



Your destination for affordable, quality health care, including Medi-Cal



# JOB AID: COVERED CALIFORNIA PLAN SELECTION

April 24, 2015

This Job Aid shows how to assist Individuals with plan selection – reviewing and selecting a Covered California health insurance plan that meets their needs, and then enrolling in that plan. This document is intended for Service Center Representatives, County Eligibility Workers, Plan Based Enrollers, Certified Enrollment Counselors, and Certified Insurance Agents. Plan selection begins after the Individual submits an application for coverage and has reached the *Eligibility Results* page.

Note: Plan selection is also available when a Report a Change produces a change in eligibility.

## The Plan Selection Process

1. To start, click on the **Choose a Health Plan** button, either from the *Eligibility Results* page or from the Consumer's home page.
2. The *Household Enrollment Introduction* page displays. You can see all household members listed with a description of their eligibility for Covered California Plans, different subsidy programs or for Medi-Cal. Click on the **Choose Health Plan** button.
3. The *Shop for Health Plans* page displays. It provides an overview of the plan selection and enrollment process. The plan selection process includes asking for information about Consumers' healthcare needs, comparing an array of plans in their region, and enrolling them into a plan of their choice. Click **Next** to proceed.

**ELIGIBILITY RESULTS**

Here are the programs you qualify for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

**Choose a Health Plan**

Ronald Outfield

- Covered California Plan: Eligible - Thank You. Choose a health plan by clicking the button below
- Premium Assistance: Eligible - Thank You. Choose a health plan by clicking the button below
- Enhanced Silver Benefits: Eligible - Thank You. Choose a health plan by clicking the button below

You must select a health plan within 60 days of your qualifying life event. The last day you can pick a health plan during your special enrollment period is May 31, 2015. So your health coverage can start, you must pay your first premium by the due date. You may contact your health plan directly.

**HOUSEHOLD ENROLLMENT INTRODUCTION**

Members of your household qualify for the health programs listed below. Each program has a set of available health plans for you to compare. You can choose the health plan that is the best fit for you.

For Covered California, you must choose a health plan before insurance coverage can begin. You have until 05/31/2015 to choose your Covered California plan.

For Medi-Cal, when you first qualify you are covered under regular Medi-Cal (Fee-for-Service), until you choose a plan through Health Care Options (HealthCareOptions.dhcs.ca.gov) are automatically enrolled in a plan by the state.

Persons	Program	Health Plan	Initial Payment
Ronald Outfield	Covered California Plan with premium assistance (a federal tax credit) cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	<b>Choose Health Plan</b>	No plan has been selected
Jaime Westgate Daniel Outfield Miranda Bayside	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.	No plan has been selected

Back Save & Exit

**Shop For Health Plans**

1. Getting Started
2. Find a Plan
3. Checkout

**Tell us what's important to you**

This information will be used to tell you for each plan 1) what you are likely to spend out of pocket getting care and 2) whether your preferred doctor or hospital is covered.

**Compare and choose plans**

Select the health insurance plan that strikes the right balance for you between what you pay each month for your insurance premium and what you are likely to spend out of pocket getting care. Selecting a silver, gold or platinum level plan means you will spend less when you get care but

**Sign & confirm**

Decide which specific health insurance plan you want to enroll in. If you are eligible for premium assistance, decide how much of the assistance you want to use to lower your premium (monthly cost) each month.

Picking the right health insurance plan can be confusing. If you want help, you can call our Service Center at 1-800-300-1506 or chat with a representative using the "online chat" link at the top of the page.

**Next**

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4. The **Estimate Costs** section asks for information about the household's basic healthcare needs. The estimated number of doctor visits and prescriptions per person helps the system select a range of cost-effective plans to present to the Consumer. Click **Choose a Plan** when finished.

### Plan Comparison

The *Plan Comparison* page displays plans available in the consumer's region, expected monthly premiums, and estimated total annual costs based on the frequency of medical and prescription use indicated on the previous page. Three plans are shown on the screen at a time for a detailed side-by-side comparison. If more than three plans are available to the Consumer, click on the left or right arrows on either side of the plan logo panel to view them.

