

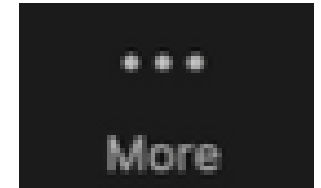


Plan Selection Strategies for Efficient Enrollment

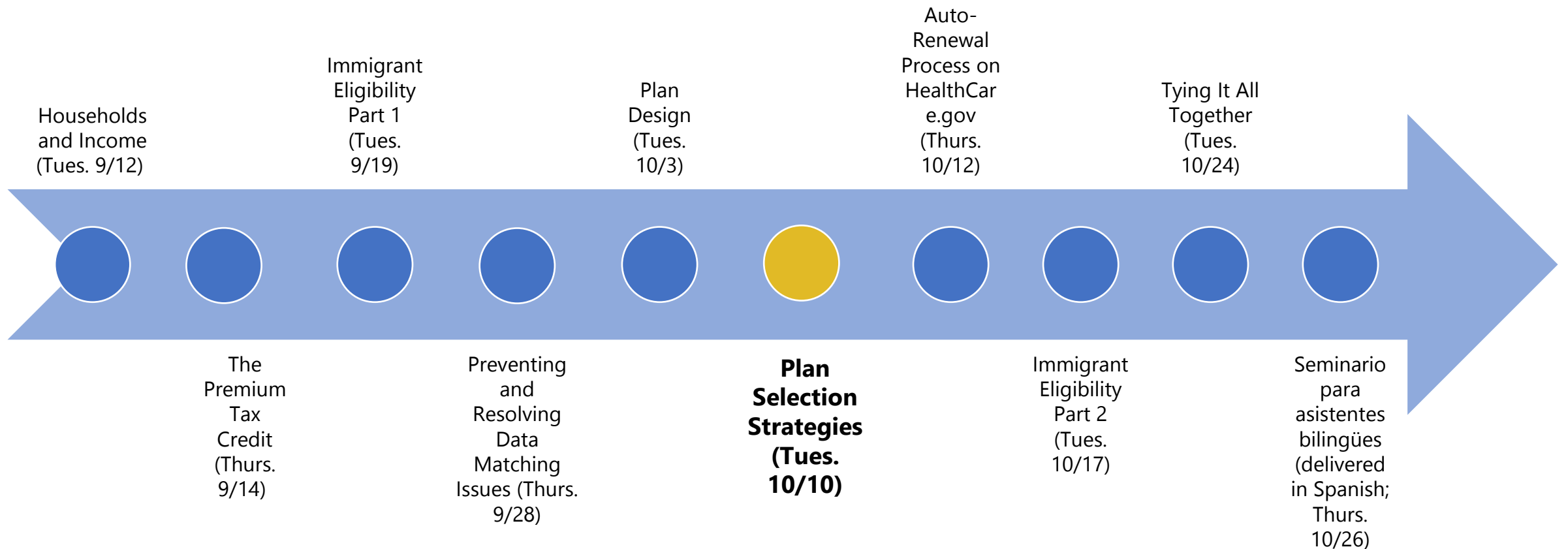
October 10, 2023

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.
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 - Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
 - We will be monitoring questions and will pause for Q&A during the presentation.
 - We may not be able to answer every question asked, but we will have a record of all your questions and will use them as a guide for future resources and presentations.
 - You can also email your questions during and after the webinar to beyondthebasics@cbpp.org



Fall Webinars



Register and find recordings and materials from past webinars in the series at:
<https://www.healthreformbeyondthebasics.org/category/webinars/>

Celebrating 10 Years of Coverage



Pam Gray

Senior Navigator, Center For Family Services (New Jersey)

Years in Role: Pam has been providing ACA marketplace enrollment assistance since the ACA and Navigators began.

As the senior navigator with the Navigator Exchange Program at CFS, I believe that our role is to assist consumers with obtaining affordable health care in a completely fair, impartial manner from navigators who are compassionate and empathetic while using all the tools and training we have previously received and continue to receive on a regular basis, as the law and legislation around the ACA are constantly being improved upon. We transitioned from the federal exchange ([healthcare.gov](https://www.healthcare.gov)) three years ago and now we function through the New Jersey marketplace, called Get Covered NJ. We are proud that our program started in 2013, for the very first open enrollment period, and that we have continually been granted the funding, to continue the work. We believe that the ability of a person to lead a fulfilled life starts with good health. There are people that we assist who haven't had health insurance for years and they may have chronic health issues or even a life-threatening illness. Once they have the ability to see a doctor and get their needs addressed, it's like a weight has been lifted from their shoulders. Just being able to get your yearly checkups and knowing that you are healthy or have the ability to obtain the daily medication you need to maintain your blood pressure or diabetes, is life-affirming. The saying that "knowledge is power" is so true when it comes to knowing what is going on with your health.

