Beyond the Basics

Summer Workshop Series:

Building Customized Plan Selection Resources

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Workshop 1: August 16, 2022

Workshop 2: August 18, 2022

Workshop 3: August 23, 2022

Workshop Logistics

- Feel free to turn your camera on! We're a small group today, and we'd love to see you.
- Please remain muted unless you are asking a question.
- You can also type questions or reactions into the chat. We will try to answer questions and address any comments throughout the workshop
- You can also email questions to beyondthebasics@cbpp.org
- The PowerPoint portion of the workshop will be recorded. you would like to keep a question or comment confidential, you can send it our way via email.
- We will send all materials to participants after the webinar.

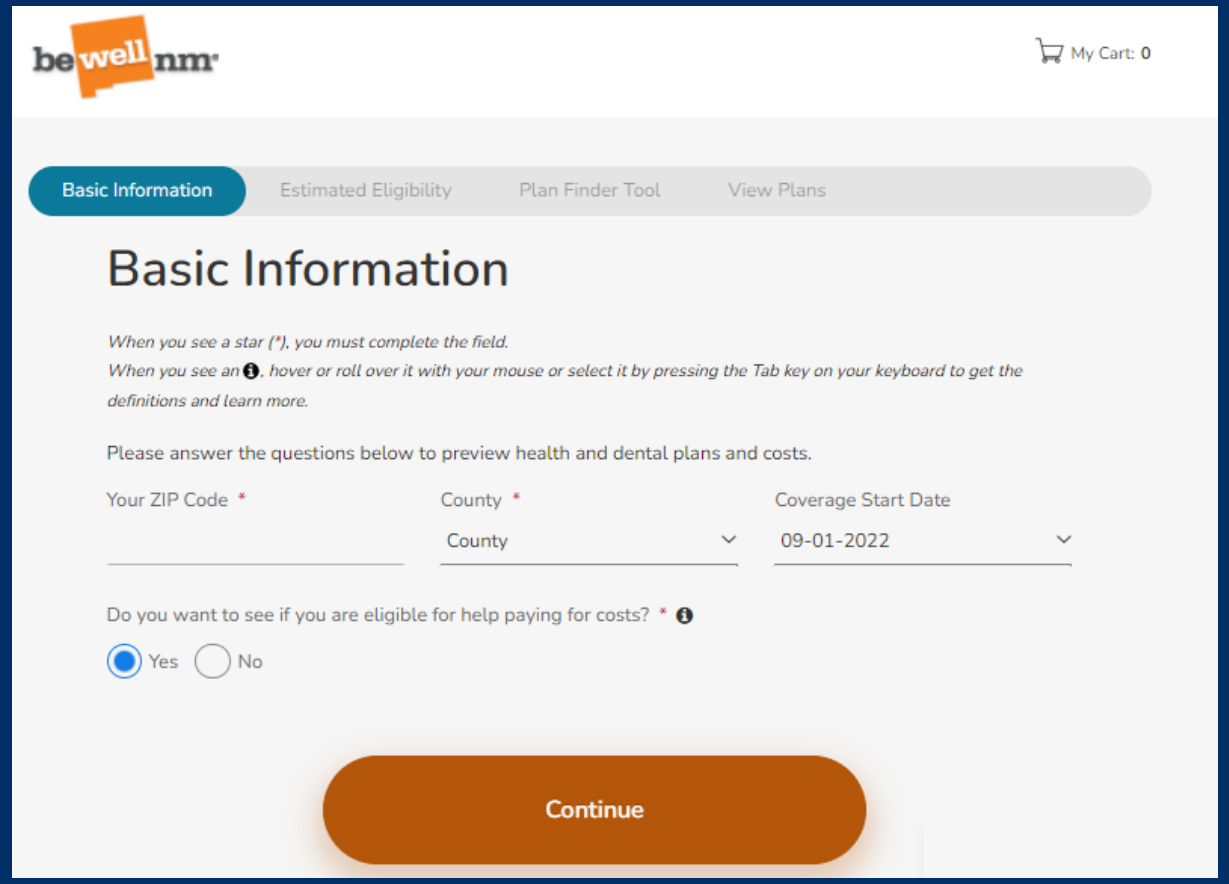
Today's Workshop Agenda

I. Participant Poll

II. Researching Your Market: The Shopping Tool

III. Network Tool Research Tutorial

IV. Plan Selection Tool Tutorial



The Shopping Tool

NEW RESOURCE:

Links to all 2022 SBE Shopping Tools

Direct Link for 2022 Plan Comparision Tools on State Based Exchanges

State	Name of State Based Exchange	Clickable Link to Shopping Tool
California	Covered California	California Shopping Tool
Colorado	Connect for Health Colorado	Colorado Shopping Tool
Connecticut	Access Health CT	Connecticut Shopping Tool
District of Columbia	DC Health Link	District of Columbia Shopping Tool
Idaho	Your Health Idaho	Idaho Shopping Tool
Kentucky	KY Connect Health Coverage	Kentucky Shopping Tool
Maine	Cover ME.gov	Maine Shopping Tool
Maryland	Maryland Health Connection	Maryland Shopping Tool
Massachusetts	Massachusetts Health Connector	Massachusetts Shopping Tool
Minnesota	MNsure	Minnesota Shopping Tool
Nevada	Nevada Health Link	Nevada Shopping Tool
New Jersey	Get Covered NJ	New Jersey Shopping Tool
New Mexico	beWellnm	New Mexico Shopping Tool
New York	NY State of Health	New York Shopping Tool
Pennsylvania	Pennie	Pennsylvania Shopping Tool
Rhode Island	Health Source RI	Rhode Island Shopping Tool
Vermont	Vermont Health Connect	Vermont Shopping Tool
Washington	Washington Health Plan Finder	Washington Shopping Tool

All other states should use the Healthcare.gov Shopping Tool, linked below.
2022 Healthcare.gov Shopping Tool

https://www.healthcare.gov/see-plans/#/

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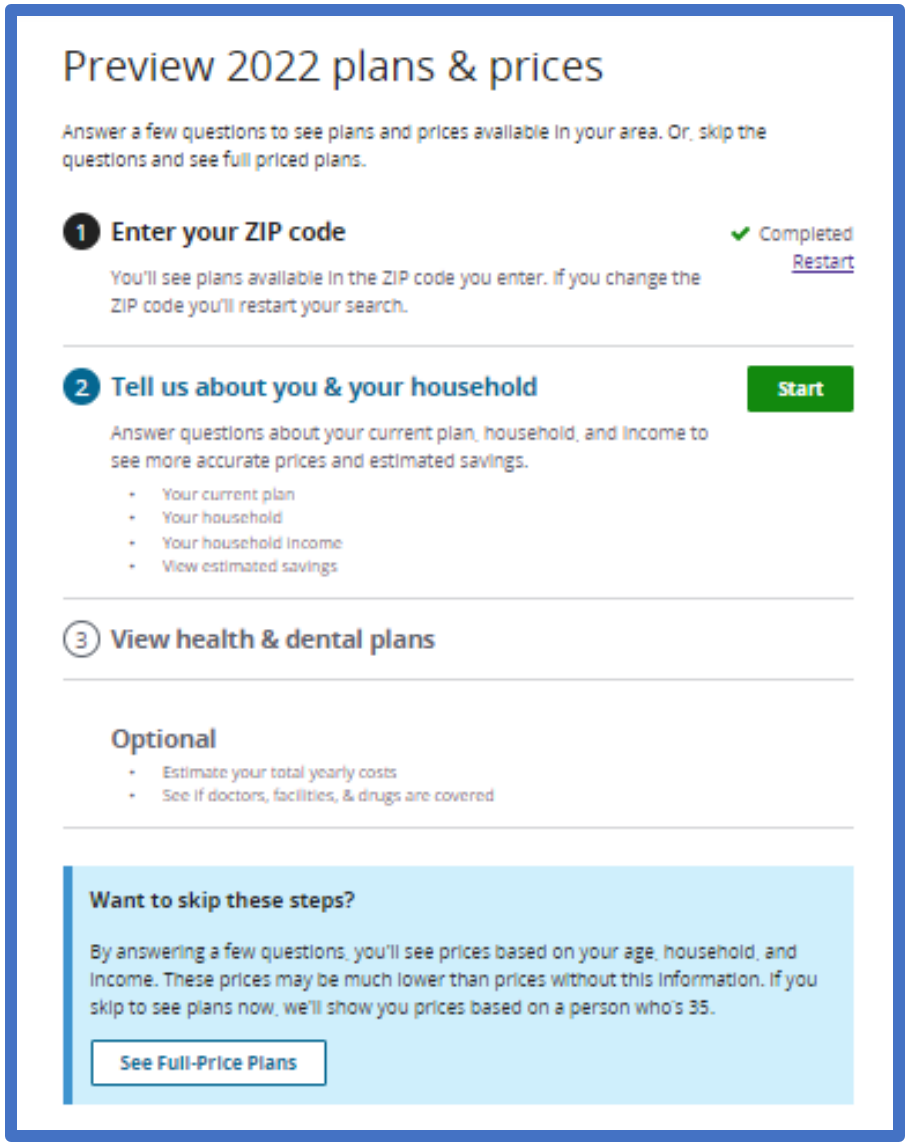
Healthcare.gov Shopping Tool Tutorial: 33133, Miami-Dade County, Florida



