

Agenda – September 22, 2017

- **Welcome**
- **Assister Webinar Schedule:**
 - Friday, September 29: Webinar at 2pm ET
 - Friday, October 6: Webinar at 2pm ET



Agenda – September 22, 2017 (cont'd)

- **Marketplace Update**
- **Webinar Engagement Update**
- **Understanding Cobra**
- **Plan Compare Walk Through**

Marketplace Update

- Planned **HealthCare.gov** Downtime During Open Enrollment
 - Overnight outage on Wednesday, November 1, 2017
 - Sundays 12am-12pm ET, except on December 10, 2017.
 - Please mark your calendars with these times and plan accordingly.



Understanding COBRA



*When is COBRA the
right option for a
consumer?*

*Amir Al-Kourainy
September 22, 2017*



Learning Objectives

- To understand what COBRA is, Who Qualifies For It and the Benefits It Covers
- To Understand Which Employers Must Offer It
- To Educate Consumers on the Timelines to Sign Up for COBRA
- To Educate Consumers on What To Consider When Deciding Whether Or Not to Enroll in COBRA Coverage

COBRA is a Law, Not a Health Plan

- What is the Consolidated Omnibus Budget Reconciliation Act (COBRA)?
 - Requires group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated
 - Coverage is only available when coverage is lost due to certain specific events
- Employers decide whether or not they will contribute to their employee's premiums under COBRA. Consumers may be responsible for the entire monthly premium by themselves
- Group health coverage for COBRA participants is usually more expensive than health coverage for active employees
- Cost to COBRA participants- full premium cannot exceed 102 percent of the cost to the plan for similarly situated individuals who have not incurred a qualifying event

Who qualifies for COBRA?

- COBRA contains provisions giving certain former employees, retirees, spouses former spouses, and dependent children the right to temporary continuation of health coverage at group rates
- If the consumers' employer is required to comply with COBRA, then they are eligible for it after just having one day of coverage as an active member on their group health plan
- A COBRA "qualifying event" is what triggers a consumers' ability to exercise their COBRA rights

COBRA Qualifying Events

- Qualifying events:
 - Death of the current employee
 - An employee loses eligibility due to voluntary or involuntary termination or a reduction in hours as a result of resignation, discharge (except for “gross misconduct”), layoff, strike or lockout, medical leave, or slowdown in business operations
 - Divorce or legal separation that terminates the ex-spouse’s eligibility for benefits.
 - A dependent child reaching the age at which he or she is no longer eligible for active coverage under the group plan (generally age 26)
 - If one of these events causes you to lose active coverage, under COBRA you can stay on the plan for a certain period of time. This period of time varies on the situation.

How long can a consumer stay on COBRA?

- In most cases COBRA allows for extended coverage for up to 18 months
- Disability
 - If the COBRA participant is deemed disabled by the Social Security Administration, then coverage may continue for up to an additional 11 months
 - Total length of COBRA coverage is 29 months
- Divorce or death
 - COBRA participant who experiences a divorce or death qualifying event is eligible for an 18-month extension
 - Total length of COBRA coverage is 36 months

Timelines to Apply for COBRA Coverage

- Upon experiencing a qualifying event (e.g., losing their jobs), consumers have 60 days to decide whether to enroll in COBRA coverage
- If consumers choose to enroll in COBRA coverage, they have 45 days after making the election to pay the first month's premium
- COBRA coverage can retroactively begin on the date consumers' job-based insurance ended, as long as the election is made within the 60-day election period for COBRA coverage

Which employers need to offer COBRA?

- Employers with 20 or more employees are usually required to offer COBRA coverage and to notify their employees of the availability of such coverage
- COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments

What benefits must be covered by COBRA?

- Coverage must be identical to that available to similarly situated beneficiaries who are not receiving COBRA coverage under the plan (generally, the same coverage that the qualified beneficiary had immediately before qualifying for continuation coverage)
- A change in the benefits under the plan for the active employees will also apply to qualified beneficiaries
- Qualified beneficiaries must be allowed to make the same choices given to non-COBRA beneficiaries under the plan, such as during periods of open enrollment by the plan

COBRA Coverage and Eligibility for Marketplace Coverage

- How can Assistors help consumers decide if COBRA is the best option?
 - Many individuals and families may have better options in the Marketplace or through their spouse's employer
 - If consumers are eligible for COBRA coverage but have not made a COBRA coverage selection (i.e. have not yet signed up), they may still qualify for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) through the Marketplace, if they are otherwise eligible
 - These consumers may be eligible for a special enrollment period to buy a Marketplace plan if they lost their employer-sponsored coverage within the last 60 days

Can you change from COBRA to a Marketplace plan?

	If your COBRA is running out	If you're ending COBRA early	If your COBRA costs change because your former employer stops contributing and you must pay full cost
During Open Enrollment	Yes, you can change.	Yes, you can change.	Yes, you can change.
Outside Open Enrollment	Yes, you can change — you qualify for a Special Enrollment Period.	No, you can't change until the next Open Enrollment Period, your COBRA runs out, or you qualify for a Special Enrollment Period another way.	Yes, you can change — you qualify for a Special Enrollment Period.



