Plan Compare Walk-through: Comparing and Selecting Plans

9/22/2017
• Plan Compare Overview
• Choosing APTC
• Enrolling Family Members in Different Plans
• Plan Selection
• Question and Answer Session
Plan Compare Overview

• Plans display based on information submitted on the eligibility application, including
  – Rating area (zip code & county)
  – Number of family members seeking coverage
  – Family members’ ages and tobacco status

• Browse plans before applying at https://www.healthcare.gov/see-plans/

• Only qualified health plans are displayed
Create Account (Including ID Proofing) → Complete and Submit Application → Eligibility Results → Enrollee To-do List/Plan Compare Questions (Set APTC, Answer Household Questions, Set Enrollment Groups)

Create Account (Including ID Proofing) → Compare Health Plans

Compare Health Plans (for Everyone Seeking Coverage on the Application) → Select Health Plans

Select Health Plans (for Everyone Seeking Coverage on the Application) → Attest to APTC Policy, Confirm Plans

Select Dental (Optional) → Attest to APTC Policy, Confirm Plans

Separate Dental Plan Desired? → Pay Online or Pay Issuer Invoice

Enrolled!
Plan Compare Scenario

• Andre is applying for coverage and financial assistance for himself and his wife Bridget

• Eligible to enroll in a Qualified Health Plan through the Marketplace

• Eligible for up to $414/month in payments of the Advance Premium Tax Credit (APTC)
Plan Compare Navigation: To-Do List

Enroll in a health plan

To enroll, you must complete all the steps below (known as your "To-Do List"). You must complete all steps and pay your first premium before you’re fully enrolled. If you don’t finish today, you can come back and finish later.

1. Decide how much tax credit to use to lower your premium
2. Report tobacco use
3. See if plans cover your doctors, hospitals & prescription drugs
4. Get an estimate of your total yearly costs
5. Choose health plans
6. Review dental enrollment
7. Confirm your plan choices & enroll

Enter an Exemption Certification Number.
Set APTC Amount Used for Premium Discount

1. Decide how much tax credit to use to lower your premium

2. Report tobacco use

3. See if plans cover your doctors, hospitals & prescription drugs

4. Get an estimate of your total yearly costs

5. Choose health plans

6. Review dental enrollment

7. Confirm your plan choices & enroll

Enter an Exemption Certification Number.
Instruct Applicants on APTC

Decide how much to lower your monthly premium

Based on your income, you qualify for a premium tax credit of $414 a month. This is how much you can save on your premium each month. It's not the amount of the premium itself.

You can use any part of your tax credit each month to lower your premium. If you don’t use all the credit you qualify for, you’ll claim what’s left over when you file your federal income tax return. If you report income or household changes during the year, you can adjust how much tax credit to use.

Use all $414 of your tax credit each month to lower your premium

*Good choice if:* You’re pretty sure your final 2017 income will be about the same as your estimate.

Use none of your tax credit each month, get it all when you file your federal taxes

*Good choice if:* It’s possible your final 2017 income may be quite different from your estimate.

Use some of your tax credit each month, get the rest when you file your federal taxes

*Good choice if:* You think your final 2017 income may differ somewhat from your estimate.

QUICK TIPS: Decide how much tax credit to use
Set APTC Amount:

Does consumer want to use all $414 for premium discount?
Use all $414 of your tax credit each month to lower your premium

Good choice if: You’re pretty sure your final 2017 income will be about the same as your estimate.

Use some of your tax credit each month, get the rest when you file your federal taxes

Good choice if: You think your final 2017 income may differ somewhat from your estimate.

You have chosen to use $0

Use none of your tax credit each month, get it all when you file your federal taxes

Good choice if: It’s possible your final 2017 income may be quite different from your estimate.

Enter the amount of premium tax credit you want to use each month.

$ 0

QUICK TIPS: Decide how much tax credit to use
Confirm APTC Amount

Enter the amount of premium tax credit you want to use each month.

$ 200

USE THIS AMOUNT

QUICK TIPS: Decide how much tax credit to use
Use None of the Tax Credit

You can use any part of your tax credit each month to lower your premium. If you don’t use all the credit you qualify for, you’ll claim what’s left over when you file your federal income tax return. If you report income or household changes during the year, you can adjust how much tax credit to use.

Use all $414 of your tax credit each month to lower your premium

Good choice if: You’re pretty sure your final 2017 income will be about the same as your estimate.

Use some of your tax credit each month, get the rest when you file your federal taxes

Good choice if: You think your final 2017 income may differ somewhat from your estimate.