Each plan's metal tier, carrier, plan name, and price are displayed along with a Summary of the plan details. The monthly premium cost listed on this page represents the **net** cost to the Consumer, after financial assistance or employer premium contribution, shown below the monthly premium amount. Individuals will select one plan from any of the plans listed depending on cost and what options are important to the consumer.

Sub-sections listed below the Summary details can be expanded to show further details for comparing. The sub-sections include:

- Deductible & Out-of-pocket
- Doctor visit
- Tests
- Drugs
- Outpatient
- ER and Urgent Care
- Hospital
- Mental/behavioral health
- Pregnancy
- Other special needs
- Children's vision
- Quality information
- Children's dental

Scroll down to each plan feature and click on the adjacent expansion caret (▶), to show side-by-side plan comparison with information and costs related to that feature.

**Estimate costs**

Which category does *each family member* best fit? Learn more

**Medical use**

Number of family members: Low, Moderate, High, Very high

Which category does each family member best fit? Learn more

**Prescription use**

Number of family members: Low, Moderate, High, Very high

**Choose a plan**

22 Plans

1 2 3 4 5 6 7 8 Next

Sort by Filter by Your favorites (0) Print Your cart (0)

<p>Kaiser Permanente Silver 73 HMO Your monthly premium <b>\$250.93</b> After premium assistance of \$20.00</p> <p>Add</p>	<p>Kaiser Permanente Platinum 90 HMO Your monthly premium <b>\$331.56</b> After premium assistance of \$20.00</p> <p>Add</p>	<p>Anthem Platinum 90 PPO Your monthly premium <b>\$332.13</b> After premium assistance of \$20.00</p> <p>Add</p>
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**Summary**

Estimated total costs premium + out-of-pocket Customize now	\$4611.16 per year	\$4678.72 per year	\$4685.56 per year
Overall quality	First scores available in 2015	First scores available in 2015	First scores available in 2015
Estimated total costs premium + out-of-pocket Customize now	\$4611.16 per year	\$4678.72 per year	\$4685.56 per year
Overall quality	First scores available in 2015	First scores available in 2015	First scores available in 2015
Browse provider directory per plan	View Directory	View Directory	View Directory
Product type	HMO	HMO	PPO
Discounts	Includes special out-of-pocket savings	Includes special out-of-pocket savings	Includes special out-of-pocket savings

▶ Deductible & Out-of-pocket

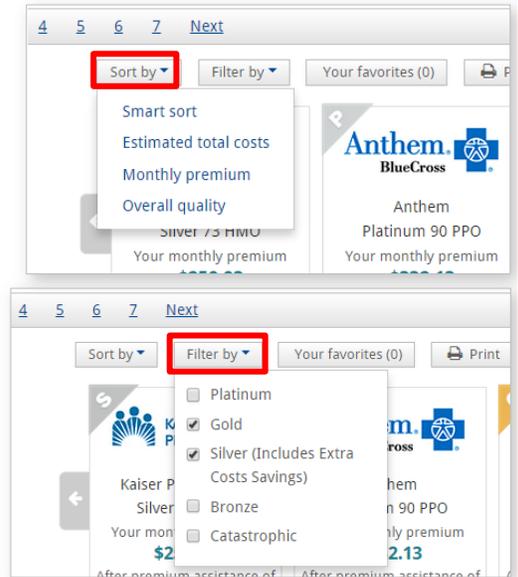
▶ Doctor visit

Scroll Down

## Sorting and Filtering

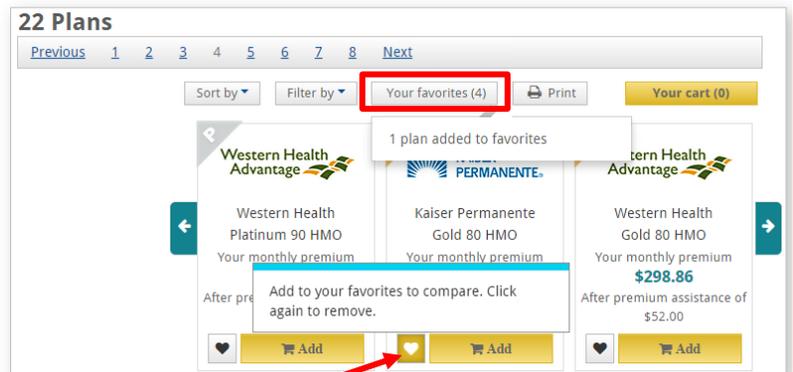
The *Plan Comparison* page also allows consumers to sort plans by quality of the plan and filter plans by metal tiers. Choose the **Sort by** dropdown to rearrange plans based on a **Smart sort**, **Estimated total costs**, **Monthly premium**, and **Overall quality**. Upon selecting one of the **Sort by** values, the available plans are reordered based on the selection.

