

Plan Compare Walk-through: Comparing and Selecting Plans

9/22/2017



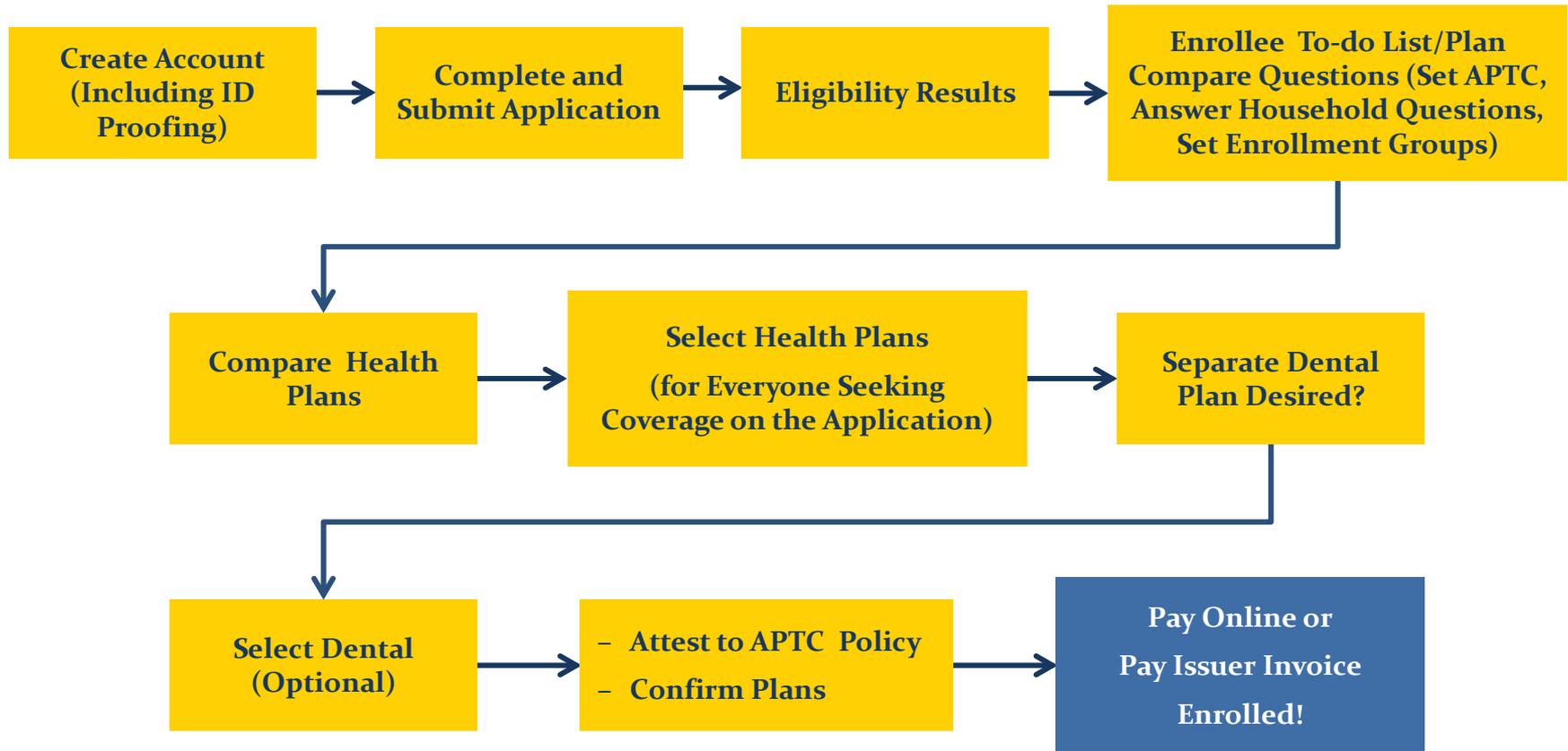
Agenda

- 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

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with 'HealthCare.gov' on the left, 'Individuals & Families' and 'Small Businesses' in the center, and 'Andre' and 'Español' on the right. Below this is a dark teal header with three buttons: 'Apply', 'Pick plans', and 'Enroll'. Underneath the header is a progress indicator with numbers 1 through 8 and the text 'Get started'. The main content area has a title 'Enroll in a health plan' and a paragraph explaining the enrollment process. Below this is a list of seven steps, with the first step highlighted in light blue and having a green 'START' button.