Use none of your tax credit each month, get it all when you file your federal taxes

Good choice if: It’s possible your final 2017 income may be quite different from your estimate.

Quick Tips: Decide how much tax credit to use

Continue
Household Questions

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don’t finish today, you can come back and finish later. You can also make changes here.

1. Decide how much tax credit to use to lower your premium
   Choose how much of your premium tax credit to use to lower your monthly bill.

2. Report tobacco use
   Start if you use tobacco regularly.

3. See if plans cover your doctors, hospitals & prescription drugs
   Find out if your doctors and hospitals are in plans’ networks, and if your drugs are covered.

4. Get an estimate of your total yearly costs
   See how premiums and other costs add up for each plan.

5. Choose health plans
   Shop, compare, and choose health plans.

6. Review dental enrollment
   Choose who should enroll in a separate dental plan.

7. Confirm your plan choices & enroll
   Check your choices one final time, sign the application, and finish your enrollment.

Enter an Exemption Certification Number.
### Tobacco Usage

#### Report tobacco use

<table>
<thead>
<tr>
<th>Name</th>
<th>Tobacco Use</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridget M Hill</td>
<td>Doesn't use</td>
<td><img src="/do-not-use.png" alt="Change" /></td>
</tr>
<tr>
<td>Andre B Hill</td>
<td>Doesn't use</td>
<td><img src="/do-not-use.png" alt="Change" /></td>
</tr>
</tbody>
</table>

*Quick Tips: Reporting tobacco use*
Step 3: See if Plans Cover Your Doctors, Hospitals, and Prescription Drugs

Enter your doctors, medical facilities & prescription drugs to see if they're covered by each plan

You save money by using doctors and facilities (like hospitals and pharmacies) in a plan's network -- and drugs it covers.

Search for and select your doctors, facilities, and prescription drugs below.

When you compare plans, you'll see if the selected doctors and facilities are in a plan's network, and if your drugs are covered. (Information on group practices will be available in the future.)

Information is provided by the insurance companies. Some information may be out of date, and plans change which doctors and drugs are covered during the year. Check with your doctor and the insurance company before enrolling to make sure your doctors and drugs are covered.

Search
Enter one doctor, medical facility, or drug at a time

Quick Tips: Checking coverage of your doctors, medical facilities & prescription drugs
Step 4: Level of Medical Care for the Year

See estimates of each plan’s total yearly costs

When you compare plans it’s important to think about all costs for the year, not just your monthly premium payment. Total costs for any health plan include:

- **Yearly premiums**: Your monthly premium payment x 12 months (reduced by the amount of premium tax credit you’ve decided to use)
- **Yearly deductible**: The amount you pay each year before the plan pays anything. From $0 to several thousand dollars, depending on the plan.
- **Copayments & Coinsurance**: Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.

**Total yearly costs**

To see estimates of total yearly costs when you shop, pick an expected level of care below. We’ll show each plan’s total estimated yearly costs for that amount of care.

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**What level of medical care do you think Bridget M. Hill will use this year?**

Just pick the one that seems closest to what you expect. It won’t be an exact match. When you shop, we’ll show each plan’s total estimated yearly costs for this level of care. IMPORTANT: Picking a level won’t affect your premiums or how much medical care you can use. You can see total costs for other care levels later.

- **LOW**
- **MEDIUM**
- **HIGH**

---

Quick Tips: Selecting a level of health care to get a total cost estimate
Step 4: Level of Medical Care for the Year

What level of medical care do you think Bridget M Hill will use this year?

Just pick the one that seems closest to what you expect. It won’t be an exact match. When you shop, we’ll show each plan’s total estimated yearly costs for this level of care. IMPORTANT: Picking a level won’t affect your premiums or how much medical care you can use. You can see total costs for other care levels later.

You expect to use about this much care this year:

- 4 doctor visits
- 2 lab or diagnostic tests
- 7 prescription drugs
- $100 in other medical costs

Next →
Step 4: Level of Medical Care for the Year

What level of medical care do you think Bridget M Hill will use this year?

Just pick the one that seems closest to what you expect. It won’t be an exact match. When you shop, we’ll show each plan’s total estimated yearly costs for this level of care. IMPORTANT: Picking a level won’t affect your premiums or how much medical care you can use. You can see total costs for other care levels later.

- LOW
- MEDIUM
- HIGH

You expect to use about this much care this year:

- 8 doctor visits
- 3 lab or diagnostic tests
- 15 prescription drugs
- $500 in other medical costs

Next →
Step 4: Level of Medical Care for the Year

What level of medical care do you think Bridget M Hill will use this year?

