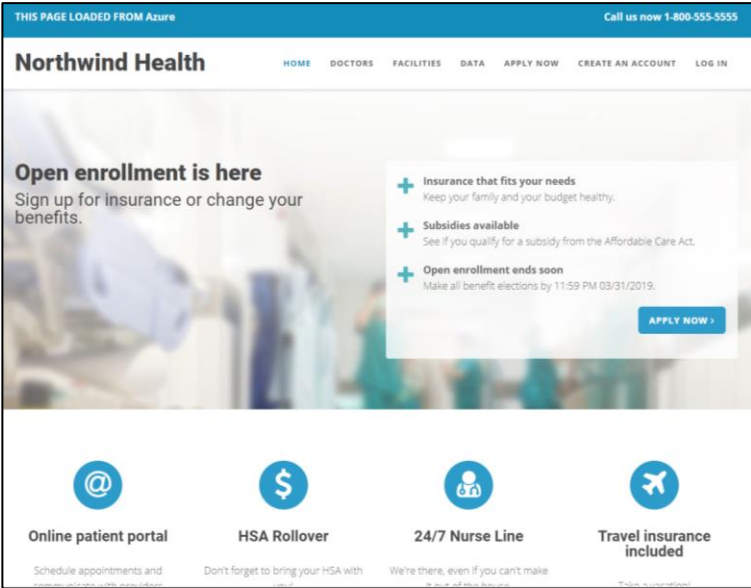
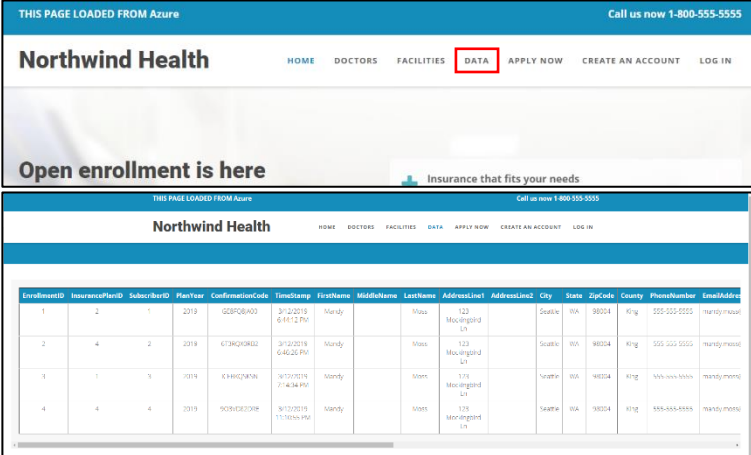
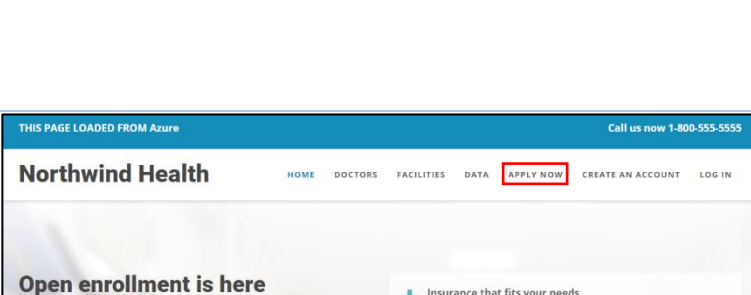


