

**Beyond**   
**the Basics**

# Plan Selection Strategies for Enrollment Assisters

September 29, 2022

# Webinar Logistics

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- To ask a question:
  - Click on the Q&A icon in the control panel at the bottom of your webinar screen
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# Today's Agenda

PART 1: Plan Selection Tools & How To's

PART 2: Health Insurance Plan Education

PART 3: A Plan Comparison Strategy

- What Exchange Plans Have in Common
- Where Exchange Plans Differ: Network and Cost

# Links to Plan Selection Tools & How To's

- **Building Plan Selection Tools Webinar**
  - [2022 "See Plans" Tool Links for State Based Exchanges](#)
  - [Blank Template for Plan Comparison Tool](#)
  - [Blank Template for Network Overview Tool](#)\*

*\*Note: this item is in the form of a Google spreadsheet. To access/use, log into your Google account and select "Make a Copy" or "Download" -> "Microsoft Excel (.xlsx)"*
- **Marketplace Enrollment Check List One Pager**
- **Center on Budget's Plan Comparison Worksheet**
- **2023 Federal Poverty Level Chart** *(appears in next slide)*

# 2023 Federal Poverty Level Chart

## 2023 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2023

#	<100%	100%	150%	150+%	200%	200+%	250%	250+%	400%	401% +
1	<i>Limited eligibility for PTC &amp; 06 CSR based on immigration status if ineligible for Medicaid or in non-expansion state*</i>	\$ 13,590	\$ 20,385	\$ 20,386	\$ 27,180	\$ 27,181	\$ 33,975	\$ 33,976	\$ 54,360	<b>American Rescue Plan &amp; Inflation Reduction Act**</b>  <i>New PTC to reduce premiums to no more than 8.5% of annual hh income (hhs above 400% &amp; otherwise PTC eligible)</i>
2		18,310	\$ 27,465	\$ 27,466	\$ 36,620	\$ 36,621	\$ 45,775	\$ 45,776	\$ 73,240	
3		23,030	\$ 34,545	\$ 34,546	\$ 46,060	\$ 46,061	\$ 57,575	\$ 57,576	\$ 92,120	
4		27,750	\$ 41,625	\$ 41,626	\$ 55,500	\$ 55,501	\$ 69,375	\$ 69,376	\$ 111,000	
5		32,470	\$ 48,705	\$ 48,706	\$ 64,940	\$ 64,941	\$ 81,175	\$ 81,176	\$ 129,880	
6		37,190	\$ 55,785	\$ 55,786	\$ 74,380	\$ 74,381	\$ 92,975	\$ 92,976	\$ 148,760	
7		41,910	\$ 62,865	\$ 62,866	\$ 83,820	\$ 83,821	\$ 104,775	\$ 104,776	\$ 167,640	
8		46,630	\$ 69,945	\$ 69,946	\$ 93,260	\$ 93,261	\$ 116,575	\$ 116,576	\$ 186,520	
		Eligible for Cost Sharing Reductions (CSR) in Silver plan								
	CSR 94% (06)*	CSR 94% (06)		CSR 87% (05)		CSR 73% (04)				
	certain immigrant statuses = ptc eligible*	Eligible for Premium Tax Credits (PTC) in Bronze, Silver or Gold Plan								Eligible for PTC to reduce premium to 8.5%
	<100%	100%	150%	150+%	200%	200+%	250%	250+%	400.00%	401 % +

# 2022 Federal Poverty Level Chart

## 2022 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2022

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1	<i>Limited eligibility for PTC &amp; 06 CSR based on immigration status if ineligible for Medicaid or in non-expansion state*</i>	\$ 12,880	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,761	\$ 32,200	\$ 32,201	\$ 51,520	<b>American Rescue Plan 4/1/21–12/31/22:</b>  <i>New PTC to reduce premiums to no more than 8.5% of annual hh income (hhs above 400% &amp; otherwise PTC eligible)</i>	
2		17,420	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,841	\$ 43,550	\$ 43,551	\$ 69,680		
3		21,960	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,921	\$ 54,900	\$ 54,901	\$ 87,840		
4		26,500	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,001	\$ 66,250	\$ 66,251	\$ 106,000		
5		31,040	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,081	\$ 77,600	\$ 77,601	\$ 124,160		
6		35,580	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,161	\$ 88,950	\$ 88,951	\$ 142,320		
7		40,120	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,241	\$ 100,300	\$ 100,301	\$ 160,480		
8		44,660	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,321	\$ 111,650	\$ 111,651	\$ 178,640		
		Eligible for Cost Sharing Reductions (CSR) in Silver plan									
	CSR 94% (06)*	CSR 94% (06)		CSR 87% (05)		CSR 73% (04)					
	some immigrant statuses = ptc eligible*	Eligible for Premium Tax Credits (PTC) in Bronze, Silver or Gold Plan								400%	Eligible for PTC to reduce premium to 8.5%
		100%									
	<100%	100%	150%	150+%	200%	200+%	250%	250+%	400.00%	401 % +	

# I. Health Insurance Plan Education



# The Enrollment Check List

Beyond the Basics  
Resource Pending!

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

(1) *"Would you like to use all the financial assistance you are eligible for?"*

② **Report tobacco use**

(2) Legal definition of tobacco use = within the past 6 months, 4 or more times per week (excluding religious or ceremonial uses).

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

Enter your doctors and hospitals to see if they're in the plan's network, and do see which plans cover them.

(3) LIMITED usefulness. Always confirm network & medication info in plan's provider directory & formulary

④ **Choose health plans**  
Shop, compare, and choose health plans.

**Our Primary Focus Today**

(4) The Step where the "GROUPING" option is hidden

⑤ **Review dental enrollment**  
Choose who should enroll in a separate dental plan.

(5) Best to skip for most enrollees. Dental insurances functions VERY DIFFERENTLY than health insurance and can be purchased any time of year directly from dental insurance providers

⑥ **Confirm your plan choices & enroll**  
Check your choices one final time, sign the application, and finish your enrollment

**Optional: Get an estimate of your total yearly costs**

See how premiums and other costs add up for each plan.