Just pick the one that seems closest to what you expect. It won’t be an exact match. When you shop, we’ll show each plan's total estimated yearly costs for this level of care. IMPORTANT: Picking a level won’t affect your premiums or how much medical care you can use. You can see total costs for other care levels later.

- LOW
- MEDIUM
- HIGH

You expect to use about this much care this year:

- 19 doctor visits
- 11 lab or diagnostic tests
- 44 prescription drugs
- 2 days in the hospital
- $22,700 in other medical costs

Next →
Selecting a Plan

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don't finish today, you can come back and finish later. You can also make changes here.

1. Decide how much tax credit to use to lower your premium
   Choose how much of your premium tax credit to use to lower your monthly bill.

2. Report tobacco use
   State if you use tobacco regularly.

3. See if plans cover your doctors, hospitals & prescription drugs
   Find out if your doctors and hospitals are in plans' networks, and if your drugs are covered.

4. Get an estimate of your total yearly costs
   See how premiums and other costs add up for each plan.

5. Choose health plans
   Shop, compare, and choose health plans.

6. Review dental enrollment
   Choose who should enroll in a separate dental plan.

7. Confirm your plan choices & enroll
   Check your choices one final time, sign the application, and finish your enrollment.

Enter an Exemption Certification Number.
Can a family apply all together on an application and enroll in separate plans?

Yes, the family can apply together and be determined eligible for a Qualified Health Plan. Once determined eligible, the family can take the steps below to select a different plan for different family members (or groups of family members). APTC is allocated to each plan not by the applicants but by a business rule described in 155.340(f) (although the application filer can decide how much of the family’s maximum APTC is applied each month, as discussed above).
Health plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.

Why change groupings? If anyone has a long term illness, for example, you may want a plan with a lower deductible for them, and a different plan for others.

- If you like the groupings: Select VIEW PLANS for a group to get started.
- To change the groups: Select CHANGE GROUPS, make the changes, then VIEW PLANS for the new groups.

You’ll select a plan for each group one at a time.

Group: 1

- Bridget M Hill (Age 51)
- Andre B Hill (Age 51)
Edit family groups for Health Plans

After editing your family groups, you'll get updated health plan results. If you move a family member after selecting a plan, you'll need to reselect a plan.

Bridget M Hill

Andre B Hill

Group 1

Group 1

Move To New Group

SAVE

GO BACK
Before Seeing Plan Results, Consumer is Shown Icons to Compare Plans
Overview of Plans:
The “Metal Table” summarizes plans by metal level, displaying premium ranges and cost sharing like deductibles and copayments.

Fast facts: Plan categories
Plan categories are based on how you and the plan share your health care costs. Generally, plans in categories with lower premiums pay less of your total costs. Categories with higher premiums usually pay more. All plans cover at least the same set of essential health benefits.

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Plans</th>
<th>Average Premium</th>
<th>Estimated Total Yearly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>3</td>
<td>$701 per month</td>
<td>$8,413 (Category average)</td>
</tr>
<tr>
<td>Silver</td>
<td>13</td>
<td>$855 per month</td>
<td>$10,264 (Category average)</td>
</tr>
<tr>
<td>Gold</td>
<td>5</td>
<td>$1,199 per month</td>
<td>$14,388 (Category average)</td>
</tr>
<tr>
<td>Platinum</td>
<td>3</td>
<td>$1,835 per month</td>
<td>$22,017 (Category average)</td>
</tr>
</tbody>
</table>

Lower monthly premiums than Silver, but your deductible is higher and you pay more when you get care.

Higher monthly premium than Bronze, but your deductible is lower and the plan covers more of your costs.

Higher premiums than Silver, but your deductible is lower and your plan pays more when you get care.

Highest monthly premium, but your deductible is very low and your plan pays nearly all your costs of care.
Overview of Plans: Simple Choice

Simple Choice: A new label makes it easier to compare plans

When you view plans, some will be labeled “Simple Choice.” The label makes it easier to shop, especially when you have a lot of choices.

- Within any plan category (Bronze, Silver, Gold, or Platinum), all Simple Choice plans have certain features in common.
- When viewing Simple Choice plans, you can focus on other important features that may be different:
  - Monthly premiums
  - Additional services covered
  - Doctor & hospital networks

Simple Choice plans aren’t “better” or more likely to meet your needs. The label just helps you sort through plans faster, and focus on the important differences that matter to you.