Today's Agenda

We'll discuss

- New and Existing Plan Selection Tools
- Narrowing the Options
- Navigating Networks

New and Existing Plan Selection Tools



HealthCare.Gov Plan Display Update

Anthem Blue Cross and Blue Shield

[Anthem Silver Pathway/Lean 5800/40% Standard S05](#)

 Extra savings  Easy pricing | Silver | HMO | Plan ID: 79475WI0340170 | Rating: New plan - Not rated

Premium

\$24.65 /month

Including a \$353 tax credit
was \$377.65

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$800

Individual total
(health & drug combined)

Out-of-pocket maximum

\$3,000

Individual total

You pay

[Check what you pay when you get care](#)

Plan features

 Adult Dental

 Child Dental

Find covered providers & drugs

[Add doctors & facilities](#)

[Add prescription drugs](#)

Anthem Blue Cross and Blue Shield

Anthem Silver Pathway/Lean 5800/40% Standard S04

Extra savings | Easy pricing | Silver | HMO | Plan ID: 79475WI0340170 | Rating: New plan - Not rated

Premium

\$84.01 /month

Including a \$696 tax credit was \$780.01

Estimated total yearly cost

\$4,202

Family total
Based on your predicted use of medical services

[Edit yearly cost](#)

Deductible

\$11,400

Family total
(health & drug combined)

Out-of-pocket maximum

\$14,400

Family total

Family Totals displayed, if more than one enrollee

You pay

[Check what you pay when you get care](#)

Plan features

- ✗ Adult Dental
- ✓ Child Dental

Find covered providers & drugs

- [Add doctors & facilities](#)
- [Add prescription drugs](#)

Like this plan

Go to plan details

Compare

Continuing for Plan Year 2024: Easy Pricing Plans

What is a standardized plan?

- Standard AV, maximum out-of-pocket (MOOP), deductibles, and cost-sharing for a given metal level of coverage

Why require standardized plans on the marketplace?

- Can make it easier for shoppers to compare choices based on premiums, provider networks, and quality ratings
- Response to growing number of plan choices in HealthCare.gov states / “choice overwhelm”
- Average in 2022: >100 plans, >45 Silver plans

What’s required in 2024?

- Issuers must offer standardized plans at every product network type, at every metal level, and throughout every service area that they offer non-standardized options
- Issuers may only offer four non-standardized plan options per product network type and metal level in 2024 (this will be reduced to 2 non-standardized plan options per network type/metal level in 2025)
- Reduction in average number of non-standardized options from 90 in 2023 to 66 in 2024
- Plans labeled as “Easy Pricing” and included as separate filter

U.S. Department of Health and Human Services (HHS) Standardization Parameters for 2024 Easy Pricing Plans

TABLE 9: 2024 Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	64.39%	70.01%	73.00%	87.03%	94.06%	78.02%	88.10%
Deductible	\$7,500	\$5,900	\$5,700	\$700	\$0	\$1,500	\$0
Annual Limitation on Cost Sharing	\$9,400	\$9,100	\$7,200	\$3,000	\$1,800	\$8,700	\$3,200
Emergency Room Services	50%	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	50%	40%	40%	30%	25%*	25%	\$350*
Primary Care Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Urgent Care	\$75*	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Specialist Visit	\$100*	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*
Mental Health & Substance Use Disorder Outpatient Office Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Imaging (CT/PET Scans, MRIs)	50%	40%	40%	30%	25%*	25%	\$100*
Speech Therapy	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Occupational, Physical Therapy	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Laboratory Services	50%	40%	40%	30%	25%*	25%	\$30*
X-rays/Diagnostic Imaging	50%	40%	40%	30%	25%*	25%	\$30*
Skilled Nursing Facility	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Surgery Physician & Services	50%	40%	40%	30%	25%*	25%	\$150*
Generic Drugs	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	\$50	\$40*	\$40*	\$20*	\$15*	\$30*	\$10*
Non-Preferred Brand Drugs	\$100	\$80	\$80	\$60	\$50*	\$60*	\$50*
Specialty Drugs	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

*Benefit category not subject to the deductible.