To COBRA or not to COBRA?

- Things to consider when deciding between COBRA, or the Marketplace:
- Continuity of Coverage
- Access to Care
 - Providers Network
- Total Cost
 - COBRA coverage including premiums, deductibles, and co-insurance
- Quality of Care
- Potential Savings in the Marketplace

Resources

- <https://www.healthcare.gov/unemployed/cobra-coverage/>
- https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_qna.html
- <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-compliance>



Plan Compare Walk-through: Comparing and Selecting Plans

Ryisha Conway
September 22, 2017



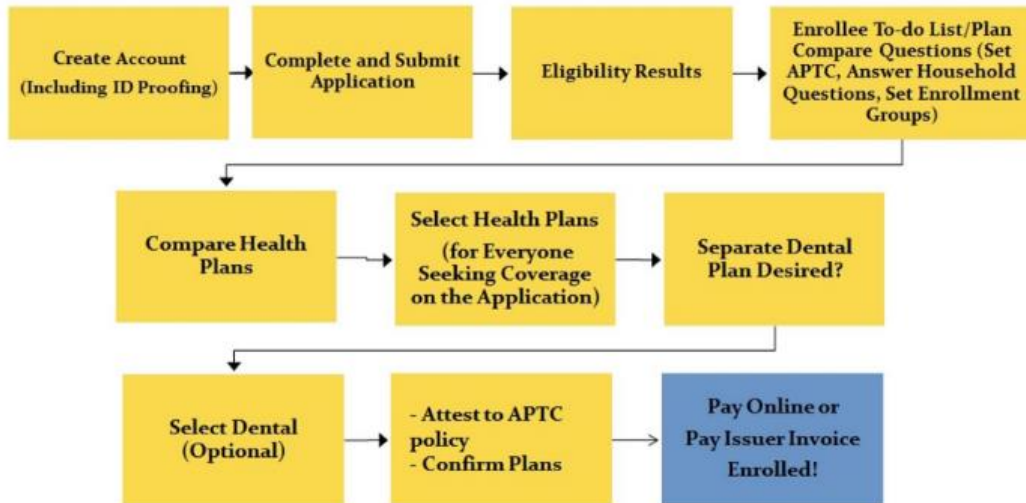
Agenda

- Plan Compare Overview
- Choosing APTC
- Enrolling Family Members in Different Plans
- Plan Selection
- Question and Answer Session

Plan Compare Overview

- Plans display based on information submitted on the eligibility application, including
 - Rating area (zip code & county)
 - Number of family members seeking coverage
 - Family members' ages and tobacco status
- Browse plans before applying at <https://www.healthcare.gov/see-plans/>
- Only qualified health plans are displayed

Plan Compare Flow



Plan Compare Scenario

- Andre is applying for coverage and financial assistance for himself and his wife Bridget
- Eligible to enroll in a Qualified Health Plan through the Marketplace
- Eligible for up to \$414/month in payments of the Advance Premium Tax Credit (APTC)

Plan Compare Navigation: To-Do List

HealthCare.gov

Individuals & Families

Small Businesses

Arabic

Español

Apply

Pick plans

Enroll

1 2 3 4 5 6 7 8 | Get started

Enroll in a health plan

To enroll, you must complete all the steps below (known as your "To-Do List"). You must complete all steps and pay your first premium before you're fully enrolled. If you don't finish today, you can come back and finish later.

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

4

Get an estimate of your total yearly costs

5

Choose health plans

6

Review dental enrollment

7

Confirm your plan choices & enroll

Enter an Exemption Certification Number.

Instruct Applicants on APTC

[Apply](#) [Pick plans](#) [Enroll](#)

Decide how much to lower your monthly premium

Based on your income, you qualify for a **premium tax credit** of \$414 a month. This is how much you can **save** on your premium each month. It's not the amount of the premium itself.

You can use any part of your tax credit each month to lower your premium. If you don't use all the credit you qualify for, you'll claim what's left over when you file your federal income tax return. If you report income or household changes during the year, you can adjust how much tax credit to use.

Use all \$414 of your tax credit each month to lower your premium Good choice if: You're pretty sure your final 2017 income will be about the same as your estimate. USE ALL \$414 EACH MONTH	Use some of your tax credit each month, get the rest when you file your federal taxes Good choice if: You think your final 2017 income may differ somewhat from your estimate. ENTER AMOUNT TO USE MONTHLY	Use none of your tax credit each month, get it all when you file your federal taxes Good choice if: It's possible your final 2017 income may be quite different from your estimate. USE NONE MONTHLY, GET ALL LATER
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[QUICK TIPS: Decide how much tax credit to use](#) [SEE TIPS](#)

Set APTC Amount:

Does consumer want to use all \$414 for premium discount?

