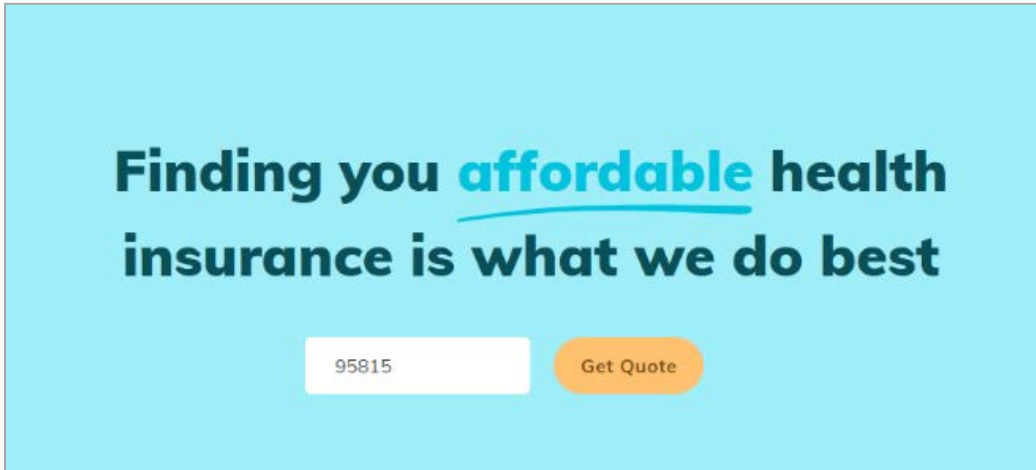


Appendix F.1 - Platform Walkthroughs (Screen Shots) – eHealth

Scenario 1: Single: 40, female, \$29,400, 95815

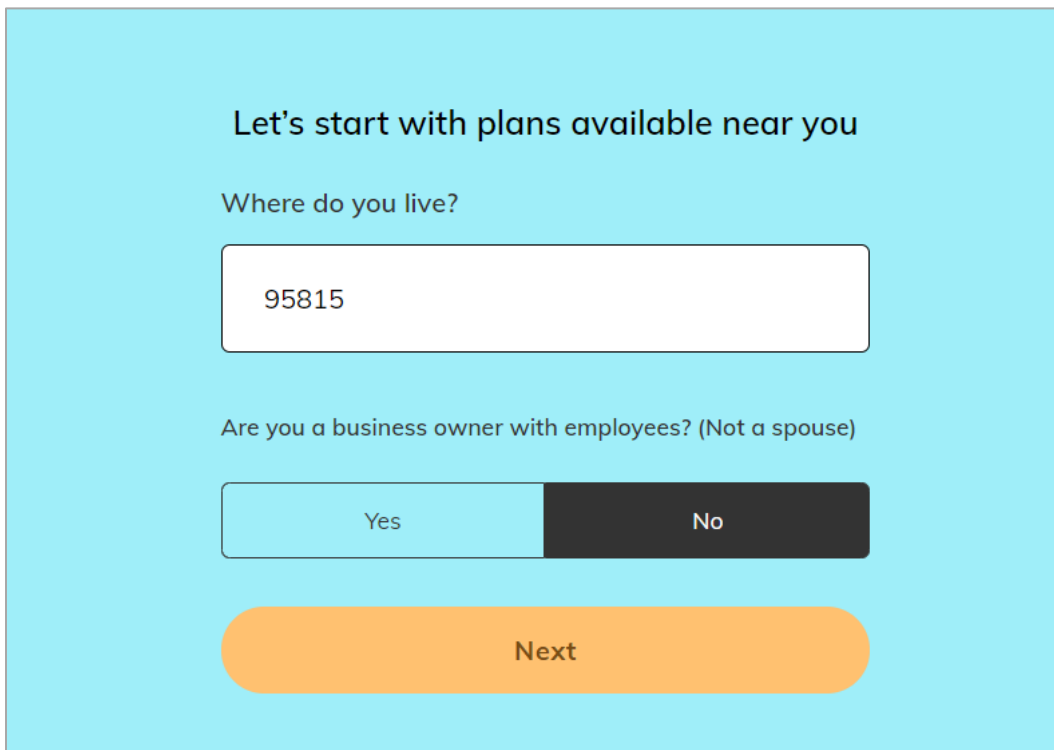
1. eHealth Landing Page: Enter zip code



Finding you affordable health insurance is what we do best

95815 [Get Quote](#)

2. eHealth: Household Information



Let's start with plans available near you

Where do you live?

