Once a Healthcare.gov Application has been submitted and after the eligibility letter has been opened, a large green “Continue to Enrollment” link will take you to the “Enrollment Checklist” which contains 6 steps. The images and explanations in this resource provide detailed information on the format and function of the initial four steps, as well as a script that can be used to explain those steps to enrollees.

The Optional “Estimate total yearly costs” screen enabling you to indicate if the enrollee believes their health coverage usage will be low, medium or high.

- **Best practice:** Indicate HIGH USE for ALL clients—this will show all plans with an “Estimated Yearly Cost” that calculates the total monthly premium time 12 + the Out of Pocket Max. In other words, a calculation of the enrollee’s potential worst case scenario when it comes to health care costs for the year.

- **Less Useful:** Using low or medium message will generate a plan cost estimate that is challenging to correlate or connect to actual usage and is thus likely not especially helpful. See two screen shots below for the same plan, one with “High” estimated costs and one with “Low” estimated costs.
Step 1 of 6: Choosing the Amount of PTC to Use

**Explaining This Screen**

“You are eligible for a monthly premium tax credit. Most people need the whole amount to afford insurance. Would you like to use the whole amount you are eligible for?”

**Tips, Reminders & Best Practices for Assisters**

The enrollee’s premium tax credit is based on the income estimate used on the application. Updating the application information as/if necessary, which will automatically adjust the PTC amount, is a more accurate way to adjust the financial assistance the enrollee receives, instead of the client trying to “guess” how much PTC to use or not use.

Note: clients may make the decision NOT to update their income and to pay back the excess PTC on their taxes. Repayment caps exist to protect enrollees and tend to financially favor the client.

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Step 2 of 6: Reporting Tobacco Use

**Explaining This Screen**

“Are you a tobacco user?“  
If yes, ask: “When was the last time you used tobacco?”  
If asked why: “Insurance companies may charge up to 50% more in monthly premiums for tobacco users”

**Tips, Reminders & Best Practices for Assisters**

The legal definition of tobacco use = used within the past 6 months, 4 or more times per week (excluding religious or ceremonial uses)
- E-cigarettes/vapes without tobacco don’t count as tobacco use
- Chewing tobacco does count
Step 3 of 6: Checking Network & Rx Coverage

See if your doctors, facilities & drugs are covered
Enter your doctors, facilities, and prescription drugs. You’ll see if they’re covered in the plan’s network when you review plans and prices.

What do you want to search for?
Doctors & facilities
Prescription drugs

Explain This Screen

"While the Marketplace allows us to enter medications, and doctor, or doctor office names at this screen, it’s the Marketplace’s summary and isn’t always accurate. For the best answers about where you can use the plan and the cost of medications, we will want to use the specific plan and company’s provider directory and medication look up tool, called a formulary.”

Tips, Reminders & Best Practices for Assisters

This screen will let you search and add doctors, facilities, and/or medications. When you are viewing plans, they will have either an × (not covered) or a ✓ (covered). However, the network information is not always accurate. If you use this tool to add a doctor or facility, you should use it ONLY for initial screening purposes, double checking each doctor & facility in the individual company/plan’s provider directory.

Entering any medications tend to be less helpful because an × (not in network or not covered) or a ✓ (in network or covered) won’t tell you what the tier and/or cost is for a medication. The other challenge is that a medication may have different names (the generic or brand version), provided in different forms (i.e. pill or tablet or cream) and different dosage types. Accordingly, the Marketplace tool might show one version of the medication as not covered, when another version is. You should ALWAYS use the plan’s formulary + the summary of benefits to determine what a medication will cost.

See image to the left: Sertraline and Zoloft = the brand and generic versions of the medication. Most people take sertraline, but use the name Zoloft, which would show up as “not covered” if you only used the Marketplace medication look up tool.

Step 4.1: Health Plan Groups

Explain This Screen

“For plan shopping, the Marketplace groups all household members who can be on one plan together. We can change which people in the household are on the same plan if necessary. For example, if you have one household member with complex medical needs. While all members of your household can individually select the same plan, be aware that there are rules about which members of a household can be together on the same plan”

Tips, Reminders & Best Practices for Assisters

This screen will not show up if you are working with a single enrollee.

- Non-married adults cannot be “grouped” on the same plan together. They can, of course, each select the same plan, but would be enrolled in it separately.
- If you aren’t seeing the number of plans you usually do, it might be because you have grouped members of the household together that those missing insurance companies do not allow.

» Married couple + kids under 26 may be grouped on one plan
» Adult dependents may not be grouped one a plan with their adult children
» Without one parent enrolling, two siblings may not be grouped on the same plan.

Select “View Plans” to view plans with this grouping
OR, Select “Change Groups” to break household members into different groups
Step 4.2: Help Comparing Plans

Explaining This Screen
“This screen explains the features of the healthcare.gov shopping tool and some of the ways you can comparing your plan options—I’m going to show you those once we’re looking at the actual plans”

Tips, Reminders & Best Practices for Assisters
Use either “Close” or “Next” to move past screens intended to educate individuals who are completing the application and enrollment process on their own for the first time.

Step 4.2: Using the Shopping Tool to Pick a Plan

Potential Plan Selection Script
“You have 225 different plan options available from 10 different companies.”
“The plans are listed in order of monthly cost.”
“Because all plans MUST cover certain essential health benefits by law, the biggest difference between your plan options is where you can go, and what you pay per month insurance + what you pay for care”

Tips, Reminders & Best Practices for Assisters
The filter will give you excellent information in terms of the names and the number of insurance companies available, as well as the plan types available. This is all great information you can share with the enrollee up front.
Use Healthcare.gov’s organization of the plan information to provide an overview of how health insurance works. The filter will give you excellent information in terms of the names and the number of insurance companies available, as well as the plan types available. This is all great information you can share with the enrollee up front.