

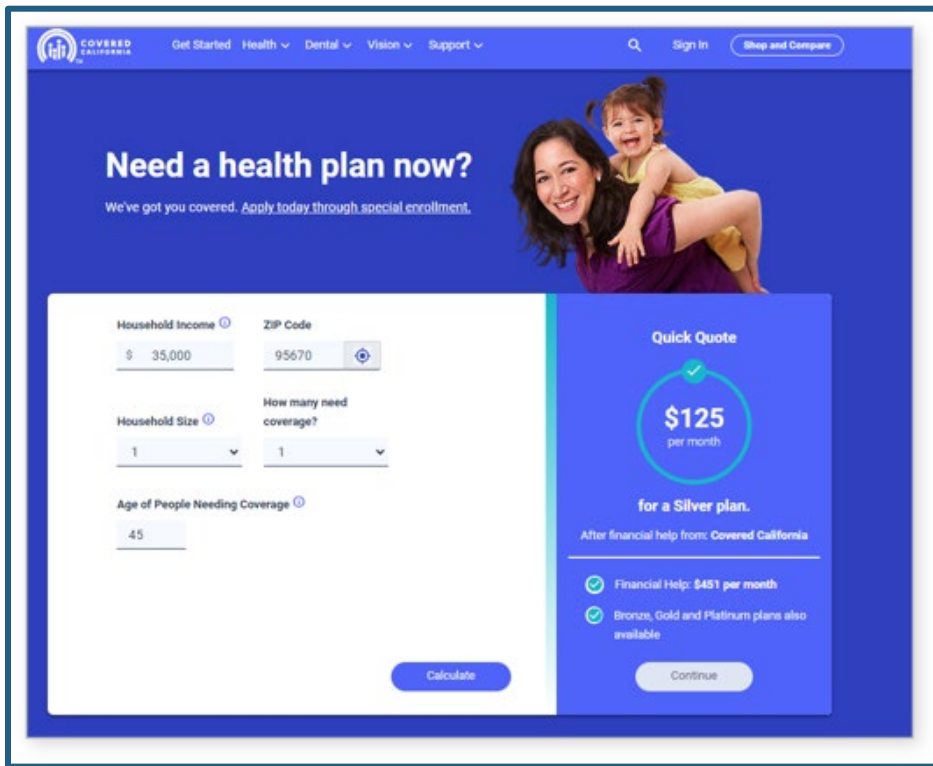
Overview

This Job Aid illustrates Shop and Compare Plan functionality available to the Consumer and Enrollers. Consumers answer questions to determine what programs, plans, and subsidies their Household (HH) may be eligible to receive.

Consumers may shop anonymously for plans and apply for coverage by creating an account.

