

Plan Comparison and Selection Simulation Video Transcript



This document is a transcript of the Marketplace Assister Technical Assistance Webinar.

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Disclaimer

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, including Navigator grantees and certified application counselors. 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 using 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.
- Complete and current legal standards are contained in the applicable statutes and regulations.
- Members of the press should contact the CMS Media Relations Group at press@cms.hhs.gov.

The 2022 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of the 2022 Open Enrollment Period.

Each weekly installment includes three pre-recorded educational modules and a LIVE webinar that recaps the week's topics, checks for understanding, and gives assisters a chance to ask questions.

Week 1 - Helping Consumers Apply at HealthCare.gov

- Preparing Consumers to Apply
- Creating and Submitting Applications
- Application Assistance Simulation
- LIVE Recap with CMS SME Q&A

Week 2 - Helping Consumers Enroll at HealthCare.gov

- Assisting Consumers with Enrollment
- Plan Comparison and Selection Simulation
- Redetermination, Re-enrollment, and changes in Circumstances
- LIVE Recap with CMS SME Q&A

Introduction

Hi. My name is Blair and I'll be guiding you through today's training: Plan Comparison and Selection Simulation. In last week's video modules, we helped Lori and John Gomez submit a Marketplace application.

In this module, we'll help Lori complete the 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 to Lori. We will cover:

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 and Confirming 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.

Eligibility Results

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 may be eligible to 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.

You might be wondering how much of your APTC you can use to help pay for a QHP. You can choose to use some or all, of your APTC to lower your premiums each month. If you don't want to use APTC, you can pay your QHP's full premium amount each month and receive the tax credit at the end of the year 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.

If you don't use APTC, you'll pay your plan's full premium amount every month because the savings will not be applied to your plan's premium in advance.

APTC Overview

You can choose to use some or all of your available premium tax credit in advance to lower your monthly premium costs.

- The APTC cannot be applied to premium costs for benefits that are not essential health benefits, like adult dental benefits.
- If you don't use APTC, you'll pay your QHP's full premium amount each month. However, you'll get your premium tax credit all at once when you file your federal income tax return.

Let's get started!

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

Different members of your household may be eligible for different programs. For example, children under 18 in low-income families might be eligible for the Children's Health Insurance Program (CHIP) while their parents may be eligible for QHP coverage with APTC to offset premium costs.

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 QHPs. Once you have reviewed your eligibility results letter, select **Continue to Enrollment**.

Setting APTC Amount

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

You can choose to use all, some, or none of your APTC. Since you indicated you would like to use some of your APTC, select the middle option.

You can enter the exact amount of available APTC you want to use in the text box. The amount you select will be reflected in the monthly premium prices you see when it is time to select a QHP.

For Plan Years 2021 and 2022, the American Rescue Plan Act of 2021, or ARP, made the premium tax credit available to consumers with household income above 400 percent of the federal poverty level, or FPL, for the first time. It also capped how much of consumers' household income they need to pay toward the premiums for a benchmark plan before tax credits become available at 8.5 percent for households with income 400 percent FPL or above and much lower for households making less money. This means many consumers are eligible for more APTC under the ARP. Consumers cannot obtain the new APTC amounts retroactive to January 1, 2021; however, the benefit for prior months will be available to consumers as a premium tax credit when they file their 2021 federal income tax return.

For Plan Years 2021 and 2022, if consumers are already receiving APTC, they may be eligible for more APTC because of the ARP. They may want to return to the Marketplace to update their application and re-enroll in their QHP or select a different QHP during Open Enrollment or an applicable Special Enrollment Period (SEP) to get the added benefits.

You said neither you nor John use tobacco so you can select **None** when asked. If your tobacco use changes later, you can update your Marketplace account to reflect the change.

Enrolling in a Plan

Now it's time to help Lori select a plan. 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. Each category may include several types of plans and provider networks like Health Maintenance Organizations, or HMOs, and Preferred Provider Organizations, or PPOs.

The side-by-side comparison tool is a great way to help consumers review and learn about their available QHP options.

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.

Choosing Doctors

Lori said she was worried about getting the coverage they need at a cost they can afford. Lori and John have doctors they like and want to keep seeing them. They also have a few medications that can be expensive. She wants to know how to find out whether these QHPs will cover them.