**Optional: Best Practice**  
Indicate "High" Use to look at plans with "worst case financial scenario" calculated automatically



# Providing Health Insurance Education

- As assisters, our top priority is making health insurance accessible by educating consumers
- But for most people, learning about health insurance is, in and of itself, a deterrent
- No matter how well we explain all things ACA, marketplace, and insurance, clients will retain only some of that information
- We/they need tools and reference points, not complicated verbal explanations
- **Use the Marketplace (or state based exchange) shopping plan layout as your visual aid for general health plan education**
  - Avoid general explanations of health insurance prior to this section of the explanation
  - Connect actual explanations to actual plans and costs structures the enrollee is actually eligible for
  - Bonus: combining these explanations (general health insurance function + plan shopping tool layout) means you'll have tackled two areas enrollee education at the same time.

# PLAN EDUCATION: Getting Started

Optional step: View health & dental plans [View steps](#)

## View health & dental plans

### Viewing plans for this group

- You (age 29)

Your total estimated tax credit: \$63

[Edit](#)

[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

### Monthly premium

Your monthly premium range is \$163-\$532

\$ to \$ [Apply range](#)

### Maximum yearly deductible

Your yearly deductible range is \$0-\$8,700

\$ to \$ [Apply range](#)

### Health Savings Account Eligibility (HSA)

☐ Eligible for an HSA

### Medical providers

[Add Providers](#)

### Prescription drugs

[Add Drugs](#)

### Health plan categories

- ☐ Catastrophic (3)
- ☐ Bronze (50)
- ☐ Silver (59)
- ☐ Gold (25)

### Health plan types

- ☐ Health Maintenance Organization (HMO) (131)
- ☐ Preferred Provider Organization (PPO) (6)

### Search by plan ID (14 characters)

Example: 12345XX9876543 [Search](#)

### Insurance companies

Select an insurance company

Select an insurance company

- Ambetter of Illinois (29)
- Blue Cross and Blue Shield of Illinois (15)
- Bright HealthCare (15)
- Cigna Healthcare (25)
- Molina Healthcare (7)
- Oscar Health Plan, Inc. (36)
- UnitedHealthcare (10)

[Apply Filters](#)

[Clear Filters](#)

"You have **137 different plan options** available from **7 different companies**.

The plans are in order of monthly cost.

The biggest difference between your options is **where you can go** and **cost**, what you pay for the insurance, and what you pay for care.

# The Marketplace Filter Tool:

## An Assister's Plan Selection Best Friend

### 137 Total Available Plans

# of Catastrophic Plans: 3\*

# of Bronze Plans: 50

# of Silver Plans: 59

# of Gold Plans: 25

NO platinum plans

### 2 Plan Types

- HMOs plan (131)
- PPO plans (6)

### 7 Companies

- Ambetter
- Blue Cross Blue Shield
- Bright
- Cigna
- Molina
- Oscar
- United

The screenshot shows the Marketplace Filter Tool interface. Several sections are highlighted with orange boxes:

- Monthly premium:** Your monthly premium range is \$163-\$532. Includes input fields for minimum and maximum values and an "Apply range" button.
- Maximum yearly deductible:** Your yearly deductible range is \$0-\$8,700. Includes input fields for minimum and maximum values and an "Apply range" button.
- Health plan categories:** A list of checkboxes for Catastrophic (3), Bronze (50), Silver (59), and Gold (25).
- Health plan types:** A list of checkboxes for Health Maintenance Organization (HMO) (131) and Preferred Provider Organization (PPO) (6).
- Health Savings Account Eligibility (HSA):** A checkbox labeled "Eligible for an HSA".
- Medical providers:** A button labeled "Add Providers".
- Prescription drugs:** A button labeled "Add Drugs".
- Search by plan ID (14 characters):** A text input field with an example "12345XX9876543" and a "Search" button.
- Insurance companies:** A dropdown menu showing a list of companies and their plan counts: Ambetter of Illinois (29), Blue Cross and Blue Shield of Illinois (15), Bright HealthCare (15), Cigna Healthcare (25), Molina Healthcare (7), Oscar Health Plan, Inc. (36), and UnitedHealthcare (10).

At the bottom, there are two buttons: "Apply Filters" (green) and "Clear Filters" (blue).

\*Note that catastrophic plans will ONLY show up if enrollee is younger than 30 or ineligible for PTC

# Kentucky's State Based Exchange Filter Tool



## Filters

Insurance Company

All



All

CareSource Kentucky Co.

Anthem Health Plans of KY(Anthem BCBS)

Wellcare Health Plans of Kentucky, Inc

Passport by Molina Healthcare

Plan Type

All



Metal Level

All



Monthly Premium

Min

Max

Min

Max

Min

Max

# PLAN EDUCATION: The Metal Levels

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: \$63

[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

137 plans available

Estimated monthly premium

**\$163.33**

Including a \$63 tax credit  
Was \$226.33

[Plan Details](#)

[Like This Plan](#)

**Ambetter of Illinois**

[Ambetter Essential Care 1](#)

Bronze | HMO | Plan ID: 278331L0140066

[Compare](#)

**Deductible**

**\$8,600**

Individual total

**Out-of-pocket maximum**

**\$8,600**

Individual total

**Estimated total yearly costs**

[Add yearly cost](#)

**Copayments / Coinsurance**

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
No Charge After Deductible	\$23	No Charge After Deductible	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.

Estimated monthly premium

**\$173.57**

Including a \$63 tax credit  
Was \$236.57

[Plan Details](#)

[Like This Plan](#)

**Ambetter of Illinois**

[Ambetter Essential Care 1 + Vision + Adult Dental](#)

Bronze | HMO | Plan ID: 278331L0150066

[Compare](#)

**Deductible**

**\$8,600**

**Out-of-pocket maximum**

**\$8,600**

**Estimated total yearly costs**

"The plans are also categorized by "metal level." There are Bronze, Silver and Gold (*and platinum, if available in client's zip code!*) plans.

Bronze plans have the lowest monthly cost, but usually have higher costs for care while Gold plans tend to cost more but have lower costs for use. Picking a plan is about a balance between what you pay per month and what you pay for care.