Note: In some cases you may see only one Simple Choice plan. If that happens, remove the simple choice filter to see all plans.

- All Simple Choice plans in the same category (like Silver) have exactly the same care benefits, deductibles, and copayments.

UPMC Health Plan - UPMC Advantage Silver $3,250/$10 - Partner Network

Silver | EPO | Plan ID: 163ZPA0050104

- Monthly premium: $676.96
- Deductible: $6,500 (Family Total)
- Out-of-pocket maximum: $14,300 (Family Total)
- Copayments / Coinsurance:
  - Emergency room care: $750
  - Generic drugs: $10
  - Primary doctor: $10
  - Specialist doctor: $20
- Estimated total yearly costs
- Providers & Drugs:
  - Your doctors (0)
  - Your prescription drugs (0)
  - Your medical facilities (0)
Overview of Plans
### Example Filter: Simple Choice

#### Simple Choice Plans
Display only simple choice plans.
- **Simple Choice plans**

#### Plan Categories
Choose plan categories to see.
- **Bronze (3)**
- **Silver (13)**
- **Gold (5)**
- **Platinum (3)**

#### Estimated Total Yearly Costs
Includes premiums, deductibles, and all other costs for year, based on care level you picked.
- **Cost:** $100
- **Range:** $1000-

#### Max Monthly Premium
Choose a maximum monthly premium (reduced by any premium tax credit you decide to use).
- **Cost:** $100
- **Range:** $1000-

#### Max Yearly Deductible
Choose a maximum yearly deductible.
- **Cost:** $100
- **Range:** $1000-

#### Health Plan Types
Check all types you want to see.
- **Preferred Provider Organization (PPO)** (11)
- **Exclusive Provider Organization (EPO)** (13)

#### Insurance Companies
Choose which company to see.
- **Highmark** (5)
- **Highmark Health Insurance Company** (3)
- **UPMC Health Plan** (16)

#### Doctors, Medical Facilities & Drugs Covered
Check services plans must provide.
- **Doctors:** Dr. Christina C Knauss Brown

#### Health Savings Account (HSA) Eligible Plans
See plans you can use a Health Savings Account (HSA) with.

#### Search by Plan ID
14 Character Plan ID
- **Example:** 123456009876

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**CANCEL**

**CLEAR ALL FILTERS**

**APPLY FILTERS**

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29
Selecting a Plan:
Press “enroll” from results; side-by-side, or details view

UPMC Health Plan · UPMC Advantage Silver $3,500/$30 - Partner Network

Monthly premium: $703.18
Deductible: $7,000 (Family Total)
Out-of-pocket maximum: $14,300 (Family Total)
Copayments / Coinsurance:
- Emergency room care: $400
- Copay after deductible
- Generic drugs: $15
- Primary doctor: $30
- Specialist doctor: $65
Estimated total yearly costs:
Providers & Drugs:
- Your doctors (0/1)
- Your prescription drugs (0/1)
- Your medical facilities (0/1)

Quick View | Details

Compare & Save | Enroll
Confirmation of Plan Selection

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for Bridget M Hill, Andre B Hill

UPMC Health Plan
UPMC Advantage Bronze $6,950/$35 - Partner Network
Plan ID: 16322PA0050100

- Adult Dental benefit not included
- Child dental benefit included

Your coverage will start after your documents are accepted and you’ve paid your premium.

<table>
<thead>
<tr>
<th>Original Health plan premium</th>
<th>$602.90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health plan monthly premium you’ll pay</td>
<td>$602.90</td>
</tr>
</tbody>
</table>

- Bridget M Hill won't have dental coverage from the selected health plan.
- Andre B Hill won't have dental coverage from the selected health plan.

Are you interested in a separate dental plan?
You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

[YES] [NO]
Dental Selection
- Marketplace health plan required to purchase dental plan
- Separate dental is optional

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don’t finish today, you can come back and finish later. You can also make changes here.

1. Decide how much tax credit to use to lower your premium
   - Choose how much of your premium tax credit to use to lower your monthly bill.

2. Report tobacco use
   - State if you use tobacco regularly.

3. See if plans cover your doctors, hospitals & prescription drugs
   - Find out if your doctors and hospitals are in plans’ networks, and if your drugs are covered.

4. Get an estimate of your total yearly costs
   - See how premiums and other costs add up for each plan.

5. Choose health plans
   - Shop, compare, and choose health plans.

6. Choose dental plans
   - Shop, compare, and choose dental plans.

7. Confirm your plan choices & enroll
   - Check your choices one final time, sign the application, and finish your enrollment.