Choose **Filter by** drop down to select one or multiple metal tiers from the available plans. Filtering options may include Platinum, Gold, Silver (Includes Extra Cost Savings), Bronze, and Catastrophic. Users may select more than one option at a time or leave all blank to display all plans available. Users can narrow down selections by using the filter, and then reorder the options using **Sort by**.

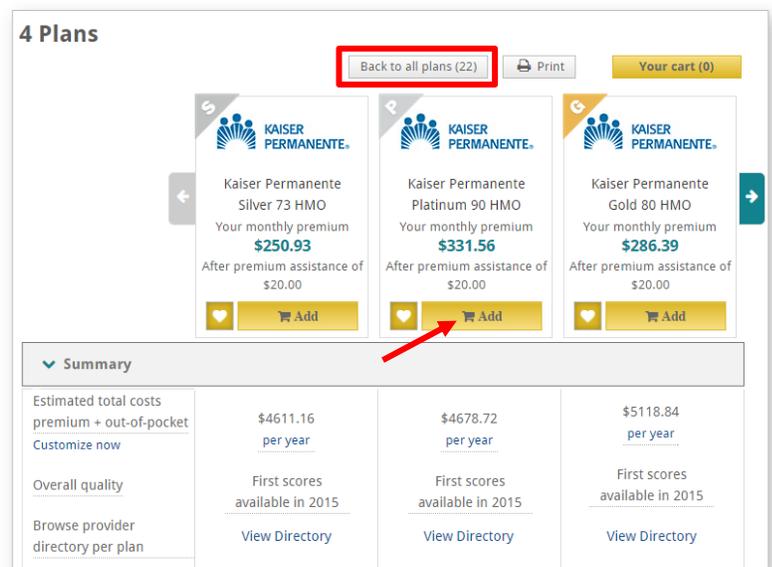


## Your Favorites

Users can also compare plans using the **Favorites** button. Each plan has a heart-shaped button next to the **Add to Cart** button. Clicking the **Favorites** button changes the heart icon to gold, and a window displays under the **Your favorites** button notifying the user 1 plan is added to favorites. Click on **Your favorites** to look at condensed list of favorite plans.



Any number of available plans can be added to favorites to compare without locking in a choice. Just as with the *Plan Comparison* page, the *Your Favorites* page only displays three plans to compare at a time. If the user would like to add a plan to their cart, they can click on the **Add to Cart** button. To remove a plan from the *Your Favorites* selection, click the **Favorites** heart button. Exit the *Your Favorites* screen by clicking **Back to all plans** button.



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## Plan Details

Get an in-depth view of a plan by clicking on the provider's logo. The *Plan Details* page appears providing information about the plan, beginning with Consumer costs at the top of the page.

The **Summary** section displays high level information about the plan, including estimated total costs, quality, and the product type.