I'm going to start with the least expensive silver plan that has a classic structure to explain how health plans work."

# Cost-Sharing & Metal Tiers

- Enrollees pay less out-of-pocket with higher AV plans
- Premiums are generally higher for high AV plans

QUALIFIED HEALTH PLAN (QHP) METAL LEVEL PLAN TIERS QHPs must provide plan designs consistent with actuarial values		
Costs covered by a plan	Platinum	90% actuarial value
	Gold	80% actuarial value
	Silver	70% actuarial value
	Bronze	60% actuarial value
	Catastrophic coverage	High deductible health plan available for individuals up to age 30 or those 30 and older who are granted a hardship exemption (PTC does not apply to these plans)
		Premiums paid by consumer

# Impact of Income Estimate on Silver Plan Cost Sharing Reductions

—NOTE this is 2022 FPL information

## 2022 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2022

#	<100%	100%	150%	150+%	200%	200+%	250%	250+%	400%
1	Limited eligibility for PTC & 06 CSR based on immigration status if ineligible for Medicaid or in non-expansion state*	\$ 12,880	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,761	\$ 32,200	\$ 32,201	\$ 51,520
2		17,420	\$ 26,130	\$ 26,131	\$ 34,840	\$ 34,841	\$ 43,550	\$ 43,551	\$ 69,680
3		21,960	\$ 32,940	\$ 32,941	\$ 43,920	\$ 43,921	\$ 54,900	\$ 54,901	\$ 87,840
4		26,500	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,001	\$ 66,250	\$ 66,251	\$ 106,000
5		31,040	\$ 46,560	\$ 46,561	\$ 62,080	\$ 62,081	\$ 77,600	\$ 77,601	\$ 124,160
6		35,580	\$ 53,370	\$ 53,371	\$ 71,160	\$ 71,161	\$ 88,950	\$ 88,951	\$ 142,320
7		40,120	\$ 60,180	\$ 60,181	\$ 80,240	\$ 80,241	\$ 100,300	\$ 100,301	\$ 160,480
8		44,660	\$ 66,990	\$ 66,991	\$ 89,320	\$ 89,321	\$ 111,650	\$ 111,651	\$ 178,640
		Eligible for Cost Sharing Reductions (CSR) in Silver plan							
CSR 94% (06)*		CSR 94% (06)		CSR 87% (05)		CSR 73% (04)			

some immigrant statuses = ptc eligible*	Eligible for Premium Tax Credits (PTC) in Bronze, Silver or Gold Plan								400%
	100%								

<100%	100%	150%	150+%	200%	200+%	250%	250+%	400.00%
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# How Cost Sharing Reductions Work

2022 Income Estimate	\$18,000	\$20,000	\$30,000	\$40,000
Deductible	\$0	\$0	\$5,100	\$8,100
OOPM	\$1,575	\$2,900	\$6,000	\$8,700
Copays				
Primary	\$0	\$15	\$35	\$45
Specialist	\$5	\$30	\$85	\$100
Tier 1 Meds	\$0/\$0	\$5/\$10	\$5/\$20	\$5/\$25

#	100%	150%	150+%	200%	200+%	250%	250+%	400%
1	\$ 12,880	\$ 19,320	\$ 19,321	\$ 25,760	\$ 25,761	\$ 32,200	\$ 32,201	\$ 51,520
2	17,420	\$ 26,130	\$ 26,131	\$ 34,640	\$ 34,841	\$ 43,550	\$ 43,551	\$ 69,680
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4	26,500	\$ 39,750	\$ 39,751	\$ 53,000	\$ 53,001	\$ 66,250	\$ 66,251	\$ 106,000
Eligible for Cost Sharing Reductions (CSR) in Silver plan								
CSR 94% (06)		CSR 87% (05)		CSR 73% (04)				

*Sample client is 35 years old, single, US citizen, non-smoker, not offered coverage through job looking at the Ambetter Balanced Care 32 Plan Option*



# The Monthly Premium

Estimated monthly premium

**\$217.25**

Including a \$63 tax credit  
Was \$280.25

Plan Details

Like This Plan

Ambetter of Illinois

Ambetter Balanced Care 32

Silver | HMO | Plan ID: 27833IL0140063



☐ Compare

Deductible ⓘ

**\$8,100**

Individual total

Out-of-pocket maximum ⓘ

**\$8,700**

Individual total

Estimated total yearly costs ⓘ

Add yearly cost

Copayments / Coinsurance ⓘ

Emergency room care

50% Coinsurance after deductible

Generic drugs  
\$23

Primary doctor  
\$45

Specialist doctor  
\$100

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.

**REMINDER** Use the least expensive Silver Plan with classic cost sharing structure for plan education

The monthly premium is what you are responsible for paying every month, whether or not you use your health insurance, like your car insurance bill or your cell phone bill.

With this plan, your premium would be \$217.25 per month."

*(Reminder: Let them know that is the price for both of them if more than one person in group)*

# Explaining the Deductible

The screenshot shows an insurance plan page for "Ambetter of Illinois" and "Ambetter Balanced Care 32". The plan is a Silver HMO with Plan ID 27833IL0140063. The estimated monthly premium is \$217.25, including a \$63 tax credit (original was \$280.25). The deductible is \$8,100 (individual total), which is highlighted with a red box. The out-of-pocket maximum is \$8,700 (individual total). The estimated total yearly costs are shown in a dashed box with an "Add yearly cost" button. The copayments/coinsurance section shows: Emergency room care (50% coinsurance after deductible), Generic drugs (\$23), Primary doctor (\$45), and Specialist doctor (\$100). The plan features section shows "Adult Dental" and "Child Dental" with red X marks. There are buttons for "Plan Details", "Like This Plan", "Add medical providers", and "Add prescription drugs". A "Compare" button is also present.

