacts (cont.)

❖ Household Relationships

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about each child living in the house.

When you have finished, select "Next" to continue.

 [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

Now we need to know if Alexis V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Alexis V- Example's other parent living in the home? * Yes No

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

- ❖ **If the child's other parent is in the household, he or she should be selected from the drop-down.**

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

If the parent is not listed, [add the parent to the household](#)

Who is Charlotte V- Example's parent? *

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

Select why the other parent is not in the household *

Are you willing to cooperate with Oklahoma Child Support Services? * Yes

No

I would like to claim good cause.

[More information about child support cooperation.](#)

Declining child support services may change an adult's coverage but will not affect the child's.

Now we need to know if Alexis V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Alexis V- Example's other parent living in the home? * Yes No

RESET FORM

← PREVIOUS

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

Select why the parent is not in the household *

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

Select why the other parent is not in the household *

Are you willing to cooperate with Oklahoma Child Support Services? * Yes No I would like to claim good cause.

[More information about child support cooperation.](#)

Declining child support services may change an adult's coverage but will not affect the child's.

Now we need to know if Alexis V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Alexis V- Example's other parent living in the home? * Yes No

Select why the other parent is not in the household *

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

- ❖ Add Sibling Relationships for children with no parents in the home

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	---	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about some of the children. We need to know if each child shown below has any brothers or sisters in the home. Please include any half or step brothers and sisters.

When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Add Sibling Relationships

Does Charlotte V- Example have a brother or sister in the home? * Yes No

Step 1: People & Contacts (cont.)

❖ Select brothers and sisters

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about some of the children. We need to know if each child shown below has any brothers or sisters in the home. Please include any half or step brothers and sisters.

When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Add Sibling Relationships

Does Charlotte V- Example have a brother or sister in the home? * Yes No

Please select all of Charlotte V- Example's brothers and sisters. * Alexis V- Example

Step 1: People & Contacts (cont.)

❖ Review

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 Review - People & Contacts

 Do not use your browser back button or do a screen refresh.

Please review what you told us about the people in the household. The rest of the questions will use this information.

- If the information is correct, select "Next" to go to the next step.
- If you need to make changes, select the "Change" link next to the person or section you need to change. This will take you back to the page where you can change your answers. Depending on what you change, you may be asked a few more questions.
- If you need to add another person to the household, select "[Add another person.](#)"

Household Members

 [Hide all details](#)

[Claire Example](#)

Information

Legal Name:	Claire V- Example	SSN:	XXX-XX-4110
Date of Birth:	02/19/1970		
Gender:	Female	Pregnant:	No
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan		

[Change Claire's Information](#)

Review

Step 1: People & Contacts (cont.)

❖ Review

Household Questions

Is anyone in the household Blind or Disabled?: No

Is anyone in the household in need of Long Term Care?: No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? No

Is anyone in the household eligible for Unemployment Benefits? No

[Change answers](#)

Household Relationships

Relationships to Applicant

Charlotte V- Example is the **Other child residing in household** of Claire V- Example

Alexis V- Example is the **Daughter** of Claire V- Example

Marital Status

None

Oklahoma Child Support Services

Charlotte V- Example 's Parent is: **Parents deserted**
Cooperation with Child Support Services: **Yes**

Charlotte V- Example 's Other Parent is: **Parents deserted**
Cooperation with Child Support Services: **Yes**

Alexis V- Example 's Other Parent is: **Divorced**
Cooperation with Child Support Services: **Yes**

[Change household relationships](#)

Step 1: People & Contacts (cont.)

❖ Review

Sibling Relationships

Sibling Relationships

None

[Change sibling information](#)

Contacts

Residence: 2401 NW 23rd Street
Oklahoma City, OK 73107

Mailing Address: 2401 NW 23rd Street
Oklahoma City, OK 73107

Primary Language Spoken in Household: English

Written Communication in: English

Notification Type: Letter

Day Time Phone: No Phone:
Okay to leave Message: No

Night Time Phone: No Phone:
Okay to leave Message: No

Email: stephanie.much@hpe.com

Authorized Representative:

[Change contact information](#)

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 1: People & Contacts (cont.)

- ❖ A pop-up message allows one more opportunity to review and update household members before moving on to Step 2.

Review

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 Review - People & Contacts

Do not use your browser back button or do a screen refresh.

Please review what you have entered:

- If the information is incorrect, you can change it.
- If you need to add or delete household members, you can do so here.
- If you need to update contact information, you can do so here.

Household Confirmation

Please verify that all information provided for the household members are correct. Once you click 'Yes' and click the 'Next' button, you will not be able to go back and change any information.

Household Member Information [Hide all details](#)

Claire Example	
Information	
Legal Name:	Claire V- Example
SSN:	XXX-XX-4110
Date of Birth:	02/19/1970
Gender:	Female
Pregnant:	No
Race:	White
Hispanic or Latino origin:	No
Oklahoma Resident:	Yes
U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan

Step 2: Tax Household

- ❖ Make selections from the drop-downs.
- ❖ Additional fields may display depending on the Tax Filer Status.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 2 - Tax Household

 Do not use your browser back button or do a screen refresh.

Now we need to ask you about the people in the household and their tax filing status.

Start by telling us how Claire will pay taxes next year and whom she can legally claim as a dependent. For each person claimed as a dependent select how they are related to Claire. If a person is not related to her or the relationship type is not in the drop-down list, select "Other".

When you are finished, select 'Next.'

Required fields are marked with an asterisk (*).

Claire V- Example

Tax Filer Status: *

Step 2: Tax Household (cont.)

- ❖ Household members display based on the filing status.
- ❖ Check the individuals that will be claimed.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 2 - Tax Household

 Do not use your browser back button or do a screen refresh.

Now we need to ask you about the people in the household and their tax filing status.
Start by telling us how Claire will pay taxes next year and whom she can legally claim as a dependent. For each person claimed as a dependent select how they are related to Claire. If a person is not related to her or the relationship type is not in the drop-down list, select "Other".
When you are finished, select 'Next.'

Required fields are marked with an asterisk (*).

Claire V- Example

Tax Filer Status: *

Filing Status: *

Tell us about any dependents that will be claimed on Claire's tax return:

<input checked="" type="checkbox"/>	Charlotte V- Example	is the	<input type="text" value="Other child residing in household"/>	of Claire .
<input checked="" type="checkbox"/>	Alexis V- Example	is the	<input type="text" value="Daughter"/>	of Claire .

[Add a tax dependent not in the household](#)

RESET FORM SAVE & EXIT NEXT ▶

Step 3: Household Income

❖ **Step 3 collects household income and begins by collecting employment information for anyone in the household who is working.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about the household income.

First, we'll look at money earned from a **job or business**. This includes salary, tips, etc. from working full-time or part-time for yourself or someone else. This is any income from a job that could be declared on next year's tax return. Later, we'll ask about other kinds of income.

[Why do we need this?](#)

Does anyone in the household earn money from a job or business?

Yes or No is required.

Yes, at least one household member earns money from a job or business

No, no one earns money from a job or business

Select all household members who receive income from a full-time or part-time **job or business**.

Claire V- Example

Charlotte V- Example

Alexis V- Example

Step 3: Household Income (cont.)

❖ Add the employment details for the individual listed.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about **Claire's** job or business.
 If **Claire** has more than one job, select "[Add another job](#)" to enter information about these other jobs.
 When you have finished adding all of **Claire's** income from employment, select "**Next**" to continue.

Required fields are marked with an asterisk (*)

Claire V- Example

Are you self-employed? * [What if I don't know?](#)

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *
 \$ - Select how often -
 (dollars only, no cents)
[What if I don't know?](#)

[Add another job for Claire Example](#)

Select "Add another job" if **Claire Example** has another job or business.

RESET FORM
◀ PREVIOUS
SAVE & EXIT
NEXT ▶

Step 3: Household Income (cont.)

❖ If an Insure Oklahoma applicant has an EEN, click on the 'Yes' radio button and click on the 'Enter EEN' button.