95815

Are you a business owner with employees? (Not a spouse)

Yes No

[Next](#)

2a. eHealth: Household Information - Option to view Business Health Plans

Let's start with plans available near you

Where do you live?

Are you a business owner with employees? (Not a spouse)

Yes No

[Go to Business Health Plans](#)

[No Thanks, Continue](#)

3. eHealth: Information on Covered Individual(s) - Consumer

Tell us a little more about you. [Why?](#)

Female Male

Date of birth

 / /

Tobacco use?

Yes No

Do others need coverage?

[Add Child](#) [Add Spouse](#)

4. eHealth: Qualifying for a Subsidized Plan

If the consumer wants to determine if they qualify for a premium tax credit, eHealth redirects to its partner HealthSherpa's website. At HealthSherpa's website where the consumer resubmits their information (see images 4a – 4c).

Note: The consumer has the option to skip this step and view all Unsubsidized Plans (see image 14 to view the results page).

The screenshot shows a light blue background with the following content:

- Section Header:** "See if you qualify for a subsidy" in a dark teal font.
- Question:** "Is your total household income less than \$74,940/year?"
- Radio Buttons:** Two buttons, "Yes" (which is selected and highlighted in black) and "No" (light blue).
- Feedback Text:** "Good news! You may be eligible for a subsidy or tax credit. Visit our partner Health Sherpa to find a subsidized plan."
- Buttons:** Three rounded buttons at the bottom: "See If I Qualify" (orange with an external link icon), "See Unsubsidized Plans" (dark teal), and "Go Back" (light blue).

4a. HealthSherpa: Household Information

YOUR INFO — SAVINGS — PERSONALIZE

What's your zip code?

Your zip code determines which plans are available.

Back Continue

4b. HealthSherpa: Information on Covered Individual(s) - Consumer

Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You ×

Age **Gender Identity** ?

40 Male **Female**

Select any that apply

Tobacco user i

Pregnant i


Eligible for coverage through Medicaid, CHIP, Medicare, or a job i

[Add my spouse](#)


[Add a dependent](#)


4c. HealthSherpa: Household Income Information

Your household information

How many people are in your tax household? 

 - +

Estimate your 2020 household income (before taxes) 

 Include the estimated income of **anyone** you file taxes with or claim on your taxes. Need help estimating? Use our [income calculator](#).

5. HealthSherpa: Estimated Savings Calculation


You qualify for 2 kinds of savings!

You'll **save** this much on your premium:

\$302/month

✔ This means you'll see plans as low as **\$56 per month**

This is an initial estimate. You'll see your exact savings when you apply.

 **CSR**

You also qualify for a **Cost Sharing Reduction!**

This means **Silver plans** will be an *especially* good value.

- ✔ Cheaper doctor visits
- ✔ Cheaper hospital visits
- ✔ Cheaper prescriptions
- ✔ Lower deductibles
- ✔ Lower out-of-pocket max

6. HealthSherpa: Health Care Usage Estimate


How much healthcare do you think you'll use in 2020?

A guess is fine—this **will not affect your prices** and **will not limit how much you can use.**





I expect to use a **Low** amount of healthcare services:

- | | |
|--|---|
|  <u>0</u> doctor visit |  <u>0</u> lab or test |
|  <u>0</u> specialist visit |  <u>0</u> hospital visit |
|  <u>1</u> prescription drug |  <u>0</u> emergency room visit |

I expect to use a **Medium** amount of healthcare services:

- | | |
|---|---|
|  <u>1</u> doctor visit |  <u>1</u> lab or test |
|  <u>1</u> specialist visit |  <u>0</u> hospital visit |
|  <u>9</u> prescription drugs |  <u>0</u> emergency room visit |

I expect to use a **High** amount of healthcare services:

- | | |
|--|---|
|  <u>3</u> doctor visits |  <u>5</u> labs or tests |
|  <u>4</u> specialist visits |  <u>1</u> hospital visit |
|  <u>27</u> prescription drugs |  <u>1</u> emergency room visit |

Why do we ask for this?