Shop and Compare Plans

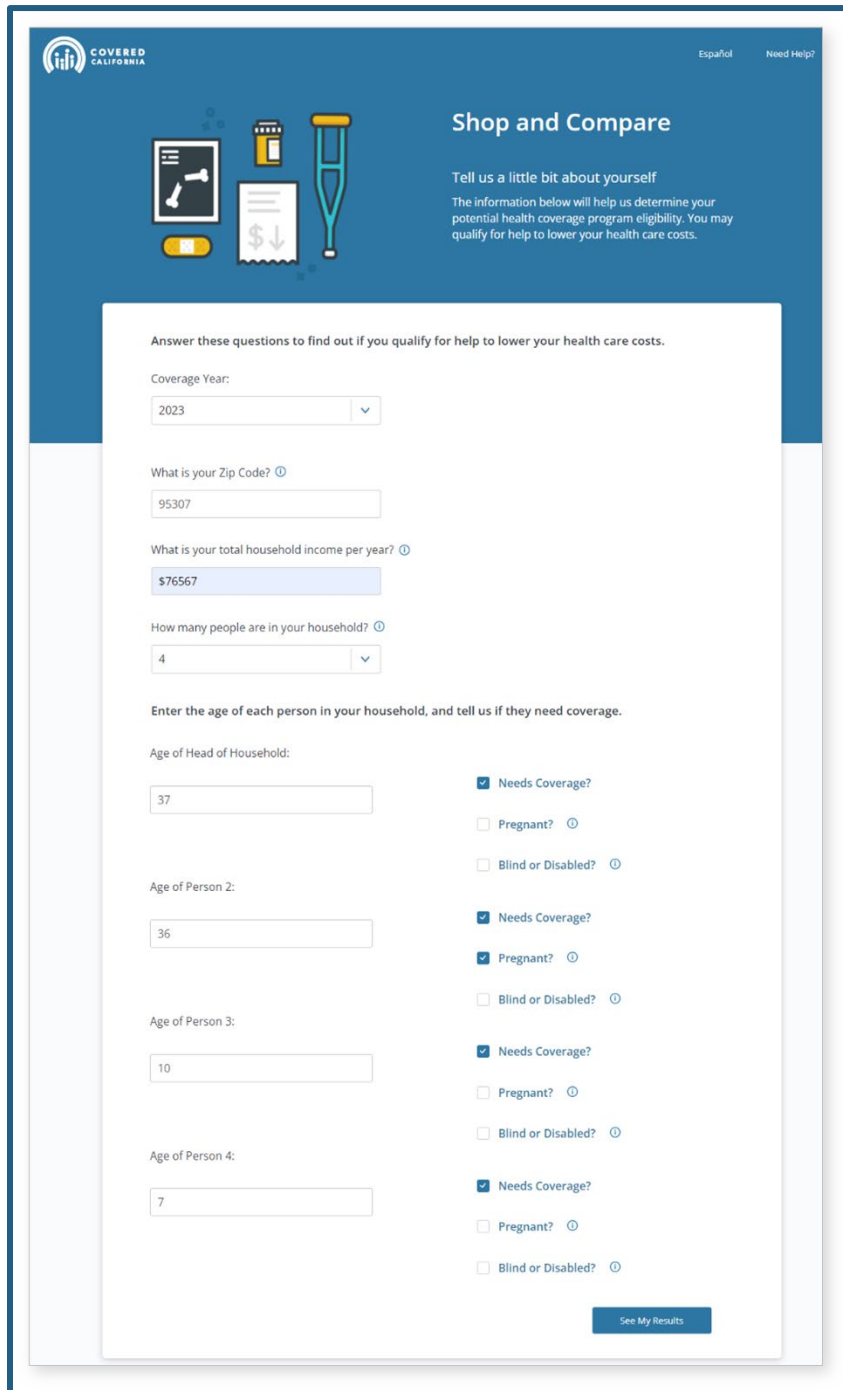
1. Navigate to the Covered California home page at <http://www.coveredca.com>. The *Need a health plan now?* page displays. Consumers may enter household information in the fields provided and click the **Calculate** button to review a Quick Quote savings estimate.



2. Click the **Shop and Compare** button. The *Shop and Compare* page displays.

Note: Any household information provided in the *Need a health plan now?* page pre-populates to the *Shop and Compare* page.

Shop and Compare Page



Shop and Compare

Tell us a little bit about yourself
The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:
2023

What is your Zip Code? ⓘ
95307

What is your total household income per year? ⓘ
\$76567

How many people are in your household? ⓘ
4

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:
37
☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 2:
36
☒ Needs Coverage?
☒ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 3:
10
☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 4:
7
☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

[See My Results](#)

3. Select the **Coverage Year:** from the dropdown list.
4. Enter the zip code in the *What is your Zip Code?* field. *The What county do you live in?* field dynamically displays when the zip code spans multiple counties.

5. Enter income in the *What is your total household income per year?* field.

Note: Include the gross income (before taxes are deducted) for all household members.

6. Select **How many people are in your household?** from the dropdown.

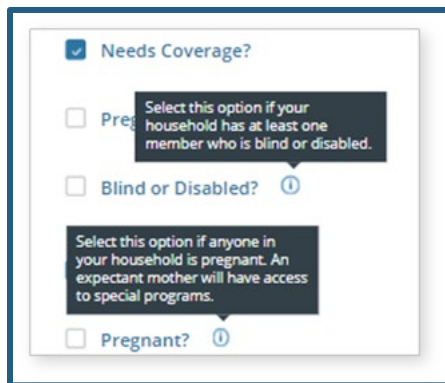
7. Enter the age for each person in the household.

Note: Household member fields dynamically display based on the answer entered in step 4. For example: **Age of Head of Household**, **Age of Person 2**, **Age of Person 3**, etc.

8. Click the **Needs Coverage?** checkbox to indicate household member coverage.

Note: The checkbox is preselected.

9. Click the applicable checkbox to indicate **Pregnant?** and/or **Blind or Disabled?** for each household member (HHM).



Note: A tooltip ⓘ displays on the page next to the following questions to provide users with additional information to answer the questions correctly:

- *What is your Zip Code?*
- *What is your total household income per year?*
- *How many people are in your household?*
- *Pregnant?*
- *Blind or Disabled?*

10. All fields on the *Shop and Compare* page are required. Error messages display when a field is left blank. **The See My Results** button is enabled when all questions have been completed.