Claire V- Example

Are you self-employed? *

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. * Yes No

ENTER EEN

[What if I don't know?](#)

[What if I don't know?](#)

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: * \$ - Select how often -

(dollars only, no cents)

[What if I don't know?](#)

Average amount of hours worked per week: *

Does this employer offer health insurance? * Yes No

[Add another job for Claire Example](#)

Select "Add another job" if Claire Example has another job or business.

Step 3: Household Income (cont.)

❖ Enter Employee Enrollment Number

Tell us about Claire's job or business.
If Claire has more than one job, select ["Add another job"](#) to enter information about these other jobs.
When you have finished, click ["Next"](#).

Claire V- Example

Do you have an employer or will receive health insurance from this employer?

Business Information

Federal Employer I.D. Number:

Address:

(dollars only, no cents)

[What if I don't know?](#)

marked with an asterisk (*)

Enter Employee Enrollment Number

Enter your EEN exactly as provided by your employer.
If you have EEN's from different employers enter the one for the job that provides or will provide your health insurance.

Employee Enrollment Number: *

Step 3: Household Income (cont.)

❖ The Employer's data will automatically populate.

Are you self-employed? *

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. * Yes No

Employee Enrollment Number (EEN): *

Business/Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *
\$ - Select how often -

(dollars only, no cents)

Average amount of hours worked per week: *

Does this employer offer health insurance? *
 Yes No

[Add employment income for Claire](#)

Step 3: Household Income (cont.)

❖ Add Taxable Income

***Insure Oklahoma applicants will include number of hours worked per week, and whether or not the employer offers health insurance.**

Claire V. Example

Are you self-employed? * [What if I don't know?](#)

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. Yes No [What if I don't know?](#)

ENTER EEN

Employee Enrollment Number (EEN): *

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *

\$

(dollars only, no cents)

[What if I don't know?](#)

Average amount of hours worked per week: *

Does this employer offer health insurance? *

Yes No

[Add another job for Claire Example](#)

Select "Add another job" if Claire Example has another job or business.

Step 3: Household Income (cont.)

❖ If you don't have an EEN, add the employment details for the individual listed.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about Claire's job or business.
If Claire has more than one job, select "[Add another job](#)" to enter information about these other jobs.
When you have finished adding all of Claire's income from employment, select "Next" to continue.

Required fields are marked with an asterisk (*)

Claire V- Example

Are you self-employed? * [What if I don't know?](#)

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *
\$ - Select how often -

(dollars only, no cents)

[What if I don't know?](#)

[Add another job for Claire Example](#)

Select "Add another job" if Claire Example has another job or business.

Step 3: Household Income (cont.)

❖ Validate Employer Information

Oklahoma HealthCare.gov Today is October 25, 2016

[Contact Us](#) | [Log Off](#)

English

STEP 3
Submit

Employer Information Validation

We were not able to locate the **Employer and/or FEIN** for **Charlotte V- Example** :

Employer Name: ABC Employer

FEIN:

Results: 1-10 of 32 Page 1 of 4

Did you mean:

Employer Name:	FEIN #
<input type="radio"/> ABC EARLY LEARNING CENTER LLC	461362331
<input type="radio"/> ABC FINANCIAL	710602737
<input type="radio"/> ABC MEDICAL IMAGING LLC	800726259
<input type="radio"/> ABC123 LOVEBUGZ CHILD CARE LLC	471399987
<input type="radio"/> ABCO STEEL INC	731358924
<input type="radio"/> ABC ACADEMY LLC	461492719
<input type="radio"/> ABC CARPET & STEAM CLEAN COMPANY	731579676
<input type="radio"/> ABC MASTER SERVICE LLC	463943422
<input type="radio"/> ABC PROFESSIONAL TREE SERVICES INC	760686297
<input type="radio"/> ABC TIRE CENTER, LLC.	451268702
<input checked="" type="radio"/> No. Use what I entered.	

OK

Address: 1 Way Street Average amount of hours worked per week: *

City: Oklahoma City 5

Step 3: Household Income (cont.)

❖ **Step 3 also collects income that is not received through employment.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 3 - Household Income - Other

 Do not use your browser back button or do a screen refresh.

Tell us if any person in the household receives money or income from other sources. This includes, but is not limited to, income received from:

- Social Security Benefits
- Dividends or Interest
- Rental or Royalty Income
- Lump Sum
- SSI
- Aid and Attendance (VA)
- Strikers Benefits
- Other Counted Unearned Income Not Described Above
- Alimony
- Military Allotment
- Unemployment Compensation
- Capital gains
- Contribution
- Retirement, Pension or Annuities
- Insurance or Legal Settlement
- Investment income

See the complete listing of [Other Types of Income](#).

- This is any income that could be declared on next year's tax return.

Does anyone in the household receive money or income from other sources?

Yes or No is required.

Yes, at least one person receives other money or income

No, no one receives other money or income

Select all household members who receive income from other sources.

Claire V- Example

Charlotte V- Example

Alexis V- Example

Step 3: Household Income (cont.)

Other Income

Oklahoma HealthCare Authority Today is January 23, 2017

Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language: English ▾

Enrollment Steps

STEP 1
People & Contacts

STEP 2
Tax Household

STEP 3
Household Income

STEP 4
Expenses

STEP 5
Health Insurance

STEP 6
Review

STEP 7
Citizenship & Identity

STEP 8
Submit

Step 3 - Household Income - Other

Do not use your browser back button or do a screen refresh.

Select all of **Claire Example's** income sources. For each income source:

- Enter the amount of money **Claire Example** receives
- Select how often that money is received

When you have finished, select "Next" to continue.

Required fields marked with an asterisk (*)

Claire Example

Income Source (select all that apply)	Amount (dollars only, no cents)	How Often Received
<input type="checkbox"/> Social Security Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> SSI	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Alimony	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Contribution	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Dividends or Interest	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Aid and Attendance (VA)	\$ <input type="text"/>	- Select how often - ▾

Step 3: Household Income (cont.)

❖ **Select the other source of income then enter the amount and how often it is received.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 3 - Change Household Income - Other

Do not use your browser back button or do a screen refresh.

Make changes to the household's income by selecting the person whose income you want to change.

- If you forgot to add a person's income from other sources, select the person's name.
- If you need to remove income, uncheck the box next to the income source.

When you have finished, select 'Update' to go back to the summary page.

Required fields marked with an asterisk (*)

Household Members		
<input type="checkbox"/> Claire Example		
Income Source (select all that apply)	Amount (dollars only, no cents)	How Often Received
<input type="checkbox"/> Social Security Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> SSI	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Alimony	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Contribution	\$ <input type="text"/>	- Select how often - ▾
<input checked="" type="checkbox"/> Dividends or Interest	* \$ <input type="text" value="50"/>	Monthly ▾
<input type="checkbox"/> Aid and Attendance (VA)	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Military Allotment	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Retirement, Pension or Annuities	\$ <input type="text"/>	- Select how often - ▾

Step 3: Household Income (cont.)

❖ **Additional sources of income continues down the page.**

<input type="checkbox"/> Rental or Royalty Income	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Strikers Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Unemployment Compensation	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Insurance or Legal Settlement	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Lump Sum	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Other Counted Unearned Income Not Described Above	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Capital gains	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Investment income	\$ <input type="text"/>	- Select how often - ▾

Step 4 – Expenses

Expenses

Enrollment Steps	STEP 1 People & Contacts	STEP 2 <u>Tax Household</u>	STEP 3 <u>Household Income</u>	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 4 - Expenses

 Do not use your browser back button or do a screen refresh.

Please tell us about your tax-deductible expenses. These will be expenses that you are going to report on your next year's tax return. Verification must be provided for all declared expenses. Your eligibility period will be limited until verification is received and approved.

 [More information on deductible expenses](#)

Does anyone in the household have [deductible expenses](#) ?

Yes or No is required.

- Yes
 No

Select all household members who have deductible expenses

- Claire V- Example
 Charlotte V- Example
 Alexis V- Example

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Expenses

Step 4: Expenses (cont.)

❖ Enter the details for the deductible expense for each person

Expenses

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 4 - Expenses

 Do not use your browser back button or do a screen refresh.

Select all of **Claire Example's** expense sources. If you aren't sure what some of these are, select the 'Help with this screen' link located to the right.