This will help us select your **Recommended Plan**

7. HealthSherpa: Subsidized Plan Results - Most Affordable (Top of Screen)

The screenshot shows a user interface for selecting a health plan. At the top, there are three tabs: 'Most affordable' (selected), 'Lowest premium', and 'All plans'. Below the tabs, a large blue banner reads 'We found the most affordable plan for you!'. Underneath, a message states: 'Out of all [24 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#).' The main content area features a white card for the 'Kaiser Silver 73 HMO - HMO' plan, which is a 'SILVER + CSR' plan. The card displays the following information:




Premium	Deductible	Your estimated all-in	\$2,419
\$165/mo <small>was \$468</small>	\$3,700/yr	Out-of-pocket max	\$6,500
		Doctor visits	\$35
		Generic drugs	\$16 after deductible

At the bottom of the card, there are two buttons: 'View plan details' and 'Enroll in this plan'.

Note: Screen 7 shows the top half of this page. See 7a for the bottom half of the screen. At the top of the page are the words “Out of all [24 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#).” Clicking “see why” scrolls down the screen to show the table on expected costs, what insurance pays and what the enrollee pays.

7a. HealthSherpa: Subsidized Plan Results - Most Affordable (Bottom of Screen)

The orange box highlights the option for the user to adjust their estimated health care usage.

We've estimated affordability based on your expected Medium  use of healthcare this year:			
Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
1 Doctor visits	\$173	\$138	\$35
1 Specialist visits	\$145	\$70	\$75
1 Labs or tests	\$1,120	\$1,080	\$40
9 Prescriptions	\$284	—	\$284
0 Hospital Visits	—	—	—
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$1,984
Total estimate			\$2,419 per year \$202/month on average This is the <u>lowest</u> estimate of all 24 plans


8. HealthSherpa: Subsidized Plan Results - Lowest Premium (Top of Screen)



The screenshot displays a user interface for selecting a health plan. At the top, there are three tabs: "Most affordable", "Lowest premium" (which is selected and highlighted in blue), and "All plans". Below the tabs, a large blue banner states "This plan has the lowest monthly premium". Underneath this banner, a green label identifies the selected plan as the "Lowest premium plan". The plan details are as follows:

- Provider: Kaiser
- Plan Name: Bronze 60 HDHP HMO - HMO
- Category: BRONZE
- Premium: \$56/mo (previously \$359)
- Deductible: \$6,900/yr
- Your estimated all-in: \$2,272
- Out-of-pocket max: \$6,900
- Doctor visits: No charge after deductible
- Generic drugs: No charge after deductible

At the bottom of the screen, there are two buttons: "View plan details" and "Enroll in this plan".

8a. HealthSherpa: Subsidized Plan Results - Lowest Premium (Bottom of Screen)

We've estimated affordability based on your expected **Medium**  use of healthcare this year:

Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
1 Doctor visits	\$173	—	\$173
1 Specialist visits	\$145	—	\$145
1 Labs or tests	\$1,120	—	\$1,120
9 Prescriptions	\$156	—	\$156
0 Hospital Visits	—	—	—
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$677
Total estimate			\$2,272 per year \$189/month on average This is the lowest estimate of all 24 plans

