

# Summer Webinar Series Part II

**Beyond**   
**the Basics**

**Under the Hood: Building  
Your Own Customized  
Plan Selection Resources  
for 2024**

August 16, 2023

# Upcoming Webinars

## Determining Households & Income

September 12<sup>th</sup>, 2pm ET (11am PT)

- Registration on the Beyond the Basics website: <https://www.healthreformbeyondthebasics.org/upcoming-webinars/>

## Open Enrollment Series – Save the Dates

*All webinars take place at 2pm ET (11am PT)*

- The premium tax credit: Thursday, September 14
- Immigrant eligibility Part I: Tuesday, September 19
- Preventing and resolving data matching issues: Thursday, September 28
- Plan design: Tuesday, October 3
- Plan selection strategies, October 10
- Auto-renewal process on HealthCare.gov: Thursday, October 12
- Immigrant eligibility Part 2: Tuesday, October 17
- Tying it all together: Thursday, October 24
- Helping people who speak Spanish enroll in coverage (delivered in Spanish): Thursday, October 26

# 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.
- All participants are muted and in listen-only mode. If you'd like to ask a question:
  - 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](mailto:beyondthebasics@cbpp.org)



# Agenda

We'll discuss:

- Researching Your Market: The Shopping Tool
- Building Network Overviews
- Building Plan Comparison Resources

# New Data on Marketplace Enrollment in 2023

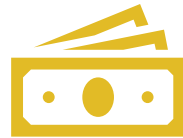
As of February 2023, compared to February 2022, CMS reports...

(All 50 states and DC)



Effectuated Enrollment

- 13% increase in marketplace enrollment (15.7 million)



Financial help

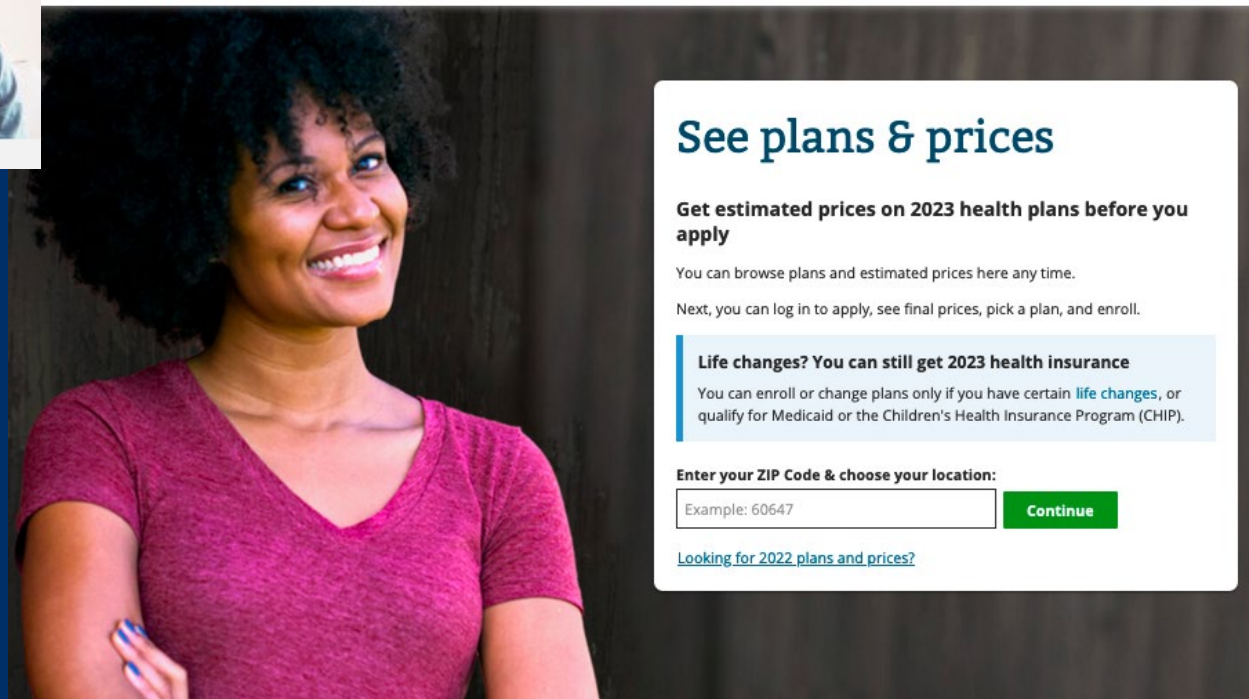
- 15% increase in the number of people with APTC (14.3 million enrollees)
- 11% increase in the number of people with CSRs (7.6 million enrollees)