For each expense source:

- Enter the amount of expense **Claire Example** pays
- Select how often that expense is paid
- Verification must be provided for all declared expenses.
- Your eligibility period will be limited until verification is received and approved.

 [More information on deductible expenses](#)

When you have finished, select **"Next"** to continue.

Required fields marked with an asterisk (*)

Claire Example

Expense Paid (select all that apply)	Amount (dollars only, no cents)	How Often Paid
<input type="checkbox"/>  Alimony Paid	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  Business expense allowed on Form 2106	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  Deductible part of self-employment tax (Schedule SE)	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  Domestic Production Activity Expense	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  Educator expenses	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  Health saving account deduction allowed by Form 8889	\$ <input type="text"/>	- Select how often - 
<input type="checkbox"/>  IRA deduction	\$ <input type="text"/>	- Select how often - 

Step 4: Expenses (cont.)

❖ Additional Deductible Expenses

<input type="checkbox"/>	<input type="checkbox"/>	Moving expenses allowed on Form 3903	\$	<input type="text"/>	- Select how often - ▾
<input type="checkbox"/>	<input type="checkbox"/>	Penalty for early withdrawal of savings	\$	<input type="text"/>	- Select how often - ▾
<input type="checkbox"/>	<input type="checkbox"/>	Self-employed SEP, SIMPLE, and qualified plans	\$	<input type="text"/>	- Select how often - ▾
<input type="checkbox"/>	<input type="checkbox"/>	Self-employment health insurance deduction	\$	<input type="text"/>	- Select how often - ▾
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Student Loan Interest Paid	*	\$ <input type="text" value="100"/>	Yearly ▾
<input type="checkbox"/>	<input type="checkbox"/>	Tuition and fees allowed on Form 8917	\$	<input type="text"/>	- Select how often - ▾

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Expenses

Step 5: Health Insurance

❖ **Tell us about any commercial health insurance.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	------------------------------------	------------------	----------------------------------	------------------

Step 5 - Health Insurance

 Do not use your browser back button or do a screen refresh.

Tell us about health insurance.

- When answering this question, include medical, pharmacy, dental, vision, hospitalization, and cancer insurance. This includes insurance coverage paid for by someone outside the household.
- Do not consider SoonerCare, Indian Health Services, or Medicare as insurance companies.

[Why do we need this?](#)

Does anyone in the household have health insurance (not including SoonerCare)?

Yes or No is required.

Yes, at least one household member has health insurance

No, no one has health insurance

RESET FORM **← PREVIOUS** **SAVE & EXIT** **NEXT →**

Step 5: Health Insurance (cont.)

- ❖ **Selecting Yes on the previous page generates this details page. Enter all of the required information.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 5 - Health Insurance

 Do not use your browser back button or do a screen refresh.

Enter the following information about each health insurance policy.
If there is more than one policy, select "[Add more insurance](#)" to enter the information.
When you have finished, select "Next" to continue.

Required fields are marked with an asterisk (*).

Health Insurance

What type of medical coverage do you have? * Major Medical Cancer
 Hospitalization Other

Select type of other coverage: * If you have more than one of these coverage types, select one to get started.
 Dental Vision Pharmacy

Company Name: *

Policy Holder: *

Policy Number/ID Number: *

Group Number: [Where do I find this?](#)

Effective Date: * 

Who's Covered? * All household members
 Claire V- Example
 Charlotte V- Example
 Alexis V- Example

Step 5: Health Insurance (cont.)

❖ Details Page Continues

- Who's Covered? *
- All household members
 - Claire V- Example
 - Charlotte V- Example
 - Alexis V- Example

[Add more insurance](#)

Select "Add more insurance" if there is another policy covering anyone in the house.

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 5: Health Insurance (cont.)

❖ Medicare is another source of health insurance that is asked about.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 <u>Tax Household</u>	STEP 3 <u>Household Income</u>	STEP 4 <u>Expenses</u>	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	--------------------------------	-----------------------------------	---------------------------	----------------------------	------------------	----------------------------------	------------------

Step 5 - Health Insurance - Medicare

 Do not use your browser back button or do a screen refresh.

Does anyone in the household have Medicare?

Yes or No is required.

- Yes, at least one household member has Medicare
- No, no one has Medicare

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 5: Health Insurance (cont.)

❖ **Selecting Yes to the Medicare question generates a list of household members. Select the member with Medicare coverage**

❖ **No additional information is collected.**

Enrollment Steps	STEP 1 People & Contacts	STEP 2 <u>Tax Household</u>	STEP 3 <u>Household Income</u>	STEP 4 <u>Expenses</u>	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	--------------------------------	-----------------------------------	---------------------------	------------------------------------	------------------	----------------------------------	------------------

Step 5 - Health Insurance - Medicare

 Do not use your browser back button or do a screen refresh.

Does anyone in the household have Medicare?

Yes or No is required.

Yes, at least one household member has Medicare

No, no one has Medicare

Select all household members who have Medicare.

Claire V- Example

Charlotte V- Example

Alexis V- Example

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

Step 6: Review

❖ Review information provided: People & Contacts

Review

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 6 - Review

 Do not use your browser back button or do a screen refresh.

You are almost done. Take a moment for one final review.

When you are finished, select 'No More Changes' to continue.

[Step 1: People and Contacts](#)

People

[Claire Example](#)

Legal Name:	Claire Example	SSN:	XXX-XX-4110
Date of Birth:	02/19/1970		
Gender:	Female	Pregnant:	No
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan		

Step 6: Review (cont.)

Review

[Charlotte Example](#)

Legal Name: Charlotte Example **SSN:** XXX-XX-4111
Date of Birth: 04/03/2004
Gender: Female **Pregnant:** No
Race: Declined to answer **Hispanic or Latino origin:** No
Oklahoma Resident: Yes **U.S. Citizen:** Yes
Documentation: U.S. Birth Certificate
Applying For: SoonerCare, Insure Oklahoma

[Alexis Example](#)

Legal Name: Alexis Example **SSN:** XXX-XX-4113
Date of Birth: 02/01/2009
Gender: Female **Pregnant:** No
Race: White **Hispanic or Latino origin:** No
Oklahoma Resident: Yes **U.S. Citizen:** Yes
Documentation: U.S. Birth Certificate
Applying For: SoonerCare, Insure Oklahoma

Step 6: Review (cont.)

❖ Household Questions and Household Relationships

Household Questions

Is anyone in the household Blind or Disabled?: No

Is anyone in the household in need of Long Term Care?: No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? No

Is anyone in the household eligible for Unemployment Benefits? No

[Change answers](#)

Household Relationships

Relationships to Applicant

Charlotte V- Example is the **Other child residing in household** of Claire V- Example

Alexis V- Example is the **Daughter** of Claire V- Example

Marital Status

None

Oklahoma Child Support Services

Charlotte V- Example 's Parent is: **Parents deserted**
Cooperation with Child Support Services: **Yes**

Charlotte V- Example 's Other Parent is: **Parents deserted**
Cooperation with Child Support Services: **Yes**

Alexis V- Example 's Other Parent is: **Divorced**
Cooperation with Child Support Services: **Yes**

[Change household relationships](#)

Step 6: Review (cont.)

❖ Sibling Relationships and Contacts

▣ Sibling Relationships

Sibling Relationships

None

[Change sibling information](#)

▣ Contacts

Residence: 2401 NW 23rd Street
Oklahoma City, OK 73107

Mailing Address: 2401 NW 23rd Street
Oklahoma City, OK 73107

Primary Language Spoken in Household: English

Written Communication in: English

Notification Type: Letter

Day Time Phone: No Phone:
Okay to leave Message: No

Night Time Phone: No Phone:
Okay to leave Message: No

Email: stephanie.much@hpe.com

Authorized Representative:

Step 6: Review (cont.)