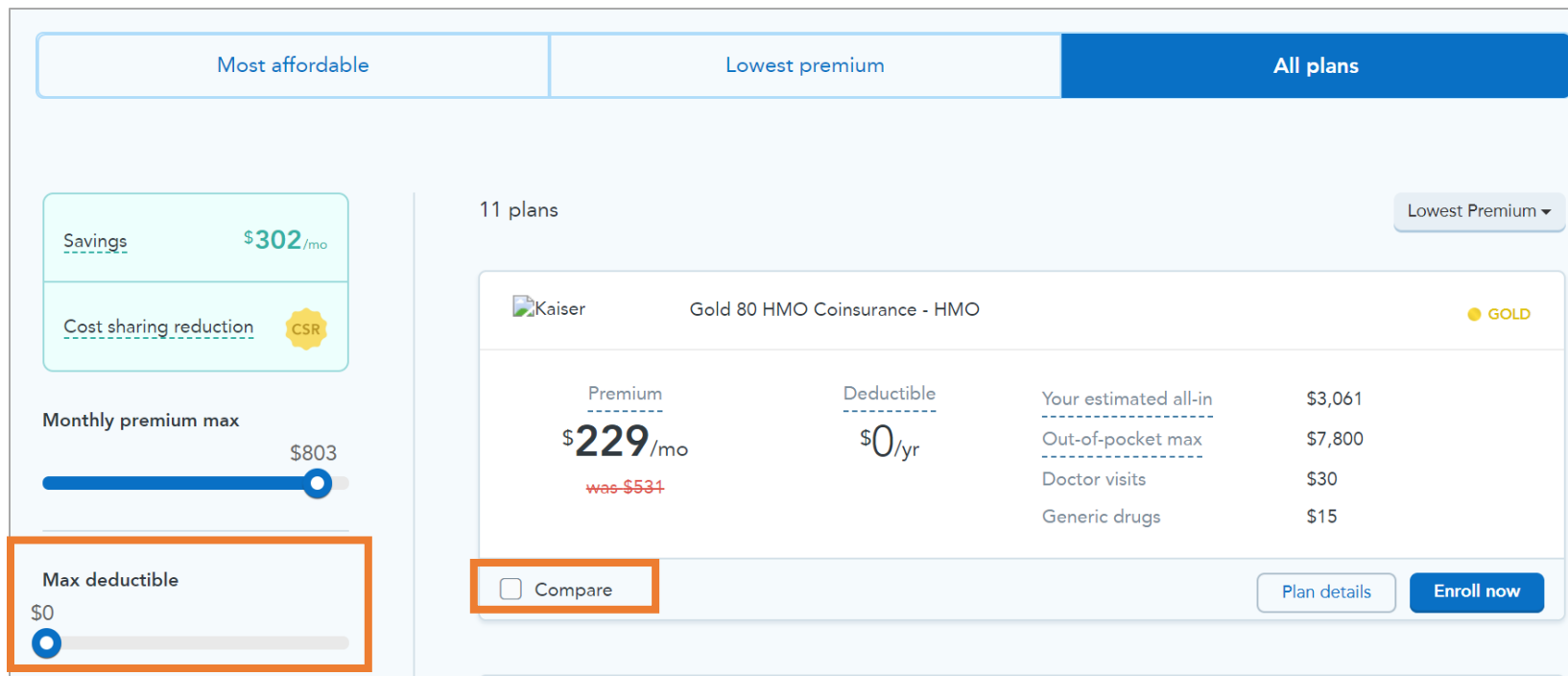
9. HealthSherpa: Subsidized Plan Results - All Plans

The sort option, highlighted by the orange box, allows for the user to sort by Lowest Premium, Lowest Deductible, and Lowest Max Out-of-Pocket.

The screenshot displays the HealthSherpa interface for plan results. At the top, there are three tabs: "Most affordable", "Lowest premium", and "All plans" (which is selected). Below the tabs, on the left, are filters for "Savings" (\$302/mo), "Cost sharing reduction" (CSR), "Monthly premium max" (slider at \$803), "Max deductible" (slider at \$6,900), and "Usage estimate" (radio buttons for Low, Medium, and High). On the right, a dropdown menu is highlighted with an orange box, showing "Lowest Premium" as the selected sort option. Below this, there are 24 plans listed. The first plan is Kaiser Silver 73 HMO - HMO, which is a Silver plan with CSR. Its details are: Premium \$165/mo (was \$468), Deductible \$3,700/yr, Your estimated all-in \$2,419, Out-of-pocket max \$6,500, Doctor visits \$35, and Generic drugs \$16 after deductible. The second plan is Kaiser Bronze 60 HDHP HMO - HMO, which is a Bronze plan. Its details are: Premium \$56/mo, Deductible \$6,900/yr, Your estimated all-in \$2,272, and Out-of-pocket max \$6,900. Each plan card includes a "Compare" checkbox, "Plan details" button, and "Enroll now" button.

Definitions are provided (indicated by the underlined text) for some terms, including “savings” and “cost sharing reduction” on the left-hand bar, and “premium”, “deductible”, “your estimated all-in” and “out of pocket costs” in the plan information.

9a. HealthSherpa: User Options - Change Priorities and Compare Plans



As the user makes changes on the left-hand side of the screen, the plan sorting changes (as indicated by the orange box on the left of the image).