11. Click the **See My Results** button. The *This isn't an application for health coverage.* popup displays explaining the results are only an estimate
- Clicking the **Cancel** button closes the popup
 - Clicking the **Continue** button navigates the consumer to the *My Options* page

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click Get Help to find Local assistance to help you apply.



Shop and Compare Job Aid for Enrollers

My Options Page

A summary of the household information displays on the My Options page with preliminary results for the program(s) for which they may qualify. Each program lists the Household Member's (HHM) number, age, and type of coverage based on each HHM's potential eligibility along with the following:

- Clicking the **More Information** link navigates the user to the *How much does it cost to buy insurance through Covered California?* page
- Clicking the **Preview Plans** button navigates the user to preview Covered California healthcare and dental plans
 - The **Preview Plans** button does not display when the preliminary results include either Medi-Cal, CCHIP or MCAP for all HHMs
- Clicking the **Fact Sheet** link in the *Medi-Cal Programs* section navigates the user to the *MEDI-CAL: COVERING MORE CALIFORNIANS Fact Sheet*
 - The message *These results are only an estimate. You will need to complete an application.* displays above the **Back** button

Note: A tooltip ⓘ displays next to the message to provide users with a link to return to the Covered CA homepage.

- Clicking the **Back** button returns the user to the *Shop and Compare* page
- Clicking the **Apply Now** button navigates the Consumer to the *Log in or Create an Account to Get Covered* page

Note: The *Coverage not Requested* section displays when there is at least one household member not requesting health coverage.



Shop and Compare Job Aid for Enrollers



EspañolNeed Help?



My Options

Here is what you told us:

Zip code:
95307

Total household income:
\$76567

Household members:
4

Age of Head of Household:
37 years ☒ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Age of Person 2
36 years ☒ Needs Coverage? ☒ Pregnant? ☐ Blind or Disabled?

Age of Person 3
10 years ☒ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Age of Person 4
7 years ☐ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

Household Member	Potential Eligibility
Person 1 (37)	Lower Monthly Premium and Lower Out of Pocket Costs

[More information](#)[Preview Plans](#)

Medi-Cal Programs

Household Member	Potential Eligibility
Person 2 (36)	Medi-Cal Access Program (MCAP) Fact Sheet
Person 3 (10)	Free or Low-Cost Coverage Through Medi-Cal Fact Sheet

Coverage not Requested

HouseholdMember
Person 4 (7)

These results are only an estimate. You will need to complete an application.

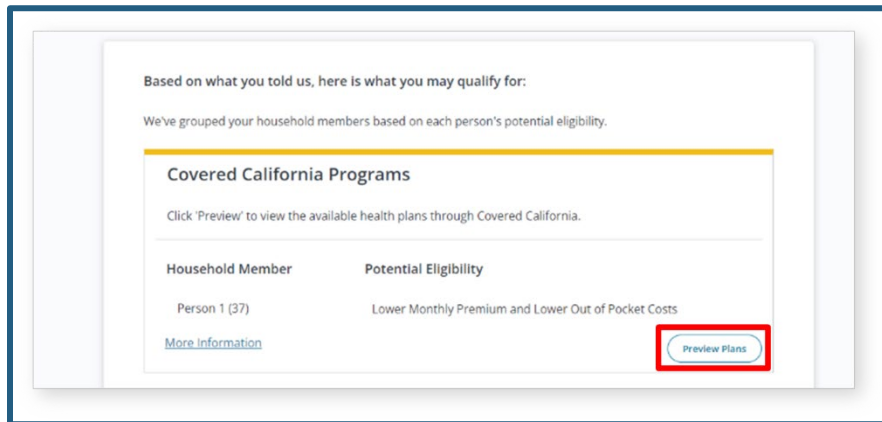
Back

Apply Now

Shopping for Plans – Health Plan Preference Page

Consumers have the option to enter health care preferences on the *Health Plan Preferences* page so the plans presented match their health care needs.

1. Click the **Preview Plans** button on the *My Options* page to begin shopping for a plan. The *Health Plan Preferences* page displays.



Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

Household Member	Potential Eligibility
Person 1 (37)	Lower Monthly Premium and Lower Out of Pocket Costs

[More Information](#)

[Preview Plans](#)



Shop and Compare Job Aid for Enrollers

Health Plan Preferences

PREFERENCESHEALTHDENTALAPPLY

Group 1: 4 Members95307\$76,567

Group 1's Health Plan Preferences

The questions below will help you find an affordable health plan that fits this group's needs.
It is okay if you don't have exact answers, your best guess is fine.