Premiums

- 3% *lower* premiums after APTC than in 2022 (\$123.69/month)

Source: *Effectuated Enrollment: Early 2023 Snapshot and Full Year 2022 Average*, Centers for Medicare and Medicaid Services, August 2023, <https://www.cms.gov/files/document/early-2023-and-full-year-2022-effectuated-enrollment-report.pdf>



## See plans & prices

### Get estimated prices on 2023 health plans before you apply

You can browse plans and estimated prices here any time.

Next, you can log in to apply, see final prices, pick a plan, and enroll.

#### Life changes? You can still get 2023 health insurance

You can enroll or change plans only if you have certain [life changes](#), or qualify for Medicaid or the Children's Health Insurance Program (CHIP).

Enter your ZIP Code & choose your location:

Example: 60647

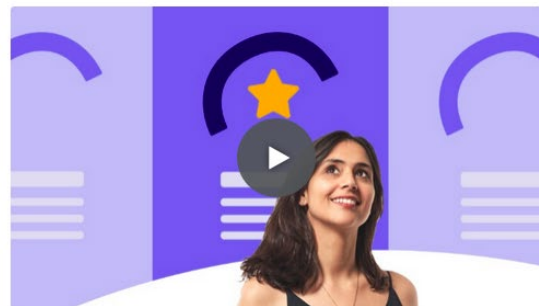
[Continue](#)

[Looking for 2022 plans and prices?](#)

## Shop with Pennie

Shopping made simple with Pennie. Follow the steps below!

- 1 Compare plans and get a quick quote
- 2 Apply for coverage
- 3 Pick a plan
- 4 Pay your first month's premium\*
- 5 You're covered!



Learn how to shop and compare plans, and what to look out for.  
[Ver en Español.](#)

\* Payment needs to be made before the **policy effective date**

[Shop & compare plans](#)

# Your Friendly Neighborhood Shopping Tool

**REFERENCE  
CHART**
**LINKS TO WINDOW SHOPPING TOOLS FOR STATE-BASED MARKETPLACES**

[HealthCare.gov Plans and Prices Tool](#)  
Beyond the Basics. [Links to Window Shopping Tools for State-Based Marketplaces](#)

State	Name of State Based Exchange	Clickable Link to Shopping Tool
California	Covered California	<a href="#">California Shopping Tool</a>
Colorado	Connect for Health Colorado	<a href="#">Colorado Shopping Tool</a>
Connecticut	Access Health CT	<a href="#">Connecticut Shopping Tool</a>
District of Columbia	DC Health Link	<a href="#">District of Columbia Shopping Tool</a>
Idaho	Your Health Idaho	<a href="#">Idaho Shopping Tool</a>
Kentucky	Kentucky Health Benefit Exchange	<a href="#">Kentucky Shopping Tool</a>
Maine	CoverME.gov	<a href="#">Maine Shopping Tool</a>
Maryland	Maryland Health Connection	<a href="#">Maryland Shopping Tool</a>
Massachusetts	Massachusetts Health Connector	<a href="#">Massachusetts Shopping Tool</a>
Minnesota	MNsure	<a href="#">Minnesota Shopping Tool</a>
Nevada	Nevada Health Link	<a href="#">Nevada Shopping Tool</a>
New Jersey	Get Covered NJ	<a href="#">New Jersey Shopping Tool</a>
New Mexico	beWellnm	<a href="#">New Mexico Shopping Tool</a>
New York	NY State of Health	<a href="#">New York Shopping Tool</a>
Pennsylvania	Pennie	<a href="#">Pennsylvania Shopping Tool</a>
Rhode Island	HealthSource RI	<a href="#">Rhode Island Shopping Tool</a>
Vermont	Vermont Health Connect	<a href="#">Vermont Shopping Tool</a>
Virginia	Coming Soon	Coming Soon
Washington	Washington Healthplanfinder	<a href="#">Washington Shopping Tool</a>

All other states should use the [Healthcare.gov Shopping Tool](#)

