

Hi, my name is Dan. Welcome to today's Assister Readiness Webinar Series training video – let's get started! This presentation is intended as training and technical assistance for Marketplace assisters (i.e., Navigator grantees, certified application counselors (CACs), and other assisters).

In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions and State-based Marketplaces on the federal platform.

This presentation is not a legal document.

- Each video module summarizes complex statutes and regulations and does not create any rights or obligations.
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The 2019 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This month-long series will be delivered in weekly installments to help ensure that assisters are ready to serve Marketplace consumers during the 2019 open enrollment period. Each weekly installment will include several pre-recorded educational modules and a corresponding LIVE Friday webinar that will recap the week's topics, check for understanding, and give assisters a chance to ask questions.

Hi, my name is Bonnie, and I'll be guiding you through today's training.

In a previous module, we helped Lori and John Gomez submit a Marketplace application. In this module, we'll help Lori complete key steps from the "Enroll To-Do List" on her Marketplace application to complete the enrollment process. As you watch this encounter, take note of how we describe important terms and concepts to Lori.

### **Family and household section**

Explain the family and household portion of the application.

### **Advance payments of the premium tax credit (APTC)**

Help Lori and John set APTC amounts.

### **Comparing health and dental coverage options**

Review monthly premiums, deductibles, out-of-pocket maximums, estimated yearly costs, and providers and drug formularies with Lori and John so they can make health and dental plan selections.

### **Making the first premium payment**

Explain the importance of making the first premium payment and help Lori and John through the steps necessary to make a payment.

**Coach:**

Hi Lori! Now that you have submitted a Marketplace application, let's continue to the health coverage selection process. When you apply for health coverage, the Marketplace determines whether you are eligible to receive financial assistance to help with the cost of health insurance. For example, if you are eligible for a qualified health plan, or QHP, and complete the financial assistance portion of the application, you can receive advance payments of the premium tax credit to help lower the amount you owe for your plan's premium costs each month. These advance payments are called APTC for short.

**Lori:**

Great! How much of my premium tax credit can I use to help pay for coverage?

**Coach:**

You can choose to use some or all of your available premium tax credit in advance to lower your premiums each month. If you don't want to use APTC, you can pay your plan's full premium amount each month and receive it at the end of the year as a credit when you file your federal income tax return.

If you want to use your savings right away, the monthly APTC amount will be sent directly to your health insurance company and you'll pay any remaining premium amount. The more savings you use immediately, the lower your premium costs will be. Your APTC cannot be applied to premium costs for benefits that are not essential health benefits, like adult dental benefits, so you may have to pay some monthly premium even if your APTC is higher than your plan's premium amount.

If you don't use APTC, you'll pay your plan's full premium amount every month because the savings will not be applied directly to your plan's premium in advance. However, you'll get your premium tax credit all at once when you file your federal income tax return and you may owe less when you file federal income taxes for the year or get a larger tax refund. Let's get started!

Now that you've submitted an application, it's time to review your eligibility results.

Eligibility results may divide household members into separate enrollment groups. An enrollment group consists of household members who can enroll in the same plan together.

For example, children under 18 in low-income families are generally in a separate enrollment group from their parents because they are eligible for the Children's Health Insurance Program (CHIP). Parents who are eligible for APTC will need to set the amount they'd like to use toward their monthly insurance premiums.

Lori, you can select the **View Eligibility Results** button to download the letter as a .pdf.

You must select this button before you can begin comparing available plans. Once you have reviewed your eligibility results letter, select **Continue To Enrollment**.

The first thing you'll need to decide is how much APTC you want to use to lower your monthly premium costs. You can do that by selecting the green **Start** button.

You can choose to use all, some, or none of your premium tax credit in advance. Since you indicated you would like to use some of your APTC, select the middle option. Select **Enter Amount To Use Monthly**.

You can enter the exact amount of available APTC you want to use in a text box or drag a slider on the screen to select the desired amount. The amount you select will be reflected in the monthly premium prices you see when it is time to select a plan.

Next, the Marketplace will ask whether you or other applicants use tobacco products. Tobacco use can affect your premiums and you must answer honestly.

You said neither you nor John use tobacco so you can answer **No** when asked. If your tobacco use changes later you can update your Marketplace account to reflect the change.

Now it's time to help Lori select a plan. Consumers who are eligible for health insurance through an FFM may be able to choose from several different types of insurance plans and health plan categories. The side-by-side comparison tool is a great way to help consumers review and learn about their available QHP options.

Many consumers may be eligible for multiple types of QHPs and need your help understanding different health plan categories. Remember, each category may include several types of plans and provider networks like Health Maintenance Organizations, or HMOs, and Preferred Provider Organizations, or PPOs. You should ask questions to help determine what aspects of health coverage are most important to consumers based on their needs.