Script

Step	Screenshot																																																																																					
1. Open <Azure URL>																																																																																						
2. In the nav bar, click data; review the entries	 <table><tr><th>EnrollmentID</th><th>InsurancePlanID</th><th>SubscriberID</th><th>PlanYear</th><th>ConfirmationCode</th><th>Timestamp</th><th>FirstName</th><th>MiddleName</th><th>LastName</th><th>AddressLine1</th><th>AddressLine2</th><th>City</th><th>State</th><th>ZipCode</th><th>County</th><th>PhoneNumber</th><th>EmailAddress</th></tr><tr><td>1</td><td>2</td><td>1</td><td>2019</td><td>02P08AD0</td><td>3/12/2019 6:41:12 PM</td><td>Mandy</td><td></td><td>Woss</td><td>123 Mockingbird Ln</td><td></td><td>Seattle</td><td>WA</td><td>98004</td><td>King</td><td>555-555-5555</td><td>mandy@msmt.com</td></tr><tr><td>2</td><td>4</td><td>2</td><td>2019</td><td>673HQH0802</td><td>3/12/2019 6:45:26 PM</td><td>Mandy</td><td></td><td>Woss</td><td>123 Mockingbird Ln</td><td></td><td>Seattle</td><td>WA</td><td>98004</td><td>King</td><td>555-555-5555</td><td>mandy@msmt.com</td></tr><tr><td>3</td><td>1</td><td>3</td><td>2019</td><td>034022M0N</td><td>3/12/2019 7:14:34 PM</td><td>Mandy</td><td></td><td>Woss</td><td>123 Mockingbird Ln</td><td></td><td>Seattle</td><td>WA</td><td>98004</td><td>King</td><td>555-555-5555</td><td>mandy@msmt.com</td></tr><tr><td>4</td><td>4</td><td>4</td><td>2019</td><td>908H03T008</td><td>3/12/2019 11:10:04 PM</td><td>Mandy</td><td></td><td>Woss</td><td>123 Mockingbird Ln</td><td></td><td>Seattle</td><td>WA</td><td>98004</td><td>King</td><td>555-555-5555</td><td>mandy@msmt.com</td></tr></table>	EnrollmentID	InsurancePlanID	SubscriberID	PlanYear	ConfirmationCode	Timestamp	FirstName	MiddleName	LastName	AddressLine1	AddressLine2	City	State	ZipCode	County	PhoneNumber	EmailAddress	1	2	1	2019	02P08AD0	3/12/2019 6:41:12 PM	Mandy		Woss	123 Mockingbird Ln		Seattle	WA	98004	King	555-555-5555	mandy@msmt.com	2	4	2	2019	673HQH0802	3/12/2019 6:45:26 PM	Mandy		Woss	123 Mockingbird Ln		Seattle	WA	98004	King	555-555-5555	mandy@msmt.com	3	1	3	2019	034022M0N	3/12/2019 7:14:34 PM	Mandy		Woss	123 Mockingbird Ln		Seattle	WA	98004	King	555-555-5555	mandy@msmt.com	4	4	4	2019	908H03T008	3/12/2019 11:10:04 PM	Mandy		Woss	123 Mockingbird Ln		Seattle	WA	98004	King	555-555-5555	mandy@msmt.com
EnrollmentID	InsurancePlanID	SubscriberID	PlanYear	ConfirmationCode	Timestamp	FirstName	MiddleName	LastName	AddressLine1	AddressLine2	City	State	ZipCode	County	PhoneNumber	EmailAddress																																																																						
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3. In the nav bar, click apply now																																																																																						

4. Fill out the form

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Step 1

Subscriber and Dependent Information

Let's get some information about you and your dependents. Then see if you qualify for any Affordable Care Act subsidies.

Where do you live?

Zip Code*
98004

Enter your household information below. Be sure to enter all dependents.

Relationship	Date of Birth	Gender	Tobacco Use
Applicant	3/26/1993	Female	Never

[ADD ROW](#) [DELETE ROW](#)

What is your annual household income?

Annual Employment Income*
\$ 88621

[SHOW PLANS](#)

5. Click "show plans"

Annual Employment Income*
\$ 88621

[SHOW PLANS](#)

6. Under the Gold Plan, click "buy now"

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Step 2

Select a Plan

Here are the plans for which you qualify. Take note of the deductible, coinsurance, and out-of-pocket maximums.

Catastrophic	Bronze	Silver	Gold
\$163.88 / Month	\$229.56 / Month	\$309.64 / Month	\$386.34 / Month
Deductible: \$7150 Individual / \$14350 Family	Deductible: \$4500 Individual / \$9000 Family	Deductible: \$2500 Individual / \$5000 Family	Deductible: \$750 Individual / \$1500 Family
Out of Pocket Max: \$7150 Individual / \$14300 Family	Out of Pocket Max: \$7150 Individual / \$14300 Family	Out of Pocket Max: \$7150 Individual / \$14300 Family	Out of Pocket Max: \$4000 Individual / \$8000 Family
Emergency Room: \$0 after deductible	Emergency Room: \$0 after deductible	Emergency Room: \$0 after deductible	Emergency Room: \$0 after deductible
Primary Care: 3 included visits / \$0 after deductible	Primary Care: 0 included visits / \$35 after deductible	Primary Care: 0 included visits / \$25 after deductible	Primary Care: 0 included visits / \$15 after deductible
BUY NOW	BUY NOW	BUY NOW	BUY NOW

7. Fill out the form

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Step 3

Apply for a Plan

Let's get some information about you and your dependents.

Contact Information

First Name Mandy	Middle Name 	Last Name Moss
Home Address 123 Mockingbird Ln		Apt./Suite No.
City Seattle	State WA	ZIP Code 98004
County King		
Phone Number 555-555-5555	Email Address mandy.moss@example.com	

Health & Income Information. All information is kept secure according to federal and local laws.

Social Security Number
765-53-1117

Are you a United States citizen?
☒ Yes ☐ No

☐ Yes ☒ No ☐ Yes ☒ No

8. Click "submit application"

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City Seattle	State WA	ZIP Code 98004	County King
Phone Number 555-555-5555		Email Address mandy.moss@example.com	

Health & Income Information. All information is kept secure according to federal and local laws.

Social Security Number
765-53-1117

Are you a United States citizen?
☒ Yes ☐ No

Are you a veteran or active-duty member of the military?
☐ Yes ☒ No

Are you a full-time student?
☐ Yes ☒ No

Are you or any member of your family on Medicaid or Medicare?
☐ Yes ☒ No

Does any member of your family claim Disability Insurance?
☐ Yes ☒ No

Annual Employment Income \$ 88621	Annual Investment Income \$ 14767	Annual Alimony or Child Support \$ 0
---------------------------------------------	---------------------------------------------	------------------------------------------------

By submitting this application I certify under the penalty of perjury that the above information is true to the best of my knowledge.