HealthCare.gov Individuals & Families Small Businesses Andre 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.

Set APTC Amount Used for Premium Discount

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

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](#)



APTC Amount Text Box

1 2 3 4 5 6 7 8 9 10 | Tax credit use TO-DO LIST / CHANGE MY INFORMATION

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.

You have chosen to use \$

CHANGE 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

Enter the amount of premium tax credit you want to use each month.

\$ USE THIS AMOUNT

QUICK TIPS: Decide how much tax credit to use SEE TIPS



Confirm APTC Amount

1 2 3 4 5 6 7 8 9 10 | Tax credit use TO-DO LIST / CHANGE MY INFORMATION

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.

You have chosen to use \$

CHANGE 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

Enter the amount of premium tax credit you want to use each month.

\$ 200 USE THIS AMOUNT



QUICK TIPS: Decide how much tax credit to use SEE TIPS

Use None of the Tax Credit

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

Household Questions

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

Choose how much of your premium tax credit to use to lower your monthly bill.

CHANGE

2

Report tobacco use

State if you use tobacco regularly.

START

3

See if plans cover your doctors, hospitals & prescription drugs

Find out if your doctors and hospitals are in plans' networks, and if your drugs are covered.

4

Get an estimate of your total yearly costs

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

5

Choose health plans

Shop, compare, and choose health plans.

6

Review dental enrollment

Choose who should enroll in a separate dental plan.

7

Confirm your plan choices & enroll

Check your choices one final time, sign the application, and finish your enrollment.

Enter an Exemption Certification Number.

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, and 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 Tips: 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 × 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 Tips: 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:

- 4 doctor visits
- 2 lab or diagnostic tests
- 7 prescription drugs
- \$100 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:

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



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

✓ 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

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.

CHANGE GROUPS



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

✓ 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

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
- Move To New Group

SAVE

GO BACK

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

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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

QUICK VIEW DETAILS COMPARE & SAVE ENROLL

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

Silver | EPO | Plan ID: 16322PA0050104

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	CHANGE	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)

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 Andre Español

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	Silver	Gold	Platinum
3 Plans Average premium \$701 per month	13 Plans Average premium \$855 per month	5 Plans Average premium \$1,199 per month	3 Plans Average premium \$1,835 per month
Estimated total yearly costs \$8,413 (Category average)	Estimated total yearly costs \$10,264 (Category average)	Estimated total yearly costs \$14,388 (Category average)	Estimated total yearly costs \$22,017 (Category average)
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 Family Total	\$14,300 Family Total	Emergency room care: \$750 Generic drugs: \$10 Primary doctor: \$10 Specialist doctor: \$70	CHANGE	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)

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', along with a user profile 'Andre' and a language selector 'Español'. A central pop-up window titled 'Simple Choice: A new label makes it easier to compare plans' provides information about the 'Simple Choice' label. Below the pop-up, a plan detail card for 'UPMC Health Plan · UPMC Advantage Silver \$3,250/\$10 - Partner Network' is visible, showing various cost and coverage details.

HealthCare.gov Individuals & Families Small Businesses Andre Español

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**

QUICK VIEW DETAILS COMPARE & SAVE ENROLL

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

Silver | EPO | Plan ID: 16322PA0050104

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	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)

Overview of Plans

HealthCare.gov

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: 16322PA0050100

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: \$30 Primary doctor: \$35 Specialist doctor: No Charge After Deductible	CHANGE	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1) CHANGE

QUICK VIEW

DETAILS

COMPARE & SAVE

ENROLL

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

Silver | EPO | Plan ID: 16322PA0050104

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	Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1)

Filters

SIMPLE CHOICE PLANS
Display only simple choice plans.

HealthCare.gov | Individuals & Families | Small Businesses | [Sign Up](#) | [Log Out](#)

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 (reduced 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
 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

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 (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

24 health plans available for comparison. Filter results to show only health plans with an estimated effective date of 09/01/2017.