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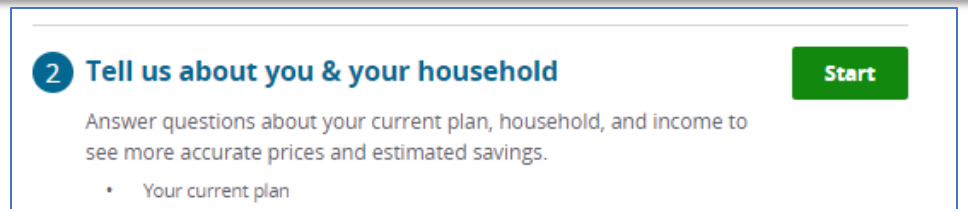
Healthcare.gov Shopping Tool Tutorial: 33133, Miami-Dade County, Florida



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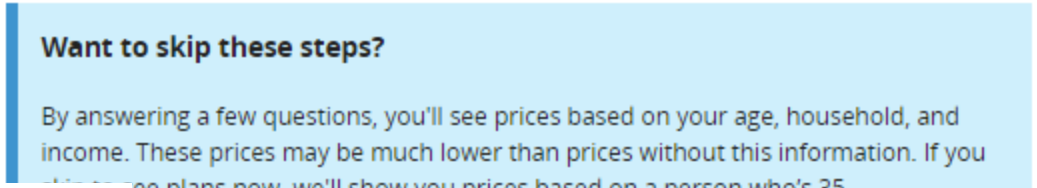

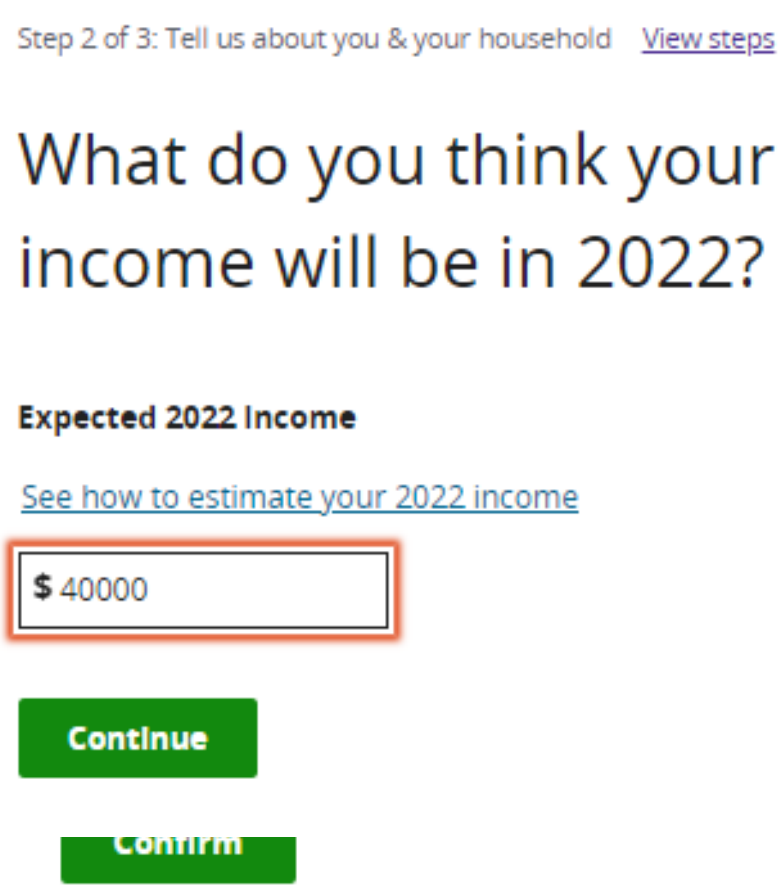

Number in Tax Household and Estimated Income for 2022

#	<100%	100%	150%	150+%	200%	200+%	250%	250+%
1	*Limited eligibility for PTC & 06 CSR based on immigration status**	$ 12,880	$ 19,320	$ 19,321	$ 25,760	$ 25,761	$ 32,200	$ 32,201
2		17,420	$ 26,130	$ 26,131	$ 34,840	$ 34,841	$ 43,550	$ 43,551
3		21,960	$ 32,940	$ 32,941	$ 43,920	$ 43,921	$ 54,900	$ 54,901
4		26,500	$ 39,750	$ 39,751	$ 53,000	$ 53,001	$ 66,250	$ 66,251
5		31,040	$ 46,560	$ 46,561	$ 62,080	$ 62,081	$ 77,600	$ 77,601
6		35,580	$ 53,370	$ 53,371	$ 71,160	$ 71,161	$ 88,950	$ 88,951
7		40,120	$ 60,180	$ 60,181	$ 80,240	$ 80,241	$ 100,300	$ 100,301
8		44,660	$ 66,990	$ 66,991	$ 89,320	$ 89,321	$ 111,650	$ 111,651
		Eligible for Cost Sharing Reductions (CSR) in Silver plan						
	CSR 94% (06)	**CSR 94% (06)**		**CSR 87% (05)**		**CSR 73% (04)**		

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Healthcare.gov Shopping Tool Tutorial:
33133, Miami-Dade County, Florida

Step 2 of 3: Tell us about you & your household View steps

Estimated savings overview

May be eligible for a **premium tax credit:**

You (age: 29)

Based on the income and household information you provided, your household may qualify for an estimated premium tax credit of:

$184 per month
This is an estimate.

A premium tax credit is the amount you can use to lower your monthly premium each month. It's not the premium itself. When you view plans, the premium will be reduced by this amount.

You'll get your exact premium tax credit amount when you complete an application.

View Plans

Optional step: View health & dental plans View steps

View health & dental plans

Viewing plans for this group Edit
- You (age 29)

Your total estimated tax credit: $184

Estimate your total yearly costs
See if doctors, facilities, & drugs are covered

Quick tips
Think about all costs, not just the premium

Sort by
Lowest premium | Lowest deductible

Plan type
Health Plans

Add filters

225 plans available

Estimated monthly premium
$108.33
Including a $184 tax credit
Was $292.33

Bright HealthCare
Super Bronze 87
Bronze | EPO | Plan ID: **12379FL0010242**

New plan - Not rated
Compare

Deductible
$8,700
Individual total

Out-of-pocket maximum
$8,700
Individual total

Estimated total yearly costs
Add yearly cost

Copayments / Coinsurance

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
No Charge After Deductible	$25	$80	No Charge After Deductible