**Beyond** CHART  
**the Basics**

**Beyond** 7  
**the Basics**

# Updated RESOURCE

## Links to 2023 SBE Shopping Tools

# What the Shopping Tools TEND to Have in Common: Initial Client Info

## Get an Estimate



### Tell us about yourself

ZIP Code\*  County\*  Coverage Year\*



### Build your household

#### Primary Applicant

Age\*  Is this person pregnant?\*  No  Yes Select the coverage you need\*

Add Spouse

Add Dependent

**Be sure to include these people, even if they don't need coverage:**

- Yourself
- Your spouse if you're married
- Anyone you'll claim as a tax dependent this year

[Learn more here](#) about who to include when you apply for coverage.



### See if you qualify for financial help!

What do you estimate your yearly income will be in 2023? This is the total income for anyone listed on your tax return. Enter your best guess.

Annual Household Income

Check for Savings

**Include these income sources, even for household members not applying for coverage:**

- Wages, salaries and tips
- Net income from any self-employment or business
- Unemployment
- Social Security benefits (but not Supplement Security Income)

## Usual Requested Demographics

- 1) Zip Code & County
- 2) Age of Applicant
- 3) Income of Applicant Household

### 1) Additional Info requested:

- Applicant Name
- Applicant DOB
- Sex
- Pregnancy Status
- Tobacco Use
- American Indian or Alaska Native



# Where Shopping Tools Differ: Number of Pre-Screen Questions & Screens

## Maryland Health Connection

### Get an Estimate



#### Tell us about yourself

ZIP Code\*  County\*  Coverage Year\*



#### Build your household

##### Primary Applicant

Age\*  Is this person pregnant?\*  No  Yes Select the coverage you need\*

Add Spouse

Add Dependent

#### Be sure to include these people, even if they don't need coverage:

- Yourself
- Your spouse if you're married
- Anyone you'll claim as a tax dependent this year

[Learn more here](#) about who to include when you apply for coverage.



#### See if you qualify for financial help!

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- Net income from any self-employment or business
- Unemployment
- Social Security benefits (but not Supplement Security Income)

## HealthCare.gov

Step 2 of 3: Tell us about you & your household [View steps](#)

### What do you think your household income will be in 2023?

Expected 2023 income

[See how to estimate your 2023 income](#)

\$

Continue

#### Want to skip these questions?

By answering this question, you'll see prices based on your income. These prices, also based on your age and household, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.

See plans now

# What the Shopping Tools TEND to Have in Common : A Filter Tool

HealthCare.gov Español Log In

**Monthly premium**  
Your monthly premium range is \$108-\$955  
\$ to \$

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

**Health Savings Account Eligibility (HSA)**  
 Eligible for an HSA

**Medical providers**

**Prescription drugs**

**Health plan categories**  
 Catastrophic (4)  
 Preferred Provider Organization (PPO) (139)

**Health plan types**  
 Exclusive Provider Organization (EPO) (139)

Select an insurance company

- 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)

Select an insurance company

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

# Where Shopping Tools Differ: The Filter's Functionality

## Filter Options

Filter Options

County \*  
New York

Plan Year  
2023

Persons Covered \*  
--Select--  
PARENT AND CHILD ONLY  
COUPLE  
INDIVIDUAL  
FAMILY

Overall Quality Rating ?  
--

Age Type  
--

Metal Level ?  
--All--

Standard/Non-Standard ?  
--All--

Plan ID  
--

Dependent Age 29 ?  
--

Out Of Network ?  
--

Estimated Financial Help  
Estimate Financial Help ?

Reset All Search

## Search plans for 2023

Compare Plans ? Reset Compare Plans

Page 1 of 46 << >>

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
<input type="checkbox"/>	 ★ ★ ★ ★ ☆ Quality Details	BronzePlus-B2, NS, INN, Family Dental, Family Vision, Dep25, Healthy Living Rewards, Metro-MP	Bronze	Medical Plus Dental	New York	Individual	\$519.28	<a href="#">View Details</a>
<input type="checkbox"/>		BronzePlus-B1, ST, INN, Pediatric Dental, Dep25, Healthy Living Rewards,	Bronze	Medical Plus Child Dental	New York	Individual	\$527.30	<a href="#">View Details</a>

# Where Shopping Tools Differ: New York's Filter Tool: Persons Covered\*

## Filter Options

County * New York	Plan Year 2023	<b>Persons Covered *</b> INDIVIDUAL	Overall Quality Rating ? --All--	Coverage Type --All--
Metal Level ? --All--	Standard/Non-Standard ? --All--	Insurance Company --All--	HIOS Plan ID --All--	<input type="checkbox"/> Dependent Age 29 ? <input type="checkbox"/> Out Of Network ?

