

Seeing Plans and Prices before Completing an Application

WHEN SHOULD I USE IT?

- If a client would like a quick snapshot of what the plans look like and how much they cost.
- If a client has an offer of coverage that is affordable and adequate, but the client insists it is too expensive.

In both of these situations, the process is exactly the same

STEP 1:

Go to the Resource Page and click the following link:

HOME ICT TEAM ALERTS 2018 RESOURCE PAGE SEP YR STAFF LOG IN OE6 STAFF 2019 RESOURCE PAGE

Protected: 2019 Resource Page

FOR FOUNDATION COMMUNITIES' VOLUNTEERS AND STAFF ONLY.

Marketplace # for CACs: Dial 8 for outside line then 1-855-879-2683 + code 5 1 2 4 4 7 2 0 2 6

Link: [See Plans & Prices before I Apply](#)

STEP 2:

Enter consumer's Zip Code and then select county to view local plans:

Enter your ZIP code

78748

CONTINUE

Choose your location

Travis County, TX

CHOOSE

STEP 3:

Enter all the people in the tax household even if they are not applying.

Who's in your household?

Your household includes you, your spouse if you're married, and everyone you'll claim as a dependent on your tax return. **Include them even if they don't need coverage.**

JUST YOU

YOU AND OTHER PEOPLE

STEP 4:

Enter the following information for everyone in the consumer's tax household:

Tell us about You

AGE
(Required)

SEX
(Required) MALE FEMALE

OTHER INFORMATION

- Eligible for health coverage through a job, Medicare, Medicaid, or CHIP
- Parent of a child under 19
- Pregnant
- Tobacco user

CONTINUE

VERY IMPORTANT:

If there is an offer of coverage, always take a minute to make sure to click this for every household member to whom that offer of coverage is extended to.

STEP 5:

Make sure the information is correct and confirm household members.

Confirm your household members

Your Age: 25

CONTINUE

STEP 6 - 1:

If the consumer only wants to look at FULL PRICE plans or if you already know that the consumer has an offer that is adequate and affordable and is not eligible for subsidies press SKIP.

What do you think your household income will be in 2018?

Expected 2018 income

[See how to estimate your 2018 income](#)

CONTINUE

Are you sure you want to skip this step?

If you skip this question, you'll see only the full price for each plan. You won't see how much you'd pay based on your income, which could be much less.

A green arrow points to the SKIP button.

STEP 6 - 2:

If the consumer wants to know if he/she is eligible for subsidies, have the consumer give you a **ROUGH** estimate of their income.

Try Asking: Will you make about the same in 2019 than you did in 2018?

Tip: If the consumer is not sure if he/she wants a plan with or without subsidies enter their income so you can show them both. (See Step 8)

✓ ZIP CODE ✓ HOUSEHOLD **EXPECTED INCOME** SAVINGS ESTIMATE REVIEW

What do you think your household income will be in 2018?

Expected 2018 income

[See how to estimate your 2018 income](#)

CONTINUE **SKIP**

The next screen will let you know how much PTC they qualify for.

Estimated savings overview

Person 1 (age 29) may be eligible for a premium tax credit that lowers the monthly costs of health insurance.

Estimated premium tax credit

Based on the information you provided, it looks like your household qualifies for a premium tax credit of

\$216 per month

A **premium tax credit** is how much you can **save** on your premium each month. It's not the amount of your premium itself. When you view plans, the premiums will be reduced by this amount.

The amount above is an estimate. You'll know your exact premium tax credit when you complete an application.

Extra savings -- only if you pick a Silver plan

It looks like you qualify for more savings. In **addition** to a tax credit that lowers your premium, you appear to qualify for **extra savings** on other costs, including deductibles, copayments, and coinsurance. This can save you hundreds or even thousands of dollars if you use a lot of care.

IMPORTANT: To get these extra savings, you MUST pick a plan in the Silver category.

CONTINUE

STEP 7: Press CONTINUE or NEXT on **ALL** of the following pages/pop-ups:

Estimated savings overview

Person 1 (age 25) doesn't appear to be eligible for a premium tax credit or other savings.

Based on the information provided, members of this household don't appear to be eligible for a premium tax credit or other savings on health insurance. But you can use the Health Insurance Marketplace to shop for a health plan at full price.

CONTINUE

Review your information

ZIP Code 70740 **EDIT**

Household Members **EDIT**

You (Age 25)
Male

Income \$15,000 **EDIT**

CONTINUE TO PLANS

Help comparing plans

Get quick definitions **Filter plans by feature** **Select plans to compare**

COMPARE **REFINE RESULTS** **COMPARE** **LIKE THIS**

Mouse over these icons for pop-up definitions.

Narrow down the list of plans by category, cost, company, and more.

Check these boxes to select up to 3 plans to compare side-by-side.

NEXT **CLOSE**

STEP 8: Help the consumer look at their options.

HealthCare.gov ESPAÑOL Log in

2018 health insurance plans & prices

People covered: Primary (Age 35) EDIT ESTIMATE TOTAL YEARLY COSTS SEE IF PROVIDERS & DRUGS ARE COVERED

33 plans available PLAN TYPE: Health plans SORT BY: Premium REFINE RESULTS

Plan Name	Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Medical providers & prescription drugs covered
Oscar - Simple Secure Catastrophic EPO Plan ID: 20069TX0010001	\$199.93	\$7,350 Individual Total	\$7,350 Individual Total	Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	ESTIMATE TOTAL YEARLY COSTS	SEE IF PROVIDERS & DRUGS ARE COVERED
Oscar - Simple Bronze Bronze EPO Plan ID: 20069TX0100001	\$267.75	\$7,350 Individual Total	\$7,350 Individual Total	Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible	ESTIMATE TOTAL YEARLY COSTS	SEE IF PROVIDERS & DRUGS ARE COVERED

This screen shows full price plans only

The screen below shows plans with subsidies

Oscar - Simple Bronze
Bronze | EPO | Plan ID: 20069TX0100001

Estimated monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance	Estimated total yearly costs	Medical providers & prescription drugs covered
\$29.28 <small>Was: \$245.18</small>	\$7,350 Individual Total	\$7,350 Individual Total	Emergency room care: No Charge After Deductible Generic drugs: No Charge After Deductible Primary doctor: No Charge After Deductible Specialist doctor: No Charge After Deductible	ESTIMATE TOTAL YEARLY COSTS	SEE IF PROVIDERS & DRUGS ARE COVERED

Monthly premium with PTC

Monthly premium without PTC

PLEASE REMIND THE CONSUMER:
This is only an ESTIMATE. A final determination on the consumer's tax credits, cost sharing reductions, and copayments/coinsurance will be made when they complete the application.