2023 Least Expensive Silver Easy Pricing Plan, Milwaukee, WI

Enrollee Demographics

- Zip Code 53201
- 35-year-old single female
- \$25,000 income estimate
- Eligible for 87% CSR

Anthem Blue Cross and Blue Shield

[Anthem Silver Pathway/Lean 5800/40% Standard S05](#)

Extra savings Easy pricing | Silver | HMO | Plan ID: 79475WI0340170 Rating New plan - Not rated

Premium

\$24.65 /month

Including a \$353 tax credit was \$377.65

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$800

Individual total (health & drug combined)

Out-of-pocket maximum

\$3,000

Individual total

You pay

[Check what you pay when you get care](#)

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Narrowing the Options:

The Filter Tool
and Easy Pricing Plans



Start Plan Selection with the Filter Tool and a Market Overview

Miami Dade County, Florida

Monthly premium

Your monthly premium range is \$0-\$973

\$ to \$

Maximum yearly deductible

Your yearly deductible range is \$0-\$9,100

\$ to \$

Health Savings Account Eligibility (HSA)

Eligible for an HSA

Medical providers

Prescription drugs

Health plan categories

This is how health plans split costs with you.

👉 **Easy pricing** plans have the same out-of-pocket costs and care before deductibles for some services.

- Bronze (79)
- Silver (91) **S** Extra savings
- Gold (46)
- Platinum (8)

Health plan types

- Exclusive Provider Organization (EPO) (108)
- Health Maintenance Organization (HMO) (116)

Insurance companies

Select an insurance company

- ✓ Select an insurance company
- Aetna CVS Health (14)
- Ambetter from Sunshine Health (41)
- AmeriHealth Caritas Next (4)
- AvMed (16)
- Cigna Healthcare (24)
- Florida Blue (BlueCross BlueShield FL) (34)
- Florida Blue HMO (a BlueCross BlueShield FL company)

224 Total Plans

79 Bronze | 91 Silver | 46 Gold | 8 Platinum

2 Health Plan Types:

- 108 EPOs
- 116 HMOs

10 Insurance Companies

- Aetna (14)
- Ambetter (41)
- Amerihealth (4)
- AvMed (16)
- Cigna (24)
- Florida Blue (34)
- Florida Blue HMO (37)
- Molina (9)
- Oscar (25)
- United (20)

General Definitions of Plan Types

	HMO	EPO	POS	PPO
PCP required?	MAY Require PCP	Doesn't Require PCP	MAY Require PCP	Doesn't Require PCP
Referral to specialist required?	MAY Require referral	Doesn't require referral	MAY require referral	Doesn't require referral
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 Marketplace plans required by law to "hold member harmless" in case of a life threatening, out of network emergency room visit			

Recommended Plan Education Practice: Use the Least Expensive Easy Pricing Plan

Aetna CVS Health

[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)

 Extra savings  Easy pricing | Silver | HMO | Plan ID: 18628FL0160009 | Rating: New plan - Not rated

Premium

\$31.87 /month

Including a \$423 tax credit
was \$454.87

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$800

Individual total
(health & drug combined)

Out-of-pocket maximum

\$3,000

Individual total

You pay

 Check what you pay when you get care

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Start with the overview
from the Filter Tool

Filter for the least
expensive silver easy
pricing option

Use that plan to provide
health plan education

Apply filters

Clear filters

Cancel

Ordering Health Plan Education Premium, Deductible & Out of Pocket Maximum

For more on plan design concepts, see the *Beyond the Basics* [Plan Design](#) webinar recording.

Working clockwise, start by defining and explaining: the (1) **premium**, then the (2) **deductible**, and finally the (3) **out of pocket max**

Aetna CVS Health
[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 18628FL0160009 | Rating: New plan - Not rated

Premium \$31.87 /month Including a \$423 tax credit was \$454.87	1	Estimated total yearly cost Add yearly cost	2	Deductible \$800 Individual total (health & drug combined)	3	Out-of-pocket maximum \$3,000 Individual total
--------------------------------------------------------------------------------------	----------	-----------------------------------------------------------------------	----------	--------------------------------------------------------------------------------	----------	--------------------------------------------------------------------

(1) Your premium is what you pay each month to have health insurance, even if you don't use it. The amount displayed is your monthly cost, after the premium tax credit.