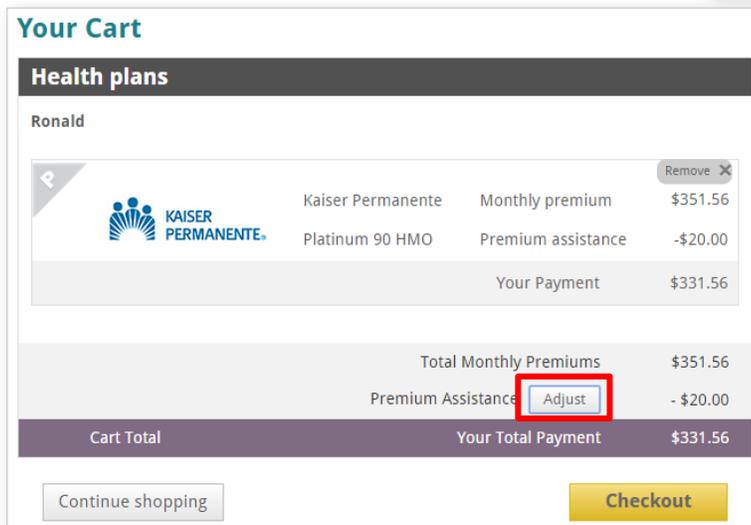
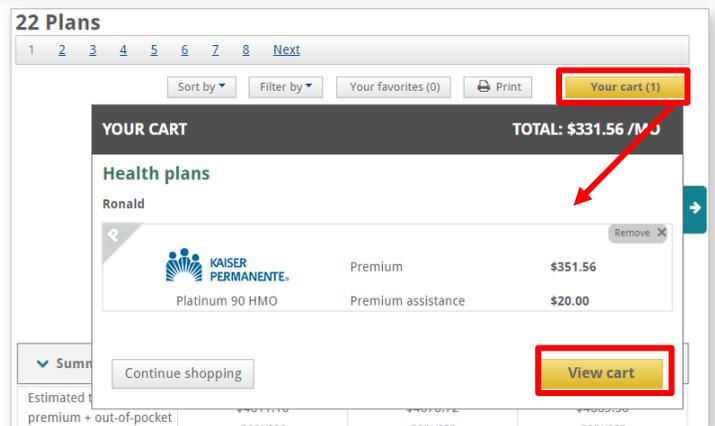
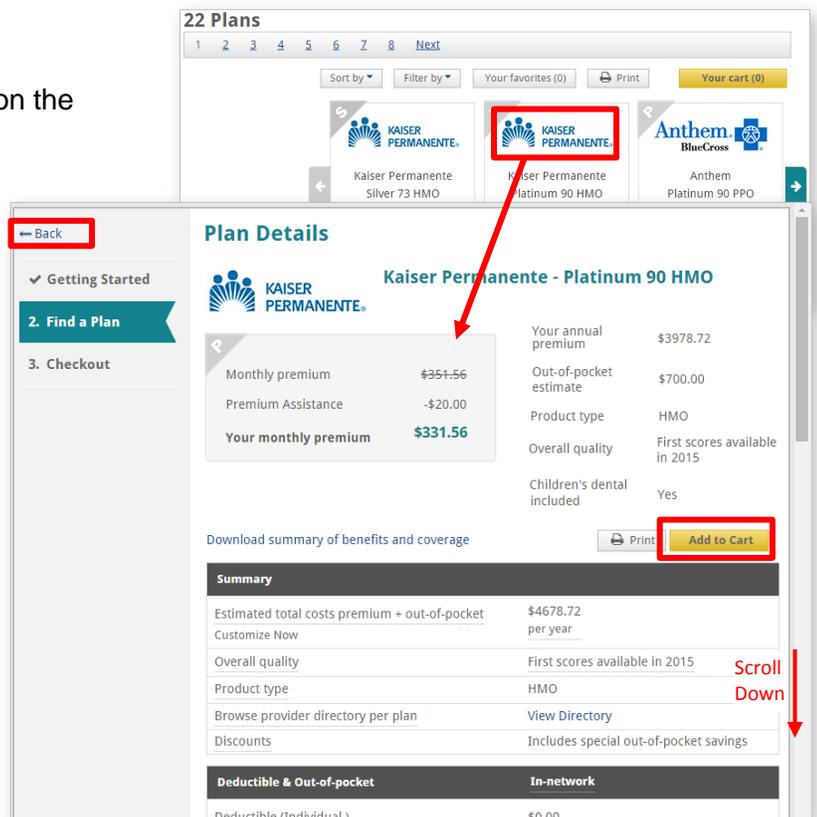
Scroll down the *Plan Details* page to review all of the different sections that were noted on the *Plan Comparison* page.

When ready to select a plan, click on the **Add to Cart** button on either the *Plan Details* page or *Plan Comparison* page.

After clicking on the **Add to Cart** button on the *Plan Details* page, the button name changes to **Remove From Cart**. To continue, click on the **← Back** link within the *Plan Details* page.

## Your Cart

On the *Plan Comparison* page, the **Your Cart** button opens a popup showing the contents of the consumer's shopping cart. Only one plan can be in a consumer's shopping cart at a time.



Click the **View Cart** button to go to the *Your Cart* page, which lists the applicant's chosen health plan. Clicking the **X** button at the top of the window removes the plan from the cart.