Choose which is more important to you.

A lower premium (monthly cost), with higher costs when you get care
Recommended for members with few health care needs

A higher premium (monthly cost), with lower costs when you get care
Recommended for members with many health care needs

What level of health care will work best for Group 1 in ?

Choose the level based on the Group 1 member with the most health care needs.
If you do not answer, we will use "MEDIUM USE."

LOW USE:
1 doctor visit and tests; preventive services too.

MEDIUM USE:
4-5 doctor visits that include tests and treatment.

HIGH USE:
surgery or outpatient treatment; a number of doctor visits and tests.

VERY HIGH USE:
a hospital stay, outpatient treatment; a number of doctor visits and tests.

What level of prescription drug use will work best for Group 1 in ?

Choose the level based on the Group 1 member with the most prescriptions.
If you do not answer, we will use "MEDIUM USE."

LOW USE:
2-3 prescriptions during the year for brief illness.

MEDIUM USE:
1-2 prescriptions each month.

HIGH USE:
3 prescriptions each month, often higher cost drugs.

VERY HIGH USE:
4 or more prescriptions each month OR very high cost drugs.

BackNext



Shop and Compare Job Aid for Enrollers

A progress tracker displays with four steps: PREFERENCES, HEALTH, DENTAL and APPLY. A step displays as in-progress when bolded with a dotted line. A white checkmark displays next to the step title when the step is successfully complete.

A line displays under the links titled **HEALTH** and **DENTAL** to indicate clickable links when these steps are in-progress:

- Clicking the **HEALTH** link navigates the user to the *Choose a Health Plan* page
- Clicking the **DENTAL** link navigates the user to the *Choose a Dental Plan* page

2. Select the button that applies best to the group for each of the following questions:

- *Choose which is more important to you*
- *What level of health care will work best for Group 1 in [YYYY]?*
- *What level of prescription drug use will work best for Group 1 in [YYYY]?*

The health care preference questions are optional. When no selections are made all questions default to **MEDIUM USE**.

3. Click the **Next** button.

Provider Preferences

PREFERENCESHEALTHDENTALAPPLY

Group 1: 2 Members95833\$50,000

Group 1's Providers

Use this page to search for providers, including doctors, hospitals, and children's dentists. You may choose up to 5 providers for Group 1.

Search for providers

First choose the provider type. Then enter your ZIP Code to find the providers closest to you.

Provider Type

Your ZIP

Distance from ZIP Code

Doctor

95833

20 miles

Provider name

Your providers (4/5)

DOCTOR	Andrew Jones Family Medicine	4860 Y St Sacramento, CA 95817	X
DOCTOR	Sarah Jones Family Medicine	1201 Alhambra Blvd Sacramento, CA 95816	X
DOCTOR	Sylvia Jones Internal Medicine	1650 Response Rd Sacramento, CA 95815	X

About Your Search Results

We update the health plan provider lists monthly but our list may be incomplete. Check with the health plan to be sure the provider you choose works with the plan.

Back

Next

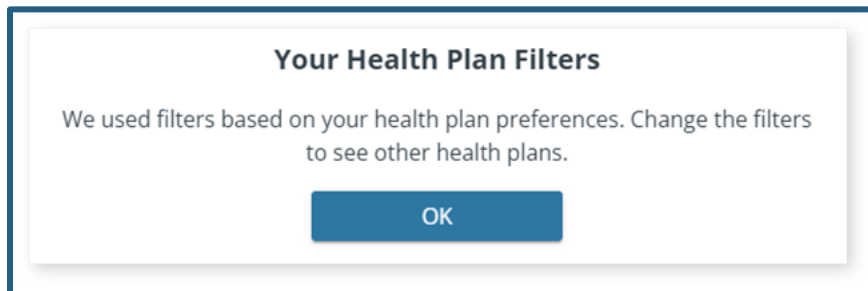
4. The *Provider Preferences* page displays with the following options for users to search:

- **Provider Type**
- **Your ZIP**
- **Distance from ZIP Code**
- **Provider Name**

In order to add a Provider to the plan preferences, enter a name in the **Provider name** field. The *Your providers (#/5)* section dynamically displays up to five providers that match the search criteria.