(2) For certain care, you pay full price until you meet your plan's deductible.

Once your deductible is met, the insurance pays a percentage of the cost of certain services, while you pay the remaining amount.

(3) Once your contributions hit the plan's out-of-pocket maximum, the insurance is responsible for the future costs of your care. You must continue to pay your premiums and receive care that is covered by your plan and is within its provider network.

Ordering Health Plan Education Copayments and Coinsurance

Aetna CVS Health

[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)

Extra savings Easy pricing Silver HMO Plan ID: 18628FL0160009 Rating New plan - Not rated

Premium

\$31.87 /month

Including a \$423 tax credit
was \$454.87

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$800

Individual total
(health & drug combined)

Out-of-pocket maximum

\$3,000

Individual total

You pay

[Check what you pay when you get care](#)

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

Explain the plan's costs for care next. When opened the (4) "You Pay" section will display copays and coinsurance for certain care services.

(4) This plan has copays for certain services. Primary Care visits will cost \$20, Specialist visits will cost \$40 and Generic medications will cost \$10. You do not need to first meet your deductible.

The cost of an ER visit is covered by a 30% coinsurance, or a percentage of the total cost of care. You would pay full price for an ER visit until you hit your \$800 deductible, at which point you would be responsible for 30% of the remainder of the ER visit cost.

Ordering Health Plan Education

A Scenario

Once you've explained the plan's costs for care, it can be helpful to use a scenario to illustrate the plan's function.

If your first use of this health plan was a visit to the emergency room, you would be responsible for the \$800 Deductible + 30% of the ER costs after the deductible amount.

If the ER visit cost \$10,000, you would pay \$800 + 30% of the remaining \$9,200 bill, or \$2,760. Your total cost would be \$800 + \$2,760, or \$3,560.

Aetna CVS Health
[Silver S: Aetna network of doctors & hospitals + \\$0 walk-in & telemedicine via MinuteClinic at CVS](#)
Extra savings | Easy pricing | Silver | HMO | Plan ID: 18628FL0160009 | Rating: New plan - Not rated

Premium \$31.87 /month Including a \$423 tax credit was \$454.87	1	Estimated total yearly cost Add yearly cost	2	Deductible \$800 Individual total (health & drug combined)	3	Out-of-pocket maximum \$3,000 Individual total
You pay Check what you pay when you get care	4					

Primary care: \$20 per visit from day 1

At this point, because you have met your plan's out-of-pocket maximum, you would only pay \$3,000 for the ER visit.

For the remainder of the plan year, all in network, covered care would be paid for by the insurance company, though you must continue to pay your premium

Start with the least expensive Silver Easy Pricing Plan

Why Start with a Silver plans?

Middle category between Bronze and Gold

Midpoint premium cost-wise and coverage cost-wise

Why Start with an Easy Pricing Plans?

Uniform Cost Sharing

Explaining several plans at once, instead of one at a time

Shopping for Gold or Platinum Plans

2024 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2024

#	<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*	\$ 14,580	\$ 21,870	\$ 21,871	\$ 29,160	\$ 29,161	\$ 36,450	\$ 36,451	\$ 58,320
2		\$ 19,720	\$ 29,580	\$ 29,581	\$ 39,440	\$ 39,441	\$ 49,300	\$ 49,301	\$ 78,880
3		\$ 24,860	\$ 37,290	\$ 37,291	\$ 49,720	\$ 49,721	\$ 62,150	\$ 62,151	\$ 99,440
4		\$ 30,000	\$ 45,000	\$ 45,001	\$ 60,000	\$ 60,001	\$ 75,000	\$ 75,001	\$ 120,000
5		\$ 35,140	\$ 52,710	\$ 52,711	\$ 70,280	\$ 70,281	\$ 87,850	\$ 87,851	\$ 140,560
6		\$ 40,280	\$ 60,420	\$ 60,421	\$ 80,560	\$ 80,561	\$ 100,700	\$ 100,701	\$ 161,120
7		\$ 45,420	\$ 68,130	\$ 68,131	\$ 90,840	\$ 90,841	\$ 113,550	\$ 113,551	\$ 181,680
8		\$ 50,560	\$ 75,840	\$ 75,841	\$ 101,120	\$ 101,121	\$ 126,400	\$ 126,401	\$ 202,240
		Eligible for Cost Sharing Reductions (CSR) in Silver plan							
	CSR 94% (06)*	CSR 94% (06)		CSR 87% (05)		CSR 73% (04)			