- If the premium is dropped too low, it can reach an amount at which no plans are offered. The screen shows the words: "No results There are no plan results that meet all of your filters. You can modify individual filters on the left sidebar or clear all filters."
- Changing the maximum deductible causes a different plan to appear from the default most affordable plan.

The small orange box around the word "compare" highlights where the user can click to compare up to five health plans. See image 10 for Plan Comparison. The user can click on the Compare button on this screen and see up to five plans compared on the next screen (see image 10).

10. HealthSherpa: Side-by-Side Plan Comparison (Top of Screen)

While the user can select up to five plans for side-by-side comparison, images 10 and 10a show three plans for better visual clarity.

	Kaiser Gold 80 HMO Coinsurance	Kaiser Gold 80 HMO	Blue Shield Gold 80 Trio HMO
	Enroll	Enroll	Enroll
Summary			
Monthly Premium	\$229 for household <small>was \$524</small>	\$257 for household <small>was \$559</small>	\$287 for household <small>was \$589</small>
Deductible	\$0 per person	\$0 per person	\$0 per person
Max OOP	\$7,800 per person	\$7,800 per person	\$7,800 per person
Estimated All-in	\$3,061	\$3,393	\$3,756
Network	HMO	HMO	HMO

10a. HealthSherpa: Side-by-Side Plan Comparison (Bottom of Screen)

	Kaiser Gold 80 HMO Coinsurance ×	Kaiser Gold 80 HMO ×	Blue Shield Gold 80 Trio HMO ×
	Enroll	Enroll	Enroll
Specialist	\$65	\$65	\$65
Generic Drugs	\$15	\$15	\$15
Emergency Room	\$350	\$350	\$350
Hospital Stay	20%	\$600 per day up to 5 days	\$600 per day up to 5 days
Resources	Plan details Summary of Benefits Prescription Directory	Plan details Summary of Benefits Prescription Directory	Plan details Summary of Benefits Prescription Directory

11. Viewing Plan Details (Image 1)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost

← Go back

Enroll in this plan

Silver 73 HMO - HMO

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an especially good value.

CSR

- ✓ Cheaper doctor visits
- ✓ Cheaper hospital visits
- ✓ Cheaper prescriptions
- ✓ Lower deductibles
- ✓ Lower out-of-pocket max

Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$165 per month	▼
Deductible	\$3,700 per person	▼
Out-of-pocket max	\$6,500 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼

Official documents

- 📄 [Summary of benefits \(PDF\)](#)
- 📄 [Drug formulary](#)
- 📄 [Provider list](#)

11a. HealthSherpa: Viewing Plan Details (Image 2)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost

← Go back

Enroll in this plan

Premium
\$165 per month

Deductible
\$3,700 per person

Out-of-pocket max
\$6,500 per person

Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

	Before deductible is met	After deductible is met	i
Primary care visit	\$35	\$35	▼
Specialist visit	\$75	\$75	▼
Preventive care visit	Free	Free	▼

Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#).

	Before deductible is met	After deductible is met	i
Generic	Full price	\$16	▼
Brand	Full price	\$55	▼
Non-preferred Brand	Full price	\$55	▼
Specialty	Full price	20%	▼

11b. HealthSherpa: Viewing Plan Details (Image 3)

[← Go back](#)

Enroll in this plan


Premium
\$165 per month

Deductible
\$3,700 per person

Out-of-pocket max
\$6,500 per person

Labs & imaging

These are tests your doctor may run when diagnosing a condition.

	Before deductible is met	After deductible is met	
X-rays	\$85	\$85	▼
Imaging (CT/PET/MRI)	\$325	\$325	▼
Blood work	\$40	\$40	▼

11c. HealthSherpa: Viewing Plan Details (Image 4)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost


← Go back

Enroll in this plan

Premium
\$165 per month

Deductible
\$3,700 per person

Out-of-pocket max
\$6,500 per person



Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

	Before deductible is met	After deductible is met	i
Urgent care	\$35	\$35	v
Emergency room	\$400	\$400	v
Ambulance	\$250	\$250	v
Hospital stay (facility)	Full price	20%	v
Hospital stay (physician)	No data available	No data available	v
Outpatient procedure (facility)	20%	20%	v
Outpatient procedure (physician)	20%	20%	v
Physical rehabilitation	\$35	\$35	v

11d. HealthSherpa: Viewing Plan Details (Image 5)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost


← Go back

Enroll in this plan

Premium
\$165 per month

Deductible
\$3,700 per person


Out-of-pocket max
\$6,500 per person



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

	Before deductible is met	After deductible is met	i
Outpatient services	\$35	\$35	v
Psychiatric hospital stay	Full price	20%	v




Pregnancy & birth

Every plan covers services provided before and after your child is born.