Estimated monthly premium  
**\$217.25**  
Including a \$63 tax credit  
Was \$280.25

**Ambetter of Illinois**  
Ambetter Balanced Care 32  
Silver | HMO | Plan ID: 27833IL0140063

**Deductible** ⓘ  
**\$8,100**  
Individual total

**Out-of-pocket maximum** ⓘ  
**\$8,700**  
Individual total

**Estimated total yearly costs** ⓘ  
Add yearly cost

**Copayments / Coinsurance** ⓘ

Emergency room care 50% Coinsurance after deductible	Generic drugs \$23	Primary doctor \$45	Specialist doctor \$100
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**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

“With many plans, you are responsible for paying many of the costs of your care before the insurance company starts paying for your care. This is called the deductible.

The deductible is the part you pay before the insurance company will share those costs.

This plan has a deductible of \$8,100.”

# Common Client Misconception



"I'm not sick and I never get sick. I don't need insurance!"

# One of the Leading Causes of Bankruptcy in US = Medical Debt



Having a baby =	\$9,000
Appendectomy =	\$33,000
Coronary artery bypass surgery =	\$45,000
Open Heart Surgery =	\$324,000
Intestine transplant =	\$1,000,000+

## More than one person in a group?

# Individual vs. Family Deductibles (and Out of Pocket Maximums)

Blue Cross and Blue Shield of Illinois

Blue Choice Preferred Silver  
PPO<sup>SM</sup> 203

Silver | PPO | National Provider Network | Plan ID: 36096IL0990148

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**Highlights**

Estimated monthly premium	\$1,123.20
Deductible	\$2,350 Individual total \$7,050 Family Total
Out-of-pocket maximum	\$8,700 Individual total \$17,400 Family Total

[Like This Plan](#)

We'll show you which plans cover them

- At plan selection, plans will show “family deductible” and “family out of pocket max”  
Open “Plan Details” to view the plan’s individual deductible and out of pocket max (and remember, except for plans with an aggregate family deductible, the individual’s deductible/out of pocket should be half of the family amount).

Note: a family deductible or out of pocket max will ONLY come into play if there are three individuals enrolled together on a plan and two of the three have hit their individual deductible and/or out of pocket max.

# Explaining Copayments

**Ambetter of Illinois**  
Ambetter Balanced Care 32  
Silver | HMO | Plan ID: 27833IL0140063

Estimated monthly premium  
**\$217.25**  
Including a \$63 tax credit  
Was \$280.25

**Deductible** ⓘ  
\$8,100  
Individual total

**Out-of-pocket maximum** ⓘ  
\$8,700  
Individual total

**Estimated total yearly costs** ⓘ  
Add yearly cost

**Copayments / Coinsurance** ⓘ

	Generic drugs	Primary doctor	Specialist doctor
Emergency room care	\$23	\$45	\$100
50% Coinsurance after deductible			

**Plan features**

- ✗ Adult Dental
- ✗ Child Dental

**Plan Details**

**Like This Plan**

**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.

“Copayments are another way insurance plans share the costs of your care with you.

With this plan, primary care visits are covered with a \$45 copayment. Generic medications covered with a \$23 copayment, while specialist doctor visits are covered by a \$100 copayment.

For those things, you don’t first pay the deductible. You just pay your copayment.”

# Explaining Coinsurance

**Ambetter of Illinois**  
Ambetter Balanced Care 32  
Silver | HMO | Plan ID: 27833IL0140063

Estimated monthly premium  
**\$217.25**  
Including a \$63 tax credit  
Was \$280.25

**Deductible** ⓘ  
**\$8,100**  
Individual total

**Out-of-pocket maximum** ⓘ  
**\$8,700**  
Individual total

**Estimated total yearly costs** ⓘ  
Add yearly cost

**Copayments / Coinsurance** ⓘ

Copayments / Coinsurance	Generic drugs	Primary doctor	Specialist doctor
Emergency room care 50% Coinsurance after deductible	\$23	\$45	\$100

**Plan features**

- ✗ Adult Dental
- ✗ Child Dental

**Plan Details**

**Like This Plan**

**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.

Coinsurance is another way insurance companies share costs.

With this plan, a visit to the Emergency Room is covered with a 50% coinsurance.

This means you would pay the full cost of the care cost (as well as the full cost for other care covered via coinsurance) until you have met your \$8,100 deductible. After that, you would pay 50% of the cost as your coinsurance.



# Explaining the Interaction of Coinsurance, and the Deductible

Estimated monthly premium  
**\$217.25**  
Including a \$63 tax credit  
Was \$280.25

**Ambetter of Illinois**  
Ambetter Balanced Care 32  
Silver | HMO | Plan ID: 27833IL0140063

★★★★★

☐ Compare

**Deductible** ⓘ  
**\$8,100**  
Individual total

**Out-of-pocket maximum** ⓘ  
**\$8,700**  
Individual total

**Estimated total yearly costs** ⓘ  
[Add yearly cost](#)

**Copayments / Coinsurance** ⓘ

<b>Emergency room care</b> 50% Coinsurance after deductible	<b>Generic drugs</b> \$23	<b>Primary doctor</b> \$45	<b>Specialist doctor</b> \$100
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**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](#)

In other words, you would be responsible for all care costs up until your plan's \$8,100 deductible is met, + 50% coinsurance for the ER visit specific to that care need."

If ER visit = \$20,000, you pay the first \$8,100 (deductible). Then you pay 50% of the remaining balance of \$11,900, which would be \$5,950.

So, your part of the ER bill would be \$8,100 (plan deductible) + \$5,950 (50% coinsurance), for a potential total of 14,050, **except that...**



# Explaining the Out of Pocket Maximum

Estimated monthly premium  
**\$217.25**  
Including a \$63 tax credit  
Was \$280.25

**Ambetter of Illinois**  
**Ambetter Balanced Care 32**  
Silver | HMO | Plan ID: 27833IL0140063

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

**Deductible**  
**\$8,100**  
Individual total

**Copayments / Coinsurance**

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
50% Coinsurance after deductible	\$23	\$45	\$100

**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.

**Estimated total yearly costs**  
Add yearly cost

**Plan Details**  
**Like This Plan**

"...Your plan has an Out of Pocket Maximum!

At this point, you have met your \$8,100 deductible, which also contributes to your plan's out-of-pocket maximum of \$8,700, which is your worst-case scenario number for the year, has also been met.