Enrollees pay less out-of-pocket with higher AV plans

Premiums are generally higher for high AV plans

Cost-Sharing & Metal Tiers

QUALIFIED HEALTH PLAN (QHP) METAL LEVEL PLAN TIERS		
QHPs must provide plan designs consistent with actuarial values		
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)

BENCHMARK PLAN

Actuarial Value of Silver Plans Eligible for Cost Sharing Reductions

2024 Federal Poverty Levels & Brackets for Marketplace Subsidies

Number in Tax Household and Estimated Income for 2024

#	100%	150%	150+%	200%	200+%	250%
1	\$ 14,580	\$ 21,870	\$ 21,871	\$ 29,160	\$ 29,161	\$ 36,450
2	\$ 19,720	\$ 29,580	\$ 29,581	\$ 39,440	\$ 39,441	\$ 49,300
3	\$ 24,860	\$ 37,290	\$ 37,291	\$ 49,720	\$ 49,721	\$ 62,150
4	\$ 30,000	\$ 45,000	\$ 45,001	\$ 60,000	\$ 60,001	\$ 75,000
5	\$ 35,140	\$ 52,710	\$ 52,711	\$ 70,280	\$ 70,281	\$ 87,850
6	\$ 40,280	\$ 60,420	\$ 60,421	\$ 80,560	\$ 80,561	\$ 100,700
7	\$ 45,420	\$ 68,130	\$ 68,131	\$ 90,840	\$ 90,841	\$ 113,550
8	\$ 50,560	\$ 75,840	\$ 75,841	\$ 101,120	\$ 101,121	\$ 126,400
<i>Eliaible for Cost Sharina Reductions (CSR) in Silver plan</i>						
CSR 94% (06)		CSR 87% (05)		CSR 73% (04)		

TABLE 9: 2024 Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	70.01%	73.00%	87.03%	94.06%	78.02%	88.10%
Deductible	\$5,900	\$5,700	\$700	\$0	\$1,500	\$0
Annual Limitation on Cost Sharing	\$9,100	\$7,200	\$3,000	\$1,800	\$8,700	\$3,200
Emergency Room Services	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital Services (Including Mental Health & Substance Use Disorder)	40%	40%	30%	25%*	25%	\$350*
Primary Care Visit	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Urgent Care	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Specialist Visit	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*

Clients eligible for standard or 73% CSR Silver Plans may want to look at Gold or Platinum plans if they want lower care costs and don't mind a higher premium.

Clients eligible for 87% or 94% CSR Silver plans will usually have lower power premiums and lower care costs compared to Gold, and similar care costs compared to Platinum.

Anthem Blue Cross and Blue Shield

Anthem Silver Pathway/Lean 5800/40% Standard S05

Extra savings Easy pricing Silver HMO Plan ID: 79475WI0340170 Rating New plan - Not rated

Premium
\$24.65 /month
Including a \$353 tax credit
was \$377.65

Estimated total yearly cost
[Add yearly cost](#)

Deductible
\$800
Individual total
(health & drug combined)

Out-of-pocket maximum
\$3,000
Individual total

Health Plan Type

Easy Pricing Plan Label with green and white price tag icon

You pay
[Check what you pay when you get care](#)

Primary care	\$20 per visit from day 1
Specialist care	\$40 per visit from day 1
Urgent care	\$30 per visit from day 1
Emergency room	30% coinsurance after deductible
Outpatient mental health	\$20 per visit from day 1
Generic drugs	\$10

[View plan details](#) for full list of benefits, limits, and exclusions.

