

GUIDE

The Marketplace Enrollment Checklist

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.

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

2 Report tobacco use

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 drugs to see which plans cover them.

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

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

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

The 6 Steps that make up the “**Enrollment Checklist**”

The 7th (and last item) on the check list is optional step, labeled “**Optional: Get an estimate of your total yearly costs**” section, that can be accessed first.

You can EITHER start with the first check list item or the last, optional item. Before we get into 6 main enrollment steps, we’ll start with the Optional, bottom item.

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.

Estimate total yearly costs

When you compare plans, it's important to think about all costs for the year, not just your monthly premium. Your total costs include:

Yearly premiums Your monthly premium payment x 12 months (reduced by the amount of premium tax credit you've decided to use)	Yearly deductible The amount you pay each year before the plan pays anything. From \$0 to several thousand dollars, depending on the plan.	Copays & coinsurance Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.	Total yearly costs Pick the level of care you expect to use below. Later you'll see each plan's estimated total yearly costs for that amount of care.
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Select the level of care Arianna Anaya expects to use this year.

Choose the level closest to what you expect. It's OK if you end up using more or less. This won't change your premiums or cost sharing, or limit how many services you can use.

- Expect low use
 - Few doctor visits
 - Occasional prescription drugs
 - No hospital visit expected
- Expect medium use
 - Regular doctor visits
 - Regular prescription drugs
 - Hospital visit unlikely
- Expect high use
 - Frequent doctor visits
 - Frequent prescription drugs
 - At least one hospital visit likely

Monthly premium: \$5.72 (Including a \$1,030.00 tax credit. Was \$1,035.72. Extra Savings)

Friday Health Plans
Friday Silver
Silver | EPO | Plan ID: 54837TX0030005

Deductible: \$2,000 Family Total

Out-of-pocket maximum: \$5,700 Family Total

Low Use
\$438

[Edit yearly cost](#)

Monthly premium: \$5.72 (Including a \$1,030.00 tax credit. Was \$1,035.72. Extra Savings)

Friday Health Plans
Friday Silver
Silver | EPO | Plan ID: 54837TX0030005

Deductible: \$2,000 Family Total

Out-of-pocket maximum: \$5,700 Family Total

High Use
\$5,769

[Edit yearly cost](#)

Step 1 of 6: Choosing the Amount of PTC to Use

Use your tax credit to lower your monthly premium

You qualify for a premium tax credit of \$1,030 a month. You can decide how much of this amount you want to use to save on your monthly premium.

You can lower your monthly premium up to
\$1,030 per month

The amount is based on:



Expected yearly income



Where you live



Tax household size

If any of these things change over the year, the tax credit amount you qualify for can change. For example, if your income goes up during the year, you'll likely qualify for a lower tax credit. If you take more tax credit than you're eligible for, you may have to pay money back when you file your federal taxes at the end of the year.

If your income or household changes, it's very important to update your Marketplace application as soon as possible to avoid paying money back on your federal taxes.

If you choose not to use any of your tax credit, you'll claim the full amount on your federal taxes.

How much of your \$1,030 monthly tax credit do you want to use to lower your premium?

- ALL** of the tax credit each month.
Good choice if you're pretty sure your final 2021 income will be about the same as your estimate.

Your monthly premium will be reduced by \$1,030

We'll apply all of your tax credit to your monthly premium. You'll receive none of your tax credit when you file federal taxes.

- SOME** of the tax credit each month.
Good choice if it's likely your final 2021 income will be higher than your estimate.
- NONE** of the tax credit each month.
Good choice if you don't want to risk having to pay money back on your federal taxes if anything changes.

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 Assistors

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.

Step 2 of 6: Reporting Tobacco Use

Report tobacco use

Within the past 6 months, has Arianna Anaya used tobacco regularly?

Select "yes" if Arianna Anaya has used tobacco 4 or more times per week on average during the past 6 months. Don't include ceremonial uses.

[Why are we collecting tobacco use?](#)

- Yes

When was the last time Arianna Anaya used tobacco regularly?

Enter a date between March 28, 2021 and today.

Month / Day / Year
[] / [] / []

- No

Save & Continue

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 Assistors

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

Continue Skip

Monthly premium
\$0.00
 Including a \$436.00 tax credit
 W/ \$435.54
 Extra Savings

Friday Health Plans
 Friday Silver
 Silver | EPO | Plan ID: 54837TX0030005

Deductible
 \$0
 Individual total

Out-of-pocket maximum
 \$2,850
 Individual total

Medical providers in-network
 ✗ Dr. Afreen Khan D.O.
 ✗ Ascension Seton Medical Center Austin
 Edit medical providers

Drugs covered/not covered
 ✓ Sertraline
 ✗ Zoloft
 Edit prescription drugs

Plan Details Enroll

Explaining 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

Health plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.

[Why change groups?](#)

- To get started with current groups: select **View plans** for a group to get started.
- To change groups: select **Change groups**, make the changes, then **View plans** for the new groups.

You'll select a plan for each group one at a time.

Group: 1

Arlanna Anaya (Age 37)
 Jason Momoa Mamoa (Age 49)

View Plans

Change Groups

Select “View Plans” to view plans with this grouping

OR, Select “Change Groups” to break household members into different groups

Arlanna Anaya
 Group 1

Jason Momoa Mamoa
 Group 1

Save & Continue Cancel

Group: 1
 Arianna Anaya (Age 37)
 Jason Momoa Mamoa (Age 49)

Arlanna Anaya
 Group 1

Jason Momoa Mamoa
 Group 2

Save & Continue Cancel

Group: 1
 Arianna Anaya (Age 37)

Group: 2
 Jason Momoa Mamoa (Age 49)

Explaining 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.

Step 4.2: Help Comparing Plans

HealthCare.gov Arianna Menu

Help comparing plans

Get quick definitions

25 health plans available

Filter plans

Select plans to compare

Compare

Next

Close

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

Pick a health plan

Viewing plans for this group

- Arianna Anaya (Age 37)
- Jason Momoa Mamo (Age 49)

Sort by

Lowest premium | Lowest deductible | Estimated yearly cost

Filters

Silver (Extra Savings) | Add more filters

225 plans available

THE FILTER TOOL

Monthly premium: \$0.00

Maximum yearly deductible: \$3,600

Estimated total yearly costs: \$1,985

Health plan categories: Catastrophic (4), Bronze (82), Silver (100), Gold (34), Platinum (5)

Health plan types: Exclusive Provider Organization (EPO) (139), Health Maintenance Organization (HMO) (86)

Insurance companies: Aetna CVS Health (5), Ambetter from Sunshine Health (43), AvMed (14), Bright HealthCare (35), Cigna Healthcare (17), Florida Blue (BlueCross BlueShield FL) (26), Florida Blue HMO (a BlueCross BlueShield FL company) (24), Molina Healthcare (9), Oscar Insurance Company of Florida (32), UnitedHealthcare (20)

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.