If the applicant has Premium Assistance, the system applies the full amount to reduce the monthly premium by default. The consumer can change some or all the amount applied by clicking the **Adjust** button.

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A three-part *Premium Assistance* dialog window opens explaining the consumer's option to apply premium assistance directly towards their monthly plan amount, or receive a lump sum via tax credit at the end of the year. On the last screen, the applicant can use the slider mechanism to adjust how much assistance is applied to the monthly plan with the remaining balance returned at tax time.

Following any adjustments, click **Confirm** to close the *Premium Assistance* dialog window, returning to *Your Cart* page.

**Premium Assistance**

Your household qualifies for premium assistance of \$20.00 that can be applied to reduce your monthly health insurance costs (for a total of 0.00 for the year).

The premium assistance applied to help you purchase insurance. You have a choice:

- Have your premium throughout the year
- Receive your entire April, which means year.

Here's more information:

The amount shown here when you began the enrollment income you declared higher than your estimate received if you took a job are required to file a fed whether you receive an

You can choose to receive your premium assistance as:

- Monthly advance: You pay the balance to use some or all of your filing your tax return premium cost.
- Annual credit: You may have to repay some or all of the monthly advance. You will be able to change how you receive your credit when you choose your health plan.

Remember that if your actual household income (for 2015) is more than you estimated, you may have to repay some or all of the monthly advance. You will be able to change how you receive your credit when you choose your health plan.

Remember that you should notify Covered California if your income changes in 2015 or if you get coverage from another source - such as if you get new coverage through a job. If your income goes down from what you estimated, you may be eligible for even more premium assistance to reduce your health care costs.

If your income goes up or you get other coverage, you may be eligible for less premium assistance. By letting Covered California know, we can adjust your premium assistance so there are not big changes in this tax credit at the end of the year.

Monthly Premium Assistance: \$ 12.50 / Mo

Annual Premium Assistance: \$ 52.50

Close Confirm

### Checkout

When the applicant is ready to enroll in the selected plan, click on the **Checkout** button. The *Provide eSignature* page displays to be completed as follows:

- Review this page with the consumer following Policy instructions. Click on the checkbox next to: **I Agree To File A (yyyy) Tax Return Before (April 15, yyyy) To Claim The Premium Tax Credit...** etc.
- Click on the checkbox next to: **I Have Read And Agree To The Binding Arbitration Agreement**
- Enter **PIN Number** and **eSignature** following policy guidelines.
- Click on the **Enroll** button

**Checkout**

1. Cart

2. Provide eSignature

3. Confirmation

**Your Cart**

**Health plans**

Ronald

Kaiser Permanente	Monthly premium	\$351.56
Platinum 90 HMO	Premium assistance	-\$12.50
Your Payment		\$339.06
Total Monthly Premiums		\$351.56
Premium Assistance		-\$12.50
Your Total Payment		\$339.06

Continue shopping

**Checkout**

**Checkout**

✓ Cart

2. Provide eSignature

3. Confirmation

To check out, read the agreement here and enter your personal identification number (PIN) and eSignature in the spaces below. When you enter your PIN and eSignature, it means you are sure about the health insurance plans you choose and have read all the terms and conditions.

I Agree To File A (2015) Tax Return On Or Before (April 15, 2016) To Claim The Premium Tax Credit. I Understand That I Am Required To Submit Changes That Affect My Eligibility, Including Income, Dependency Changes, Address, And Incarceration. These Changes Could Affect The Plans I Can Be Enrolled. I Cannot Change Plans Unless I Have A Life Triggering Event. Life Events Include Lost Or Will Soon Lose My Health Insurance, Permanently Moved To/Within California, Had A Baby Or Adopted A Child, Got Married Or Entered Into Domestic Partnership, Returned From Active Duty Military Service, Gained Citizenship/Lawful Presence, Federally Recognized American Indian/ Alaska Native, Released From Jail, And Other Qualifying Life Events.

**Binding Arbitration Agreement:** Print

I understand that every participating health plan has its own rules for resolving disputes or claims, including, but not limited to, any claim asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of, services or items, medical or hospital

I Have Read And Agree To The Binding Arbitration Agreement.