Lori, you can use the side-by-side comparison tool at HealthCare.gov as a part of the QHP 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 QHP'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 QHPs. You should also know that this is not a required step in the QHP 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 will need in the coming year to estimate your costs under each available QHP. This optional feature can't guarantee what your costs will be, but it will certainly help you estimate how much your costs might be with different QHPs.

Health Plan Groups

In most cases, members of the same household will be in the same enrollment group. An enrollment group consists of household members who can enroll in the same plan together. Sometimes, based on factors like familial relationships or age, members of the same household will be defaulted into separate enrollment groups to select separate QHPs.

Lori and John are in the same enrollment group. Since they want to enroll in the same QHP together, they can select the **View Plans** button to continue.

Note: Consumers who wish to enroll in separate QHPs should separate themselves into multiple enrollment groups.

Previewing Plans

Here, you'll see a list of available QHPs that you can filter based on your preferences. Some of the details you can see for each QHP on this page include cost-sharing amounts, in-network providers, and covered prescription drugs.

Filtering Plans

Lori, I see that you used the filter feature to view QHPs that have a maximum monthly premium of \$700 or less and a maximum yearly deductible of \$700 or less.

Here are some tips that might help you as you filter and sort through the available QHPs.

- If you are eligible for cost-sharing reductions based on income, you should consider enrolling in a Silver metal level QHP to take advantage of these additional savings.

- Choose a range of how much you'd be willing to pay for monthly premiums and your yearly deductible.
- Choose any health insurance companies or specific health plan types you want to review, such as HMOs or PPOs.
- Choose whether you only want to see plans where you can use a Health Savings Account, or HSA.
- Enter a specific QHP's plan ID to search for it in the list of available plans.

Filtered Results

Lori, here are your filtered results. You can compare up to three specific QHPs at a time by checking the **Compare** box next to each QHP. For example, once you have selected two QHPs you want to compare, you can see the results by selecting the **Compare 2 plans** button at the top of the page next to the **Filter Plans** button.

You can also call any preferred provider or insurance company whose QHP you're considering to confirm a QHP's in-network information.

Cost, Convenience, and Coverage

Now that Lori has used the side-by-side comparison tool and considered the costs, coverage, and other factors, she's ready to choose a QHP!

Since you'd like to go with a Silver plan and use some of your APTC to offset some of the monthly premium cost, let's review the next few steps so you can enroll in the Silver plan you want.

Plan Details View

Once you have reviewed the plan details for your chosen plan, select **Back to plans** to return to the previous screen.

Plan Enroll

Lori, since you said the first QHP on this screen looks like the best fit for your needs, you can select the **Enroll** button next to it when you're ready.

This screen shows the QHP you selected. You should select the **Select this plan** button to enroll. Now it's time to decide whether you want a dental plan.

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

QHPs and Stand-Alone Dental Plans

Before we review Lori's dental coverage options, here's a quick reminder about QHPs and dental coverage. Under the Affordable Care Act, or ACA, dental coverage is an essential health benefit for children. While dental coverage for children must be available to consumers, they don't have to buy it. Dental coverage isn't an essential health benefit for adults, so insurers don't have to offer it.

Dental Coverage for Adults

- Dental coverage isn't an essential health benefit for adults, so insurers don't have to offer it.
- 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 Affordable Care Act (ACA), 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.

On this screen, you can select **Yes, continue to dental plan selection** or **No, complete health plan enrollment** to indicate whether you want a separate dental plan.

Since you and your husband John would like to enroll in dental coverage, select **Yes, continue to dental plan selection**. Next, select the check box next to each of your names to indicate you want a dental plan and select **Continue**.

You will also answer a question about how you want to group any individuals who want a dental plan. Select **Change Groups** to put yourself and John into the same group.

Lori, you and John are currently in different groups. Select the drop-down menu beside your name. To group yourself and John together, select **Group 1** from the menu options beside your name. Now that you and John are both in the same group, select **Save & continue**.

Now you can see that you and John are the same group. Select the **View Plans** button to browse for dental plans that you can enroll in together.

Just like with QHPs, you can sort, filter, and compare dental plans before picking the one you want. Lori, you indicated that you think the second dental plan will meet your needs. Select the **Enroll** button next to the plan to get started.