❖ Tax Household and Household Income

Step 2: Tax Household

Tax Household

Claire V- Example

Tax Filer Status: Tax Filer

Filing Status: Single

Dependents claimed on tax return:

Charlotte V- Example	Other child residing in household
Alexis V- Example	Daughter

[Change tax household information](#)

Step 3: Household Income

Income from employment

Claire Example

MAGIC CARPET RIDE
123 ONE WAY STREET
OKLAHOMA CITY, OK 73107

Taxable Income: \$ 100/month

Employee Hours Worked: 35

Employer Offered Health Insurance: No

Employee Enrollment Number: J8gPJXAc5

Federal Employer I.D. Number: 559874611

Charlotte Example

None

Alexis Example

None

[Change employment income](#)

Step 6: Review (cont.)

❖ Other Income and Expenses

Income from other sources

Claire Example

None

Charlotte Example

Dividends or Interest

\$10 / Monthly

Alexis Example

None

[Change other income](#)

Step 4: Expenses

Deductible Expenses

Claire V- Example

Student Loan Interest Paid

\$ 100 / Yearly

Charlotte V- Example

None

Alexis V- Example

None

[Change deductible expenses information](#)

Step 6: Review (cont.)

❖ Health Insurance and Medicare Coverage

[Step 5: Health Insurance](#)

Health Insurance

DELTA DENTAL

Address: P O BOX 16450
N LITTLE ROCK, AR 72231

Phone Number:

Group Number:

Policy Number: 123456789

Policy Holder: Claire Example

Policy Holder ID: ***-**-4110

Insured	Type of Coverage
Claire Example	DENTAL
Charlotte Example	DENTAL
Alexis Example	DENTAL

[Change health insurance](#)

Medicare Coverage

None

[Change Medicare information](#)

◀ PREVIOUS

SAVE & EXIT

NO MORE CHANGES

Review

Processing



Step 6 - Review

 Do not use your browser back button or do a screen refresh.

You are almost done. Take a moment for one final review.

When you are finished, select 'No More'.

A white rectangular dialog box with a thin black border is centered on the screen. It contains a circular loading spinner icon on the left and the text 'Processing. Please wait...' on the right.

[Step 1: People and Contacts](#)

[People](#)

[Claire Example](#)

Legal Name:	Claire Example	SSN:	XXX-XX-4110
Date of Birth:	02/19/1970		
Gender:	Female	Pregnant:	No
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan		

Step 7: Citizenship & Identity

❖ Citizenship & Identity

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	--	------------------

Step 7 - Citizenship & Identity

 Do not use your browser back button or do a screen refresh.

We still need to verify citizenship for **Claire**. In order for us to verify citizenship status electronically, we need you to complete the following information about her. Please note that if we cannot confirm citizenship status in this manner, you will need to supply proof.

[What documentation is accepted as proof?](#)

Required fields are marked with an asterisk (*).

Claire V- Example

Country Of Birth: *

State Of Birth: *

County Of Birth: *

First Name: *

Middle Name:

Last Name: *

Mother's Name

First Name: *

Middle Name:

Maiden Name: *

[What if I don't know this?](#)

RESET FORM

SAVE & EXIT

NEXT ▶

Step 7: Citizenship & Identity (cont.)

❖ Identity for a child under 16

Identity of a Child under the age of 16

Because **Alexis** is under the age of 16, identity must be verified by either a parent or legal guardian who is living in the house with the child.

How are you, the person completing the application, *
related to Alexis

Parent
 Other

The parent or legal guardian must read and agree to the **Statement of Identity of a Child** (below)

I hereby state under penalty of perjury that I have knowledge of the identity of Alexis V- Example born on 2/1/2009.

Select the name of the parent: *

RESET FORM

SAVE & EXIT

NEXT ▶

Step 8: Submit

❖ Submit Application

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 8 - Submit Application

 Do not use your browser back button or do a screen refresh.

Before submitting your application, you must indicate, by checking the box below, that you read the [Rights and Responsibilities](#)  that were shown to you at the beginning of the application.

Yes, I read and agree to the Rights and Responsibilities

You must also sign the application by selecting your name from the list provided. This electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: * 

Name of the person signing the application

SUBMIT

Submit Application

Step 8: Submit

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses

STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 8 - Submit Application

 Do not use your browser back button or do a screen refresh.

Before submitting your application, you must indicate, by checking the box below, that you read the [Rights and Responsibilities](#) that were shown to you at the beginning of the application.

Yes, I read and agree to the terms and conditions of the application.

You must also sign the application by scanning your signature. Your scanned signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: *  **Your application is being processed.
This may take a few moments.
Please don't refresh or close the browser.**

Name of the person signing the application

Provider Selection

PCP Selection

Provider Selection

Language: English ▾

 Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
ALEXIS EXAMPLE	SoonerCare Choice	None Selected		
CHARLOTTE EXAMPLE	SoonerCare Choice	None Selected		
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

We found 2 providers within 5 miles for this member, or you may request a new [PCP Search](#)

- VIJAYA MALPANI** 2.77 mi
3330 NW 56TH ST
- PROGRESSIVE PEDIA** 3.09 mi
5622 N PORTLAND

Page
1 of 1

Locate a Provider for ALEXIS EXAMPLE ▾



NEXT

Provider Selection (cont.)

Provider Detail

Provider Selection

Language: English ▾



Do not use yo

Your current sele

Family Member

ALEXIS EXAMI

CHARLOTTE E

CLAIRE EXAM

We found 2 prov
for this member
a new [PCP Sea](#)

1. VIJAYA MA
3330 NW 56TH ST
2. PROGRESSIVE PEDIA 3.09 mi
5622 N PORTLAND

Provider Search

Close

Miles from Home:

OR

Business or Last Name:

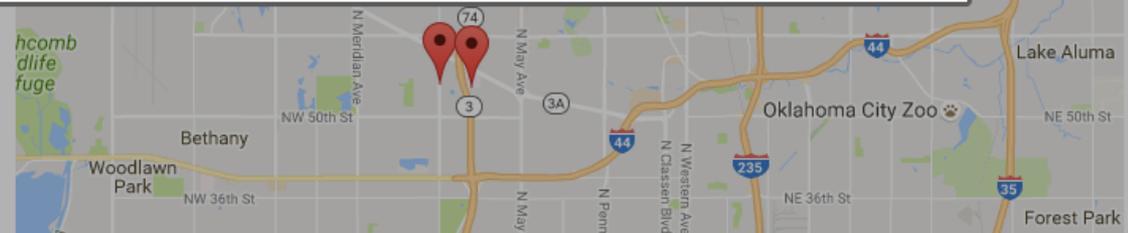
First Name:

OR

Provider Specialty:

RESET

SEARCH



Provider Selection

PCP Selection



Today is October 25, 2016

Welcome Claire Example

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Provider Selection

Language:

 Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

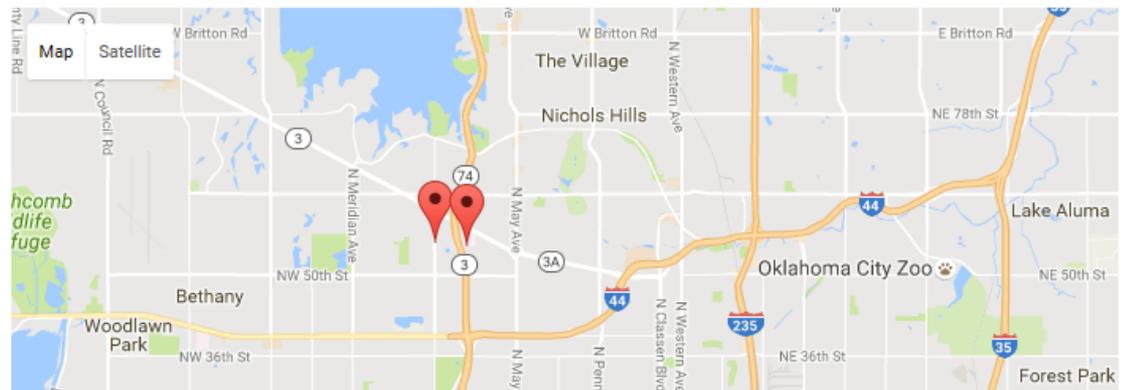
Family Member	Program	Primary Care Provider	Effective	End
ALEXIS EXAMPLE	SoonerCare Choice	None Selected		
CHARLOTTE EXAMPLE	SoonerCare Choice	None Selected		
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

Locate a Provider for

We found 2 providers within 5 miles for this member, or you may request a new [PCP Search](#)

- VIJAYA MALPANI** 2.77 mi
3330 NW 56TH ST
- PROGRESSIVE PEDIA** 3.09 mi
5622 N PORTLAND



Provider Selection (cont.)