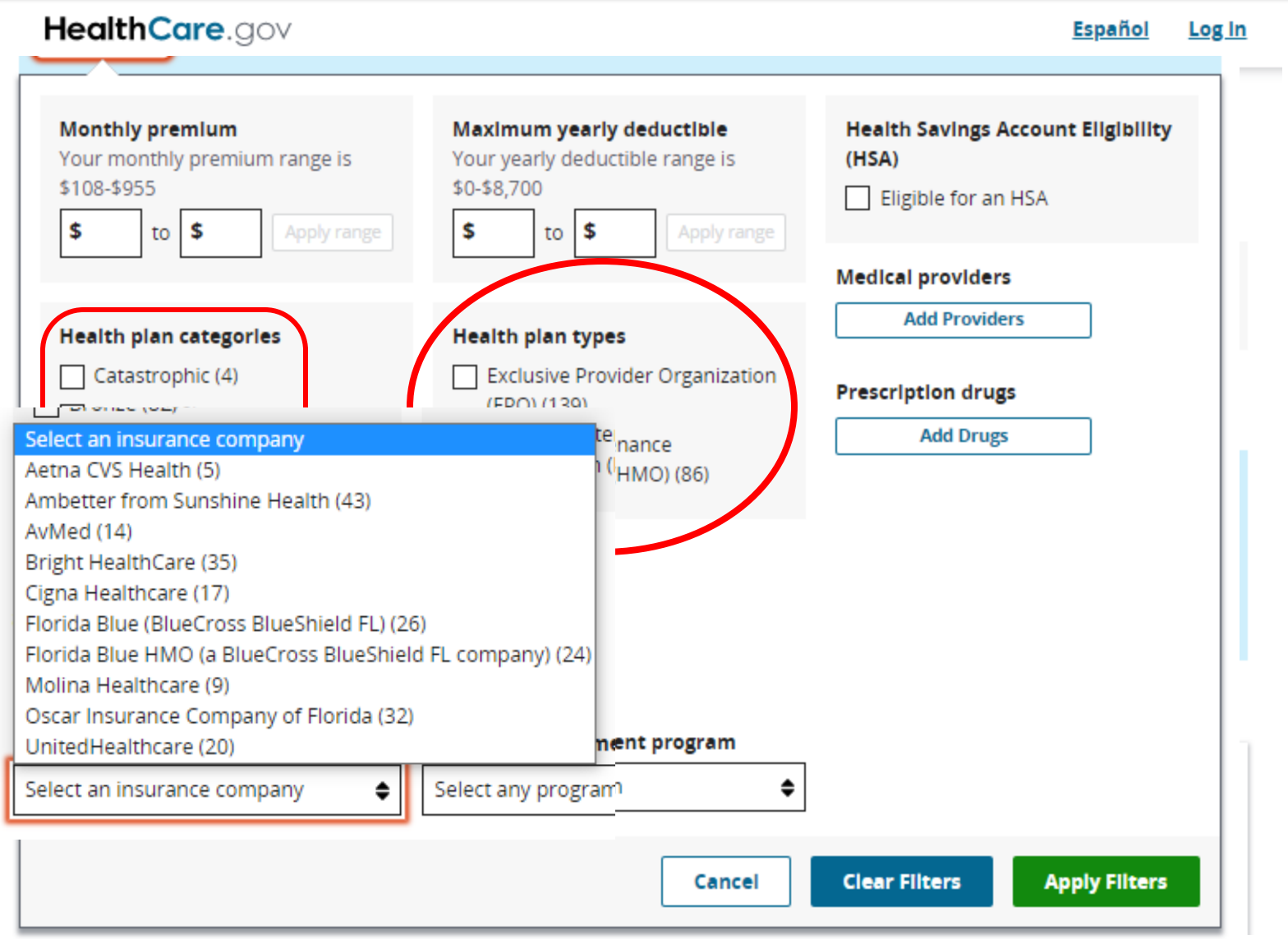
Plan features
✗ Adult Dental
✓ Child Dental

Add medical providers
Add your medical providers and we'll show you which plans cover them

Add prescription drugs
Add your prescription drugs and we'll show you which plans cover them.

Plan Details
Like This Plan

Shopping Tool showing ALL Plans offered to a 29 year old in 33133, Miami-Dade County, Florida



SHOPPING TOOL INFO

- **225 Total Plans**
  - Catastrophic: 4
  - Bronze: 82
  - Silver: 100
  - Gold: 34
  - Platinum: 5
- **Plan Types:** EPOs & HMOs only
- **Companies Offering QHPs/#**
  - Aetna (5)
  - Ambetter (43)
  - AvMed (14)
  - Bright (35)
  - Cigna (17)
  - BCBS *(2 plan types*—26+24)
  - Molina (9)
  - Oscar (32)
  - UnitedHealthcare (2)

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SHOPPING TOOL INFO

225 Total Plans

Plan Types: EPOs & HMOs only

Companies Offering QHPs

- Aetna (5)
- Ambetter (43)
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- Bright (35)
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- Molina (9)
- Oscar (32)
- UnitedHealthcare (2)

Once the companies are identified, time to consider the plan offerings of each company

2022 Marketplace Plans Overview

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Emergency Room Care Outside the state?	Non-emergency options outside the state?* *All plans have a nurse's line	Free Telemed ONLY available with non-HSA	Counties Covered	In-Netv
	HMO	Referral Required from in-network PCP	ALL MARKPETLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGECY TREATED IN AN OUT OF NETWORK				
	EPO	No referral required for in-network speciality visit					

Vertical Company Layout—Markets of over 6 companies

Page 1

Beyond the Basics

Working Version

Company – Plan	Plan Type	Referral Needed?
Aetna		
Ambetter		
AvMed		
Bright		
Cigna		
BCBS (2 plans types?)		
Molina		
Oscar		
UnitedHealthcare		

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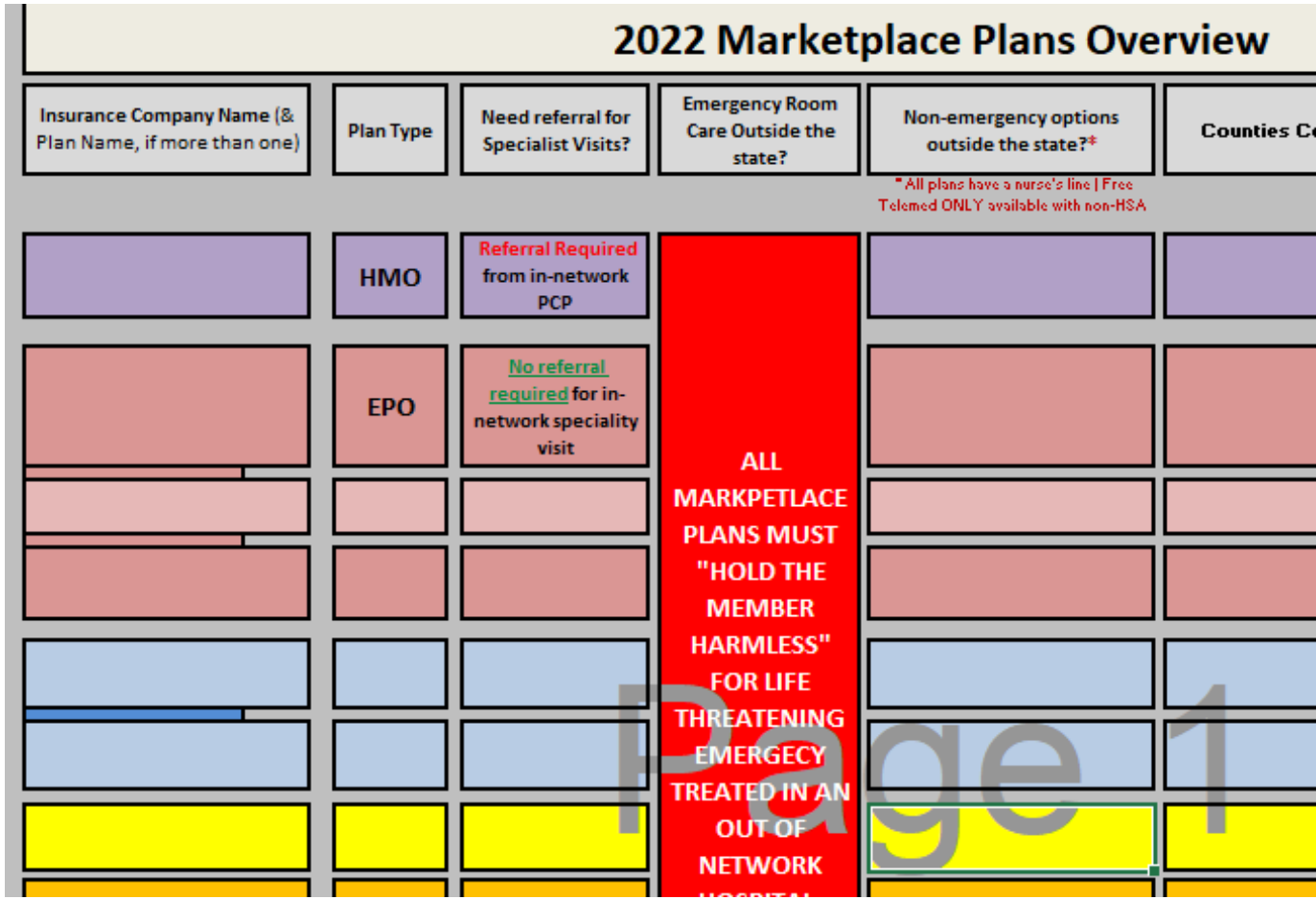
Future-Fancy Version



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Company – Plan	Plan Type	Referral Needed?
Aetna		
Ambetter		
AvMed		
Bright		
Cigna		
BCBS (2 plans types?)		
Molina		
Oscar		
UnitedHealthcare		

GENERAL Plan Type Rules				
	HMO	**EPO**	**POS**	**PPO**
PCP required?	USUALLY Requires PCP	Doesn't Require PCP	USUALLY Requires PCP	Doesn't Require PCP
Referral to specialist required?	USUALLY Requires referral for specialist	Doesn't require referral for specialist	USUALLY requires referral for specialist	Doesn't require referral for specialist
Out of Network Routine Care?	No	No	Yes (separate, higher deductible & cost sharing and no OPM for out of network care)	Yes (separate, higher deductible & cost sharing and no OPM for out of network care)
Out of Network Emergency?	**ALL plans required by law to "hold member harmless" in case of a life threatening out of network emergency room visit**			

