

Plan Comparison and Selection Simulation – Video Transcript



2020
Assister Readiness
– Webinar Series –

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

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Disclaimer

Hi, and 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 2020 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 2020 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

In last week's video modules, 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 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.

APTC Overview

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.

If you are found eligible to enroll in a qualified health plan (QHP), you may also be eligible for advance payments of the premium tax credit (APTC) which lower your monthly premium costs. These advance payments are called APTC for short.

You might be wondering how much of your premium tax credit can I use to help pay for coverage.

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

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 plan'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!

Eligibility Results

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

Different household members may be eligible for different programs. For example:

- Children under 18 in low-income families may be eligible for the Children’s Health Insurance Program (CHIP).
- Their parents may be eligible for QHP coverage with APTC and CSRs.

Lori, you must select **View Eligibility Notice (PDF)** before you can begin comparing plans.

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. 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.

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 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.

Enrolling in a Plan

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.

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 plans will cover them?

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.

At this point, the estimated total yearly costs shown for each plan will reflect:

- Any APTC you've applied, and
- The level of care you expect to use during the year (i.e. low, medium, or high).

This feature can't guarantee what your costs will be but it may help you estimate how much your costs might be with different plans. If you do this after you've set the amount of APTC you'd like to use, the plans you see will reflect that amount.

Selecting the level of care you expect to use during the year is optional. You can select **Skip** at the bottom of the page to skip this step.

Health Plan Groups

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

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.

Compare Plan Features

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.

The next page explains the health plan categories available to you, as well as how the average QHP from each category will share your health care costs. Select **See All Plans** to continue.

Previewing Plans

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

Filtering Plans

There are many ways for you to view the available plans. For example, you can sort them by deductible amounts, premium amounts, or their estimated total costs during a coverage year.

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.

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

- If you are eligible for cost-sharing reductions, you may want to consider enrolling in a Silver metal level QHP to take advantage of these additional savings.
- Use slider bars to choose a range of how much you'd be willing to pay for estimated total yearly costs, monthly premiums, and your yearly deductible.
- Choose any health insurance companies or specific health plan types you want to review, such as Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (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 plans at a time by checking the **Compare and Save** box next to each plan, if there are multiple.

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.

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 plan!

Now you need to select the **Start** button under the "Your enrollment To-Do List/ Change your information" section.

Since you'd like to go with a Silver plan and use all 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.

Quick View

Quick View shows additional details about a plan, including its Summary of Benefits and Coverage, or SBC.

Once you have reviewed it, select **Close** to go back to the previous screen.

Plan Enroll

Lori, since 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.

QHPs and Stand-Alone Dental Plans

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 beside your name.

To group you 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** 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.

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 **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.

First Premium Payment

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.

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.

Once consumers pay the first full month's premium, they may qualify for a grace period.

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.

Effective Date of Coverage

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

- Consumers who enroll during the Open Enrollment Period will generally begin coverage on January 1st.
- During a Special Enrollment Period, consumers who enroll between the first and the 15th day of the month will generally begin coverage on the first day of the following month. Consumers who enroll between the 16th and the last day of the month will generally begin coverage on the first day of the **second** following month.

Remember, Open Enrollment for 2020 individual market coverage starts on November 1, 2019 and ends on December 15, 2019.

Locating a Consumer's Health Plan Information

Lori, now that you're all enrolled, you can schedule a doctor appointment as soon as your new coverage begins. You can find your effective date of coverage at [HealthCare.gov](https://www.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 left-hand menu. On this screen you can review your effective date of coverage and other important information, including:

- Amount of APTC applied to your premium
- Base premium amount,
- Effective date of coverage,
- Health plan status,
- Monthly premium payments, and
- The name of each household member enrolled in health coverage.

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 premium costs.

Consumers should receive Form 1095-A by mail no later than mid-February. It may also be available at HealthCare.gov as early as mid-January, or as late as February 1.

I'll walk 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 left-hand menu. 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.
- 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.
- 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*.

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 please 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!