Provider Detail

Oklahoma HealthCare Authority

Welcome Claire Example

Today is October 25, 2016

Change Password | Contact Us | Log Off

Language: English

Provider Selection

Provider Detail Close

PCP Name: PROGRESSIVE PEDIATRICS PC

Address: 5622 N PORTLAND OKLAHOMA CITY, OK 73112

Phone: (405) 949-2881

Languages Spoken: English

Restrictions: 0-20 Years of Age

Specialty: Pediatric Clinic

Choose this PCP for:
 ALEXIS V- EXAMPLE

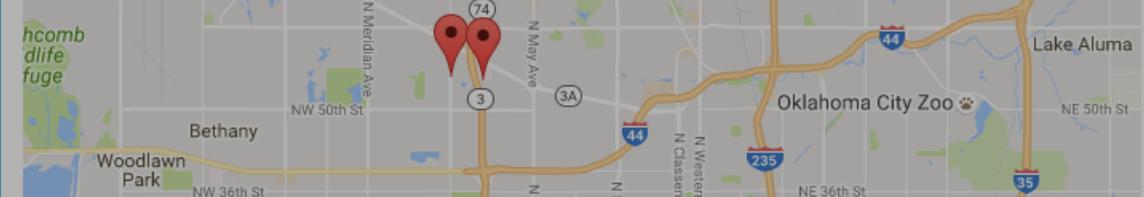
Get [Directions](#) to this Provider.

Page 2 of 2

SAVE

We found 2 providers for this member. Select a new [PCP Search](#)

1. VIJAYA MA...
3330 NW 56TH ST
2. PROGRESSIVE PEDIA* 3.09 mi
5622 N PORTLAND



Provider Selection (cont.)

Provider Directions

❖ Directions

The screenshot displays a Google Maps interface with the following details:

- Browser Address Bar:** <https://www.google.com/maps?saddr=1+WAY+STREET+OKLAHOMA+CITY+OK+73069&daddr=700+WALL+STREET+NORMAN+OKLAHOMA+CITY+OK+73069>
- Search Bar:** 1st Pl Blvd, Yukon, OK 7309...
- Origin:** 1st Pl Blvd, Yukon, OK 73099
- Destination:** 700 Wall St, Norman, OK 73069
- Route Options:**
 - via I-40 E and I-35 S:** 38 min (35 min without traffic), 33.9 miles
 - via H. E. Bailey Turnpike Norman Spur:** 52 min (47 min without traffic), 39.8 miles
 - via I-35 S:** 1 h 2 min (52 min without traffic), 41.2 miles
- Map:** Shows a blue highlighted route starting at 1st Pl Blvd in Yukon and ending at 700 Wall St in Norman. The route passes through Midtown and Valley Brook. Other nearby locations include El Reno, Bethany, Mustang, Moore, and Newcastle.

Provider Selection (cont.)

PCP Selection

Provider Selection

Language: English ▼



Do not use yo

Your current sele

Family Member

ALEXIS EXAMI

CHARLOTTE E

CLAIRE EXAM

We found 2 prov
for this member
a new [PCP Sea](#)

1. VIJAYA MA
3330 NW 56TH ST
2. PROGRESSIVE PEDIA 3.09 mi
5622 N PORTLAND

Provider Detail

Close

PCP Name: PROGRESSIVE PEDIATRICS PC

Address: 5622 N PORTLAND
OKLAHOMA CITY, OK 73112

Phone: (405) 949-2881

Languages Spoken: English

Restrictions: 0-20 Years of Age

Specialty: Pediatric Clinic

Choose this PCP for:
 ALEXIS V- EXAMPLE

Get [Directions](#) to this Provider.

Page 2 of 2

SAVE

hcomb
dlife
fuge

Bethany

NW 50th St

Woodlawn

N Meridian Ave

74

3

3A

N May Ave

44

N West

235

N Class

44

44

235

Lake Aluma

NE 50th St

Oklahoma City Zoo

Provider Selection (cont.)

PCP Selection

Provider Selection

Language: English ▼

Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
ALEXIS EXAMPLE	SoonerCare Choice	PROGRESSIVE PEDIATRICS PC	10/26/2016	
CHARLOTTE EXAMPLE	SoonerCare Choice	None Selected		
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

Thank you for selecting your Provider(s).

We found 2 providers within 5 miles for this member, or you may request a new [PCP Search](#)

- VIJAYA MALPANI** 2.77 mi
3330 NW 56TH ST
- PROGRESSIVE PEDIA** 3.09 mi
5622 N PORTLAND

Page 1 of 1

Locate a Provider for ALEXIS EXAMPLE ▼



[NEXT](#)

My Benefits

❖ Application Results – My Benefits page displays

Submit Application

Oklahoma HealthCare Authority Today is October 25, 2016

Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

My Benefits

Language:

Current Benefits Status

Your case number is 2007WDD.

 **You have 9 alerts below** [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE

ID: B16392068

Program	Start	End	Status
 SoonerCare-Families & Children	10/25/2016	11/25/2016	TEMPORARY

-  Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
-  Proof of Expenses needs to be turned in within 31 days to continue eligibility
-  You must [select a Provider](#) for this member.
-  There are only 31 days of eligibility remaining

CHARLOTTE V- EXAMPLE

ID: B16392077

Print Application Results

[GO](#)

Select/Change My Provider

[GO](#)

Update/Renew My Application

[GO](#)

Change Password

[GO](#)

My Benefits (cont.)

Program	Start	End	Status
 SoonerCare-Families & Children	10/25/2016	01/23/2017	TEMPORARY
 Proof of US Citizenship needs to be turned in within 90 days to continue eligibility			
 You must select a Provider for this member.			

ALEXIS V- EXAMPLE

ID: B16392086

Physician: PROGRESSIVE PEDIATRICS PC
(405) 949-2881

Program	Start	End	Status
 SoonerCare-Families & Children	10/25/2016	11/25/2016	TEMPORARY
 Proof of US Citizenship needs to be turned in within 90 days to continue eligibility			
 Proof of Expenses needs to be turned in within 31 days to continue eligibility			
 There are only 31 days of eligibility remaining			

Change

Phone, eMail, or
Authorized Rep

PHONE
(None on File)

EMAIL
STEPHANIE.MUCH@HP-
E.COM

AUTHORIZED
REPRESENTATIVE
(None on File)

GO

I want to...

- [Get ID Card](#)
- [End Benefits](#)
- [View Letters](#)
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

Providing Proof Documents

Upload Your Documents

-  [Read the Requirements](#)

UPLOAD NOW

By Mail

Attach the [cover sheet](#) and mail your documents to:

Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154

Bring your documents to an Office

[See the complete list](#)

Health Assessment

SoonerCare cares about your health. To help us serve you, please take a few moments to complete the [health assessment](#).

Other Programs

-  [Voter Registration](#)
-  [OKJobMatch.com](#)
-  [Food Stamps](#)
-  [School Lunches](#)
-  [Child Support Services](#)
-  [Childcare](#)

My Benefits (cont.)

Submit Application

Oklahoma HealthCare Authority Today is October 25, 2016

Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

My Benefits

Language: English ▾

Current Benefits Status

Your application was received on 10/25/2016 at 14:22:46
Your case number is 2007WDE. Transaction ID: 7883568

 You have 2 alerts below [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE
ID: B16392095

Program	Status
 Insure OK-Individual Plan	PENDING
 Has pending eligibility for IO-IP	
 You must provide proof of US Citizenship	
 You must provide proof of Monetary Determination	

 [PAY PREMIUM](#)

Print Application Results

[GO](#)

Update/Renew My Application

[GO](#)

Change Password

[GO](#)

Change Phone, eMail, or Authorized Rep

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site 



Make One Time Payment

[1 Add Account Information](#) [2 Add Payment Information](#) [3 Authorize Payment](#) [4 Confirmation](#)

Account Information

Account Number B26229823
Selected Account to Pay **My Account**
Bill Due Amount \$23.96

Check the box next to each invoice number you would like to pay, and enter the amount you will be paying. You may optionally enter text in the memo field. Your selections will be saved as you search or page through results. Click "Continue" when you are finished.