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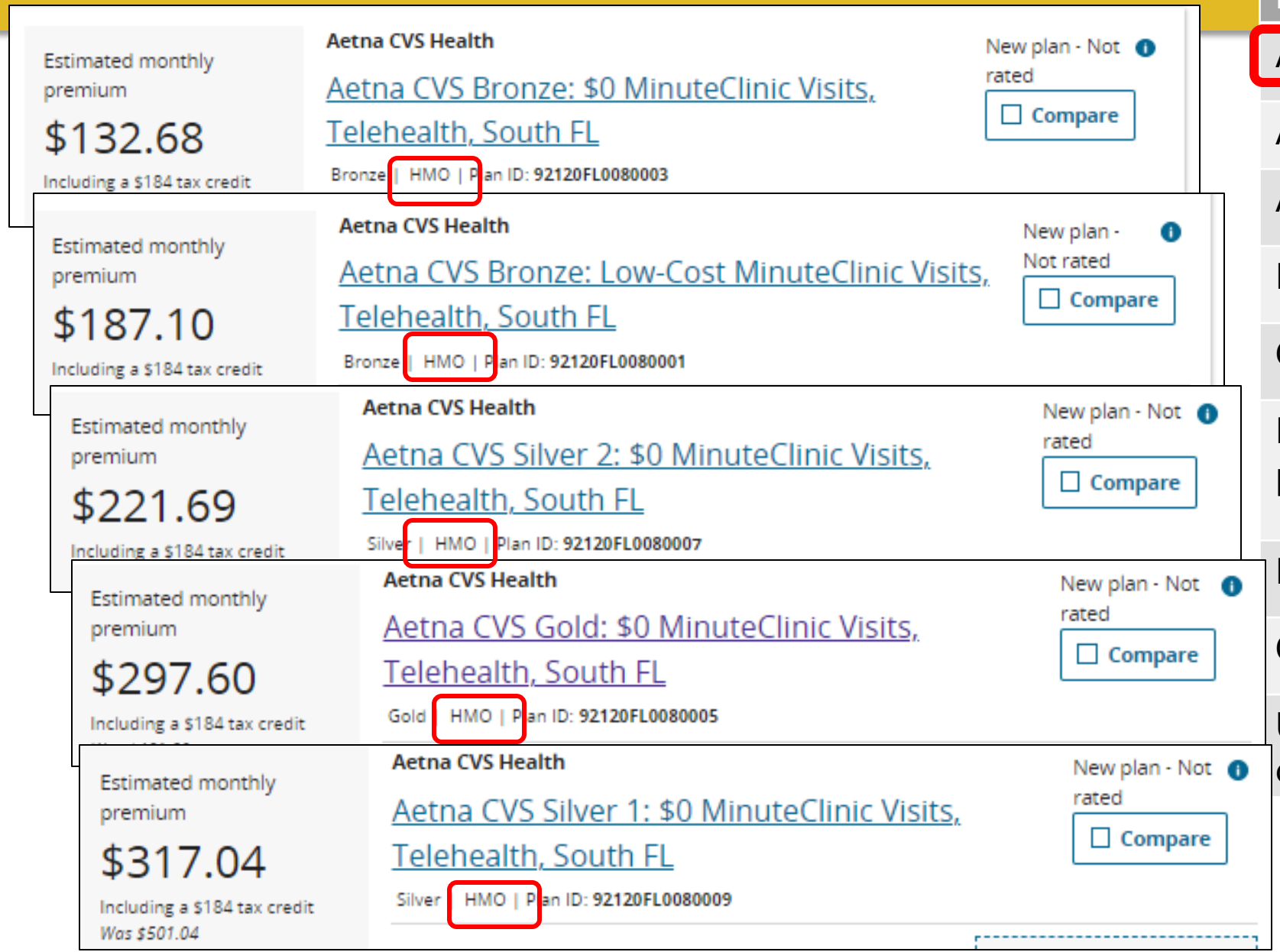
Determining Plan Type



Company – Plan	Plan Type	Referral Needed?
Aetna	HMO	
Ambetter		
AvMed		
Bright		
Cigna		
BCBS (2 plans types?)		
Molina		
Oscar		
UnitedHealthcare		

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2022 - 12/31/2022

aetnaCVSHealth : FL Aetna Silver $30 Copay 5000 South HMO

Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://www.aetna.com/sbcsearch/getcbpolicydocs?P=0752975&Y=22, or by calling 1-844-365-7373. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-844-365-7373 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-network: Individual $5,000 / Family $10,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain office visits, preventive care, emergency care and urgent care in-network.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-network: Individual $8,700 / Family $17,400.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See https://aet.na/providersearch_aetna or call 1-844-365-7373 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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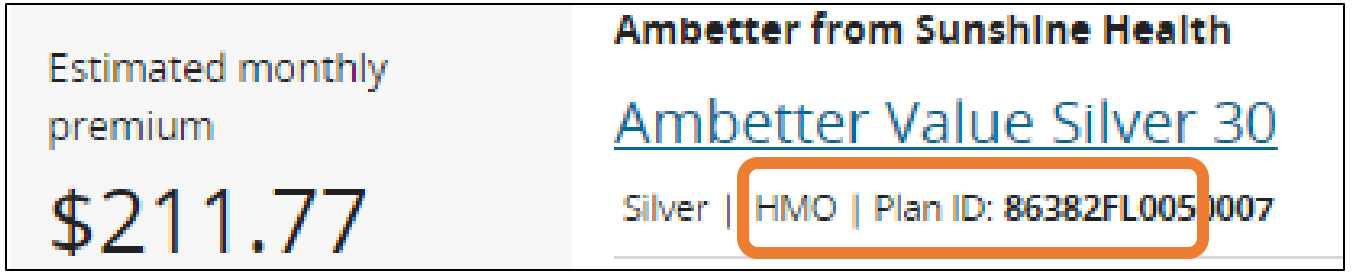
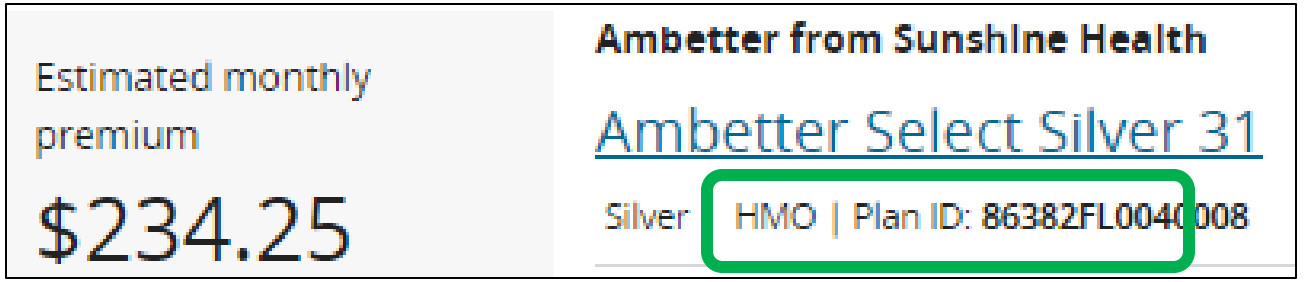
Plan Type and the Shopping Tool