Ok, let's continue to help Lori as she selects a plan.

**Lori:**

I am worried about getting the coverage we need at a cost we can afford. My husband and I found doctors we like and we want to keep seeing them. We also have a few medications that can be expensive. How do I find out whether these plans will cover them?

**Coach:**

Lori, you can use the side-by-side comparison tool at HealthCare.gov as a part of the plan selection process. You can enter your doctors' names and medical facilities, like your local hospital, to check whether they are in a plan's network. You can also enter any medications you use and find out whether they are covered by a plan's "formulary" or drug list. The tool allows you to list any doctors, facilities, and medications you are interested in and shows you whether they are covered under different plans.

You should also know that this is not a required step in the plan selection process. If you don't take any medications and don't have specific preferences about providers and facilities in your area, you can always select **Skip** at the bottom of the page to skip this step.

You can also choose the level of care you think you will need in the coming year to estimate your costs under each available plan. This feature can't guarantee what your costs will be but it will certainly help you estimate how much your costs *might be* with different plans. If you do this after you've set the amount of premium tax credit you'd like to use, the plans you see will reflect that amount.

Again, this is not a required step in the plan selection process. If you want, you can always select **Skip** at the bottom of the page to skip this step.

Select **Next** to continue.

Before you see available plans, you will be able to review the health plan groups for your household one more time.

Here you can see that you and John are in the same group. If you wanted to enroll in separate QHPs, you'd want to split yourself and John into two separate groups. Since you'd like to enroll in the same QHP together, you can select the **View Plans** button to continue.

The next three pop-up screens will show you some tips for using different features of the side-by-side comparison tool as well as the average costs of each health plan category in your area, like Silver and Gold plans. Select **Next** to continue.

Since you qualify for cost-sharing reductions, this page explains how you can get extra savings on your out-of-pocket costs if you choose a Silver plan. Select **Next** to continue.

Here is a list of Silver plans that you can filter based on your preferences. Some of the details you can see for each plan on this page include:

- Monthly premiums
- Deductibles
- Out-of-pocket maximums
- Copayments and coinsurance amounts
- Estimated total yearly costs
- Providers and prescription drugs

Select the **Filter Plans** button.

There are many ways for you to look at plans. You can sort them by deductible, premium, or estimated total costs.

Learn more about the sorting features.

Lori, I see that you used the slider feature to view plans that have a maximum estimated and total yearly cost of \$800 or less, a maximum monthly premium of \$700 or less, and a maximum yearly deductible of \$700 or less.

Select **Apply Filters** to filter your results based on what you have input on this screen.

#### **Additional Information**

- Choose plan categories that interest you. For example, you may only want to look at Silver plans to be able to receive cost-sharing reductions.
- Use slider bars to choose a range of how much you'd be willing to pay for estimated total yearly costs, monthly premiums, and/or a yearly deductible.
- Choose any health insurance companies or health plan types you want to review such as Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs.)
- Choose whether you only want to see plans where you can use a Health Savings Account (HSA).
- Search by Plan ID: Enter the plan ID here to search by plan ID.

Lori, here are your filtered results. You can compare up to three specific plans at a time by checking the "Compare and Save" box next to each plan. Once you have selected the plans you want to compare, you can see the results by selecting the **Compare and Save Plans** button at the top of the page next to the **Filter Plans** button.

**Lori:**

Now that I've used the side-by-side comparison tool and considered the costs, coverage, and other factors, I'm ready to choose a plan.

**Coach:**

That's great, Lori! Now you need to select the **Start** button under the "Your enrollment To-Do List/ Change your information" section.

**Lori:**

I think we will go with a Silver plan and use all of our APTC to offset some of the monthly premium cost.

**Coach:**

Great! Let's review the next few steps to enroll in the Silver plan you want.

**Quick View** shows additional details about the plan, including its Summary of Benefits and Coverage, or SBC. Once you have reviewed it, select **Close** to go back to the previous screen.

Lori, you said the first plan on this screen looks like the best fit for your needs. When you're ready, select the **Enroll** button.

This screen shows the plan you selected. Now, where it asks "Would you like to enroll in this plan?" you should select **Yes** and then **Continue**.

Now it's time to decide whether you want a dental plan.

Before we review Lori's dental coverage options, here's a quick reminder about QHPs and dental coverage.

### **Dental Coverage for Adults**

Some Marketplaces may require QHPs to include dental coverage for adults. Others do not.

- If consumers enroll in a QHP that includes both medical and dental coverage, they will pay a single premium that covers their medical **and** dental benefits.
- If consumers enroll in separate medical and dental plans, they will pay separate premiums for each.