5. Click the **Next** button. The *Your Health Plan Filters* popup displays.

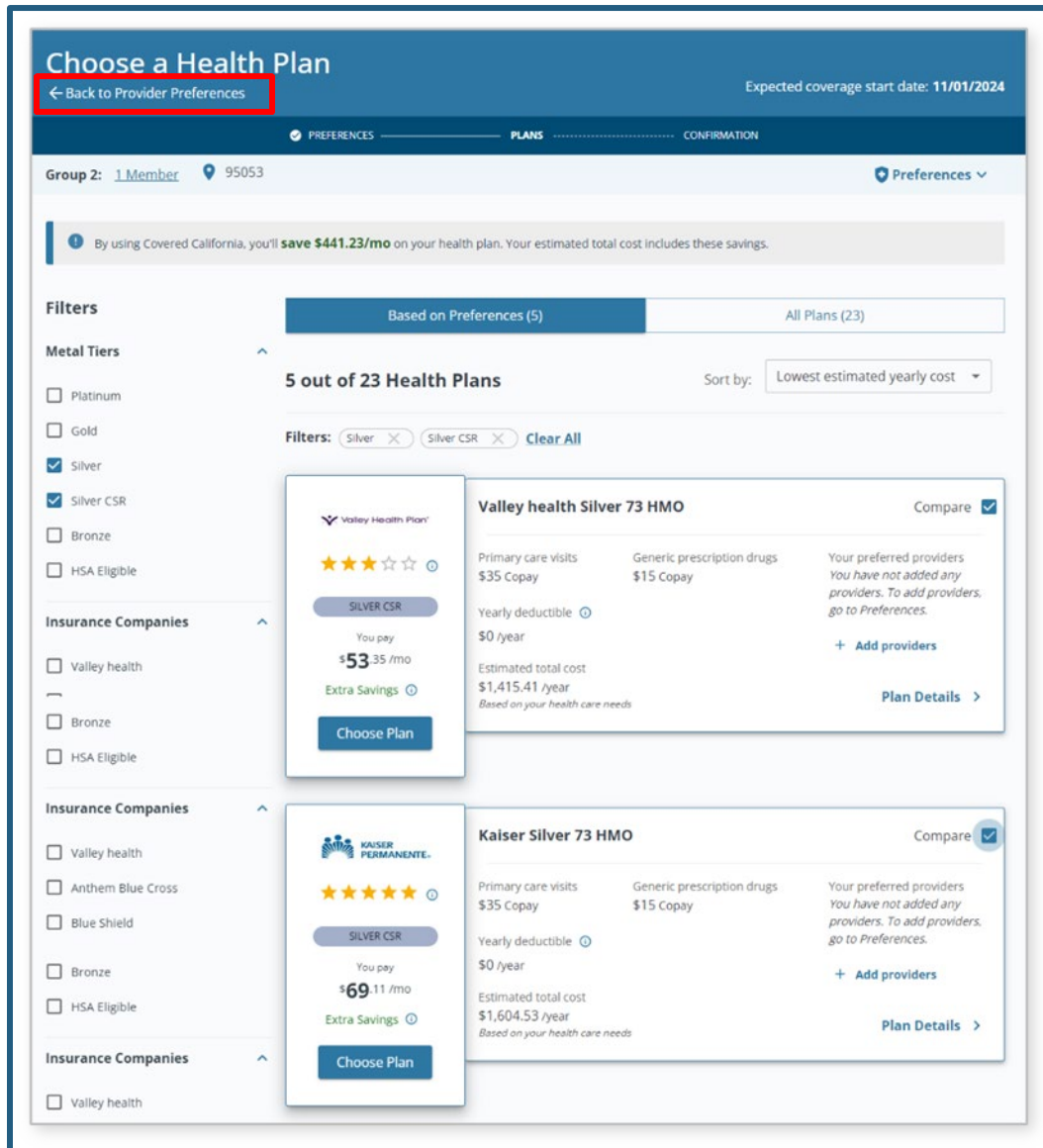
6. Click **OK** on the *Your Health Plan Filters* popup to navigate to the *Choose a Health Plan* page.



Choose a Health Plan

The *Choose a Health Plan* page displays plans within the consumer's reported ZIP code along with the potential coverage start date, estimated monthly premium, and estimated monthly tax credit.

A **Back to Provider Preferences** link displays in the header. Click the **Back to Provider Preferences** link to navigate the user to the *Provider Preferences* page.