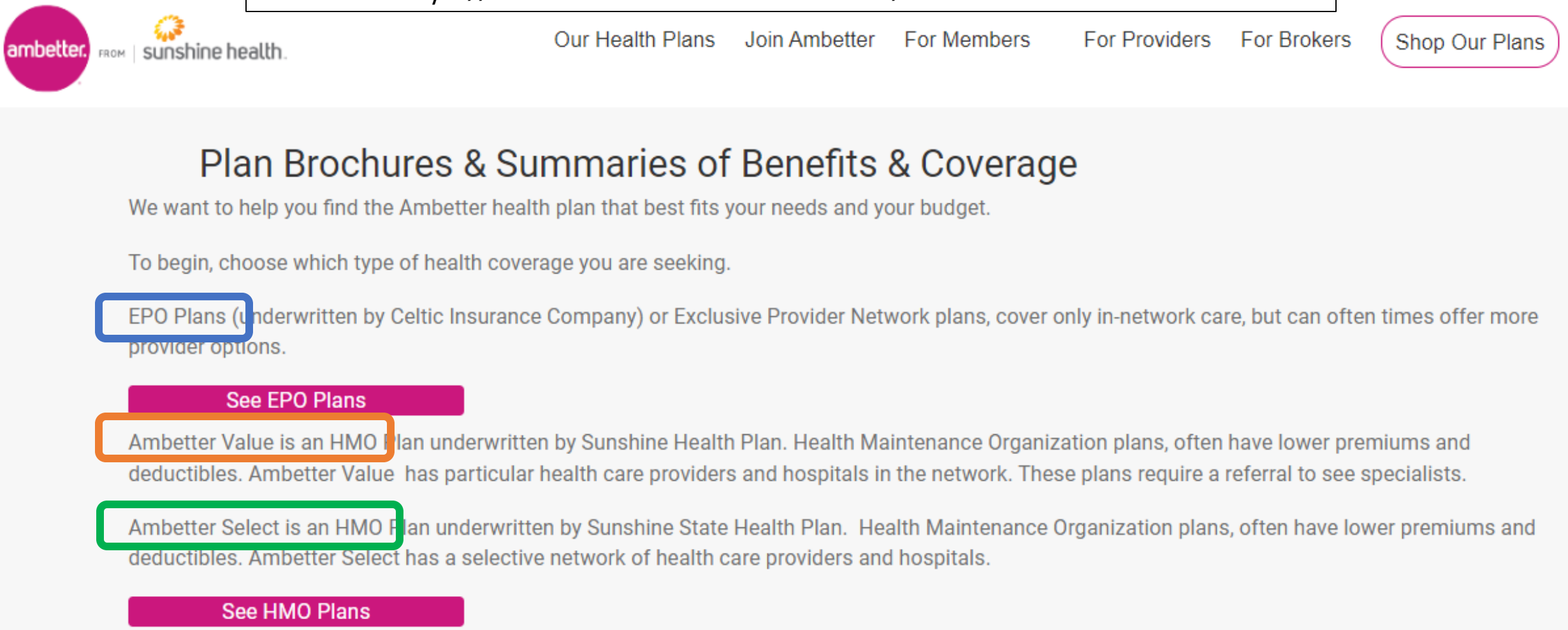




Company – Plan	Plan Type	Referral Needed?
Aetna	HMO	No
Ambetter	EPO	
Ambetter Value	HMO	
Ambetter Select	HMO	
AvMed		
Bright		
Cigna		
BCBS (2 plans types?)		

Google Search Terms: "Ambetter Plans Florida 2022"

https://ambetter.sunshinehealth.com/2022-brochures.html



Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2022 – 12/31/2022

Ambetter from Sunshine Health:
Ambetter Select Silver 30

Coverage for: Individual/Family| **Plan Type:** HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit https://ambetter.sunshinehealth.com/2022-brochures.html, or call 1-877-687-1169 (Relay Florida 1-800-955-8770). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-877-687-1169 (Relay Florida 1-800-955-8770) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$6,100 individual/$12,200 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care services, children's eye exam and glasses are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers: $6,100 individual/$12,200 family. Not applicable for out-of-network providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See https://ambetter.sunshinehealth.com/findadoc or call 1-877-687-1169 (Relay Florida 1-800-955-8770) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

Check Summary of Benefits For Each Ambetter Plan

Company – Plan	Plan Type	Referral Needed?
Ambetter	EPO	**NO**
Ambetter Value	HMO	**YES**
Ambetter Select	HMO	**NO**

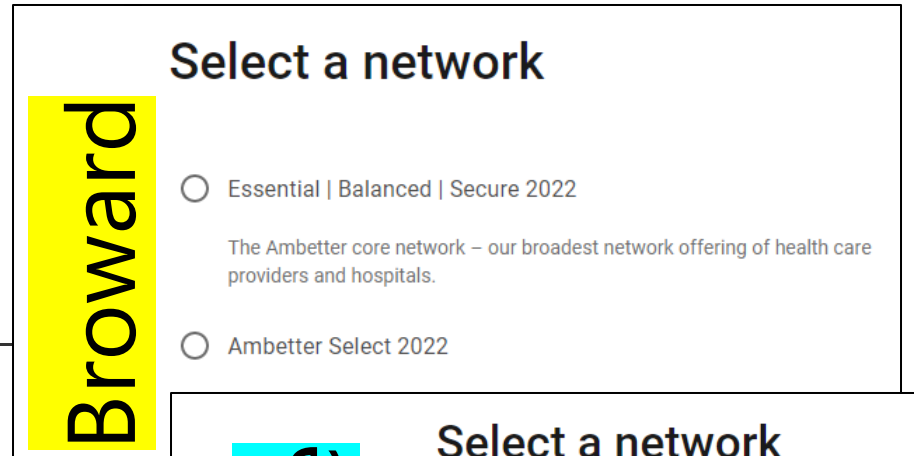
Select your home state

Select your state

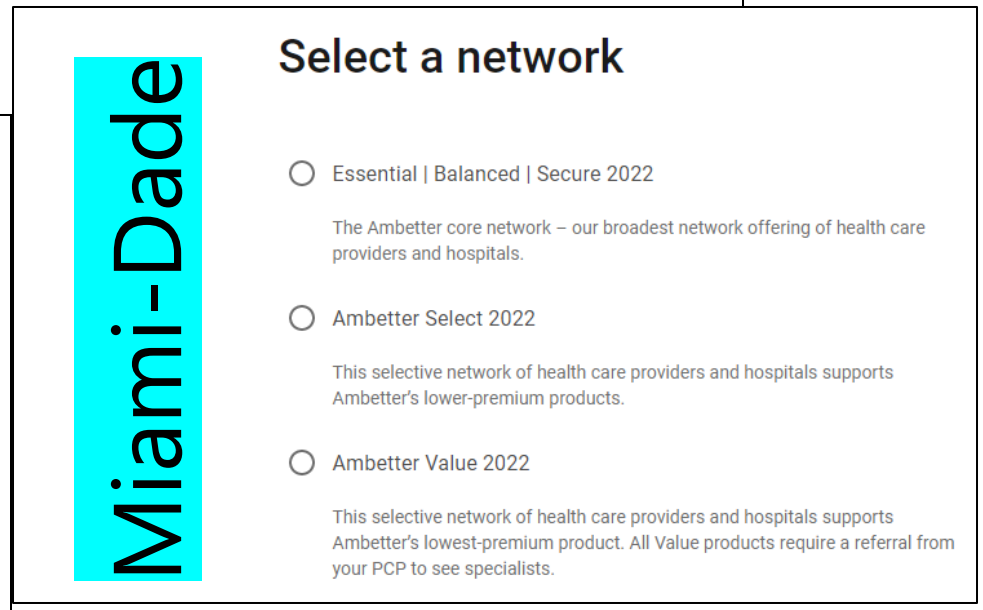
Florida

Company – Plan	Plan Type	Referral Needed?	Counties
Ambetter *Essential Balanced Secure*	EPO	**NO**	**All Florida Counties**
Ambetter Value	HMO	**YES**	**Miami-Dade**
Ambetter Select	HMO	**NO**	**Broward, Miami-Dade**