Estimated Financial Help

Estimate Financial Help ?

Reset All Search

## Search plans for 2023

Compare Plans ? Reset Compare Plans

Page 1 of 12 << >>

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
<input type="checkbox"/>	 ★★★★☆ Quality Details	BronzePlus-B2, NS, INN, Family Dental, Family Vision, Dep25, Healthy Living Rewards, Metro-MP	Bronze	Medical Plus Dental	New York	Individual	\$519.28	<a href="#">View Details</a>

# Where Shopping Tools Differ: New York's Filter Tool: Coverage Type

## Filter Options

County * New York	Plan Year 2023	Persons Covered * INDIVIDUAL	Overall Quality Rating ? --All--	Coverage Type MEDICAL
Metal Level ? --All--	Standard/Non-Standard ? --All--	Insurance Company --All--	HIOS Plan ID --All--	<input type="checkbox"/> Dependent Age 29 ? <input type="checkbox"/> Out Of Network ?

Estimated Financial Help

[Estimate Financial Help ?](#)

[Reset All](#) [Search](#)

## Search plans for 2023

[Compare Plans ?](#) [Reset Compare Plans](#)

Page 1 of 8 ◀▶

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
<input type="checkbox"/>	 ★★★★☆ <a href="#">Quality Details</a>	BronzePlus-B1, ST, INN, Pediatric Dental, Dep25, Healthy Living Rewards, Metro-MP	Bronze	Medical Plus Child Dental	New York	Individual	\$527.30	<a href="#">View Details</a>

# SHOPPING TOOL INFO

225 Total Plans  
Plan Types: EPOs & HMOs  
Companies

- Aetna (5)
- Ambetter (43)
- AvMed (14)
- Bright (35)
- Cigna (17)
- BCBS (2 plan types—26+24)
- Molina (9)
- Oscar (32)
- UnitedHealthcare (2)

Once the companies are identified, identify the plan offerings of each company

## 2022 Marketplace Plans Overview

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

Vertical Company Layout—Markets of over 6 companies

# Working Version

Company – Plan	Plan Type	Referral Needed?
Aetna		
Ambetter		
AvMed		
Bright		
Cigna		
BCBS		
Molina		
Oscar		
UnitedHealth care		



# Fancy-Pants Version

2022 Marketplace Plans Overview						
Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Emergency Room Care Outside the state?	Non-emergency options outside the state?*	Counties Covered	In-Network
	HMO	Referral Required from in-network PCP	ALL MARKETPLACE PLANS MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY TREATED IN AN OUT OF NETWORK HOSPITAL			
	EPO	No referral required for in-network speciality visit				

\* All plans have a nurse's line | Free Telemed ONLY available with non-HSA

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



## View health & coverage details

Viewing plans for this

- You (age 38)

Your total estimated tax

Filters Add more filters

Silver (extra savings)

29 plans match your criteria

Estimated monthly premium

**\$20.08**

Including a \$426 tax credit  
Was \$446.08

Plan details

### Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services Baylor Scott & White Health Plan: BSW Prime Silver HMO 003 - CSR 87% AV 40788TX0460003-05

Coverage Period: 01/01/2023 – 12/31/2023  
Coverage for: Member/Family | Plan Type: HMO