Invoice Number Search: [Search](#)

<input type="checkbox"/>	Invoice Number	Due Date	Amount Due	Amount To Pay	Memo
<input type="checkbox"/>	1008571697	4/1/2016	\$23.96		

[Continue](#) [No Thanks](#)

[Privacy Statement](#) | [Refund Policy](#)

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

Make One Time Payment

[Return to My Account Home](#)

- 1 Add Account Information**
- 2 Add Payment Information
- 3 Authorize Payment
- 4 Confirmation

Secure Site



Account Information

Account Number: B26229823
Selected Account to Pay: My Account
Bill Due Amount: \$23.96

Check the box next to each invoice number you would like to pay, and enter the amount you will be paying. You may optionally enter text in the memo field. Your selections will be saved as you search or page through results. Click "Continue" when you are finished.

Invoice Number Search:

<input checked="" type="checkbox"/>	Invoice Number	Due Date	Amount Due	Amount To Pay	Memo
<input checked="" type="checkbox"/>	1008571697	4/1/2016	\$23.96	<input type="text" value="23.96"/>	<input type="text"/>



[Privacy Statement](#) | [Refund Policy](#)

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

Make One Time Payment

[Return to My Account Home](#)

- 1 Add Account Information**
- 2 Add Payment Information
- 3 Authorize Payment
- 4 Confirmation

Secure Site



Account Information

Account Number **B26229823**
Selected Account to Pay **My Account**
Bill Due Amount **\$23.96**

Please confirm that you would like to pay the below invoices. Select the "Continue" button to enter your payment information or select "Back" to make changes.

Invoice Number	Due Date	Amount Due	Amount To Pay	Memo
1008571697	4/1/2016	\$23.96	\$23.96	
		\$23.96	\$23.96	

[Continue](#) [Back](#)

[Privacy Statement](#) | [Refund Policy](#)

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site



Make A One-Time Payment

- 1 Add Account Information
- 2 Add Payment Information**
- 3 Authorize Payment
- 4 Confirmation

Account Information

To make changes, click on the "Change Selection" button. Do not use your browser Back button.

Account Number **B26229823**
 Selected Account to Pay **My Account**
 Bill Due Amount **\$23.96**

[Change Selection](#)

Enter Payment Information

* Indicates required field

Credit Card



There is no fee to use this service

Payment Method *

Debit Card



Bank Account



Card Number *

Card Expiration Date *

03 - Mar | 2016

ZIP/Postal Code *

Payment Method Nickname *

My Payment Method

Payment Delivery Date *

03/03/2016

Schedule up to 60 days in future
(mm/dd/yyyy)

Payment Amount **\$23.96**

Enter dollars and cents

Save this payment account to your profile

Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Change Selection" button above, do not use your browser Back button.

[Continue](#) [No Thanks](#)

[Privacy Statement](#) | [Refund Policy](#)

Convenience Pay

Pay Premium

Type of Account *	<input type="text" value="Checking"/>
Bank Account Type *	<input type="text" value="Personal"/>
Bank Routing Number * What's This?	<input type="text"/>
Bank Account Number * What's This?	<input type="text"/>
Confirm Account Number *	<input type="text"/>
Name On Account *	<input type="text"/>
Payment Method Nickname *	<input type="text" value="My Payment Method"/>

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

Make A One-Time Payment

[Return to My Account Home](#)

- 1 Add Account Information
- 2 Add Payment Information
- 3 Authorize Payment**
- 4 Confirmation

Secure Site



Account Information

Review the information you have entered. To make changes, click on "Change Selection". Do not use your browser Back button.

Account Number B26229823
Selected Account to Pay **My Account**
Bill Due Amount \$23.96

[Change Selection](#)

Payment Information

To make changes, click on the "Edit Payment Information" button. Do not use your browser Back button.

Payment Method My Payment Method - ****5257
Payment Amount \$23.96
Payment Delivery Date 3/3/2016
E-Mail Address SHAKEDOWNTESTING@HPE.COM
ZIP/Postal Code 73612

[Edit Payment Information](#)

Your payment is not processed until you click "Authorize Payment". Only click once to avoid duplicate payments. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back button.

Please click "Authorize Payment" to charge your account, and to receive a confirmation number.

[Authorize Payment](#) [No Thanks](#)

[Privacy Statement](#) | [Refund Policy](#)

Convenience Pay

Pay Premium



Insure Oklahoma

Welcome
CLAIRE EXAMPLE

Make A One-Time Payment

[Return to My Account Home](#)

- 1 Add Account Information
- 2 Add Payment Information
- 3 Authorize Payment
- 4 Confirmation

Secure Site



Your payment has been approved. Your confirmation number is EP9316.

Account Summary

Account Number	B26229823
Selected Account to Pay	My Account
Bill Due Amount	\$23.96

Payment Summary

You may wish to print this page for your records. A copy of this has been sent to the e-mail address shown below.

Payment Method	My Payment Method - ****5257
Payment Amount	\$23.96
Payment Delivery Date	3/3/2016
E-Mail Address	SHAKEDOWNTESTING@HPE.COM
ZIP/Postal Code	73612

Print

Thank you for using the Bill Pay Site!

[Return to My Account Home](#)

[Privacy Statement](#) | [Refund Policy](#)

My Benefits

Benefits Summary

Oklahoma HealthCare Authority

Welcome Claire Example

Today is October 25, 2016

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:

My Benefits

Current Benefits Status

Your case number is 2007WDE.

 You have 3 alerts below [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE ID: B16392095 Physician: JAN DENTIST (334) 234-3434

Program	Start	End	Status
 Insure Oklahoma-Unemployed	11/01/2016	11/30/2016	TEMPORARY

-  Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
-  Proof of Monetary Determination needs to be turned in within 31 days to continue eligibility
-  There are only 36 days of eligibility remaining

[PAY PREMIUM](#)

Print Application Results

[GO](#)

Select/Change My Provider

[GO](#)

Update/Renew My Application

[GO](#)

Change Password

My Benefits

Benefits Summary

Oklahoma HealthCare Authority

Welcome Claire Example

Today is October 25, 2016

Change Password | Contact Us | Log Off

My Benefits

Language: English

Current Benefits Status

Your case number is 2007WDE.

Print Application Results GO

Provider Detail [Close]

Select an option to continue

Payment Options	Payment Option Maintenance
Schedule a recurring payment	Add, edit or delete a payment method
Make a one-time payment	

CANCEL

Change Password GO

PAY PREMIUM

Program	Status
---------	--------

There are only 36 days of eligibility remaining

My Benefits

Providing Proof Documents

Upload Your Documents

- [Read the Requirements](#)

UPLOAD NOW

By Mail

Attach the [cover sheet](#) and mail your documents to:

Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154

Bring your documents to an Office

[See the complete list](#)

Health Assessment

SoonerCare cares about your health. To help us serve you, please take a few moments to complete the [health assessment](#).

Other Programs

- [Voter Registration](#)
- [OKJobMatch.com](#)
- [Food Stamps](#)
- [Federally Facilitated Marketplace](#)
- [WIC](#)
- [Child Support Services](#)
- [Childcare](#)

Document Uploading

❖ Uploading a Document

File Upload Close

1. Click on the **'Browse'** button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the **'Open'** button to add it to your **Documents to Send** list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the **'Upload'** button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 business days for your uploaded document(s) to be processed.