This means your TOTAL bill for the ER visit cannot exceed **\$8,700** and the rest of the year's care must be covered 100% by the plan (for covered, in-network services)."

- Your covered, in-network contributions to your plan's deductible, co-pays, and co-insurance all count towards the Out of Pocket Maximum.
- Once your total in-network care costs have reached the OOPM, all your in-network care costs will be covered by insurance company, except for monthly premium, which you still have to pay, even if you hit your plan's out of pocket maximum!

# Answering Questions About Cost

“What about having a baby? Or, what if I break the third toe on my left foot? What if I need an MRI?”


1. Pay monthly premiums
2. Pay copays (if applicable)
3. Meet your plan deductible
4. Pay your coinsurance (if applicable)
5. Meet your out-of-pocket max

Once your out-of-pocket max has been met, the insurance pays 100% of all in-network, covered services

# PPO Caveat: Out of Network Care may be prohibitively expensive

Out of Network Care =  
enrollee pays full price  
until out of network  
care costs total \$15,000

THEN enrollee pays  
50% of all out of  
network care costs (no  
out of pocket max)

 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 [www.bcbsil.com/bb/ind/bb-bpsa17bceiilp-il-2022.pdf](http://www.bcbsil.com/bb/ind/bb-bpsa17bceiilp-il-2022.pdf) or by calling 1-800-541-2768. 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 [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers
What is the overall deductible?	Individual: Participating \$7,000; Non-Participating \$15,000 Family: Participating \$17,400; Non-Participating \$45,000
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care services and some prescription drugs are covered before you meet your deductible.
Are there other deductibles for specific services?	No.
What is the out-of-pocket limit for this plan?	Individual: Participating \$8,700; Non-Participating Unlimited Family: Participating \$17,400; Non-Participating Unlimited

**Out of Network Deductible: \$15,000**

**Out of Network Out of Pocket Max: Unlimited**

...from providers up to the deductible amount before this plan members on the plan, each family member must meet their amount of deductible expenses paid by all family members

...ces even if you haven't yet met the deductible amount. But a For example, this plan covers certain preventive services meet your deductible. See a list of covered preventive services [preventive-care-benefits/](#).

...specific services.

...could pay in a year for covered services. If you have other to meet their own out-of-pocket limits until the overall family

Services You May Need	What You Will Pay	
	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)
Primary care visit to treat an injury or illness	40% coinsurance	50% coinsurance
Specialist visit	50% coinsurance	50% coinsurance
Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance
Diagnostic test (x-ray, blood work)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance
Imaging (CT/PET scans, MRIs)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance

# Plan Details

## Plan Documents

- Summary of Benefits
- Provider Directory
- List of Covered Drugs

## Costs for Medical Care

- Individual & Family Deductible & OOP Max
- Primary & Specialist Visits
- Imaging & Labs

## Prescription Drug Coverage

- Costs of Medication Based On Tier
- List of covered Drugs

Star rating

Plan documents

Costs for medical care

Prescription drug coverage

Access to doctors and hospitals

Hospital services

Cost & coverage examples

Adult dental coverage

Child dental coverage

Medical management programs

Other services

# Plan Details via Kentucky's State Based Exchange Filter Tool



Not Rated

Total Monthly Premium  
\$348.60

Constant Care Silver 1250

Essential Health Benefit (EHB) portion  
\$348.60

Passport by Molina Healthcare

Your Monthly Payment  
\$237.60

Provider Directory ⓘ  
[See Provider Directory](#)

Summary Of Benefits Coverage  
(Resumen de beneficios y de cobertura)  
[English](#) / [Español](#)

Formulary  
[Preferred Drug List](#)

Embedded Pediatric Dental

No

HSA/FSA

N/A

Wellness Program

Yes

Medical Loss Ratio  
80%

Plan Documents



Summary



Prescription Drug Benefit



Hospital Services



# Part III: A Plan Comparison Strategy

What Exchange Plans Have in Common &  
Where Exchange Plans Differ: Network & Cost



# Talking About Cost & Network

After plan education, talk about plans in comparison to other plans, specifically comparing the cost & network.

**Reminder** that all marketplace plans:

- Must offer a “minimum standard” of coverage
- Cannot exclude or charge more for pre-existing conditions
- Cover the 10 Essential Health Benefits

Note: Some plans (for example, short-term plans and grandfathered plans) do not have to meet these requirements

# 10 Essential Health Benefits



Preventive & wellness services  
& chronic disease management



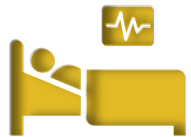
Emergency services



Ambulatory services  
(outpatient medical care)



Maternity & newborn care



Hospitalization

**Mental  
Health  
Parity  
Law**



Mental health & substance use  
disorder services, including  
behavioral health treatment



Laboratory services



Rehabilitative & habilitative  
services & devices



Prescription drugs



Pediatric services



# Talking About Network & Cost

Given these guarantees, clients can shop and compare plans based on:

- where you can use the plan (**network**)
- &
- what using the plan costs (**cost**)  
the monthly premium + the costs of care

# Building Network Overview Cheat Sheet

2023 plans SHOULD BE available the last week of October

1. Use the plan preview tool (for HealthCare.gov: "See Plans & Prices, and the links for ALL [2022 state based exchange plan previews here](#)")
2. Use the zip code of your site or the zip code where most of your clients live
3. The demographics of the client are not important, but note:
  - a) use a high income to see plans in order of their full priced cost (PTCs will mix up the full priced order if multiple plans are free)
  - b) To view catastrophic plans: use an age below 30 and high income
4. Once you can view the plans, **check the filters section**
5. Use individual company/plan Provider Directory to look up network information
6. REMINDER: [Blank Network Templates Linked here!](#)



# Using the Provider Directory to Determine Network


Blue Cross and Blue Shield of Illinois


## Blue Choice Preferred Bronze PPO<sup>SM</sup> 601

Bronze | PPO | National Provider Network | Plan ID: 36096IL0990261

[Like this plan? Take the next step](#)

Highlights

**BlueCross BlueShield  
of Illinois**

English 

Log In



- Your provider may offer telehealth services, please contact them directly for details.
- Due to COVID-19, some providers' offices may be closed or have different hours, please contact the provider for the most up-to-date information.
- If you have telehealth through your benefits, you can access them below under the 'My Benefits' section on this page.