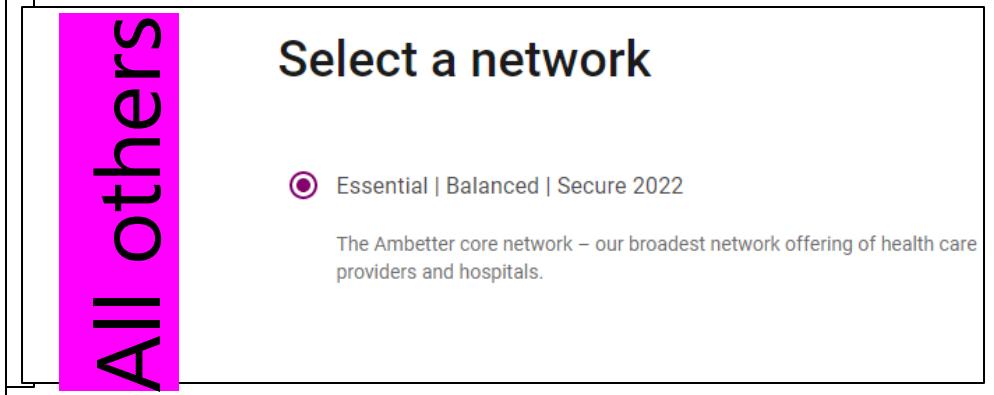
Broward

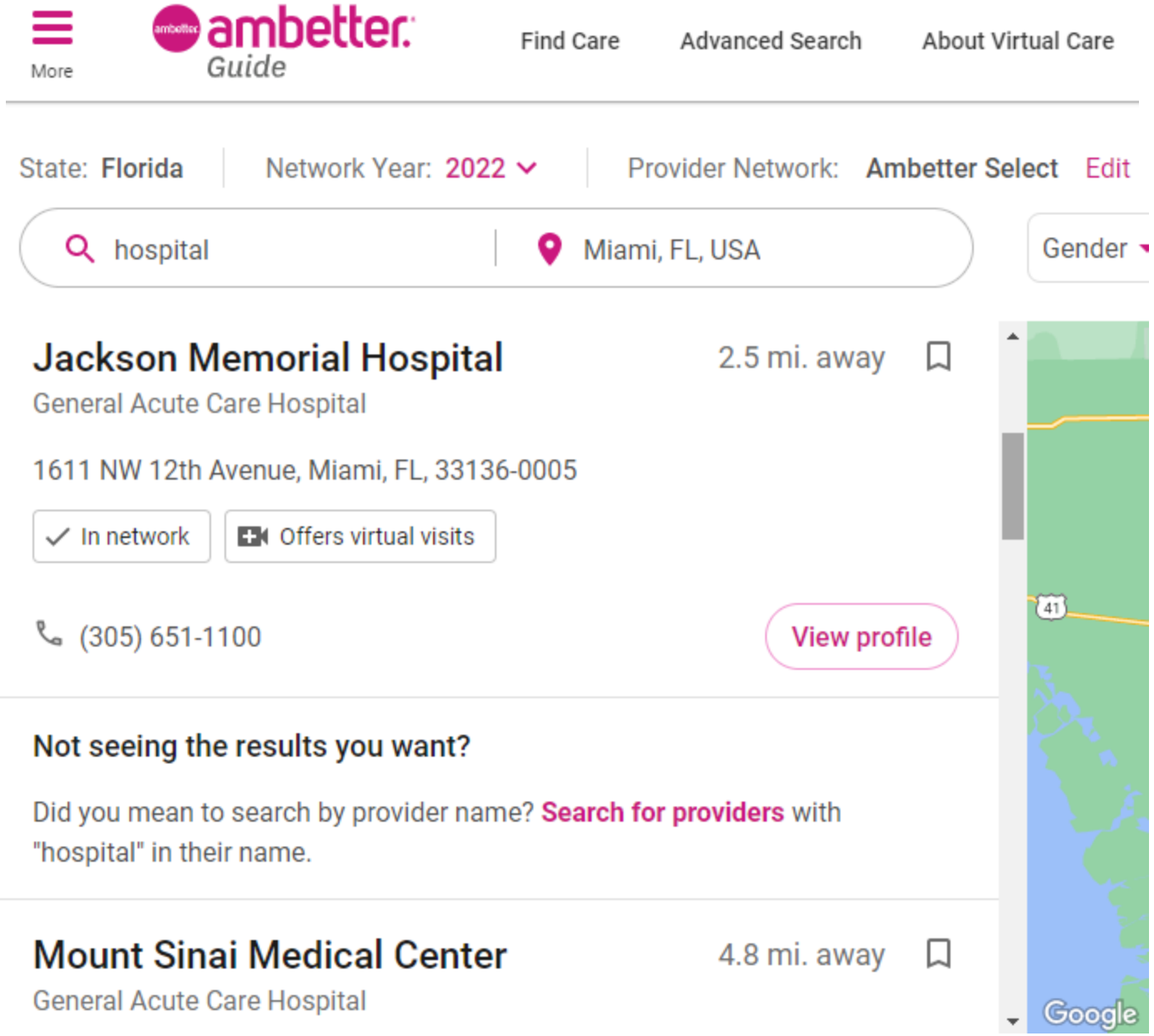


Miami-Dade



All others





Company Name – Plan Type	In Network Hospitals		
	Jackson Memorial	Baptist	Mount Sinai
Ambetter *Essential Balanced Secure*	**In Network**	**NOT in network**	**In Network**
Ambetter Value	**In Network**	**NOT in Network**	**In Network**
Ambetter Select	**In Network**	**NOT in Network**	**In Network**

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The Provider's Website
Another Potential Avenue of Network Research

MILITARY PLANS

- Tricare Prime
- TRICARE Select®

HEALTHCARE EXCHANGE PLANS

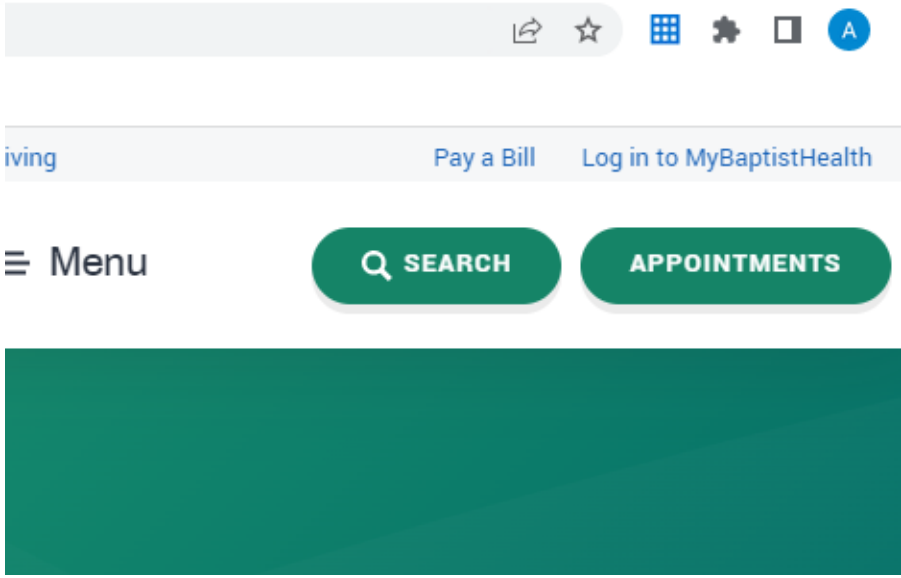
- Aetna QHP (effective 01.01.2022)
- AvMed Entrust
- Cigna Connect (effective 01.01.2022)
- Florida Blue

INTERNATIONAL PLANS

- Algemene Ziektekosten Verzekering: A.Z.V. (Aruba)
- Apollo Ship Chandlers
- AXA Assistance USA
- Banco Centroamericano De Integracion Economica
- BMI Financial Group, Inc.
- Cardea Health Solutions Limited
- Family Guardian Insurance Company Limited
- Generali Global Health Services (GGHS)
- Global Benefits Group
- Ingle International, Inc. (d/b/a Intrepid 24/7)
- Interamericana de Seguros, S.A. (Ficohsa Seguros)
- New Frontier Group, Inc.
- Pan American Life Insurance Group
- Seguros Azul Vida, S.A., Seguros de Personas
- Seguros Reserva, S.A.
- Seguros Sura, S.A.(Sura Dominicana)
- Social Security Board, British Virgin Islands
- VIP Universal Medical Insurance Group, Ltd. d/b/a VUMI
- WW Concierge Healthcare Services, Ltd.

INTERNATIONAL PPO NETWORKS

- Aetna International
- Blue Cross International
- Cigna International
- Dimension International
- Global Excel Management (Olympus)
- Global Medical Management/ Europ Assistance Holding SA
- Quality Health Management
- UnitedHealthcare International



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Building Plan Comparison Resources