Compare

\$1000+

FILTER PLANS

PREMIUM

MAX MONTHLY PREMIUM

Choose a maximum monthly premium (reduced 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)

QUICK VIEW

COMPARE & SAVE

ENROLL

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/HSA plans.

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

SEARCH BY PLAN ID

14-Character Plan ID

Example: 12345XX9876

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

Monthly premium: \$676.96, Deductible: \$6,500, Out-of-pocket maximum: \$14,300, Copayments / Coinsurance: Emergency room care: \$750, Estimated total yearly costs, Providers & Drugs: Your doctors (0/1)

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	Deductible
\$301.45	\$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	Deductible
\$338.48	\$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	Deductible
\$344.04	\$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

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

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

TODO LIST / CHANGE MY INFORMATION

SORT BY
Premium

FILTER PLANS

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

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



Confirmation of Plan Selection

✓ Apply ✓ Pick plans **Enroll**

1 2 3 4 5 6 **7** 8 9 | Confirm [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	Original Health plan premium	\$602.90
✗ Adult Dental benefit not included ✓ Child dental benefit included	Health plan monthly premium you'll pay	\$602.90

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

✗ **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.

[YES](#) [NO](#)

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

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: 68711PA0030005

Monthly premium \$17.12 ✓ Guaranteed Rate	Deductible \$300 Family Total	Out-of-pocket maximum \$700 Family Total (Applies to child essential health benefits only)	Providers & Drugs Your doctors (0/1) Your prescription drugs (0/1) Your medical facilities (0/1) CHANGE
---	---	---	---

QUICK VIEW DETAILS COMPARE & SAVE ENROLL

Dominion National · Select Plan Basic

Low HMO Plan ID: 15614PA0010004

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



Confirm Dental Plan Selection

Apply Pick plans Enroll

1 2 3 4 5 6 7 8 9 | dental_plans_progress_title

TO-DO LIST / CHANGE MY INFORMATION

BACK

Plan selection

Dominion National · Select Plan Basic

Low | HMO | Plan ID: 15614PA0010004

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. Christina C Knauss Brown Obstetrics & Gynecology ✗ Out of Network Levlen (28) 0.15 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
---	--	---	---

Would you like to enroll in this plan?

YES NO

CONTINUE

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**
Choose how much of your premium tax credit to use to lower your monthly bill. [CHANGE](#)
- Report tobacco use**
State if you use tobacco regularly. [CHANGE](#)
- See if plans cover your doctors, hospitals & prescription drugs**
Find out if your doctors and hospitals are in plans' networks, and if your drugs are covered. [CHANGE](#)
- Get an estimate of your total yearly costs**
See how premiums and other costs add up for each plan. [CHANGE](#)
- Choose health plans**
Shop, compare, and choose health plans. [CHANGE](#)
- Review dental enrollment**
Choose who should enroll in a separate dental plan. [CHANGE](#)
- 7** **Confirm your plan choices & enroll**
Check your choices one final time, sign the application, and finish your enrollment. [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 with a dark blue background. On the left, there is a section titled "Agree and confirm" with two buttons: "YES" and "NO". To the right of this section is a text input field labeled "Tax filer's signature (full name)". Below these elements is a large green button with the text "FINISH PLAN SELECTION" in white capital letters.

Confirm Choice of Major Medical Health and Dental Plans

✓ Apply ✓ Pick plans **Enroll**

1 2 3 4 5 6 **7** 8 9 | Confirm [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](#)

Aetna Aetna Bronze Deductible Only HSA Eligible HNOnly Plan ID: 67190DE0080002 ✗ 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.	<table><tr><td>Original Health plan premium</td><td>\$666.22</td></tr><tr><td>Premium tax credit used to lower monthly premium costs</td><td>- \$414.00</td></tr><tr><td>Health plan monthly premium you'll pay</td><td>\$252.22</td></tr></table>	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
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: 67775DE0010004 Your coverage will start after your documents are accepted and you've paid your premium.	<table><tr><td>Original Dental plan premium</td><td>\$39.10</td></tr><tr><td>Dental plan monthly premium you'll pay</td><td>\$39.10</td></tr></table>	Original Dental plan premium	\$39.10	Dental plan monthly premium you'll pay	\$39.10
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 Children's Health Insurance Program (CHIP), or a job-based 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 files taxes in 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