Now select the **Select this plan** button to proceed. On the next page, you will review the QHP and dental plan you've 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, select the **Continue** button.

Agree and Confirm

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 **I agree with the above statements** and type your full name into the "Tax filer's signature" box. Then, select **Continue** to go to the last page of this section.

First Premium Payment

Lori, you are all finished with the QHP 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. Remember, 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. Help them access and view their chosen QHP's Summary of Benefits and Coverage, plan brochure, provider directory, and list of covered drugs.

Payment Method

Consumers can use a paper check, cashier's check, money order, EFT, or prepaid debit card. Some health insurance companies may allow consumers to pay premiums through other methods as well.

If consumers have an Individual Coverage Health Reimbursement Arrangement or a Qualified Small Employer Health Reimbursement Arrangement, monthly premium payments may be made on behalf of consumers or directly by consumers as long as the payments are made using a method that the health insurance company is already required to accept.

- Consumers who don't have a bank account can make payments for individual market coverage through alternate methods.
- For example, they may use a paper check, cashier's check, money order, EFT, or prepaid debit card. Some health insurance companies may allow consumers to pay premiums through other methods as well.
- Monthly premium payments may be made on behalf of consumers or directly by consumers from an Individual Coverage Health Reimbursement Arrangement (HRA) or Qualified Small Employer HRA as long as the payments are made using a method that the health insurance company is already required to accept.
- Consumers can contact their health insurance company directly for any questions about premium payments.

Effective Date of Coverage

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

Consumers who enroll during the OEP will generally begin coverage on January 1st. Remember, Open Enrollment for 2022 individual market coverage starts on November 1, 2021, and ends on December 15, 2021. However, please note that CMS has proposed extending the OEP to January 15 beginning with the Plan Year 2022 OEP.

For many SEPs, beginning January 2022, coverage may start the first of the month after plan selection. For some SEPs, coverage may start either retroactive to the date of the qualifying event or the first of the month after plan selection, at the election of the consumer.

Locating a Consumer's Health Plan Information

Lori, now that you've finished enrolling in a QHP, you can schedule a doctor's appointment as soon as your new coverage begins. You can find your effective date of coverage at HealthCare.gov.

After you log into your account, you'll see the **My Applications & Coverage** screen. From here, select your most recent application under the **Your existing applications** section.

Next, select **My Plans & Programs** from the menu on the left. You can review your effective date of coverage and other important information listed on this screen.

Locating Tax Forms: 1095-A

Lori, now that we have located your health plan information, you should also be aware of where you can find some important tax forms on your Marketplace account.

Since you and John have a Marketplace plan, you should receive Form 1095-A to file with your taxes. This form explains the amount of APTC you received during the year to lower your monthly premium costs.

You should receive Form 1095-A by mail no later than mid-February. It may also be available in your HealthCare.gov account as early as mid-January or as late as February 1. I'll guide you through the process to find it.

When you're preparing to file taxes for the current tax year, you'll log into your account and navigate to **the My Applications & Coverage** screen. From there, select your most recent application under the **Your existing applications** section.

Select **Tax Forms** from the menu on the left. You can now download all 1095-A forms under the **Your forms 1095-A for tax filing** section.

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 when consumers first use their coverage.

QHP coverage is only effectuated once health insurance companies receive consumers' first premium payment.

After consumers enroll, you can help them find information about their chosen QHP online in their Marketplace account. In addition, you can show consumers where to access online copies of Form 1095-A if they received APTC during the coverage year.

Conclusion

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

Please proceed to the next Week 2 module, *Redetermination, Re-enrollment, and Changes in Circumstances*.

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.

Next:

Next Week 2 module: *Redetermination, Re-enrollment, and Changes in Circumstances*.

Visit:

Assister Readiness Webinar Series Resources

For topical questions about this presentation:

Navigators please contact your Project Officer directly

CACs can email the CAC Inbox at CACquestions@cms.hhs.gov

Training materials for Navigators and other assisters:

<https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

Assister webinars:

<https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>

We will host a LIVE webinar to recap the content presented in this week's modules and answer your questions. Check your email for information on the day and time of the event.

We hope you will join us then!