View Less

PlansCity, state or zip

Blue Choice Preferred PPO<sup>SM</sup> [BCE] (...)Chicago, IL — 60290

# Good Morning!

## Browse or search to find the care you need.

 Search for Names and SpecialtiesCommon Searches: Primary Care  Urgent Care Behavioral Health  Hospital Durable Medical EquipmentCosts for medical care Prescription drug coverage 

# Good Morning!

## Browse or search to find the care you need.

Plans

Blue Choice Preferred PPO<sup>SM</sup> [BCE] (Bronze, Silver, Gold, Security)

City, state or zip

Chatham, IL — 62629



Search for Names and Specialties

Common Searches:

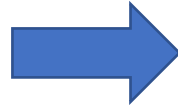
Primary Care

Urgent Care

Behavioral Health

Hospital

Durable Medical Equipment



Providers:



### Memorial Medical Center

General Acute Care Hospital

LOCATION

Memorial Medical Center

701 N 1st St, Springfield, IL 62702

[Get directions](#) (est. 10.7 miles away)

CONTACT INFORMATION

Phone: 217-788-3000



### St Johns Hospital

General Acute Care Hospital

LOCATION

St Johns Hospital

800 E Carpenter St, Springfield, IL 62702

[Get directions](#) (est. 10.7 miles away)

CONTACT INFORMATION

Phone: 217-544-6464



### Advanced Health Care Services Llc

Coordinated Home Care

LOCATION

Advanced Health Care Services Llc

3900 Pintail Dr Ste A, Springfield, IL 62711

[Get directions](#) (est. 5.4 miles away)

CONTACT INFORMATION

Phone: 217-726-6956



### Springfield Montvale Dialysis

Free Standing Dialysis

LOCATION

Springfield Montvale Dialysis

2930 Montvale Dr Ste A, Springfield, IL 62704

[Get directions](#) (est. 7.2 miles away)

CONTACT INFORMATION

Phone: 866-544-6741



### Fresenius Kidney Care - Springfld

Free Standing Dialysis

LOCATION

Fresenius Kidney Care - Springfld

2550 Koke Mill Dr, Springfield, IL 62711

[Get directions](#) (est. 7.3 miles away)

CONTACT INFORMATION

Phone: 217-546-9853

## 2022 Illinois Marketplace Network Overview for Rating

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?	All facilities listed	
					HOSPITALS	
BLUE CROSS BLUE SHIELD BLUE CHOICE 36096IL0990	PPO	Referral <b>NOT</b> Required for Specialty Visits	6	Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Memorial Medical Center	St Johns Hospital
					Memorial Medical Center	St Johns Hospital

# Filter Tool + Individual Company Directories

## 2022 Illinois Marketplace Network Overview for Ratings Areas 7-11, & 13

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Total Plans	Coverage of Out of Network Care?	All facilities listed are in network and located in the Sangamon county area				
					HOSPITALS		URGENT CARE FACILITIES		PHARMACIES
					Memorial Medical Center	St Johns Hospital	Memorial Express Care	Memorial Physicians Services	Prompt Care
<b>BLUE CROSS BLUE SHIELD BLUE CHOICE</b> 36096IL0990	<b>PPO</b>	Referral <b>NOT</b> Required for Specialty Visits	<b>6</b>	Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Memorial Medical Center	St Johns Hospital	Memorial Express Care	Memorial Physician Services	<u>PREFERRED</u> : County Market Pharmacy, Harry's Walmart, Potter Drug <u>NON-PREFERRED</u> : CVS Pharmacy
<b>HEALTH ALLIANCE POS</b> 20129IL0340	<b>POS</b>	Referral <b>Required</b> for Specialty Visits	<b>11</b>	Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Memorial Medical Center	St Johns Hospital	Memorial Express Care		Prompt Care
<b>HEALTH ALLIANCE HMO</b> 20129IL0330	<b>HMO</b>	Referral <b>Required</b> for Specialty Visits	<b>1</b>	Coverage for Out of Network Life threatening emergency room care <b>ONLY</b>	Memorial Medical Center	St Johns Hospital	Memorial Express Care		Prompt Care

2022 Network Overview Built for Illinois Assistors in Sangamon County

# Plan Types

## BEST PRACTICE:

Explain the plan types available in your market. Don't explain a bunch of plan types a client has no access to!

GENERAL Dentition for Health Insurance Plan Types				
	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  (BUT NOTE existence of separate, higher deductible & cost sharing and that usually no OPM for out of network care)	
Out of Network Emergency?	Required by law to “hold member harmless” in case of a life threatening out of network emergency room visit			



Hospitals*			Urgent Care Centers† ‡	Imaging† ‡	Labs† ‡	Pharmacies† ‡
Ascension Seton	St. David's	Baylor, Scott & White	† This list does not identify every in-network option, but identifies those with multiple Austin-area locations			
			‡ Urgent care, imaging, labs and meds accessed via in network providers <u>should</u> be in network; always double check			
*Ascension Seton includes: Ascension Seton Infusion Center, Cedar Park Regional Medical Center, Dell Children's, and Dell Seton Medical Center at UT						
*St. David's includes: Heart Hospital of Austin						