Where to access plan documents, such as the Summary of Benefits and Coverage (where to check if HMO requires referral)

Deductible	\$800	Urgent Care	\$30
Out-of-Pocket Maximum	\$3,000	Outpatient Mental Health	\$20
Primary Care	\$20	Generic Drugs	\$10
Specialist Care	\$40		


Check if an HMO Requires Referral

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services **Coverage Period: Beginning on or after 1/1/2023**



PRESTIGE_23_SILVER_87

Coverage for: Individual or Individual + Family | **Plan Type:** IFF_HMO-AC

 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, call 1-855-275-1400 or visit https://networkhealth.com/_assets/pdf/individual-benefits-2023/individualpolicy.pdf. 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.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf or call 1-855-275-1400 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$800 per Member / \$1,600 per 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 is 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 ?		

Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .
------------------------------------------------------------------------------------	-----	--------------------------------------------------------------------------------------------

Will you pay less if you use a network provider ?	not obtained. Yes. See www.networkhealth.com or call Network Health Customer Service at 1-855-275-1400 for a listing of participating 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 .
------------------------------------------------------------------------------------	-----	--------------------------------------------------------------------------------------------

Navigating Networks



From Plan Education to Plan Selection

Plan Selection as A Balancing Act of:

Cost (Plan Design) & **Care** (Network)

Network Overview: Milwaukee County

Qualified Health Plan Networks in the 2022-23 Marketplace in Milwaukee County



This chart shows the provider networks for each plan. When you pick your insurance plan, make sure it has doctors, clinics, and hospitals you use or want. If you use providers that are not in your insurance's network, you might pay more for your care.

KEY

- ✓ This network is included in Milwaukee County.
- ✗ This network is not included in Milwaukee County.

Health Care Provider Networks								
	Ascension Wisconsin	Advocate Aurora Health	Children's Wisconsin	Froedtert Health Milwaukee	Independent Physician Network	ProHealth Care	Milwaukee-Area Community Health Centers	
Marketplace Health Plans	WPS Health Plan	✗	✓	✓	✗	✓	✓	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers Sixteenth Street Community Health Centers
	Anthem BCBS (Compcare)	✓	✗	✓	✗	✗	✓	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers Sixteenth Street Community Health Centers
	Common Ground	✗	✓	✓	✗	✗	✗	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers
	Molina Healthcare	✓	✓	✓	✗	✗	✗	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers Sixteenth Street Community Health Centers
	Network Health Plan	✓	✗	✓	✓	✓	✗	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers Sixteenth Street Community Health Centers
	Quartz	✗	✓	✗	✗	✗	✓	
	Chorus Community Health Plans	✓	✗	✓	✓	✓	✓	<ol style="list-style-type: none"> Gerald L. Ignace Indian Health Centers Milwaukee Health Services, Inc. Outreach Community Health Centers Progressive Community Health Centers Sixteenth Street Community Health Centers

Last Updated: October 24, 2022

Locating The Plan Selection Provider & Medication Look Up Tool

View health & dental plans

Bronze | HMO | Plan ID: /94/5WI0340111 | Rating New plan - Not rated

Premium
\$0.00 /month

Including a \$353 tax credit was \$338.47

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$3,500

Individual total
Health: \$0
Drug: \$3,500

[Extra deductible for some services](#)

Out-of-pocket maximum

\$9,100

Individual total

You pay

[Check what you pay when you get care](#)

Plan features

✗ Adult Dental

✓ Child Dental

Find covered providers & drugs

[Add doctors & facilities](#)

[Add prescription drugs](#)

Premium

\$0.00

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$3,500

Out-of-pocket maximum

\$9,100

36 Gold

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

Extra Savings

You qualify for extra savings on out-of-pocket costs.

Pick a Silver plan to get these savings.



Give feedback

Categories are based on how you and the plan split costs of care. To find a plan that

The Look Up Tool

Reasonably effective with facilities

Less effective with individual providers

Does not provide cost information for drugs

ALWAYS double check HealthCare.gov network information against the insurance company provider directory

HealthCare.gov

Anthem Blue Cross and Blue Shield

[Anthem Bronze Pathway/Lean 0 \(\\$0 Virtual PCP + \\$0 Select Drugs + Incentives\)](#)

Bronze | HMO | Plan ID: 79475WI0340111 | Rating New plan - Not rated

Premium

\$0.00 /month

Including a \$353 tax credit was \$338.47

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$3,500

Individual total
Health: \$0
Drug: \$3,500

[Extra deductible for some services](#)

Out-of-pocket maximum

\$9,100

Individual total

You pay

[Check what you pay when you get care](#)

Plan features

- ✗ Adult Dental
- ✓ Child Dental

Find covered providers & drugs

- ✓ Ascension Columbia St Mary's Hospital Milwaukee

[Edit doctors & facilities](#)

[Add prescription drugs](#)

Like this plan

Go to plan details

Compare

The Look Up Tool: Hospitals

Milwaukee, WI

HealthCare.gov

[Español](#) [Log in](#)

Optional step: See if doctors, facilities, & drugs are covered [View steps](#)

Add your doctors & facilities

See if your doctor or health care facility is covered by the Marketplace plan.