	Before deductible is met	After deductible is met	i
Well baby care	Free	Free	v
Labor, delivery, hospital stay	No data available	No data available	v

11e. HealthSherpa: Viewing Plan Details (Image 6)



Free preventative care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.


For adults For women For children

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diet counseling

11f. HealthSherpa: Viewing Plan Details (Image 7)

Falls prevention	▼
Hepatitis B screening	▼
Hepatitis C screening	▼
HIV screening	▼
Immunization vaccines	▼
Lung cancer screening	▼
Obesity screening and counseling	▼
Sexually transmitted infection (STI) prevention counseling	▼
Statin preventive medication	▼
Syphilis screening	▼
Tobacco Use counseling	▼
Tuberculosis screening	▼


11g. HealthSherpa: Plan Details (Image 8)



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$2,419, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **5th lowest** annual out-of-pocket estimate of all 11 plans available to you.

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$1,984
2	Doctor visits	\$110
1	Labs or tests	\$40
9	Prescriptions	\$284
	Annual estimate	\$2,419
	Monthly estimate (on average)	\$202 per month

12. HealthSherpa: Saving Progress

Save your progress ✕

We'll send you a link so you can pick up where you left off.

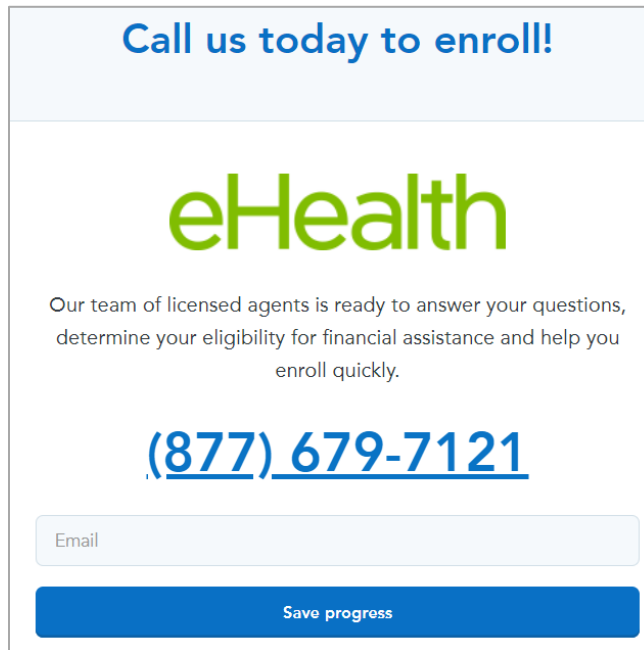
Email

Mobile phone number (optional)

Save progress

By entering a mobile phone number, you agree the number entered is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

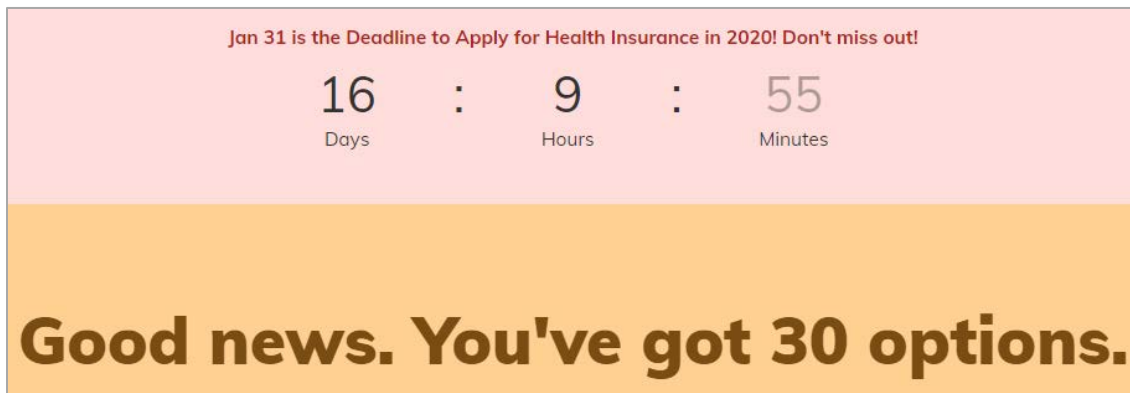
13. HealthSherpa: Enrollment in State-Based Marketplace State



For a user shopping and enrolling in California or another SBM, after clicking the enroll button shown above, they are taken to the screen below asking them to call the listed number to speak with an agent. In SBM states, eHealth acts as a broker, enrolling consumers using the Covered California or relevant SBM platform.