SUBMIT APPLICATION >


9. Take note of the
“confirmation code”

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HOME DOCTORS FACILITIES DATA APPLY NOW CREATE AN ACCOUNT LOG IN

Step 4 Confirmation

**All Done!**

Confirmation Code **UR6XJBC8U**

You're all set! Our staff will reach out to you in the next week to set up an orientation.

Please save this code for your records. Thank you for choosing Northwind Insurance.

[RETURN TO HOME PAGE](#)

NON-DISCRIMINATION
Northwind Insurance complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

NORTHWIND INSURANCE
Northwind Insurance is an independent licensee of the Well-Health network.

OUR LOCATION
1 Northwind Plaza
Redmond, WA 98052
1800-555-5555

FOLLOW US

10. In the nav bar, click “data;”
note that your confirmation
number now shows up
a. If confirmation number
doesn’t appear, wait a
few minutes and refresh
the page

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Northwind Health

HOME DOCTORS FACILITIES **DATA** APPLY NOW CREATE AN ACCOUNT LOG IN

Open enrollment is here

Insurance that fits your needs

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Northwind Health

HOME DOCTORS FACILITIES DATA APPLY NOW CREATE AN ACCOUNT LOG IN

EnrollmentID	InsurancePlanID	SubscriberID	PlanYear	ConfirmationCode	Timestamp	FirstName	MiddleName	LastName	AddressLine1	City	State	ZipCode	County	PhoneNumber	EmailAddress
1	2	1	2019	638125405	3/12/2019 6:44:12 PM	Mandy		Woss	123 Mousingbird Ln	Seattle	WA	98004	King	555-555-5555	mandy.woss
2	4	2	2019	617824582	3/12/2019 6:46:26 PM	Mandy		Woss	123 Mousingbird Ln	Seattle	WA	98004	King	555-555-5555	mandy.woss
3	1	3	2019	638125405	3/12/2019 7:14:34 PM	Mandy		Woss	123 Mousingbird Ln	Seattle	WA	98004	King	555-555-5555	mandy.woss
4	4	4	2019	903926204E	3/12/2019 11:02:55 PM	Mandy		Woss	123 Mousingbird Ln	Seattle	WA	98004	King	555-555-5555	mandy.woss
5	4	5	2019	617824582	3/12/2019 6:20:48 PM	Mandy		Woss	123 Mousingbird Ln	Seattle	WA	98004	King	555-555-5555	mandy.woss

11. In a new tab, go to <Azure
Stack URL>

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Northwind Health

HOME DOCTORS FACILITIES DATA APPLY NOW CREATE AN ACCOUNT LOG IN

Open enrollment is here


Sign up for insurance or change your benefits.


Insurance that fits your needs
Keep your family and your budget healthy.


Subsidies available
See if you qualify for a subsidy from the Affordable Care Act.


Open enrollment ends soon
Make all benefit elections by 11:59 PM 03/31/2019.

[APPLY NOW](#)

 **Online patient portal**
Schedule appointments and
Access your records. [Learn more >](#)

 **HSA Rollover**
Don't forget to bring your HSA with
you. [Learn more >](#)

 **24/7 Nurse Line**
We're there, even if you can't make
it. [Learn more >](#)

 **Travel insurance included**
[Learn more >](#)

12. In the nav bar, click “data;”
note that your confirmation
number now shows up
- a. If a confirmation
number doesn’t appear,
wait a few minutes and
refresh the page

THIS PAGE LOADED FROM AzureStack

Call us now 1-800-555-5555

Northwind Health

HOME DOCTORS FACILITIES DATA APPLY NOW CREATE AN ACCOUNT LOG IN

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Call us now 1-800-555-5555

Northwind Health

HOME DOCTORS FACILITIES DATA APPLY NOW CREATE AN ACCOUNT LOG IN

EnrollmentID	InsurancePlanID	SubscriberID	PlanYear	ConfirmationCode	TimeStamp	AddressLine1	AddressLine2	AlimonyChildSupport	City	County	EmailAddress
1	2	1	2019	GE8FQ6A00	3/12/2019 6:44:12 PM	123 Mockingbird Ln		0	Seattle	King	mandy.moss@example.com
2	4	2	2019	8T3RQ6R82	3/12/2019 6:46:26 PM	123 Mockingbird Ln		0	Seattle	King	mandy.moss@example.com
3	1	3	2019	ICBHQ5K5N	3/12/2019 7:14:34 PM	123 Mockingbird Ln		0	Seattle	King	mandy.moss@example.com
4	4	4	2019	9Q3VD6ZDR	3/12/2019 11:19:55 PM	123 Mockingbird Ln		0	Seattle	King	mandy.moss@example.com
5	4	8	2019	9886Q67R6	3/13/2019 6:20:48 PM	123 Mockingbird Ln		0	Seattle	King	mandy.moss@example.com