Enter the name of your doctor or health care facility.

Don't include titles like Dr., Mr., Ms., or Mrs.

Search



Can't find your doctor?

Try typing more letters in the name of your doctor or facility to find a closer match. [?](#)

Showing results for **Froedtert Hospital**

Froedtert Bluemound Rehabilitation Hospital

Rehabilitation Unit
Wauwatosa, WI (6.29 mi away)

Add

Froedtert Memorial Lutheran Hospital, Inc.

Pharmacy · Community/Retail Pharmacy
Milwaukee, WI (6.29 mi away)

Add

Froedtert Hospital

General Acute Care Hospital
Milwaukee, WI (6.29 mi away)

Add

Froedtert Memorial Lutheran Hospital, Inc

Pharmacy · Community/Retail Pharmacy
Wauwatosa, WI (6.29 mi away)

Add

- Search the full and official hospital name
- If multiple options, pick "General Acute Care Hospital"
- With any provider look up tool, trust but verify

Beyond 31
the Basics

Celebrating 10 Years of
Marketplace Coverage

2014-2024

The Look Up Tool: Provider

Spoooner, WI

HealthCare.gov

Optional step: See if doctors, facilities, & drugs are covered [View steps](#)

Add your doctors & facilities

See if your doctor or health care facility is covered by the Marketplace plan.

Enter the name of your doctor or health care facility.

Don't include titles like Dr., Mr., Ms., or Mrs.

Bray, Laura

Laura Lee Bray-prescott Pt
Physical Therapist

Laura Bray Ms., Otr/l
Occupational Therapist

Dr. Laura Craig-bray Ph.d.
Psychologist

Search

Medica Primary Care Search

Spoooner, WI



English Menu



Dashboard / Facilities by name / **Essentia Health Spooone...**

LOCATION [Spoooner, WI 54801](#)

PLAN [Medica Individual Choi...](#)

Essentia Health Spoooner Clinic

25 miles

Filters

Best Match

Map

2 search results

Essentia Health-Spoooner Clinic

Accepting new patients at this location

1180 Chandler Dr

Spoooner, WI 54801 • [2.6 miles](#)

[\(715\) 635-2151](#)

Location

SPECIALTIES

Family Practice

QUALITY

None

CONTACT

Main: (715) 635-2151

After Hours: (715) 635-2151

[+ 3 more](#)

OFFICE HOURS

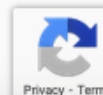
[Open Today - 8:00AM-5:00PM](#)

PLANS ACCEPTED

[11 plans accepted](#)

STAFF LANGUAGES

English



Returning to The Look Up Tool: Provider → Facility

Filters [Add more filters](#) Plan type Health Plans Sort by Lowest premium Lowest deductible

35 plans match your filters [No saved plans](#)

Medica
[Essentia Choice Care with Medica Bronze Share Plus \(\\$0 Virtual Care with Designated Providers\)](#)
Bronze | EPO | Plan ID: 57845W10060029 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$0.00 /month <small>Including a \$458 tax credit was \$380.68</small>	Add yearly cost	\$2,700 <small>Individual total (health & drug combined)</small>	\$9,100 <small>Individual total</small>

You pay
[Check what you pay when you get care](#)

Plan features
✗ Adult Dental
✗ Child Dental

Find covered providers & drugs
✓ [Essentia Health Spooner Clinic](#)
[Edit doctors & facilities](#) [Add prescription drugs](#)

[Go to plan details](#) [Save](#) [Compare](#)

42 total plans


- 21 Bronze
- 12 Silver Extra savings
- 9 Gold

Categories are based on how you and the plan split costs of care. To find a plan that works for you, look at each plan's estimated total yearly costs.

Extra Savings

You qualify for extra savings on out-of-pocket costs.


Pick a Silver plan to get these savings.