PIN Number

To enter your eSignature, please enter your full name

Provide eSignature: Name per Policy Date: 01/01/2500

Back **Enroll**

## JOB AID: COVERED CALIFORNIA PLAN SELECTION

### Confirmation

The *Confirmation* page displays the plan, the household members enrolled in the plan, the expected start date, the premium amount, available tax credit or employer assistance (if any), and the net total monthly payment.

- Click on the **Continue** button. The *Household Enrollment Summary* page displays.

Checkout

- ✓ Cart
- ✓ Provide eSignature
- 3. Confirmation**

### Confirmation

Congratulations! You have completed checkout from Covered California. We will send your information to the health insurance plan that you chose. They will send your first premium bill to complete your enrollment. You will be enrolled once you pay the bill.

#### Health Insurance Plans

Ronald Outfield Expected Start Date: 06/01/2015

	Kaiser Permanente Platinum 90 HMO	Monthly Premium (monthly cost)	\$ 351.56
		Total Monthly Cost (Monthly Premium)	\$ 351.56
		Monthly Premium Assistance (A Federal Tax Credit)	-\$ 12.50
<b>Your Total Payments</b>			<b>\$ 339.06</b>

#### Making Changes to Your Plans

If for any reason you need to make changes to the selections shown here, you can go back to the your account overview. Click Go to Account Overview to go there.

#### Disclaimers

You are not enrolled until your health insurance plan receives your payment. If you do not pick a plan and pay your first payment by the due dates, your application may expire. If your application is expired, you may be asked to re-submit your application or you will have to wait until the next open enrollment period.

[Print Page](#) **Continue**

### Household Enrollment Summary

The Consumer's information will be sent to the selected health and dental carriers. The Consumer must send their initial (first) payment by the **Initial Payment Due Date** listed on the *Household Enrollment Summary* page so their plan can start on the **Expected Start Date** listed on the page. If the Consumer wishes to pay online, they can click on the **Pay Now** button which will direct them to their carrier's payment information webpage (does not display for every carrier). Otherwise, the Consumer can submit payment to their carrier by mail.

- Click on the **Done** button to return to the Consumer's home page.

ENROLLMENT

- ✓ Enrollment Introd...
- Plan Selection
- Enrollment Summary**

### HOUSEHOLD ENROLLMENT SUMMARY

Congratulations! You are one step closer to getting quality health care through Covered California. Your information will be sent to your health and dental plan choices listed below. Send your initial (first) payment by the deadline so your plan can start on the expected start date. If you chose more than one plan, send payment to each plan.

**Remember:** Send all payments directly to your insurance plan. Do not send payment to Covered California. We cannot accept payments. Sending payment to Covered California could delay the start of your coverage. See [How to Pay](#) at CoveredCA.com or call your plan to learn more.

#### PAYMENT OPTIONS

1) **Online:** You can pay online if the "Pay Now" button appears on the "Initial Payment" column. Click "Pay Now" to make a quick, secure first payment to your insurance plan. Once your insurance plan confirms your first payment, the "Pay Now" button will disappear. It may take up to one week for the payment to show. The "Pay Now" button is only for your first payment. For plans that accept online payments, you can send future payments to the plan using their website.

2) **By mail to the plan:** If the "Pay Now" button does not appear or you want to mail your first payment, you can wait for the bill from your plan. It may take up to two weeks to get the bill by mail.

You will be enrolled in the plan once your plan receives your first payment. If you pay by the due date on your bill, your coverage will start on the expected start date below. You can begin using your insurance after that date, even if you don't have your insurance cards yet. About 10 days after they receive payment, your plan will send you a welcome packet with your cards. Be sure to pay your monthly payments on time so you will stay insured.

Persons	Program	Health Plan	Initial Payment
Jaime Westgate Daniel Outfield Miranda Bayside	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.	No plan has been selected
Ronald Outfield	Covered California Plan with premium assistance(a federal tax credit)/ cost sharing reductions(lowers out of pocket expenses, such as copays and coinsurance)	Subscriber ID: 7920 Plan: Platinum 90 HMO Expected Start Date: 06/01/2015 Net Premium \$ 339.06 per month Initial Payment Due Date: 05/26/2015	<b>Pay Now</b>

Please take a quick survey to tell us about your experience and help us improve your Covered California Marketplace.

[Take Survey](#)

[View Additional Programs](#) **Done**