Enter an Exemption Certification Number.
Dental Selection (Optional)

Note that this question highlights whether dental was included in the health plan.

Choose who should enroll in a dental plan

You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

Enroll **Bridget M Hill** in a separate dental plan?
- X Bridget M Hill won't have dental coverage from the selected health plan.

YES  NO

Enroll **Andre B Hill** in a separate dental plan?
- X Andre B Hill won't have dental coverage from the selected health plan.

YES  NO

CONTINUE
Dental Plan Details

27 Dental plans available for
Bridget M Hill, Andre B Hill
with an estimated effective date of 09/01/2017

DSM USA Insurance Company Inc · DentaQuest EPO Family Preventative

- Monthly premium: $17.12
- Deductible: $300
- Out-of-pocket maximum: $700
- Providers & Drugs:
  - Your doctors (0/1)
  - Your prescription drugs (0/1)
  - Your medical facilities (0/1)

Dominion National · Select Plan Basic

- Monthly premium: $22.30
- Deductible: Not applicable
- Out-of-pocket maximum: $700
- Providers & Drugs:
  - Your doctors (0/1)
  - Your prescription drugs (0/1)
  - Your medical facilities (0/1)
Confirm Dental Plan Selection

Plan selection

**Dominion National - Select Plan Basic**

- Monthly premium: $22.30
- Guaranteed Rate
- Deductible: Not applicable
- Individual total: $350
- Family total: $700
- Out-of-pocket maximum

**Providers & Drugs**
- Dr. Christina C. Kroess Brown
- Obstetrics & Gynecology
- Out of Network
- Levlen (28) 0.15 mg - 0.03 mg
- No data from insurance company
- Saint Vincent Health Center
- Psychiatric Unit
- Out of Network
- Report an issue with this information

Would you like to enroll in this plan?

- Yes
- No

Continue
Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don’t finish today, you can come back and finish later. You can also make changes here.

- **Decide how much tax credit to use to lower your premium**
  Choose how much of your premium tax credit to use to lower your monthly bill.
  [CHANGE]

- **Report tobacco use**
  State if you use tobacco regularly.
  [CHANGE]

- **See if plans cover your doctors, hospitals & prescription drugs**
  Find out if your doctors and hospitals are in plans’ networks, and if your drugs are covered.
  [CHANGE]

- **Get an estimate of your total yearly costs**
  See how premiums and other costs add up for each plan.
  [CHANGE]

- **Choose health plans**
  Shop, compare, and choose health plans.
  [CHANGE]

- **Review dental enrollment**
  Choose who should enroll in a separate dental plan.
  [CHANGE]

- **Confirm your plan choices & enroll**
  Check your choices one final time, sign the application, and finish your enrollment.
  [START]

Enter an Exemption Certification Number.
• Applicant agrees to file a federal income tax return (file jointly with a spouse)
• Applicant agrees to no one else being able to claim him or her as a dependent
• Applicant would electronically sign and select “Finish Plan Selection”
Confirm Choice of Major Medical Health and Dental Plans

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for Bridget M Hill, Andre B Hill

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Original Health plan premium</th>
<th>Premium tax credit used to lower monthly premium costs</th>
<th>Monthly premium you'll pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>$666.22</td>
<td>- $414.00</td>
<td>$252.22</td>
</tr>
</tbody>
</table>

- Aetna Bronze Deductible Only HSA Eligible HNOlly
- Plan ID: 671956E00880002

- Adult Dental benefit not included
- Child Dental benefit not included

Your coverage will start after your documents are accepted and you’ve paid your premium.

Dental Plan for Bridget M Hill, Andre B Hill

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Original Dental plan premium</th>
<th>Dental plan monthly premium you’ll pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominion National Select Plan Basic</td>
<td>$39.10</td>
<td>$39.10</td>
</tr>
</tbody>
</table>

Did someone help you select a plan and enroll?

**Agree and confirm**

I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage, like Medicaid, the Children's Health Insurance Program (CHIP), or a job-based health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace to end my Marketplace coverage and premium tax credit. If I don't, the person who files taxes in my household may need to pay back my premium tax credit.

CONTINUE
Plan Payment Page
Green “Pay for Plan” button means online payment is available

- Making the first premium payment is the final step of enrollment
- Applicants must pay their first premium in order to maintain coverage
- After the applicant selects a plan he or she will either see a link to the insurance company’s website or instructions on how to pay their premium payments to their insurance company