[See Silver plans](#)

Medica
[Essentia Choice Care with Medica Bronze HSA \(\\$0 Virtual Care after Deductible with Designated Providers\)](#)
Bronze | EPO | Plan ID: 57845W10060011 | Rating ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$0.00	Add yearly cost	\$6,500	\$7,500

Quick tips 

- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

Q&A



Resources

Webinars

- [Introduction to Plan Selection Tools for 2024](#)
- [Under the Hood: Building Your Own Plan Selection Tools for 2024](#)

Enrollment Tools:

- [Marketplace Enrollment Checklist Guide](#)
- [Plan Comparison Worksheet \(Available in 8 Languages\)](#)

Reference Charts:

- [Yearly Guidelines & Thresholds | Coverage Year 2024](#)
- [Links To Window Shopping Tools for State-Based Marketplaces](#)
 - [Blank Template Versions for Network Overview Resource \(>6 plans\) \(Excel\)](#)
 - [Blank Template Versions for Network Overview Resource \(Simple\)](#)

**Note: Available on Google Sheets. To use this spreadsheet, log into your Google account and select "Make a Copy" or "Download" -> "Microsoft Excel (.xlsx)"*

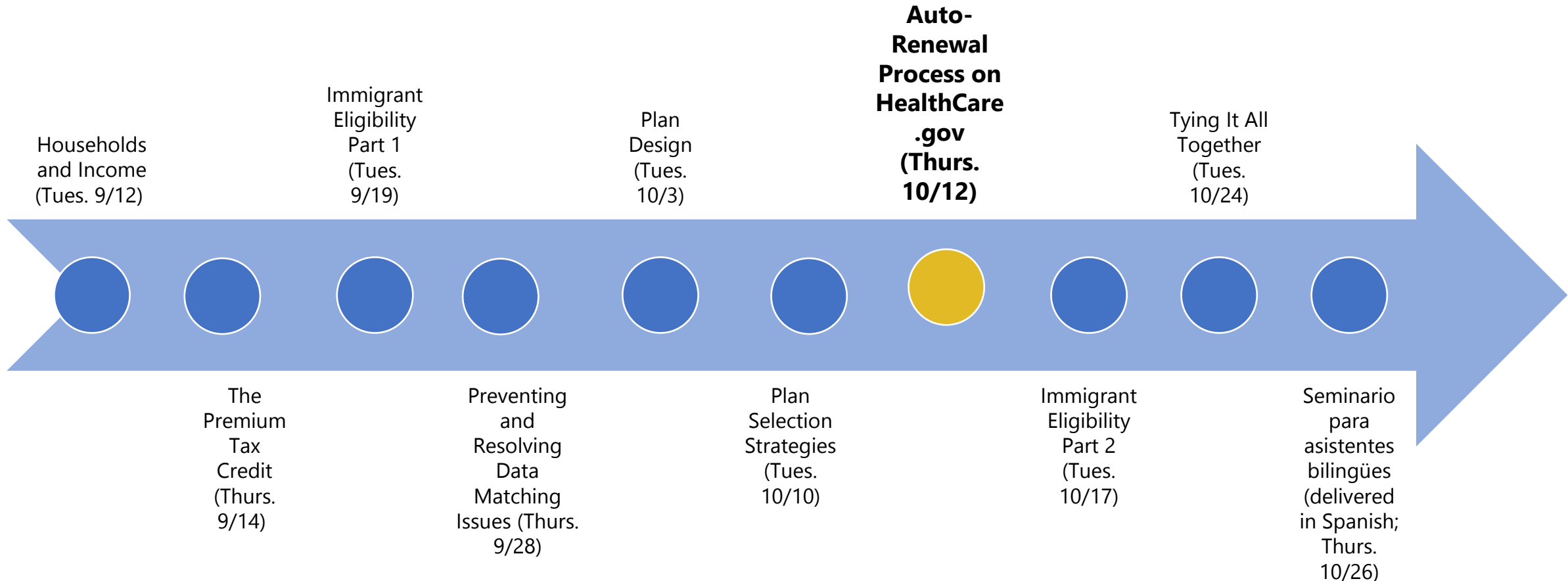
Contact

Thank you so much for your time and attention today. Best of luck this season!

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

Upcoming Webinars



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<https://www.healthreformbeyondthebasics.org/category/webinars/>