1 2 3 4 5 6 7 8 9 10 | Tax credit use

[TO-DO LIST / CHANGE MY INFORMATION](#)

You can use any part of your tax credit each month to lower your premium. If you don't use all the credit you qualify for, you'll claim what's left over when you file your federal income tax return. If you report income or household changes during the year, you can adjust how much tax credit to use.

Use all \$414 of your tax credit each month to lower your premium

Good choice if: You're pretty sure your final 2017 income will be about the same as your estimate.

USE ALL \$414 EACH MONTH

Use some of your tax credit each month, get the rest when you file your federal taxes

Good choice if: You think your final 2017 income may differ somewhat from your estimate.

ENTER AMOUNT TO USE MONTHLY

Use none of your tax credit each month, get it all when you file your federal taxes

Good choice if: It's possible your final 2017 income may be quite different from your estimate.

USE NONE MONTHLY, GET ALL LATER

CONTINUE

QUICK TIPS: Decide how much tax credit to use

[SEE TIPS](#)

9

My computer spazzed out and I missed a few, but I think it was just the other options for APTC amount – sorry!

Tobacco Usage

✓ Apply

Pick plans

Enroll

Report tobacco use

Bridget M Hill	Doesn't use tobacco	CHANGE
Andre B Hill	Doesn't use tobacco	CHANGE

CONTINUE

Quick Tips: Reporting tobacco use

SEE TIPS

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

[Apply](#) [Pick plans](#) [Enroll](#)

Enter your doctors, medical facilities & prescription drugs to see if they're covered by each plan

You save money by using doctors and facilities (like hospitals and pharmacies) in a plan's network -- and drugs it covers.

Search for and select your doctors, facilities, and prescription drugs below.

When you compare plans, you'll see if the selected doctors and facilities are in a plan's network, and if your drugs are covered. (Information on group practices will be available in the future.)

Information is provided by the insurance companies. Some information may be out of date, and plans change which doctors and drugs are covered during the year. Check with your doctor and the insurance company before enrolling to make sure your doctors and drugs are covered.

Search

Enter one doctor, medical facility, or drug at a time

SEARCH

SKIP

Quick Tip: Checking coverage of your doctors, medical facilities & prescription drugs

SEE TIPS

Step 4: Level of Medical Care for the Year

Apply

Pick plans

Enroll

See estimates of each plan's total yearly costs

When you compare plans it's important to think about **all** costs for the year, not just your monthly premium payment. Total costs for any health plan 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.

+

Copayments & Coinsurance
Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.

=

Total yearly costs
To see estimates of total yearly costs when you shop, pick an **expected level of care below**. We'll show each plan's total estimated yearly costs for that amount of care.

What level of medical care do you think **Bridget M Hill** will use this year?

Just pick the one that seems closest to what you expect. It won't be an exact match. When you shop, we'll show each plan's **total estimated yearly costs** for this level of care. **IMPORTANT: Picking a level won't affect your premiums or how much medical care you can use.** You can see total costs for other care levels later.

LOW

MEDIUM

HIGH

Next →

SKIP

CONTINUE

Quick Tip: Selecting a level of health care to get a total cost estimate

SEE TIPS

Step 4: Level of Medical Care for the Year

What level of medical care do you think **Bridget M Hill** will use this year?

Just pick the one that seems closest to what you expect. It won't be an exact match. When you shop, we'll show each plan's **total estimated yearly costs** for this level of care. **IMPORTANT: Picking a level won't affect your premiums or how much medical care you can use.** You can see total costs for other care levels later.

LOW

MEDIUM

HIGH

You expect to use about this much care this year:

- 8 doctor visits
- 3 lab or diagnostic tests
- 15 prescription drugs
- \$500 in other medical costs



Next →

SKIP

CONTINUE

Step 4: Level of Medical Care for the Year

What level of medical care do you think **Bridget M Hill** will use this year?

Just pick the one that seems closest to what you expect. It won't be an exact match. When you shop, we'll show each plan's **total estimated yearly costs** for this level of care. **IMPORTANT: Picking a level won't affect your premiums or how much medical care you can use.** You can see total costs for other care levels later.

LOW

MEDIUM

HIGH

You expect to use about this much care this year:

- 19 doctor visits
- 11 lab or diagnostic tests
- 44 prescription drugs
- 2 days in the hospital
- \$22,700 in other medical costs

Next →

SKIP

CONTINUE

Selecting a Plan

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don't finish today, you can come back and finish later. You can also make changes here.