Using The Shopping Tool from New Mexico's State Based Exchange

2022 Network Overview for Oklahoma

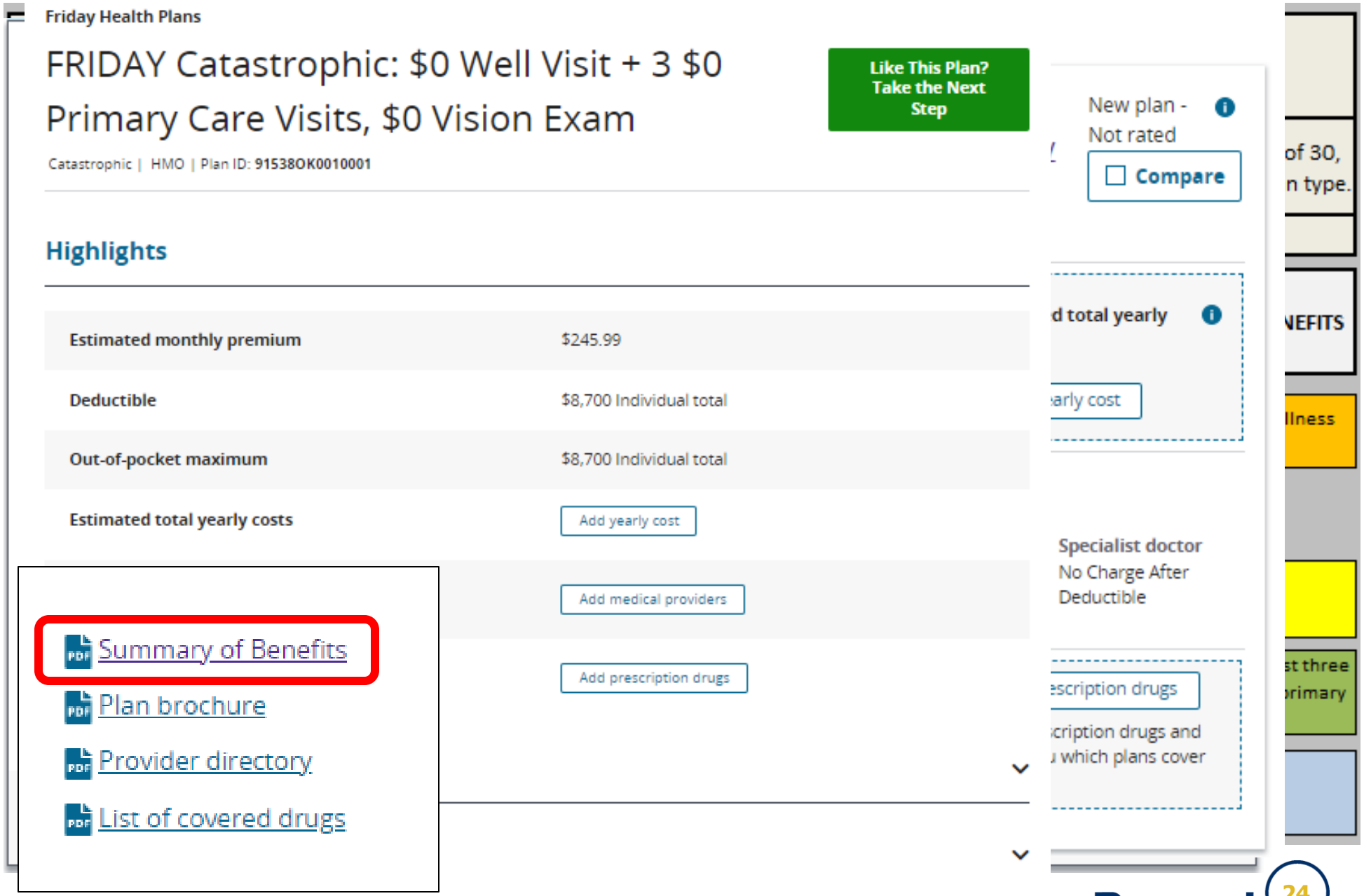
Oklahoma Marketplace Plan Network Overview

Note: The following Marketplace Companies are organized in order of cost for Silver plans

Insurance Company Name	FRIDAY	OSCAR	BRIGHT	MEDICA	UNITED	BLUE CROSS BLUE SHIELD
Plan Type	HMO*	PPO	PPO	PPO	HMO	PPO
Referral for Specialist Visits?	*No referral required for in-network speciality visit	No referral required for in-network speciality visit	No referral required for in-network speciality visit	No referral required for in-network speciality visit	Referral Required from in-network Primary Care Provider	No referral required for in-network speciality visit
Coverage for Out of Network Providers?	Life Threatening Emergency Only	Out of Network Coverage offered subject to higher & separate care costs	Out of Network Coverage offered subject to higher & separate care costs	Out of Network Coverage offered subject to higher & separate care costs	Life Threatening Emergency Only	Out of Network Coverage offered subject to higher & separate care costs
Counties Served	Canadian, Cleveland, Oklahoma, Okmulgee, Osage, Rogers, Tulsa, Wagoner	Cleveland ONLY	Cleveland ONLY		Canadian, Cleveland, Oklahoma, Rogers, Tulsa	ALL Oklahoma Counties

Healthcare.gov Catastrophic Plan Comparison Tool Creation

Oklahoma



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Oklahoma Examples:

Bronze Plan Overview

2022 OKLAHOMA BRONZE PLAN OVERVIEW

The following plans are listed in order of the total base cost of monthly premium. The order in which Bronze plans appear may change if the premium tax credit makes the client's portion of the monthly premium $0.

PLAN NAME & ID Click the Plan ID for Summary of Benefits	DEDUCTIBLE	OUT-OF-POCKET MAXIMUM	PRE-DEDUCTIBLE CO-PAY COVERED CARE				ADDITIONAL PRE-DEDUCTIBLE, COPAY COVERED BENEFITS
			Primary	Specialist	Generic Rx	Urgent Care	
Friday Bronze Basic 91538OK0010002	$8,700	$8,700					$0 Annual Wellness Visit; $0 Annual Vision Exam
Friday Bronze Plus 91538OK0010003	$8,700	$8,700	$0		$25	$75	$0 Mental Health Outpatient Visits; $0 Annual Vision Exam
Friday Bronze Plus Copay 91538OK0010007	$8,700	$8,700	$0	$150	$30	$175	Up to $160 for Tier 3 Preferred Brand Drugs; $0 Mental Health Outpatient Visits; $0 Annual Vision Exam

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Oklahoma Examples:

Silver No CSR Comparision

Silver 94% CSR Comparison

SILVER 2022 PLAN OVERVIEW | No CSR

PLAN NAME & ID (Click Plan ID to Access Summary of Benefits)	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care (If blank, care category is covered post deductible, with coinsurance)						
			PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	ER ROOM CARE
Friday Silver 91538OK10005	$5,500	$8,700	$0			$15		$75	
Friday Silver Copay 91538OK0010008	$5,500	$8,700	$0	$80	$100 x-ray	$30	$80	$100	
Oscar Simple PCP Saver 91908OK0010025	$5,000	$8,700	$20		$10 labs	$3/$20		$75	
Oscar Simple 91908OK0010008	$4,200	$8,700	$25		$10 labs preferred; $60 labs non-	$3/$20		$75	
Bright Silver 400 40463OK0010059	$4,000	$8,550	$35			$15		$70	

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SILVER 2022 PLAN OVERVIEW | 87% CSR

PLAN NAME & ID (Click Plan ID to Access Summary of Benefits)	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care (If blank, care category is covered post deductible, with coinsurance)						
			PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	ER ROOM CARE
Friday Silver 91538OK10005	$1,000	$2,900	$0			$0		$50	
Friday Silver Copay 91538OK0010008	$1,000	$2,900	$0	$40	$50 x-ray	$10	$40	$50	
Oscar Simple PCP Saver 91908OK0010025	$225	$2,900	$5		$10 labs	$3/$15		$50	
Oscar Simple 91908OK0010008	$825	$2,900	$15		$10 labs pref; $35 non-pref	$3/$7		$45	
Bright Silver 200 40463OK0010059	$200	$2,900	$10			$10		$20	

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Dona Ana County beWELLnm Network Overview

Note: The following Marketplace Companies are organized in order of cost for Silver plans

Insurance Company Name	Molina	Ambetter	Friday	BCBS	True	Presbyterian
Plan Type	HMO	HMO	HMO	HMO	HMO	HMO
Referral for Specialist Visits?	No Referral Required	No Referral Required	No Referral Required	No Referral Required	No Referral Required	No Referral Required
Counties Served	Offered in all 33 NM counties					
Emergency Room Coverage Outside state?	ALL MARKPETLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGECY TREATED IN AN OUT OF NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event.					
NON-EMERGENCY In Person Care Outside state?						
Telemedicine or Virtual Visit Availability						

Income Details

When you see a star (*), you must complete the field.

Provide an estimate of the yearly income for all household members.

What income should I count?

Annual Household Income *

$ 40000 Per Year

Number in Tax Household and Estimated Income for 2022

#	<100%	100%	150%	150+%	200%	200+%	250%	250+%
1	*Limited eligibility for PTC & 06 CSR based on immigration status**	$ 12,880	$ 19,320	$ 19,321	$ 25,760	$ 25,761	$ 32,200	$ 32,201
2		17,420	$ 26,130	$ 26,131	$ 34,840	$ 34,841	$ 43,550	$ 43,551
3		21,960	$ 32,940	$ 32,941	$ 43,920	$ 43,921	$ 54,900	$ 54,901
4		26,500	$ 39,750	$ 39,751	$ 53,000	$ 53,001	$ 66,250	$ 66,251
5		31,040	$ 46,560	$ 46,561	$ 62,080	$ 62,081	$ 77,600	$ 77,601
6		35,580	$ 53,370	$ 53,371	$ 71,160	$ 71,161	$ 88,950	$ 88,951
7		40,120	$ 60,180	$ 60,181	$ 80,240	$ 80,241	$ 100,300	$ 100,301
8		44,660	$ 66,990	$ 66,991	$ 89,320	$ 89,321	$ 111,650	$ 111,651
		Eligible for Cost Sharing Reductions (CSR) in Silver plan						
	CSR 94% (06)	**CSR 94% (06)**		**CSR 87% (05)**		**CSR 73% (04)**		

Basic Information | Estimated Eligibility | Plan Finder Tool | View Plans - Health | View Plans - Dental

Find a Health Plan

When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

When you see an ▶, click on it with mouse or select it by pressing enter with keyboard to get definitions and learn more.

Find a Health Plan

Quick Filters

Plan Quick Filters

Use the filters below to narrow your plan search results.