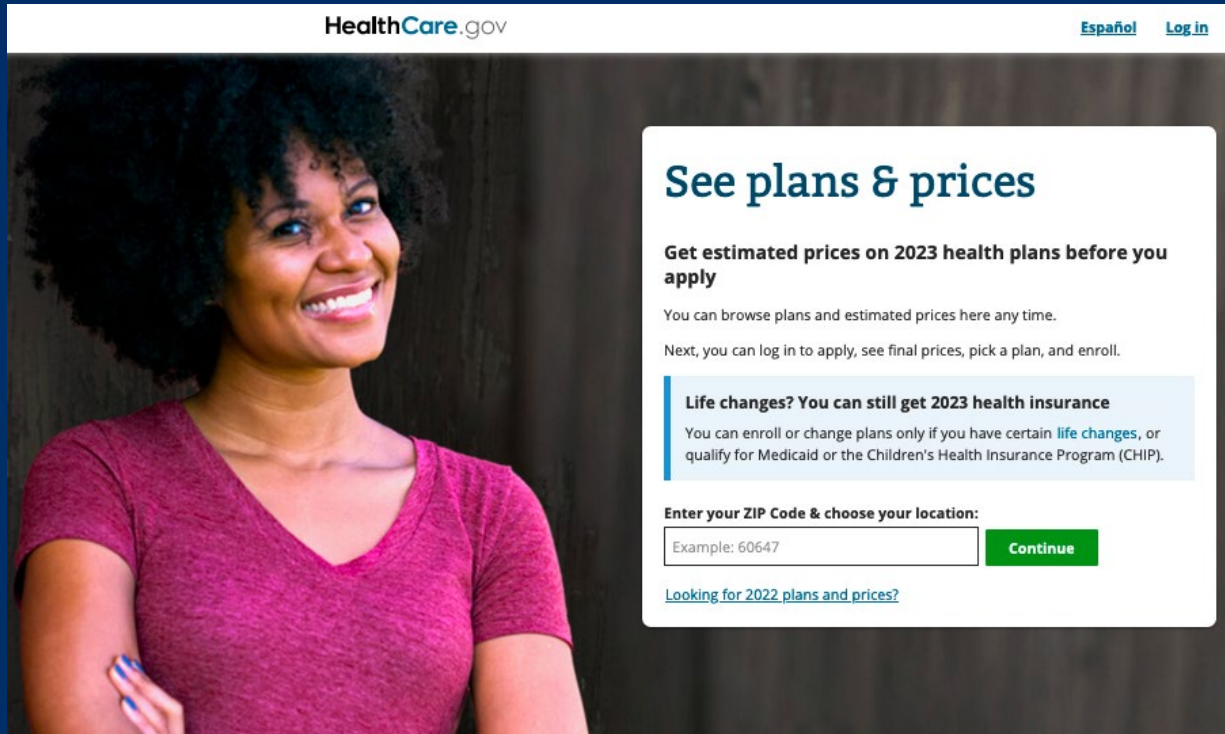


The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 844-633-5325 or visit us at [https://www.bswhealthplan.com/SiteCollectionDocuments/PlanDocs/2023/SOB/SWHP\\_2023\\_SHIW3M15\\_MED.pdf](https://www.bswhealthplan.com/SiteCollectionDocuments/PlanDocs/2023/SOB/SWHP_2023_SHIW3M15_MED.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 [HealthCare.gov/sbc-glossary](https://www.healthcare.gov/sbc-glossary) or call 844-633-5325 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 and certain preventive drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">HealthCare.gov/coverage/preventive-care-benefits</a> .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,000 per member / \$6,000 per family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="https://portal.swhp.org/#/search?networkCode=PREM_HMO_INDV">https://portal.swhp.org/#/search?networkCode=PREM_HMO_INDV</a> or call 844-633-5325 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

# Questions





## Using Plan Preview Tool to Build Network Overviews

1. Use the zip code of your site or the zip code where most of your clients live
2. 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
3. Check the Filter section for important details on the companies and plans in your Market
4. Use the Provider Look Up Tool

**Building Network Overviews**



# Catastrophic Plans & the Shopping Tool

Single **38 Year Old** w/ \$30,000 Income

HealthCare.gov

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

## View health & dental plans

### Viewing plans for this group

- You (age 38)

Your total estimated tax credit: **\$323**

[Edit](#)

Filters [Add filters](#)

Plan type Health Plans

**109 plans** (no filters added)

Estimated monthly premium

**\$0.00**

Including a \$323 tax credit  
Was \$313.57

Anthem Blue Cross and Blue Shield

[Anthem Bronze Pathway X 9100/0% Standard](#)

Bronze | EPO | Plan ID: 32753MO0950020

Deductible ⓘ

\$9,100

Out-of-pocket maximum ⓘ

\$9,100

Single **28 Year Old** w/ \$30,000 Income

HealthCare.gov

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

## View health & dental plans

### Viewing plans for this group

- You (age 28)

Your total estimated tax credit: **\$273**

[Edit](#)

Filters [Add filters](#)