- | | | |
|---|---|--------|
| ✓ | Decide how much tax credit to use to lower your premium
<small>Choose how much of your premium tax credit to use to lower your monthly bill.</small> | CHANGE |
| ✓ | Report tobacco use
<small>State if you use tobacco regularly.</small> | CHANGE |
| ✓ | See if plans cover your doctors, hospitals & prescription drugs
<small>Find out if your doctors and hospitals are in plan's networks, and if your drugs are covered.</small> | CHANGE |
| ✓ | Get an estimate of your total yearly costs
<small>See how premiums and other costs add up for each plan.</small> | CHANGE |
| 5 | Choose health plans
<small>Shop, compare, and choose health plans.</small> | START |
| 6 | Review dental enrollment
<small>Choose who should enroll in a separate dental plan.</small> | |
| 7 | Confirm your plan choices & enroll
<small>Check your choices one final time, sign the application, and finish your enrollment.</small> | |

Enter an Exemption Certification Number.



Enrolling Family Members into Different Plans

Can a family apply all together on an application and enroll in separate plans?

Yes, the family can apply together and be determined eligible for a Qualified Health Plan. Once determined eligible, the family can take the steps below to select a different plan for different family members (or groups of family members). APTC is allocated to each plan not by the applicants but by a business rule described in 155.340(f) (although the application filer can decide how much of the family's maximum APTC is applied each month, as discussed above).

Enrollment Grouping

ApplyPick plansEnroll

123456789 | Select health and/or dental plans

TO-DO LIST / CHANGE MY INFORMATION

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 groupings? If anyone has a long-term illness, for example, you may want a plan with a lower deductible for them, and a different plan for others.

- If you like the groupings: Select VIEW PLANS for a group to get started.
- To change the 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

Bridget M Hill
(Age 51)

Andre B Hill
(Age 51)

VIEW PLANS



Enrollment Grouping

ApplyPick plansEnroll

123456789 | Select health and/or dental plans

TO-DO LIST / CHANGE MY INFORMATION

Edit family groups for Health Plans

After editing your family groups, you'll get updated health plan results. If you move a family member after selecting a plan, you'll need to reselect a plan.

Bridget M Hill

Andre B Hill

Group 1

Group 1

Move To New Group

SAVE

GO BACK

Before Seeing Plan Results, Consumer is Shown Icons to Compare Plans

HealthCare.gov Individuals & Families Small Businesses

3 tips: Compare plans fast

- Get quick definitions**
Mouse over these "i" icons for quick pop-up definitions of plan features and key terms.
- Filter plans by feature**
Quickly narrow down the list of plans. Filter by category, company, cost, and more.
- Select plans to compare**
Check these boxes to select up to 3 plans to compare side-by-side.

NEXT

UPMC Health Plan - UPMC Advantage Silver \$3,250/\$10 - Partner Network

Monthly premium	Deductible	Out-of-pocket maximum	Expenditures / Copayments	Estimated total yearly costs	Prescription drugs
\$676.96	\$6,500 Family Total	\$14,300 Family Total	Prescription copay: \$10 Network copay: \$10		Download PDF View plan details

Overview of Plans:

the “Metal Table” summarizes plans by metal level, displaying premium ranges and cost sharing like deductibles and copayments

HealthCare.gov
Individuals & Families
Small Businesses

Fast facts: Plan categories

Plan categories are based on how you and the plan share your health care costs. Generally, plans in categories with lower premiums pay less of your total costs. Categories with higher premiums usually pay more. All plans cover at least the same set of essential health benefits. **Categories have nothing to do with care quality.**

Bronze <small>3 Plans</small> Average premium \$701 <small>per month</small>	Silver <small>13 Plans</small> Average premium \$855 <small>per month</small>	Gold <small>5 Plans</small> Average premium \$1,199 <small>per month</small>	Platinum <small>3 Plans</small> Average premium \$1,835 <small>per month</small>
Estimated total yearly costs \$8,413 <small>(Category average)</small>	Estimated total yearly costs \$10,264 <small>(Category average)</small>	Estimated total yearly costs \$14,388 <small>(Category average)</small>	Estimated total yearly costs \$22,017 <small>(Category average)</small>
Lower monthly premiums than Silver, but your deductible is higher and you pay more when you get care.	Higher monthly premium than Bronze, but your deductible is lower and the plan covers more of your costs.	Higher premiums than Silver, but your deductible is lower and your plan pays more when you get care.	Highest monthly premium, but your deductible is very low and your plan pays nearly all your costs of care.

NEXT

Monthly premium	Deductible	Out-of-pocket maximum	Copayments & Coinsurance	Estimated total yearly costs	Providers & Drugs
\$676.96	\$6,500 <small>Family Total</small>	\$14,300 <small>Family Total</small>	Copayments: \$20 Coinsurance: 80% Out-of-pocket: \$500	Platinum	View description View description View description View description

Overview of Plans: Simple Choice

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation tabs for 'Individuals & Families' and 'Small Businesses'. A central white box titled 'Simple Choice: A new label makes it easier to compare plans' explains the feature. Below this, there are two buttons: 'SEE ONLY SIMPLE CHOICE PLANS' (green) and 'SEE ALL PLANS' (blue). Below the buttons, a plan card for 'UPMC Health Plan - UPMC Advantage Silver \$3,250/\$10 - Partner Network' is displayed. The card includes a table with plan details and a 'Choose' button.