Reset All | *Apply Filter*

Estimated Monthly Premium ⓘ

$91.98 to $473.31

$91.98 — *$473.31*

Annual Deductible (Per Person) ⓘ

$0.00 to $8,700.00

$0.00 — *$8,700.00*

Annual Deductible (Per Family) ⓘ

$0.00 to $17,400.00

$0.00 — *$17,400.00*

Overall Rating ⓘ

Note: Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2021. The ratings are being displayed for health plans for the 2022 plan year. Learn more about these ratings.

Important: Based on the information you gave us, we estimate you will qualify for a tax credit in the amount of **$158.00** to lower the cost of your monthly premium. The estimated premium amounts below reflect a reduction of **$158.00**.

Please note that the actual premium amount you would pay may be different than what you are shown during the application process, which is just an estimate. Please click on Start your Application to see what you qualify for.

Compare 0 Plans

Sort By : Est. Monthly Premium - Low to High | Go

Back | Next

1 to 10 of 38

EST. MONTHLY PREMIUM ⓘ	CARRIER AND PLAN DETAILS ⓘ	ANNUAL DEDUCTIBLES ⓘ	ANNUAL OUT-OF-POCKET COST ⓘ
$91.98	friday health plans Friday Bronze Plus HMO/EXPANDED BRONZE	Individual $8,700.00 Family $17,400.00	Calculate Out-of-Pocket Cost

Beyond the Basics 29

Laboratory Services

Maternity and Newborn Care

Mental Health Substance Use Disorder

Others

Dental

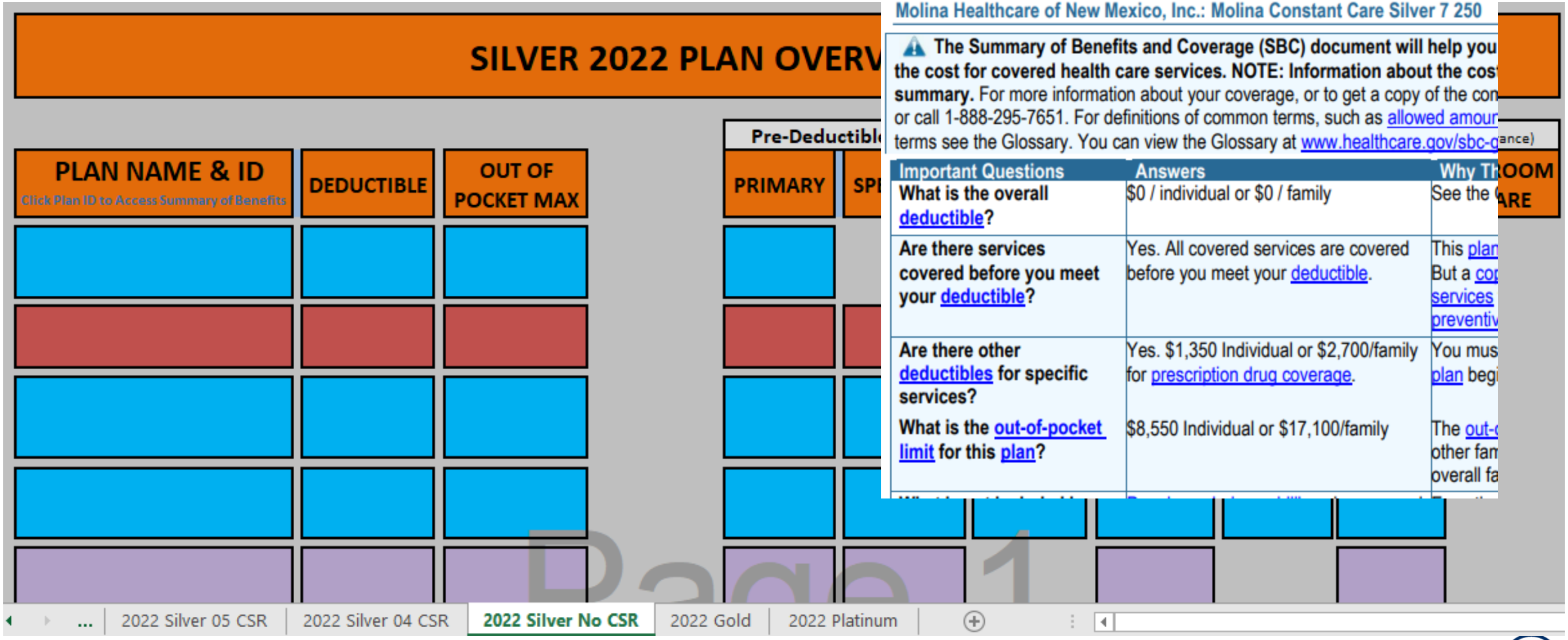
Prescription Drugs

Plan Documents

Details	Constant Care Silver 7
URL for Summary of Benefits & Coverage	https://www.molinamarketplace.com/members/nm/en-US/PDF/Marketplace/NM22SBCE_S7_1.pdf
Plan Brochure	https://www.molinamarketplace.com/members/nm/en-US/PDF/Marketplace/brochure-2022.pdf

Quality Rating

New Mexico Silver Plan Comparison -No CSR



Summary of Benefits and Coverage: What this Plan Covers & What You Pay f
Molina Healthcare of New Mexico, Inc.: Molina Constant Care Silver 7 250

The Summary of Benefits and Coverage (SBC) document will help you the cost for covered health care services. NOTE: Information about the cos summary. For more information about your coverage, or to get a copy of the con or call 1-888-295-7651. For definitions of common terms, such as allowed amour terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-g ance)

Important Questions	Answers	Why Th
What is the overall deductible?	$0 / individual or $0 / family	See the
Are there services covered before you meet your deductible?	Yes. All covered services are covered before you meet your deductible.	This plan But a cop services preventiv
Are there other deductibles for specific services?	Yes. $1,350 Individual or $2,700/family for prescription drug coverage.	You mus plan begi
What is the out-of-pocket limit for this plan?	$8,550 Individual or $17,100/family	The out- other fam overall fa

Beyond the Basics

Building Plan Overviews

Summary of Benefits pages 1 & 2

Common Medical Event	Services You May Need	What You Will Pay: Network Provider (You will pay the least)	What You Will Pay: Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 copay/office visit	Not covered	None
	Specialist visit	$90 copay/visit	Not covered	Preauthorization may be required, or services may not be covered.
	Preventive care/screening/ immunization	No Charge	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

PLAN NAME & ID (Click Plan ID to Access Summary of Benefits)	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care (If blank, care category is covered post deductible, with coinsurance) PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	ER ROOM CARE
Molina Constant Care Silver 7 NM22SBC_S7_1	$0 ($1350 Drug Deductible)	$8,550	$30	$90					

Beyond the Basics

Building Plan Overviews

Summary of Benefits pages 2-4

PLAN NAME & ID Click Plan ID to Access Summary of Benefits	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care (If blank, care category is covered post deductible, with coinsurance)						
			PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	ER ROOM CARE
Molina Constant Care Silver 7 NM22SBC_S7_1	$0 ($1350 Drug Deductible)	$8,550	$30	$90	$50 bloodwork; $135 x-rays; $700 imaging	$30	$100	$30	$1,400

		What You Will Pay:	
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$150 copay for facility	Not covered
	Physician/surgeon fees	$105 copay	Not covered
If you need immediate medical attention	Emergency room care	$1,400 copay	$1,400 copay
	Emergency medical transportation	$150 copay	$150 copay
	Urgent care	$30 copay/visit	$30 copay/visit

Building Plan Comparison Tools

- Benefits from MANY sets of eyes checking & collecting
  - One staff person to organize/synthesize data
  - Multiple staff to each collect a specific plan set (for example, Silver Plans with 94% CSR)

- Put together a template NOW
  - 2023 plans: once plans released, final week of October, **OR**
  - Downtime project for assisters during first week of OE

- Start with:
  - Catastrophic/Bronze comparison tool
  - Silver Plan Comparison for 3 least expensive companies
    - 94% CSR
    - 87% CSR
    - 73% CRS
    - No CSR

Bio & Contact

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- Certified Application Counselor, Navigator, Community Health Worker and Program Manager (2014-2022 Foundation Communities, Austin, Texas)

This is a project of the Center on Budget and Policy Priorities
www.cbpp.org

Upcoming Webinars

Register for upcoming webinars at
www.healthreformbeyondthebasics.org/events

2022 Open Enrollment Series

- Households and income, September 8
- The premium tax credit, September 15
- Immigrant eligibility, September 20
- Plan design, September 22
- Plan selection strategies, September 29
- Preventing and resolving data matching issues, October 4
- Auto-renewal process on HealthCare.gov, October 6
- Tying it all together, October 13
- Spanish language webinar, October 20