Plan type Health Plans

**113 plans** (no filters added)

Estimated monthly premium

**\$0.00**

WellFirst Health

[WellFirst Bronze Standard 9100X \(Free Virtual](#)

Bronze | EPO | Plan ID: 47840MO0010018


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 **St. John's****St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**Skilled Nursing Facility  
Springfield, IL (0.60 mi away)[Add](#)**St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**General Acute Care Hospital  
Springfield, IL (0.60 mi away)[Add](#)**Hshs St. John's Hospital**General Acute Care Hospital  
Springfield, IL (0.60 mi away)[Add](#)**St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**General Acute Care Hospital  
Springfield, IL (0.60 mi away)[Add](#)**St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**General Acute Care Hospital - Children  
Springfield, IL (0.60 mi away)[Add](#)**St John's Hospital Of The Hospital Sisters Of The Third Order Of St F**Home Infusion  
Springfield, IL (1.18 mi away)[Add](#)**St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**Hospice Care, Community Based  
Springfield, IL (2.12 mi away)[Add](#)**St. John's Hospital Of The Hospital Sisters Of The Third Order Of St F**Home Health  
Springfield, IL (2.12 mi away)[Add](#)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](#)Showing results for **HSHS St. John's Hospital****Hshs St. John's Hospital**General Acute Care Hospital  
Springfield, IL (0.60 mi away)[Add](#)[← Back to plans](#)Specialist doctor  
50% Coinsurance after deductible[Add prescription drugs](#)

Add prescription drugs and we'll show you which ones are covered by your plan.

To find a plan that works for you, look at each plan's estimated total yearly costs.

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


# Using the QHP 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: 360961L0990261

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

 **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](#)

Plans: **Blue Choice Preferred PPO<sup>SM</sup> [BCE]** City, state or zip: **Chicago, IL – 60290**

## Good Morning!

Browse or search to find the care you need.

Common Searches: [Primary Care](#) [Urgent Care](#) [Behavioral Health](#) [Hospital](#) [Durable Medical Equipment](#)

[Plan brochure](#)

[Provider directory](#) **Provider Look Up Tool**

[List of covered drugs](#)

[Costs 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:

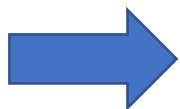
Primary Care

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 list						
<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.	<table border="1"> <thead> <tr> <th colspan="2">HOSPITALS</th> </tr> </thead> <tbody> <tr> <td>Memorial Medical Center</td> <td>St Johns Hospital</td> </tr> <tr> <td>Memorial Medical Center</td> <td>St Johns Hospital</td> </tr> </tbody> </table>	HOSPITALS		Memorial Medical Center	St Johns Hospital	Memorial Medical Center	St Johns Hospital
HOSPITALS											
Memorial Medical Center	St Johns Hospital										
Memorial Medical Center	St Johns Hospital										

# One QHP with Multiple Plan Offerings, & Differing In-Network Hospitals

## 2022 Illinois Cook & DuPage Counties Marketplace Plans Overview

Insurance Company Name (& Plan Name, if more than one)	Plan Type	Need referral for Specialist Visits?	Emergency Room Care Outside the state?	Non-emergency options outside the state?*	In-Network Area Hospitals†				
					Northwestern Memorial	University of Chicago	Advocate Christ Medical Center	Rush University Medical Center	AMITA-Ascension-Presence
<b>AMBETTER</b>	HMO	Referral Required for Specialty Visits	<b>ALL MARKETPLACE HMOs MUST "HOLD THE MEMBER HARMLESS" FOR LIFE THREATENING EMERGENCY</b>	Limited Nationwide Urgent Care; FREE Telemedicine					AMITA-Ascension-Presence
<b>BLUE CROSS BLUE SHIELD BLUE FOCUSCARE</b> 36096IL1000	HMO	Referral Required for Specialty Visits		Limited Nationwide Urgent Care					AMITA-Ascension-Presence
<b>BLUE CROSS BLUE SHIELD BLUECARE DIRECT</b> 36096IL0950	HMO	Referral Required for Specialty Visits		Limited Nationwide Urgent Care			Advocate Christ Medical Center		
<b>BLUE CROSS BLUE SHIELD BLUE PRECISION</b> 36096IL0810	HMO	Referral Required for Specialty Visits		Limited Nationwide Urgent Care	Northwestern Memorial		Advocate Christ Medical Center		AMITA-Ascension-Presence
<b>BLUE CROSS BLUE SHIELD PREFERRED</b> 36096IL0990	PPO	Referral NOT required for Specialty Visits		Offers Out of Network Care at 50% Coinsurance after separate Out of Network \$15,000 Deductible is met.	Northwestern Memorial		Advocate Christ Medical Center	Rush University Medical Center	AMITA-Ascension-Presence