A consumer can search for a health plan by clicking the **Sort by** dropdown menu to display the search results according to the following:

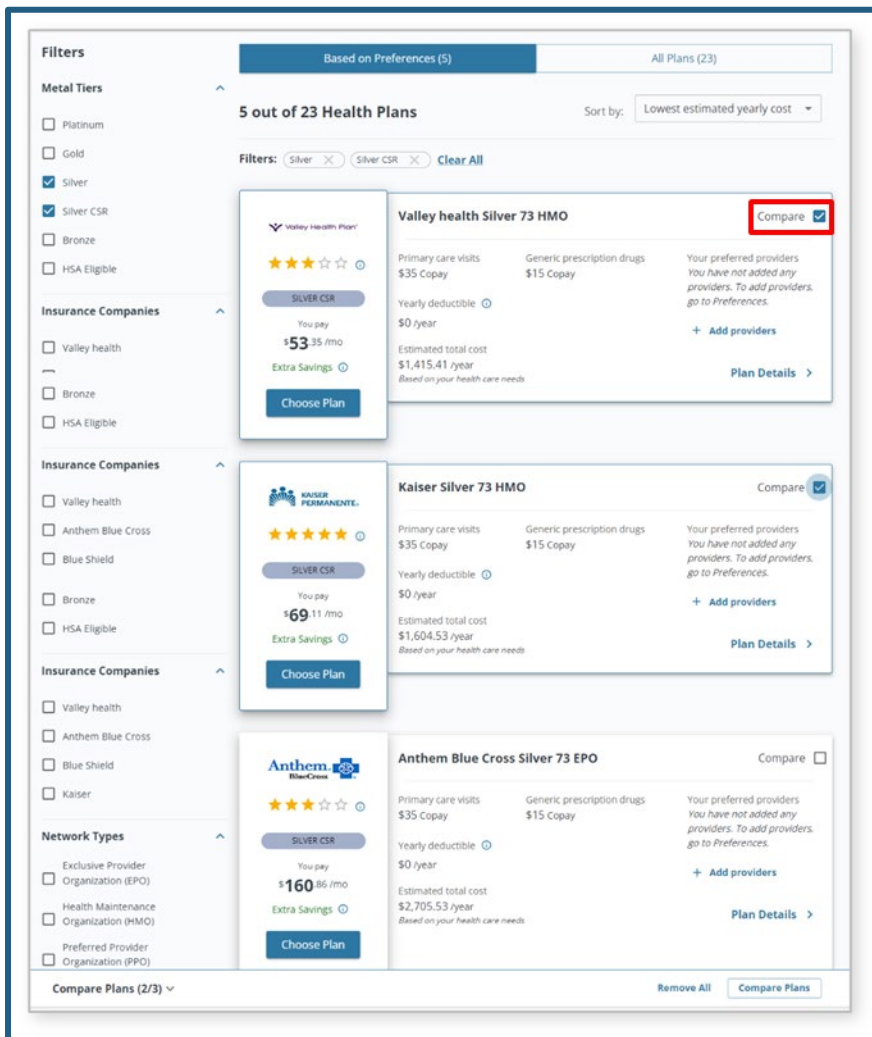
- **Lowest premium** –based on which health plans have the lowest Monthly Premium payment (low to high)

- **Preferred providers** – based on the number of preferred providers in network. The *Preferred providers* dropdown option only displays when the user has added preferred providers on the *Provider Preferences* page
- **Lowest estimated yearly cost** – based on which health plans have the lowest total expense estimate (low to high)

Compare Plans

Consumers may compare the details for up to three plans by doing the following:

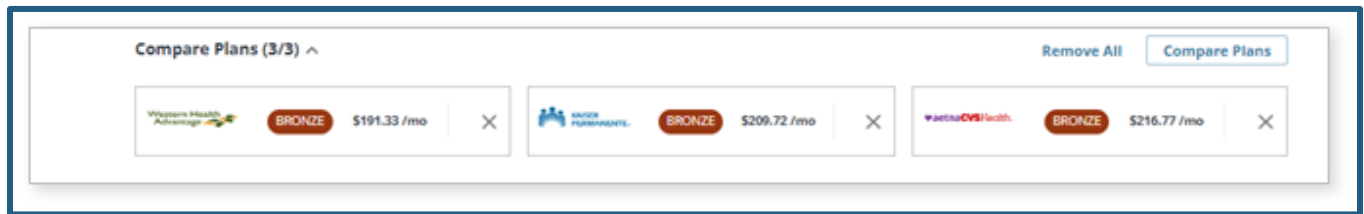
1. Select plans to compare by checking the **Compare** box for each plan. A *Compare Plans* bar displays.