14. eHealth: All (Unsubsidized) Plan Results

Instead of viewing subsidized plans, the user has the option to view all unsubsidized plans. The screen below shows the results page for viewing all unsubsidized plans.



15. eHealth: User Filter Options

My Filters (2)

95815 Female, 40

ZIP Code ▼	Members (1) ▼	Company
Deductible ▲ Help me choose a deductible	Monthly Cost ▲	+ Blue Shield of California (10)
+ Under \$500 (11)	+ Under \$400 (3)	+ Kaiser Permanente of CA (9)
+ \$1,000 to \$2,500 (1)	+ \$400 to \$500 (9)	+ Sutter Health Plus (4)
+ \$2,500 to \$5,000 (9)	+ \$500 to \$600 (8)	+ Western Health Advantage (7)
+ \$5,000 to \$10,000 (9)	+ \$600 to \$700 (6)	
	+ \$700 to \$800 (1)	
	+ \$800 to \$900 (2)	
	+ \$1,100 & Above (1)	
Coinsurance ▼	HSA Eligibility ▼	Office Visit
Plan Type ▼		Metal Level

15a. eHealth: User Options - Sorting (Unsubsidized) Plans


By default, the plans are sorted by those recommended. However, the user has the option to sort (highlighted by the orange box) by Monthly Cost (both low to high and high to low), Company, Best Seller, and Annual Deductible (both low to high and high to low).

Your 30 Plans

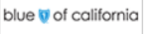
Sort by Recommended

Sponsored
With Sutter Health Plus, you gain affordable access to high-quality. Sutter Health-featured network and new same-day care options.
[View all Sutter Health Plus Plans](#)

+ Compare Cheapest

	Bronze 60 HDHP HMO 6800/40%	\$6800 Deductible	Bronze Metal Level	\$356^{.27/mo}	Select Plan
More plan details ▾					

+ Compare Most Popular

	Silver 1950 PPO	\$1950 Deductible	Silver Metal Level	\$602^{.16/mo}	Select Plan
More plan details ▾					

15b. eHealth: User Options - Comparing (Unsubsidized) Plans

The small orange box around the word “compare” highlights where the user can click to compare up to four health plans. See image 16 for Plan Comparison. The user can click on the “View Comparison” button on this screen, highlighted by the green box, and see up to four plans compared on the next screen (see screen 16).

The screenshot displays a web interface for comparing health plans. At the top, the title "Your 30 Plans" is centered, with a "Sort by" dropdown menu set to "Recommended". Below this is a sponsored message from Sutter Health Plus. The main content area shows two plans being compared, each with a "Comparing" status icon (checked) and a "More plan details" link. The first plan is "Bronze 60 HDHP HMO 6800/40%" with a \$6800 deductible and a \$356 monthly premium. The second plan is "Silver 1950 PPO" with a \$1950 deductible and a \$602 monthly premium. At the bottom, a summary bar shows "Comparing 2 Plans" with the two plan names and "X" icons, followed by buttons for "Plan 3", "Plan 4", and a highlighted "View Comparison" button.

Plan Name	Deductible	Metal Level	Monthly Premium	Label
Bronze 60 HDHP HMO 6800/40%	\$6800	Bronze	\$356 ^{27/mo}	Cheapest
Silver 1950 PPO	\$1950	Silver	\$602 ^{16/mo}	Most Popular

16. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 1)

You're comparing 2 ACA plans

Back to Plans

Bronze 60 HDHP HMO 6800/40% [\(remove\)](#)

Select Plan - \$356.27/mo

Silver 1950 PPO [\(remove\)](#)