†See below



# One QHP with Multiple Plan Offerings

The screenshot shows the Ambetter Guide search interface. At the top, there are navigation links: 'Find Care', 'Advanced Search', and 'About Virtual Care'. The search filters are set to 'State: Florida', 'Network Year: 2022', and 'Provider Network: Ambetter Select' (highlighted with an orange box). The search term is 'hospital' and the location is 'Miami, FL, USA'. The results list 'Jackson Memorial Hospital' (2.5 mi. away) and 'Mount Sinai Medical Center' (4.8 mi. away). A map on the right shows the location of Jackson Memorial Hospital.

Company & Plan Name	In Network Hospitals		
	Jackson Memorial	Baptist	Mount Sinai
<b>Ambetter Essential Balanced Secure</b>	In Network	NOT in network	In Network
<b>Ambetter Value</b>	In Network	NOT in Network	In Network
<b>Ambetter Select</b>	In Network	NOT in Network	In Network

# The Provider's Website

## Another Potential Avenue of Network Research

### MILITARY PLANS

- [Tricare Prime](#)
- [TRICARE Select®](#)

### HEALTHCARE EXCHANGE PLANS

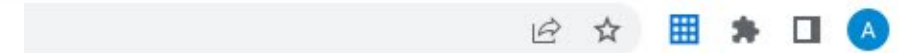
- [Aetna QHP \(effective 01.01.2022\)](#)
- [AvMed Entrust](#)
- [Cigna Connect \(effective 01.01.2022\)](#)
- [Florida Blue](#)

### INTERNATIONAL PLANS

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

### INTERNATIONAL PPO NETWORKS

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



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SEARCH

APPOINTMENTS

cience Institute,

# Building Plan Comparison Resources



# 2022 Oklahoma Network Overview

## Oklahoma Marketplace Plan Network Overview

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

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

# Healthcare.gov Catastrophic Plan Comparison Tool Creation

# Oklahoma



Friday Health Plans

## FRIDAY Catastrophic: \$0 Well Visit + 3 \$0 Primary Care Visits, \$0 Vision Exam

Catastrophic | HMO | Plan ID: 915380K0010001

[Like This Plan? Take the Next Step](#)

### Highlights

Estimated monthly premium	\$245.99
Deductible	\$8,700 Individual total
Out-of-pocket maximum	\$8,700 Individual total
Estimated total yearly costs	<a href="#">Add yearly cost</a>
	<a href="#">Add medical providers</a>
	<a href="#">Add prescription drugs</a>

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)
- [List of covered drugs](#)

New plan - Not rated ⓘ

[Compare](#)

Estimated total yearly ⓘ

[Add yearly cost](#)

Specialist doctor  
No Charge After Deductible

[Add prescription drugs](#)

[Add prescription drugs and which plans cover](#)

of 30, n type.

NEFITS

Illness

st three primary

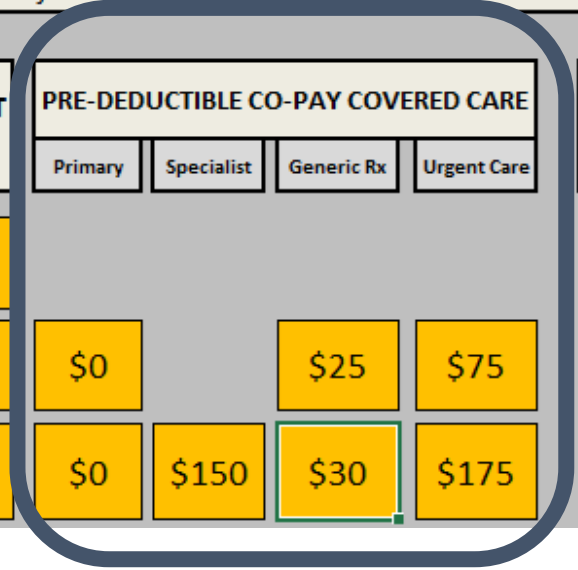
# Oklahoma Examples:

## Bronze Plan Overview

### 2022 OKLAHOMA BRONZE PLAN OVERVIEW

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

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



## What do you think your household income will be in 2022?

Expected 2022 income

[See how to estimate your 2022 income](#)

\$ 20000

Continue

Number in Tax Household and Estimated Income for 2022

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



# Silver Plan Comparisons

## Silver No CSR vs. Silver 94% CSR

# Oklahoma Examples:

## Silver No CSR

SILVER 2022 PLAN OVERVIEW   No CSR								
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
Friday Silver <a href="#">91538OK10005</a>	\$5,500	\$8,700	\$0			\$15		\$75
Friday Silver Copay <a href="#">91538OK0010008</a>	\$5,500	\$8,700	\$0	\$80	\$100 x-ray	\$30	\$80	\$100
Oscar Simple PCP Saver <a href="#">91908OK0010025</a>	\$5,000	\$8,700	\$20		\$10 labs	\$3/\$20		\$75
Oscar Simple <a href="#">91908OK0010008</a>	\$4,200	\$8,700	\$25		\$10 labs preferred; \$60 labs non-	\$3/\$20		\$75
Bright Silver 400 <a href="#">40463OK0010059</a>	\$4,000	\$8,550	\$35			\$15		\$70

## SILVER 2022 PLAN OVERVIEW | 87% CSR

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
Friday Silver <a href="#">91538OK10005</a>	\$1,000	\$2,900	\$0			\$0		\$50
Friday Silver Copay <a href="#">91538OK0010008</a>	\$1,000	\$2,900	\$0	\$40	\$50 x-ray	\$10	\$40	\$50
Oscar Simple PCP Saver <a href="#">91908OK0010025</a>	\$225	\$2,900	\$5		\$10 labs	\$3/\$15		\$50
Oscar Simple <a href="#">91908OK0010008</a>	\$825	\$2,900	\$15		\$10 labs pref; \$35 non-pref	\$3/\$7		\$45
Bright Silver 200 <a href="#">40463OK0010059</a>	\$200	\$2,900	\$10			\$10		\$20

## Silver 94% CSR



# Building Plan Comparison Tools

- Benefits from MANY sets of eyes checking & collecting
  - One staff person to organize/synthesize data
  - Multiple staff to each collect a specific plan set (for example, Silver Plans with 94% CSR)
- Put together a template NOW
  - 2024 plans: once plans released, final week of October, **OR**
  - Downtime project for assisters during first week of OE
- Start with:
  - Catastrophic/Bronze comparison tool
  - Silver Plan Comparison for 3 least expensive companies
    - 94% CSR
    - 87% CSR
    - 73% CRS
    - No CSR

# Resources

Templates:

[Network Overview Resource Template \(simple\)](#) (opens in Google Sheets)

[Network Overview Resource Template \(>6 plans\)](#) (opens in Excel)

Chart: [Links to Window Shopping Tools](#)

Enrollment Tool: [Plan Comparison Worksheet](#) (available in 8 languages)

## Bio & Contact

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- In Person Counselor (2014: Heartland Alliance, Chicago, Illinois)
- Certified Application Counselor, Navigator, Community Health Worker and Program Manager (2014-2022 Foundation Communities, Austin, Texas)

*This is a project of the Center on Budget and Policy Priorities*  
[www.cbpp.org](http://www.cbpp.org)

# Upcoming Webinars

## Determining Households & Income

**September 12th**, 2pm ET (11am PT)

- Registration on the Beyond the Basics website: <https://www.healthreformbeyondthebasics.org/upcoming-webinars/>

## Open Enrollment Series – Save the Dates

*All webinars take place at 2pm ET (11am PT)*

- The premium tax credit: Thursday, September 14
- Immigrant eligibility Part I: Tuesday, September 19
- Preventing and resolving data matching issues: Thursday, September 28
- Plan design: Tuesday, October 3
- Plan selection strategies, October 10
- Auto-renewal process on HealthCare.gov: Thursday, October 12
- Immigrant eligibility Part 2: Tuesday, October 17
- Tying it all together: Thursday, October 24
- Helping people who speak Spanish enroll in coverage (delivered in Spanish): Thursday, October 26