Simple Choice: A new label makes it easier to compare plans

When you view plans, some will be labeled "Simple Choice." The label makes it easier to shop, especially when you have a lot of choices.

- Within any plan category (Bronze, Silver, Gold, or Platinum), all Simple Choice plans have certain features in common.
- When viewing Simple Choice plans, you can focus on other important features that may be different:
 - Monthly premiums
 - Additional services covered
 - Doctor & hospital networks

Simple Choice plans aren't "better" or more likely to meet your needs. The label just helps you sort through plans faster, and focus on the important differences that matter to you.

Note: In some cases you may see only one Simple Choice plan. If that happens, remove the simple choice filter to see all plans.

- All Simple Choice plans in the same category (like Silver) have exactly the same core benefits, deductibles, and copayments.

SEE ONLY SIMPLE CHOICE PLANS **SEE ALL PLANS**

UPMC Health Plan - UPMC Advantage Silver \$3,250/\$10 - Partner Network
Open [PDF] Plan ID: 142229400000000

Monthly premium	Deductible	Out of pocket maximum	Copayments / Cost-sharing	Estimated total yearly costs	Providers & Drugs
\$676.96	\$6,500 <small>per year</small>	\$14,300 <small>per year</small>	<small>Emergency room visit \$250</small> <small>Primary care visit \$25</small> <small>Specialist visit \$50</small>	Choose	<small>View network details</small> <small>View plan details page</small> <small>View plan details page</small>

Overview of Plans

Individuals & Families

Small Businesses

Andre

Español

Apply

Pick plans

Enroll

1 2 3 4 5 6 7 8 9

Select health and/or dental plans

TO-DO LIST / CHANGE MY INFORMATION

24 health plans available for

Bridget M Hill, Andre B Hill

with an estimated effective date of 09/01/2017

FILTER PLANS

Sort by

Premium

UPMC Health Plan - UPMC Advantage Bronze \$6,950/\$35 - Partner Network

Bronze | EPO | Plan ID: 16332PA0050100

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers & Drugs
\$602.90	\$13,900 Family Total	\$14,300 Family Total	Emergency room care: No Charge After Deductible Generic drugs: \$20 Primary doctor: \$25 Specialist doctor: No Charge After Deductible	CHANGE	<div>Your doctors (0/1)</div> <div>Your prescription drugs (0/1)</div> <div>Your medical facilities (0/1)</div>
QUICK VIEW	DETAILS	COMPARE & SAVE		ENROLL	

UPMC Health Plan - UPMC Advantage Silver \$3,250/\$10 - Partner Network

Silver | EPO | Plan ID: 16332PA0050104

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers & Drugs
\$676.96	\$6,500 Family Total	\$14,300 Family Total	Emergency room care: \$750 Generic drugs: \$10 Primary doctor: \$10 Specialist doctor: \$70	CHANGE	<div>Your doctors (0/1)</div> <div>Your prescription drugs (0/1)</div> <div>Your medical facilities (0/1)</div>

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Filters

SIMPLE CHOICE PLANS

Display only simple choice plans.

☒ Simple Choice plans

PLAN CATEGORIES

Choose plan categories to see.

☒ Bronze (3)

☐ Silver (13)

☐ Gold (5)

☐ Platinum (3)

ESTIMATED TOTAL YEARLY COSTS

Includes premiums, deductibles, and all other costs for year, based on care level you picked.

\$100

\$1000+

MAX MONTHLY PREMIUM

Choose a maximum monthly premium (deducted by any premium tax credit you decided to use).

\$100

\$1000+

MAX YEARLY DEDUCTIBLE

Choose a maximum yearly deductible.

\$100

\$1000+

HEALTH PLAN TYPES

Check all types you want to see.

☒ Preferred Provider Organization (PPO) (11)

☐ Exclusive Provider Organization (EPO) (13)

INSURANCE COMPANIES

Choose which company to see.

☒ Highmark (5)

☐ Highmark Health Insurance Company (3)

☐ UPMC Health Plan (16)

DOCTORS, MEDICAL FACILITIES & DRUGS COVERED

Check services plans must provide.

DOCTORS

☒ Dr. Christina C. Knauss Brown

MEDICAL FACILITIES

☒ SAINT VINCENT HEALTH CENTER

PRESCRIPTION DRUGS

☒ Leven (28) 0.15 mg-0.03 mg tablet

HEALTH SAVINGS ACCOUNT (HSA) - ELIGIBLE PLANS

Check to see high-deductible (HD) plans.

☐ See plans you can use a Health Savings Account (HSA) with.

SEARCH BY PLAN ID

14 Character Plan ID

Example: 12345009876

CANCEL

CLEAR ALL FILTERS

APPLY FILTERS

Example Filter: Simple Choice

SIMPLE CHOICE PLANS
Display only simple choice plans.