AETNA	St. David's		Concentra, CVS Minute Clinic	Austin Radiological Association	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	Costco, CVS, HEB, Randalls, Walgreens, Walmart,	
AMBETTER EPO Essential (Bronze)   Balanced (Silver)   Secure (Gold)	Ascension Seton	St. David's	Concentra, CVS Minute Clinic, NextCare, St. David's Care Now Urgent Care	Austin Radiological Association, Preferred Imaging LLC	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	Costco, CVS, HEB, Randalls, Walmart	
AMBETTER Value		St. David's	St. David's Care Now Urgent Care	Austin Radiological Association	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	HEB, Randalls, Walgreen, Walmart	
AMBETTER Virtual	Ascension Seton	St. David's	Concentra, CVS Minute Clinic, NextCare, St. David's Care Now Urgent Care	Austin Radiological Association, Preferred Imaging LLC	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	HEB, Randalls, Walgreen, Walmart	
BLUE CROSS BLUE SHIELD Blue Advantage	Ascension Seton	St. David's	Baylor, Scott & White	CareNow, Concentra, CVS Minute Clinic, Fast Med, Lewis Urgent Care	Austin Radiological Association, Preferred Imaging LLC, South Austin Health Imaging, Touchstone Imaging	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	HEB, Randalls, Walgreens, Walmart
BLUE CROSS BLUE SHIELD MyBlue Health		St. David's	Concentra	Central Park Imaging	Clinical Pathology Laboratories, LABCORP, Quest Diagnostics	CVS, HEB, Walgreens, Walmart	
BRIGHT		St. David's	CVS Minute Clinic, NextCare	Interventional Partners LLC,	LABCORP, Quest Diagnostics	CVS, HEB, Walgreens, Walmart	
FRIDAY		St. David's	Concentra, CVS Minute Clinic, NextCare, Lewis Urgent Care	Preferred Imaging, LLC	Clinical Pathology Laboratories, LABCORP	Costco, CVS, HEB, Randalls, Walgreens, Walmart	

# Comparing Plans Based on Cost

When an insurer offers more than one plan option of the same plan type and at the same metal level, it's a matter of personal preference, cost-wise.

- Some clients are okay paying a little more to have a copay for care from day one versus paying less per month but more upfront
- How soon your insurance kicks in and what you have to pay for upfront, due to the plan's deductible.
- There is no difference in services covered.
- For some clients, the lower the deductible, the better
- For others, the lower the out-of-pocket maximum, the better



# Three Least Expensive Silver Plans with Bright Austin, Texas, 2022

## SILVER 2022 PLAN OVERVIEW | No CSR

Travis & Williamson County Marketplace Shopping Tool, page 1 of 7

PLAN NAME & ID <small>Click Plan ID to Access Summary of Benefits</small>	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care <small>(If blank, care category is covered post deductible, with coinsurance)</small>						
			PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	ER ROOM CARE
Bright HealthCare Silver 4000 <a href="#">98312TX0040136</a>	\$4,000	\$8,700	\$35			\$15		\$50	
Bright HealthCare Silver 5000 <a href="#">98312TX0040039</a>	\$5,000	\$8,700	\$0 for first 3; then \$40	\$80	\$50 labs \$100 x-rays	\$0/\$30	\$150	\$50	
Bright HealthCare Silver 3000 <a href="#">98312TX0040040</a>	\$3,000	\$8,700	\$0 for first 2; then \$35	\$70	\$50 labs \$100 x-rays	\$0/\$30	\$150	\$50	
Bright HealthCare Silver 6700 <a href="#">98312TX0040044</a>	\$6,700	\$8,700	\$0	\$0 for first 2; then \$75	\$50 labs \$100 x-rays	\$0	\$90	\$50	
Scott and White Health Plan BSW Prime Silver 008 <a href="#">40788TX0460008</a>	\$8,550	\$8,550	\$35	\$70		\$15		\$70	
Friday Health Plans Silver <a href="#">54837TX0030005</a>	\$5,500	\$8,700	\$0			\$0		\$75	
Friday Health Plans Silver Copay <a href="#">54837TX0030008</a>	\$5,500	\$8,700	\$0	\$80	\$100 x-rays	\$30	\$80	\$100	

2022 Plan Comparison Tool (Silver, No CSR)  
Built for Austin, Texas Assistors

# Comparing Gold Options—Chicago, IL

PLAN NAME & ID <small>Click Plan ID to Access Summary of</small>	DEDUCTIBLE	OUT OF POCKET MAX	Pre-Deductible, Co-pay Covered Care (If blank, care category is covered post deductible, with coinsurance)						ADDITIONAL PRE-DEDUCTIBLE SERVICES
			PRIMARY	SPECIALIST	TESTS	1st TIER MEDS	2nd TIER MEDS	URGENT CARE	
Ambetter Secure Care 20 <a href="#">27833IL0140064</a>	\$750	\$7,500	\$35	\$55	\$35 labs	\$5 pref. generic; \$15 generic	\$60	\$35	\$0 Virtual Care Visits; \$35 Mental Health Outpatient Visits
Ambetter Secure Care 20 +Vision +Adult Dental <a href="#">27833IL0150059</a>	\$750	\$7,500	\$35	\$55	\$35 labs	\$5 pref. generic; \$15 generic	\$60	\$35	\$0 Virtual Care Visits; \$35 Mental Health Outpatient Visits
Ambetter Secure Care 5 <a href="#">27833IL0140010</a>	\$1,450	\$6,300	\$15	\$35	\$15 labs	\$5 pref. generic; \$15 generic	\$30	\$35	\$0 Virtual Care Visits; \$15 Mental Health Outpatient Visits
Molina Confident Care Gold 1 <a href="#">32355IL0010001</a>	\$2,100	\$8,500	\$10	\$50	\$15 labs	\$10	\$50	\$10	\$10 Mental Health Outpatient Visits
Molina Confident Care Gold 1 +Vision <a href="#">32355IL0020001</a>	\$2,100	\$8,500	\$10	\$50	\$15 labs	\$10	\$50	\$10	\$10 Mental Health Outpatient Visits
Ambetter Secure Care 5 +Vision +Adult Dental <a href="#">27833IL0150010</a>	\$1,450	\$6,300	\$15	\$35	\$15 labs	\$5 pref. generic; \$15 generic	\$30	\$35	\$0 Virtual Care Visits; \$15 Mental Health Outpatient Visits
Bright Gold 1000 <a href="#">44522IL0010001</a>	\$1,000	\$8,700	\$0	\$0 first 2; then \$40	\$50 labs; \$100 x-rays	\$0/\$15	\$50	\$50	\$0 Mental Health Outpatient Visits
UHC Gold Value+ <a href="#">42529IL0070009</a>	\$2,500	\$8,700	\$30	\$50	\$50 labs (free standing)	\$2 pref; \$11 non-pref	\$20	\$50	\$50 Mental Health Outpatient Visits