The screenshot displays the 'Compare Plans' section of the Covered California website. On the left, there are filters for Metal Tiers (Silver, Silver CSR, Bronze, HSA Eligible), Insurance Companies (Valley health, Anthem Blue Cross, Blue Shield, Kaiser), and Network Types (Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Preferred Provider Organization (PPO)). The main area shows '5 out of 23 Health Plans' sorted by 'Lowest estimated yearly cost'. Three plans are selected for comparison: Valley Health Silver 73 HMO, Kaiser Silver 73 HMO, and Anthem Blue Cross Silver 73 EPO. Each plan tile includes details like primary care visits, generic prescription drugs, yearly deductible, and estimated total cost. The 'Compare' checkbox is highlighted in red for the Valley Health plan. At the bottom, a 'Compare Plans (2/3)' bar is visible with a 'Remove All' button and a 'Compare Plans' button.

- Clicking the down arrow displays each plan being compared
- Clicking the **X** on the plan tile removes the plan from the *Compare Plans* bar

- Clicking the **Remove All** link removes all plans from the *Compare Plans* bar



- Click the **Compare Plans** button. The *Compare Health Plans* page displays.

Compare Health Plans Page

The *Compare Health Plan* page displays up to three plans to compare. Scroll down the page to review the details of the plan coverage details.

Compare Health Plans

← Back to Choose a Health Plan

PROVIDENCE HEALTH SHENANDOAH APPLY

Group 1: 1 Member 95833 \$75,000



UnitedHealthcare

Bronze 60 HMO

SELECT

Choose Plan

Plan Details



Veritas Health

Bronze 60 HMO

SELECT

Choose Plan

Plan Details



Wellpoint Health

Bronze 60 HMO

SELECT

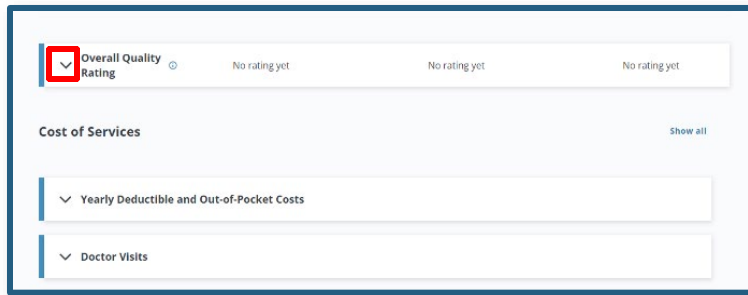
Choose Plan

Plan Details

Key Costs and Features

Monthly premium	\$209.72 /month	\$216.77 /month	\$191.33 /month
Yearly deductible	\$6,300 /year	\$6,300 /year	\$6,300 /year
Out-of-pocket maximum	\$600.00 /year	\$200.00 /year	\$200.00 /year
Primary care visits	\$65.00 Copay with deductible	\$65.00 Copay with deductible	\$65.00 Copay with deductible
Mental and behavioral health visits and outpatient services	\$0.00	\$65.00 Copay with deductible	\$65.00 Copay with deductible
Generic prescription drugs	\$18.00 Copay after deductible	\$18.00 Copay after deductible	\$18.00 Copay after deductible
Estimated total cost	\$3406.98 /year	\$3491.58 /year	\$3186.3 /year
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers
Doctors in your area	Doctors	Doctors	Doctors
Plan type	HMO	HMO	HMO
Health Savings Account (HSA) eligible			

- The *Compare Plans* page allows users to expand or collapse plan details by clicking the caret icon in the header of each section. Links, tooltips, and pins also display in these sections.



- The *Key Costs and Features* section is static and compares the plans by the following details:
 - Monthly premium
 - Yearly deductible
 - Out-of-pocket maximum
 - Primary care visits
 - Mental and behavioral health visits and outpatient services
 - Generic prescription drugs
 - Estimated total cost
 - Your preferred providers
 - Doctors in your area
 - Plan type
 - Health Savings Account (HSA) eligible



Shop and Compare Job Aid for Enrollers

Key Costs and Features		
Monthly premium	\$69.11 /month Extra Savings	\$53.35 /month Extra Savings
Yearly deductible ⓘ	\$0 /year	\$0 /year
Out-of-pocket maximum ⓘ	\$6,100 /year	\$6,100 /year
Primary care visits	\$35 Copay	\$35 Copay
Mental and behavioral health visits and outpatient services	\$35 Copay	\$35 Copay
Generic prescription drugs	\$15 Copay	\$15 Copay
Estimated total cost ⓘ	\$1604.53 /year	\$1415.41 /year
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	
Doctors in your area 10 miles Zip Code: 95053	912 Doctors	889 Doctors
Plan type ⓘ	HMO	HMO
Health Savings Account ⓘ (HSA) eligible		