☒ Simple Choice plans

PLAN CATEGORIES
Choose plan categories to see.

☐ Bronze (8) ☒ Silver (13) ☐ Gold (5) ☐ Platinum (3)

ESTIMATED TOTAL YEARLY COSTS
Includes premiums, deductibles, and all other costs for year, based on care level you picked.

\$100 \$1000+

MAX MONTHLY PREMIUM
Choose a maximum monthly premium (deducted by any premium tax credit you elected to use).

\$100 \$1000+

MAX YEARLY DEDUCTIBLE
Choose a maximum yearly deductible.

\$100 \$1000+

HEALTH PLAN TYPES
Check all types you want to see.

☐ Preferred Provider Organization (PPO) (11) ☐ Exclusive Provider Organization (EPO) (13)

INSURANCE COMPANIES
Choose which company to see.

☐ Highmark (5) ☐ Highmark Health Insurance Company (3) ☐ UPMC Health Plan (16)

DOCTORS, MEDICAL FACILITIES & DRUGS COVERED
Check services plans must provide.

DOCTORS
☐ Dr. Christina C Knauss Brown

MEDICAL FACILITIES
☐ SAINT VINCENT HEALTH CENTER

PRESCRIPTION DRUGS
☐ Levlen (28) 0.15 mg/0.03 mg tablet

HEALTH SAVINGS ACCOUNT (HSA) - ELIGIBLE PLANS
Check to see high-deductible HSA plans.

☐ See plans you can use a Health Savings Account (HSA) with

SEARCH BY PLAN ID
14 Character Plan ID

Example: 12345009876

PLAN LIST:

Plan Name	Category	Estimated Total Yearly Costs	Max Monthly Premium	Max Yearly Deductible	Health Plan Type	Insurance Company	Doctors	Medical Facilities	Prescription Drugs	HSA Eligible
UPMC Health Plan - UPMC Advantage Bronze \$8,900/810 - Partner Network	Bronze	\$8,900	\$810	\$1,400	PPO	UPMC Health Plan	Dr. Christina C Knauss Brown	SAINT VINCENT HEALTH CENTER	Levlen (28) 0.15 mg/0.03 mg tablet	Yes
UPMC Health Plan - UPMC Advantage Silver \$9,250/810 - Partner Network	Silver	\$9,250	\$810	\$1,400	PPO	UPMC Health Plan	Dr. Christina C Knauss Brown	SAINT VINCENT HEALTH CENTER	Levlen (28) 0.15 mg/0.03 mg tablet	Yes

Buttons: CANCEL CLEAR ALL FILTERS APPLY FILTERS

See All Plans

1 2 3 4 5 6 7 8 9 | Select health and/or dental plans

TO-DO LIST / CHANGE MY INFORMATION

BACK

UPMC Health Plan · UPMC Advantage Bronze \$6,950/\$35 - Partner Network

Bronze | EPO

Plan ID: 16322PA0050100

Monthly premium

\$301.45

Deductible

\$6,950

Individual total

Out-of-pocket maximum

\$7,150

Individual total

Copayments / Coinsurance

Emergency room care: No Charge After Deductible
Generic drugs: \$30
Primary doctor: \$35
Specialist doctor: No Charge After Deductible

Estimated total yearly costs

Yearly premium: \$3,617
Deductible, copayments, and: \$7,178

UPMC Health Plan · UPMC Advantage Silver \$3,250/\$10 - Partner Network

Silver | EPO

Plan ID: 16322PA0050104

Monthly premium

\$338.48

Deductible

\$3,250

Individual total

Out-of-pocket maximum

\$7,150

Individual total

Copayments / Coinsurance

Emergency room care: \$750
Generic drugs: \$10
Primary doctor: \$10
Specialist doctor: \$70

Estimated total yearly costs

Yearly premium: \$4,062
Deductible, copayments, and: \$7,116

UPMC Health Plan · UPMC Advantage Silver \$1,750/\$30 - Partner Network

Silver | EPO

Plan ID: 16322PA0050103

Monthly premium

\$344.04

Deductible

\$1,750

Individual total

Out-of-pocket maximum

\$7,150

Individual total

Copayments / Coinsurance

Emergency room care: 20% Coinsurance after deductible
Generic drugs: \$10
Primary doctor: \$30
Specialist doctor: \$80

Estimated total yearly costs

Yearly premium: \$4,128
Deductible, copayments, and: \$7,178

Selecting a Plan:

Press “enroll” from results; side-by-side, or details view

2 health plans available for
Bridget M Hill, Andre B Hill
with an estimated effective date of 09/01/2017

FILTER PLANS SORT BY Premium

Simple Choice

UPMC Health Plan · UPMC Advantage Silver \$3,500/\$30 - Partner Network

Silver | EPO | Plan ID: 16322PA0050114

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Providers & Drugs
\$703.18	\$7,000 Family Total	\$14,300 Family Total	Emergency room care: \$400 Copay after deductible Generic drugs: \$15 Primary doctor: \$30 Specialist doctor: \$65	CHANGE	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1) CHANGE
0	0	0	0	0	

QUICK VIEW **DETAILS** **COMPARE & SAVE** **ENROLL**

Confirmation of Plan Selection

ApplyPick plansEnroll

123456789Confirm

TO-DO LIST / CHANGE MY INFORMATION

BACK

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for Bridget M Hill, Andre B Hill

CHANGE

UPMC Health Plan
UPMC Advantage Bronze \$6,950/\$35 - Partner Network
Plan ID: 16322PA0050100
✗ Adult Dental benefit not included
✓ Child dental benefit included
Your coverage will start after your documents are accepted and you've paid your premium.