### **Dental Coverage for Minors**

Under the Patient Protection and Affordable Care Act, dental coverage is an essential health benefit for children. If a consumer is getting health coverage for someone 18 or younger, dental coverage must be

available for the consumer's child either as part of a health plan or as a stand-alone plan. While dental coverage for children must be available to consumers, they don't have to buy it.

Not everyone in your household may need dental insurance. On this screen, you can choose whom to enroll in a dental plan, and then select the **Continue** button to proceed.

Lori, you can select **Yes** or **No** to indicate whether you want a dental plan. Then you can select whether your husband John wants a dental plan as well and select **Continue** to proceed.

You will also answer a question about how you want to group any individuals who want a dental plan. If individuals want or need different plans, you can put them in different groups. If a single plan works for the same individuals then you can put them in the same group.

Select **Change Groups** to put you and John into the same group.

Lori, you and John are currently in different groups. Select the drop-down menu by your name.

Select **Group 2** from the drop-down menu.

To group you and John together, select "Group 1" from the menu options by your name.

Now that you and John are both in the same group, select **Save** to continue.

Now you can see that you and John are in the same group.

Select the **View Plans** button to browse for plans that you can enroll in together.

Just like with health plans, you can sort, filter, and compare dental plans before picking the one you want.

Lori, you indicated that you think the second plan will meet your needs. Select the **Enroll** button next to the plan to get started.

Now select **Yes** to confirm that you would like to enroll in this plan and select the **Continue** button to proceed.

On the next page, you will review the health and dental plans you selected.

Lori, we're almost finished! Let's review all of your coverage choices.

If you want to make any changes, you can select the **Change** button next to the plan you'd like to change.

If everything looks good and you agree with the plan summary, read the required statement and select the **Yes** and **Continue** buttons.

Lori, you must attest or confirm all of the information you provided is correct to receive APTC and

confirm your final coverage selections.

When you are ready, select **Yes** and type your full name into the “Tax filer’s signature” box.

Select the **Finish Plan Selection** to go to the last page of this section.

Lori, you are all finished with the plan selection process at HealthCare.gov!

However, your enrollment isn't complete until you pay your first month's premium payment in full by the due date. **This is very important.** If your insurance company doesn't receive your first month's premium payment before the due date, your enrollment may be canceled.

When consumers are ready to make their first month's premium payment, you should:

- Help them access and view their chosen QHP's Summary of Benefits and Coverage, plan brochure, provider directory, and list of covered drugs.
- Help them decide if they want to make their premium payments electronically, by mail, or by phone, if applicable.
- Help them through the steps necessary to complete payment with their selected [payment method](#), but do not enter their payment information for them.

Once consumers pay the first full month's premium, they may qualify for a [grace period](#)

### **Payment Method**

Consumers who don't have a bank account can make payments for individual market coverage through alternate methods. For example, they may use a cashier's check, money order, or prepaid debit card. Some health insurance companies may allow consumers to pay premiums through other methods as well. Consumers can contact their health plan directly for any questions around premium payments.

### **Grace Period**

There's a three-month grace period for consumers who get APTC and have previously paid at least the first full month's premium ("binder payment") since enrolling. The QHP may continue to pay claims during the first month of the grace period, but may delay payment of claims in the second and third months until these consumers pay their overdue premiums. At the end of the third month, if these consumers still haven't paid their premiums in full, their plans must terminate their coverage, effective retroactively to the end of the first month of the grace period. This means the consumer could be responsible for payment of any claims made on the consumer's behalf during the second and third months of the grace period.

Remind consumers that their effective date of coverage generally depends on when they select a plan.

- Consumers who enroll between the first and the 15<sup>th</sup> day of the month will generally begin coverage on the first day of the following month.
- Consumers who enroll between the 16<sup>th</sup> and the last day of the month will generally begin coverage on the first day of the **second** following month.

Remember, Open Enrollment for 2019 coverage starts on November 1, 2018 and ends on December 15, 2018.

### **Key Points**

- You can help consumers compare QHPs at any point during the process of applying for health coverage. Depending on where consumers are in the process, they may be able to see more or less detailed information.
- Consumers' effective date of coverage, which depends on their plan selection date, is generally the earliest date their coverage can start. This does not necessarily refer to the date that consumers first use their coverage. QHP coverage is only effectuated once health insurance companies receive consumers' first premium payment.

Congratulations on completing the *Plan Comparison and Selection Simulation* module of the Assister Readiness Webinar Series!

Please proceed to the next Week 3 module, *Redetermination, Re-enrollment, and Changes in Circumstances*.

Also, feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

- If you have topical questions about this presentation: Navigators please contact your Project Officer directly. CACs can email the CAC Inbox at [CACquestions@cms.hhs.gov](mailto:CACquestions@cms.hhs.gov).