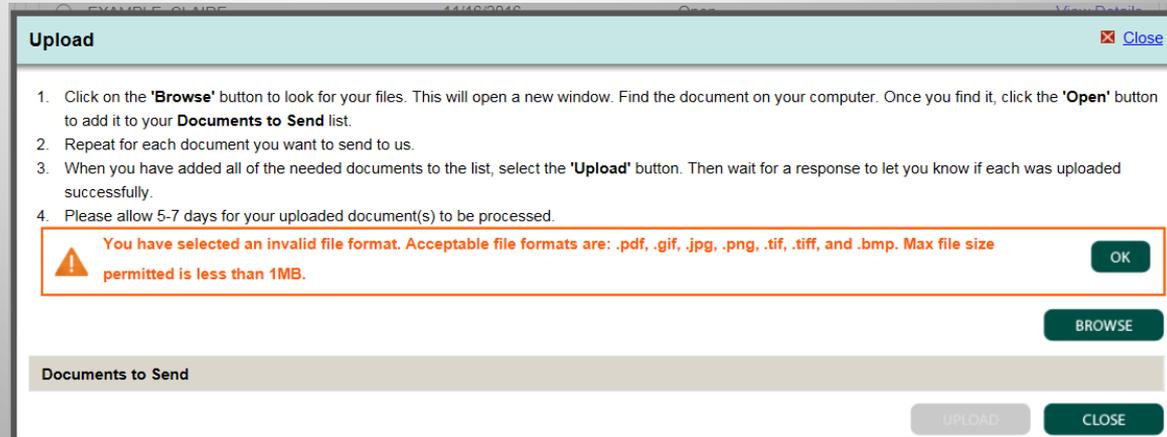
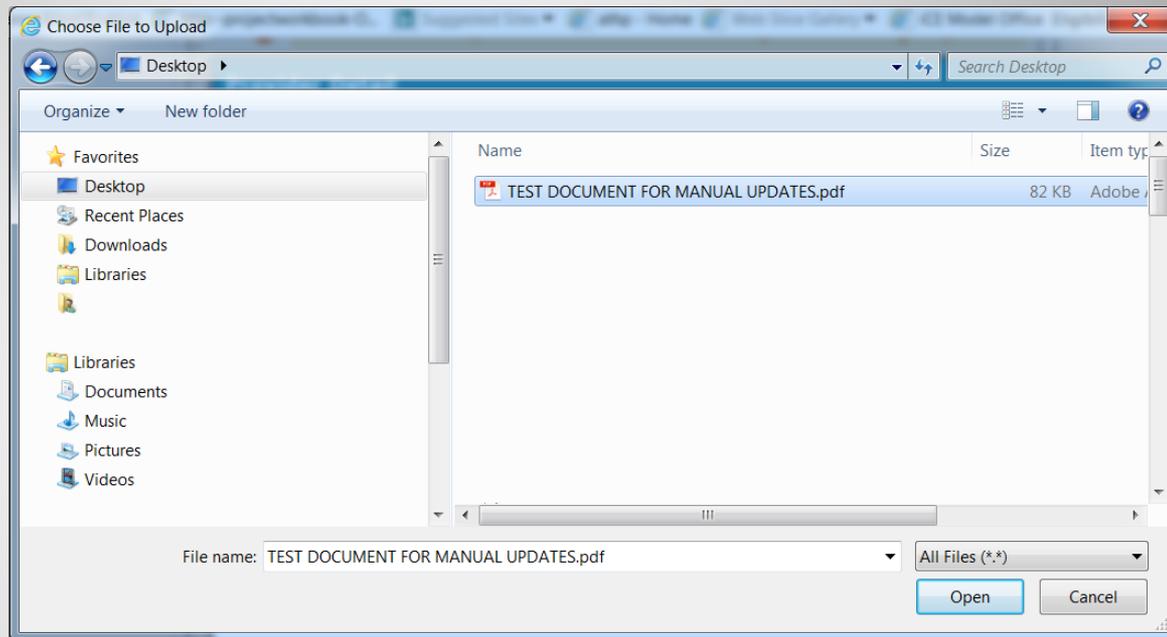
BROWSE

Documents to Send	Status
-------------------	--------

UPLOAD **CLOSE**

Document Uploading (cont.)

❖ Uploading a Document



Document Uploading (cont.)

❖ Uploading a Document

File Upload Close

1. Click on the **'Browse'** button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the **'Open'** button to add it to your **Documents to Send** list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the **'Upload'** button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 business days for your uploaded document(s) to be processed.

BROWSE

Documents to Send	Status	
TEST DOCUMENT FOR MANUAL UPDATES.pdf		Remove

Upload 1 File(s)

UPLOAD **CLOSE**

Document Uploading (cont.)

❖ Upload Successful

File Upload Close

1. Click on the **'Browse'** button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the **'Open'** button to add it to your **Documents to Send** list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the **'Upload'** button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 business days for your uploaded document(s) to be processed.

 **Success!** Documents marked with  have been received by OHCA and will be processed in 5 to 7 business days.

BROWSE

Documents to Send	Status
TEST DOCUMENT FOR MANUAL UPDATES.pdf	 Upload Completed Successfully. Received 81KB.

UPLOAD CLOSE

My Benefits Page (cont.)

❖ Application Results

Providing Proof Documents

Upload Your Documents

- ⊕ [Read the Requirements](#)

UPLOAD NOW

By Mail

Attach the [cover sheet](#) and mail your documents to:

Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154

Bring your documents to an Office

[See the complete list](#)

Health Assessment

SoonerCare cares about your health. To help us serve you, please take a few moments to complete the [health assessment](#).

Other Programs

- ⊕ [Voter Registration](#)
- ⊕ [OKJobMatch.com](#)
- ⊕ [Food Stamps](#)
- ⊕ [Federally Facilitated Marketplace](#)
- ⊕ [WIC](#)
- ⊕ [Child Support Services](#)
- ⊕ [Childcare](#)

Health Condition Assessment

❖ Health Condition Assessment Questions

Oklahoma **HealthCare** Authority

Today is August 12, 2015

Welcome CLAIRE EXAMPLE

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language: English ▼

Health Condition Assessment

 Do not use your browser back button or do a screen refresh.

Thank you for agreeing to take the health condition agreement.

Health Condition Assessment

Has a doctor told anyone in the household that they are overweight?

ALEXIS V- EXAMPLE

Does anyone in the household have diabetes?

ALEXIS V- EXAMPLE

Does anyone in the household have asthma?

ALEXIS V- EXAMPLE

Does anyone in the household have high blood pressure?

ALEXIS V- EXAMPLE

Does anyone in the household have heart disease (coronary artery disease/CAD)?

ALEXIS V- EXAMPLE

Does anyone in the household have congestive heart failure (CHF)?

ALEXIS V- EXAMPLE

Does anyone in the household have chronic obstructive pulmonary disease (COPD)?

ALEXIS V- EXAMPLE

Has anyone in the household had a health care provider tell them they have a mental illness or do they believe they have a mental illness?

ALEXIS V- EXAMPLE

Health Condition Assessment (cont.)

❖ Health Condition Assessment Questions

Does anyone in the household take more than 6 prescription medications?

ALEXIS V- EXAMPLE

Does anyone in the household see more than 3 doctors on a regular basis?

ALEXIS V- EXAMPLE

Does anyone in the household use special medical equipment or supplies?

ALEXIS V- EXAMPLE

Has anyone in the household been to the emergency room more than 3 times in the past 3 months?

ALEXIS V- EXAMPLE

Has anyone in the household been hospitalized for something other than routine surgery or procedure in the past 3 months?

ALEXIS V- EXAMPLE

Thank you for completing the assessment. If you meet criteria for one of our care management programs, you will be contacted by telephone or letter.

SUBMIT

CANCEL

My Benefits Page (cont.)

❖ Application Results

Other Programs

Other Programs

- [Voter Registration](#)
- [OKJobMatch.com](#)
- [Food Stamps](#)
- [Federally Facilitated Marketplace](#)
- [School Lunches](#)
- [Child Support Services](#)
- [WIC](#)
- [Behavioral Health](#)
- [Childcare](#)
- [Text4Baby](#)

Returning to the Application

Manage Account

Oklahoma HealthCare Authority

about us | individuals | providers | research | contact us | search

Home > Individuals

SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.

Apply for Benefits

Manage Account

If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency. The list of local agencies can be found at <http://okacaa.org/agencies/>.

The online enrollment web application is only compatible with Microsoft Internet Explorer 8 and above. You may download Internet Explorer by clicking the Explorer image below.

Returning to the Application (cont.)