Original Health plan premium	\$602.90
Health plan monthly premium you'll pay	\$602.90

✗ Bridget M Hill won't have dental coverage from the selected health plan.

✗ Andre B Hill won't have dental coverage from the selected health plan.

Are you interested in a separate dental plan?

You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

YESNO

Dental Selection

- Marketplace health plan required to purchase dental plan
- Separate dental is optional

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don't finish today, you can come back and finish later. You can also make changes here.

✓	Decide how much tax credit to use to lower your premium <small>Choose how much of your premium tax credit to use to lower your monthly bill.</small>	CHANGE
✓	Report tobacco use <small>State if you use tobacco regularly.</small>	CHANGE
✓	See if plans cover your doctors, hospitals & prescription drugs <small>Find out if your doctors and hospitals are in plan's networks, and if your drugs are covered.</small>	CHANGE
✓	Get an estimate of your total yearly costs <small>See how premiums and other costs add up for each plan.</small>	CHANGE
✓	Choose health plans <small>Shop, compare, and choose health plans.</small>	CHANGE
6	Choose dental plans <small>Shop, compare, and choose dental plans.</small>	START
7	Confirm your plan choices & enroll <small>Check your choices one final time, sign the application, and finish your enrollment.</small>	

Enter an Exemption Certification Number.



Dental Selection (Optional)

Note that this question highlights whether dental was included in the health plan

✓ Apply

Pick plans

Enroll

BACK

Choose who should enroll in a dental plan

You may want this if the health coverage you choose doesn't include dental coverage, or if you want different dental coverage.

Enroll **Bridget M Hill** in a separate dental plan?

✕ **Bridget M Hill** won't have dental coverage from the selected health plan.

YES

NO

Enroll **Andre B Hill** in a separate dental plan?

✕ **Andre B Hill** won't have dental coverage from the selected health plan.

YES

NO

CONTINUE

Dental Plan Details

[Apply](#) [Pick plans](#) [Enroll](#)

1 2 3 4 5 6 7 8 9 | dental_plans_progress_title

TO-DO LIST / CHANGE MY INFORMATION

27 Dental plans available for
Bridget M Hill, Andre B Hill
with an estimated effective date of 09/01/2017

[FILTER PLANS](#)

Sort by
Premium

DSM USA Insurance Company Inc - DentaQuest EPO Family Preventative
Low | EPO | Plan ID: 68711PA0009995

Monthly premium \$17.12 <small>✓ Guaranteed Rate</small>	Deductible \$300 <small>Family Total</small>	Out-of-pocket maximum \$700 <small>Family Total (Applies to child essential health benefits only)</small>	Providers & Drugs <small>Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)</small> CHANGE
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[QUICK VIEW](#) [DETAILS](#) [COMPARE & SAVE](#) [ENROLL](#)

Dominion National - Select Plan Basic
Low | HMO | Plan ID: 15614PA0010004

Monthly premium \$22.30 <small>✓ Guaranteed Rate</small>	Deductible <small>Not applicable individual total</small>	Out-of-pocket maximum \$700 <small>Family Total (Applies to child essential health benefits only)</small>	Providers & Drugs <small>Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)</small> CHANGE
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Confirm Dental Plan Selection

ApplyPick plansEnroll

123456789 | dental_plans_program_site

TO-DO LIST / CHANGE MY INFORMATION

BACK

Plan selection

Dominion National - Select Plan Basic

Low | HMO | Plan ID: 1567-IPA0013034

Monthly premium

\$22.30

✓ Guaranteed Rate

Deductible

Not applicable individual total

Out-of-pocket maximum

\$350

Individual total

\$700

Family Total

(Applies to child essential health benefits only)

Providers & Drugs

Dr. Christine C. Kneass Brown

Gynecology, Gynecology

✗ Out of Network

Levlen (2016.18 mg/0.03 mg tablet)

✗ No data from insurance company

SAINT VINCENT HEALTH CENTER

Psychiatric Unit

✗ Out of Network

Report an issue with this information

CHANGE

0

0

Would you like to enroll in this plan?

YES

NO

CONTINUE

36

Review and Confirm

Your enrollment To-Do List / Change your information

You must finish all the following steps to complete your enrollment. If you don't finish today, you can come back and finish later. You can also make changes here.