Shop and Compare Job Aid for Enrollers

Key Costs and Features		
Monthly premium	\$116.17 /month	\$6.01 /month
Yearly deductible	\$7,050 /year	\$7,050 /year
Out-of-pocket maximum	\$7,050 /year	\$7,050 /year
Primary care visits	0% Coinsurance after deductible	0% Coinsurance after deductible
Mental and behavioral health visits and outpatient services	0% Coinsurance after deductible	0% Coinsurance after deductible
Generic prescription drugs	0% Coinsurance after deductible	0% Coinsurance after deductible
Estimated total cost	Not Available	Not Available
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers
Doctors in your area 10 miles Zip Code: 95833	1414 Doctors	941 Doctors
Plan type	EPO	HMO
Health Savings Account (HSA) eligible	✓	✓
Overall Quality Rating	★★★★☆	★★★★★
Cost of Services hide all show all		
Yearly Deductible and Out-of-Pocket Costs		
Yearly deductible	\$7,050 /year	\$7,050 /year
★ Prescription drug deductible	Included In Yearly Deductible	Included In Yearly Deductible



Shop and Compare Job Aid for Enrollers

Apply

In order to enroll in the plan(s) selected, a submitted application is required.

Clicking the **Apply Now** button on the *Create Your Covered California Account* page navigates the user to the *Log in or Create an Account to Get Covered* page.

Create Your Covered California Account

[← Back to Choose a Health Plan](#)

PREFERENCES HEALTH DENTAL APPLY

Group 1: 4 Members 95307
\$76,567

How to Finish Your Enrollment

- 1 Create an account with Covered California
- 2 Complete your application
- 3 Finish your enrollment



Your coverage could start as early as 02/01/2023
Apply to Covered California to finish your enrollment. We will save your plan for you while you apply.

Apply Now

Below is your plan information. This is only an estimate of the money you save using Covered California. We will find out the amount of your total savings after you apply.

Health Plan

[Remove Plan](#)

blue of california
Blue Shield
Bronze 60 PPO
\$1480.14 /mo
[Change Plan](#)
[Plan Details >](#)

Monthly premium	
Premium before savings	\$1707.16 /mo
Money you save	-\$227.02 /mo
Advance Premium Tax Credit (APTC)	-\$223.02 /mo
CA Premium Credit	-\$4.00 /mo
CA Premium Subsidy	-\$0.00 /mo
Amount you pay	\$1480.14 /mo

Dental Plan

[Choose a Dental Plan](#)

You haven't chosen a dental plan.

Total Monthly Payment \$1480.14 /mo

Contact Us

Have a question? Please contact an office for assistance.

Covered California
Phone number: (800) 300-1506



Shop and Compare Job Aid for Enrollers

Consumers with existing plan coverage may also access the **Shop and Compare** feature by clicking the **Shop and Compare** link in the *Manage Your [YYYY] Application* section on the Consumer Home page. This allows a consumer to view and compare plans outside the Open Enrollment and Special Enrollment period.

COVERED CALIFORNIA

Welcome back, Brooks!

Select Year: 2024 2025

Complete Coverage

Choose a plan that best fits your needs. If you wish to make any additional changes to your household, you can still report a change to redetermine your eligibility.

[Choose Plan](#)

[Report a Change](#)

Tax Forms & Other Important Documents

[View Proof of Coverage Forms](#)

Important Dates

OCT 16 - Covered California
You will be auto renewed on Oct 16, 2024.

DEC 31 - Covered California
You can change your plan until Dec 31, 2024.

2025 Household Summary

Your household has members with alerts or actions that need your attention.

Brooks W.
Primary Contact

Doyle L.

[View actions needed & alerts >](#)

Manage Your 2025 Application

Case #: 5193228244

Review Application View your most recently submitted application.	Eligibility Results Learn about how your eligibility was determined.	Enrollment Dashboard Shop for health plans, manage coverage, and view enrollment status. ⓘ	Shop and Compare Terminate Application
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Account Information

Manage account access, view application and case history, and update important information.

Contact Us

Have a question? Please contact an office for assistance.

Covered California
Phone number: (800) 300-1506