Log On to your Account

Oklahoma **HealthCare** Authority

Welcome

Today is October 26, 2016

Contact Us

Member Enrollment

Language: English ▼

Log On or Create Your Account

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: *	<input type="text"/>	Forgot your User ID?
Password: *	<input type="password"/>	Forgot your Password?

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

Programs

- [Mental Health & Substance Abuse](#)
- [SoonerCare](#)
- [SoonerPlan](#)
- [Insure Oklahoma](#)

Applying Online

- [Getting Started](#)
- [Information You Will Need](#)
- [Apply Now](#)

Related Links

- [Eligibility Questionnaire](#)
- [Provider Directory](#)
- [Application Form](#) PDF
- [Download Adobe Acrobat Reader](#)

Returning to the Application (cont.)

Application

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

SoonerCare Health Benefits - Online Application

 Do not use your browser back button or do a screen refresh.

Welcome back.

The application you started on 10/21/2016 is not complete. You stopped at [Step 1, People & Contacts](#).

To review what you told us, select any of the links below.

[Step 1: People and Contacts](#)

Select "Continue" to complete the application.

My Benefits Page

My Benefits



Today is October 25, 2016

Welcome Claire Example

[Change Password](#) | [Contact Us](#) | [Log Off](#)

My Benefits

Language: English ▼

Current Benefits Status

Your case number is 2007WDD.



You have 9 alerts below

[UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE

ID: B16392068

Program	Start	End	Status
SoonerCare-Families & Children	10/25/2016	11/25/2016	TEMPORARY
<ul style="list-style-type: none"> Proof of US Citizenship needs to be turned in within 90 days to continue eligibility Proof of Expenses needs to be turned in within 31 days to continue eligibility You must select a Provider for this member. There are only 31 days of eligibility remaining 			

CHARLOTTE V- EXAMPLE

ID: B16392077

Print

Application Results

[GO](#)

Select/Change

My Provider

[GO](#)

Update/Renew

My Application

[GO](#)

Change

Password

[GO](#)

My Benefits Page

My Benefits

Program	Start	End	Status
 SoonerCare-Families & Children	10/25/2016	01/23/2017	TEMPORARY

-  Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
-  You must [select a Provider](#) for this member.

ALEXIS V- EXAMPLE Physician: PROGRESSIVE PEDIATRICS PC
(405) 949-2881
ID: B16392086

Program	Start	End	Status
 SoonerCare-Families & Children	10/25/2016	11/25/2016	TEMPORARY

-  Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
-  Proof of Expenses needs to be turned in within 31 days to continue eligibility
-  There are only 31 days of eligibility remaining

Change

Phone, eMail, or Authorized Rep

PHONE
(None on File)

EMAIL
STEPHANIE.MUCH@HP-E.COM

AUTHORIZED REPRESENTATIVE
(None on File)

GO

Providing Proof Documents

Upload Your Documents

 [Read the Requirements](#)

UPLOAD NOW

By Mail

Attach the [cover sheet](#) and mail your documents to:

Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154

Bring your documents to an Office

[See the complete list](#)

Health Assessment

SoonerCare cares about your health. To help us serve you, please take a few moments to complete the [health assessment](#).

Other Programs

-  [Voter Registration](#)
-  [OKJobMatch.com](#)
-  [Food Stamps](#)
-  [School Lunches](#)
-  [Child Support Services](#)
-  [Childcare](#)

I want to...

- [Get ID Card](#)
- [End Benefits](#)
- [View Letters](#)
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

My Benefits Page (cont.)

Get ID Card

I want to...

- [Get ID Card](#) 
- [End Benefits](#)
- [View Letters](#)  UNREAD
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

Print ID Card

Get ID Card



Today is November 14, 2016

Welcome CLAIRE EXAMPLE [Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language: English ▼

Print ID Card

 Do not use your browser back button or do a screen refresh.

Select each member that you would like to generate a card for. You will be able to print or save this card to your computer.
Only members that are currently eligible will be allowed to print a card.

Select All

Member
<input type="checkbox"/> CLAIRE EXAMPLE
<input checked="" type="checkbox"/> CHARLOTTE EXAMPLE
<input type="checkbox"/> ALEXIS EXAMPLE

Print ID Card

Print ID Card

http://usocwokvm092.edsdmokkix.eds.com/Site/PrintIDCard.aspx?print=true&ismpp=true - Internet Explorer

This file claims compliance with the PDF/A standard and has been opened read-only to prevent modification. Enable Editing

-*- Demonstration Powered by HP Exstream 11/14/2016, Version 8.0.322 64-bit -*-

**Oklahoma
HealthCare
Authority**
www.okhca.org

This card does not guarantee coverage. Copay may apply.

Member: CHARLOTTE V EXAMPLE
Member ID: B16392077

Issued: 11/14/2016

For emergencies, call 911 or your local rescue unit.

This card does not guarantee coverage. Visit our websites or call our toll-free numbers to verify benefits, view claims or find a provider:

SoonerCare™	www.okhca.org	1-800-987-7767
	TDD Line (Hearing Impaired)	711
Insure Oklahoma™	www.InsureOklahoma.org	1-888-365-3742
	TDD Line (Hearing Impaired)	711

Provider EVS:	(405) 840-0650 or 1-800-767-3949
Other inquiries:	(405) 522-6205 or 1-800-522-0114

Oklahoma Tobacco Helpline
1 800 QUIT NOW
Free help 784-8869

8.50 x 11.00 in

My Benefits (cont.)

I want to...

- [Get ID Card](#)
- [End Benefits](#) 
- [View Letters](#)  UNREAD
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

My Benefits (cont.)



Today is January 24, 2017

Welcome Claire Example

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language: English ▾

End benefits for someone in my household

 Do not use your browser back button or do a screen refresh.

This does not remove the person from the case. It only ends the benefits for the selected person(s). The benefit will end either on the last day of this month, or the last day of next month if later than the 15th.

If you need to remove the person from the case, then you must [update your application](#) to show that the person has left your household and resubmit it. If you need assistance, contact the SoonerCare Eligibility Unit at (800) 987-7767.

Changed your mind? Go Back to [My Benefits](#)

Required fields are marked with an asterisk (*).

Whose benefits will end? * All household members Only certain household member(s)

Reason * Select Reason ▾

Member

- CLAIRE EXAMPLE
- CHARLOTTE EXAMPLE
- ALEXIS EXAMPLE

CANCEL

NEXT ▶

My Benefits (cont.)

I want to...

- [Get ID Card](#)
- [End Benefits](#)
- [View Letters](#)  UNREAD 
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

Letters

View Letters



Today is January 25, 2017

Welcome CLAIRE EXAMPLE

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language:

Letters

 Do not use your browser back button or do a screen refresh.

Letters for: *

Letters relating to: *

Date Range: *

SEARCH

For any changes in eligibility made today, the letter will be available within 24 hours.

If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

Letters (cont.)

View Letters



Today is January 25, 2017

Welcome CLAIRE EXAMPLE

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment

Language: English ▼

Letters

 Do not use your browser back button or do a screen refresh.

Letters for: * Member ▼

Member: * ALEXIS EXAMPLE - B16392086 ▼

Letters relating to: * - All - ▼

Date Range: * 30 Days ▼

SEARCH

For any changes in eligibility made today, the letter will be available within 24 hours.

If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

Letters (cont.)

View Letters

Letters

 Do not use your browser back button or do a screen refresh.

Letters for: * Case ▼

Letters relating to: * - All - ▼

Date Range: * 90 Days ▼

SEARCH

Letters

Letter Date	Letter Name	Letter Type	Status	View
01/25/2017	Case Status	DET-9001-D	Read	Open
12/16/2016	Case Status	DET-9001-D	Unread	Open
11/17/2016	Suspended	DET-9006-D	Unread	Open
11/17/2016	Case Status	DET-9001-D	Unread	Open
11/15/2016	Individual Plan Premium Breakdown	PMS-9103-D	Unread	Open
11/15/2016	Case Status	DET-9001-D	Unread	Open

Page 1 of 1

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

Contact Us

Contact Us:

SoonerCare

Oklahoma Health Care Authority

1-800-987-7767

8 a.m. to 5 p.m., Mon. – Fri.