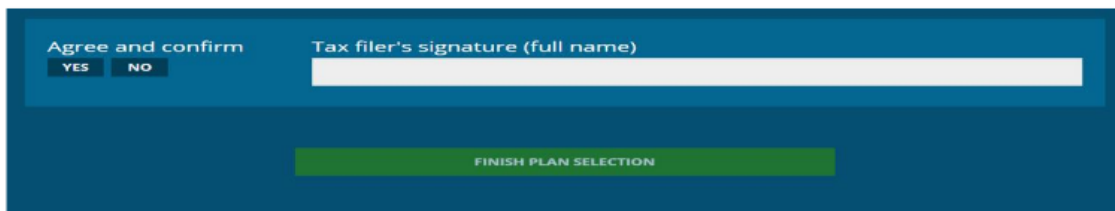
- | | | |
|---|--|--------|
| ✓ | Decide how much tax credit to use to lower your premium
<small>Choose how much of your premium tax credit to use to lower your monthly bill.</small> | CHANGE |
| ✓ | Report tobacco use
<small>State if you use tobacco regularly.</small> | CHANGE |
| ✓ | See if plans cover your doctors, hospitals & prescription drugs
<small>Find out if your doctors and hospitals are in plans' networks, and if your drugs are covered.</small> | CHANGE |
| ✓ | Get an estimate of your total yearly costs
<small>See how premiums and other costs add up for each plan.</small> | CHANGE |
| ✓ | Choose health plans
<small>Shop, compare, and choose health plans.</small> | CHANGE |
| ✓ | Review dental enrollment
<small>Choose who should enroll in a separate dental plan.</small> | CHANGE |
| 7 | Confirm your plan choices & enroll
<small>Check your choices one final time, sign the application, and finish your enrollment.</small> | START |

Enter an Exemption Certification Number.



APTC Attestation

- Applicant agrees to file a federal income tax return (file jointly with a spouse)
- Applicant agrees to no one else being able to claim him or her as a dependent
- Applicant would electronically sign and select “Finish Plan Selection”



The screenshot shows a digital form interface for APTC Attestation. It features a dark blue header bar with the title 'APTC Attestation'. Below the header, there is a white area containing three bullet points. At the bottom of the form, there is a dark blue section with two columns. The left column is titled 'Agree and confirm' and contains two buttons: 'YES' and 'NO'. The right column is titled 'Tax filer's signature (full name)' and contains a white text input field. Below these columns is a green button labeled 'FINISH PLAN SELECTION'.

Confirm Choice of Major Medical Health and Dental Plans

Apply

Pick plans

Enroll

1 2 3 4 5 6 7 8 9

Confirm

TO GO LIST / CHANGES BY SUPERVISOR

BACK

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for Bridget M Hill, Andre B Hill

CHANGE

Aetna
Aetna Bronze Deductible Only HSA Eligible HNOnly
Plan ID: 6279KDD0080002

- Adult Dental benefit not included
- Child Dental benefit not included

Your coverage will start after your documents are accepted and you've paid your premium.

Original Health plan premium	\$666.22
Premium tax credit used to lower monthly premium costs	- \$414.00
Health plan monthly premium you'll pay	\$252.22

Dental Plan for Bridget M Hill, Andre B Hill

CHANGE

Dominion National
Select Plan Basic
Plan ID: 62775DD0010004
Your coverage will start after your documents are accepted and you've paid your premium.

Original Dental plan premium	\$39.10
Dental plan monthly premium you'll pay	\$39.10

Did someone help you select a plan and enroll?

Agree and confirm

YES

NO

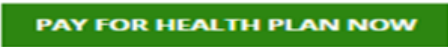
I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage, like Medicaid, the Oklahoma Health Insurance Program (CHIP), or a self-insured health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace to end my Marketplace coverage and premium tax credit. If I don't, the person who this tax is on my household may need to pay back my premium tax credit.

CONTINUE

Plan Payment Page

Green “Pay for Plan” button means online payment is available

- Making the first premium payment is the final step of enrollment
- Applicants must pay their first premium in order to maintain coverage
- After the applicant selects a plan he or she will either see a link to the insurance company’s website or instructions on how to pay their premium payments to their insurance company



PAY FOR HEALTH PLAN NOW

Question 1

What information is needed, on the application, to display plan options?

- A. Rating area (zip code & County)
- B. Number of family members seeking coverage
- C. Family members' ages and tobacco status
- D. All the above

Question 2

The Enroll To-Do-List can be used to navigate the plan comparison process?

True or False

Question 3

What are your options for lowering your premium if you qualify for APTC?

- A. Use all of your tax credit
- B. Use some of your tax credit
- C. Use none of your tax credit
- D. All of the above

Question 4

An applicant can apply for a dental only plan on the Marketplace at this time?

True or False

Question 5

What is the final step of the application process?

- A. Order take out
- B. Pay the first month premium
- C. Make car payment