**Mental Health Parity Law**

2022 Plan Comparision Tool (Gold)  
Built for Chicago, Illinois Assisters

# 2022 Silver Plan Options offered by issuer CareSource

(offered in Jefferson County, Kentucky)

PCP	CARESOURCE MARKETPLACE LOW PREMIUM SILVER	CARESOURCE MARKETPLACE STANDARD SILVER	CARESOURCE MARKETPLACE LOW DEDUCTIBLE SILVER
<b>In Network</b>			
Co-Pay	\$30.00	\$25.00	\$25.00
Co-Insurance	Not Applicable	Not Applicable	Not Applicable
<b>Out of Network</b>			
Co-Pay	Not Applicable	Not Applicable	Not Applicable
Co-Insurance	100.00%	100.00%	100.00%
Specialist	CARESOURCE MARKETPLACE LOW PREMIUM SILVER	CARESOURCE MARKETPLACE STANDARD SILVER	CARESOURCE MARKETPLACE LOW DEDUCTIBLE SILVER
<b>In Network</b>			
Co-Pay	\$70.00	\$60.00	\$60.00
Co-Insurance	Not Applicable	Not Applicable	Not Applicable
<b>Out of Network</b>			
Co-Pay	Not Applicable	Not Applicable	Not Applicable
Co-Insurance	100.00%	100.00%	100.00%

u qualify

# Using Beyond the Basics Tool to build the enrollee an options cheat sheet!

**Best Practice: You only need to fill out the parts of the worksheet that the enrollee needs/wants to consider**

- Simplifies and clarifies relevant information
- Transfers info from digitally changeable medium into a more constant form

## Marketplace Plan Comparison Worksheet

Annual Projected Income	<input type="text"/>	Premium Tax Credit (monthly)	<input type="text"/>
Household Size	<input type="text"/>	Premium Tax Credit (annual)	<input type="text"/>
		CSR Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Main Information

	Option 1	Option 2	Option 3	Option 4
Insurance Company	<b>CARESOURCE SILVER PLANS</b>			
Insurance Plan Name	<b>Low prem.</b>	<b>standard</b>	<b>Low deduct.</b>	
Metal Tier (bronze, silver, gold)				
Plan Type (PPO, HMO, etc.)				
Monthly Premium (after tax credit)	<b>284.52.</b>	<b>308.70</b>	<b>323.45</b>	
Annual Premium (after tax credit)				



**Tip** Since some plans may have similar names, make sure to include the full plan name in the worksheet

### Cost Sharing (your share of medical costs, in addition to the premium)

	Option 1	Option 2	Option 3	Option 4
Deductible	<b>6,500</b>	<b>5,800</b>	<b>5,100</b>	
Out-of-Pocket Maximum	<b>8,700</b>	<b>7,900</b>	<b>7,500</b>	
Physician Visit	<b>30</b>	<b>25</b>	<b>25</b>	
Specialist Visit	<b>70</b>	<b>60</b>	<b>60</b>	
Generic Drugs				
Emergency Room Visit				
Inpatient Hospital Stay				

# Plan Comparison Worksheet

- This worksheet lets you compare up to 4 plans side-by-side
- You can fill it out on your computer and then print it or email it the client
- Available in:
  - English
  - Spanish
  - Chinese
  - Vietnamese
  - Korean
  - Tagalog
  - Russian
  - Arabic

Marketplace Plan Comparison Worksheet					
Annual Projected Income	<input type="text"/>	Premium Tax Credit (monthly)	<input type="text"/>		
Household Size	<input type="text"/>	Premium Tax Credit (annual)	<input type="text"/>		
		CSR Eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Main Information</b>					
	Option 1	Option 2	Option 3	Option 4	
Insurance Company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Insurance Plan Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Metal Tier (bronze, silver, gold)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Plan Type (PPO, HMO, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Monthly Premium (after tax credit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Annual Premium (after tax credit)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Tip</b> Since some plans may have similar names, make sure to include the full plan name in the worksheet					
<b>Cost Sharing</b> (your share of medical costs, in addition to the premium)					
	Option 1	Option 2	Option 3	Option 4	
Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Out-of-Pocket Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physician Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Specialist Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Generic Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Room Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Inpatient Hospital Stay	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Provider Network &amp; Formulary</b>					
	Name(s)	Option 1	Option 2	Option 3	Option 4
Physician(s) In-Network	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist(s) In-Network	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital In-Network	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription on Formulary	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
 					

# Answering Questions About Cost

“What about having a baby? Or, what if I break the third toe on my left foot? What if I need an MRI?”

1. Pay monthly premiums
2. Pay copays (if applicable)
3. Meet your plan deductible
4. Pay your coinsurance (if applicable)
5. Meet your out-of-pocket max

Once your out-of-pocket max has been met, the insurance pays 100% of all in-network, covered services

# Worst-Case Scenario

Worst-case financial scenario for the year = (premium x 12) + out-of-pocket max

	<a href="#">Ambetter Balanced Care 30</a> × <a href="#">Like This Plan</a>	<a href="#">Ambetter Balanced Care 32</a> × <a href="#">Like This Plan</a>	<a href="#">Ambetter Balanced Care 12</a> × <a href="#">Like This Plan</a>
Highlights			
Estimated monthly premium	\$208.15 Including a \$63 tax credit Was \$271.15	\$217.25 Including a \$63 tax credit Was \$280.25	\$227.76 Including a \$63 tax credit Was \$290.76
Deductible	\$6,100 Individual total	\$8,100 Individual total	\$6,500 Individual total
Out-of-pocket maximum	\$6,100 Individual total	\$8,700 Individual total	\$8,400 Individual total
Estimated total yearly costs	\$8,598 <a href="#">Edit yearly cost</a>	\$11,307 <a href="#">Edit yearly cost</a>	\$11,133 <a href="#">Edit yearly cost</a>

# Questions?





Best of luck  
this  
upcoming  
season.

Thank all of you for your time and attention, for all you do, and all you will do this next season!

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*This is a project of the Center on Budget and Policy Priorities*  
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