Select Plan - \$602.16/mo

Overview

Company	Kaiser Permanente of CA	Blue Shield of California
Metal Level	ExpandedBronze	Silver
Plan Type	HMO	PPO
Deductible	Individual \$6,800	Individual \$1,950
Coinsurance	40%	35%
Out-of-pocket Limit	Individual \$6,900 Includes deductible	Individual \$7,800 Includes deductible
Primary Doctor Visit	40% Coinsurance after deductible	\$45 Copay

16a. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 2)

Specialist Doctor Visit	40% Coinsurance after deductible	\$75 Copay
Other Office Visit	40% Coinsurance after deductible	\$45 Copay
Prescription Drugs	Generic Drugs: 40% Coinsurance after deductible Preferred Brand Drugs: 40% Coinsurance after... show more	Generic Drugs: \$15 Copay after deductible Preferred Brand Drugs: \$60 Copay after... show more
Emergency Room	40% Coinsurance after deductible	35% Coinsurance after deductible
Hospital Services	Inpatient Hospital Services: 40% Coinsurance after deductible Inpatient Physician and Surgical... show more	Inpatient Hospital Services: 35% Coinsurance after deductible Inpatient Physician and Surgical... show more

16b. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 3)

Primary Care and Referrals		
Primary Care Physician Required?	Yes	No
Specialist Referrals Required?	Yes	No
Ambulance and Urgent Care		
Emergency Ambulance Services	40% Coinsurance after deductible	35% Coinsurance after deductible
Urgent Care Facility	40% Coinsurance after deductible	\$45 Copay

16c. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 4)

Outpatient		
Outpatient Surgery	Outpatient Surgery Physician/Surgical Services: 40% Coinsurance after deductible Outpatient... show more	Outpatient Surgery Physician/Surgical Services: 35% Coinsurance after deductible Outpatient... show more
Outpatient Lab/X-ray	Outpatient Lab: 40% Coinsurance after deductible X-rays: 40% Coinsurance after deductible	Outpatient Lab: 35% Coinsurance after deductible X-rays: 35% Coinsurance after deductible
Imaging (CT and PET scans, MRIs)	40% Coinsurance after deductible	35% Coinsurance after deductible
Outpatient Mental Health Services	40% Coinsurance after deductible	\$45 Copay
Outpatient Substance Abuse Services	40% Coinsurance after deductible	\$45 Copay
Outpatient Rehabilitation Services (PT, OT, ST)	40% Coinsurance after deductible	35% Coinsurance after deductible

16d. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 5)

Inpatient		
Skilled Nursing Facility	40% Coinsurance after deductible, limited to 100 Days per Benefit Period	35% Coinsurance after deductible, limited to 100 Days per Benefit Period
Inpatient Mental Health Services	40% Coinsurance after deductible	35% Coinsurance after deductible
Inpatient Substance Abuse Services	40% Coinsurance after deductible	35% Coinsurance after deductible
Home Healthcare	40% Coinsurance after deductible, limited to 100 Visit(s) per Year	\$45 Copay, limited to 100 Visit(s) per Year
Maternity		
Pre & Postnatal Office Visit	No Charge	No Charge

16e. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 6)


Pediatric Dental and Vision		
Pediatric Dental Checkup	No Charge	No Charge
Pediatric Basic Dental Care	20% Coinsurance	20% Coinsurance
Pediatric Major Dental Coverage	50% Coinsurance	50% Coinsurance
Pediatric Orthodontia	50% Coinsurance	50% Coinsurance
Pediatric Eye Exam	No Charge	No Charge
Pediatric Eye Glasses	No Charge	No Charge

16f. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 7)

Out-of-Network		
Out-of-Network Services	No	Yes (Details in plan brochure below)
Out-of-Network Annual Deductible	N/A	\$6500 per person (\$13000 per group)
Out-of-Network Annual Coinsurance	N/A	50%
Out-of-Network Annual Out-of-Pocket Limit	N/A	\$20000 per person (\$40000 per group)
Out-of-Country	No.	No.
Other		
Durable Medical Equipment	40% Coinsurance after deductible	35% Coinsurance
Hospice Care	0% Coinsurance after deductible	No Charge
Diabetes Care Management	Not Covered	Not Covered
Major Dental Coverage for Adults	Not Covered	Not Covered

17. eHealth: Selecting a Health Plan

Selected health plan


 **Bronze 60 HDHP HMO 6800/40%** ✓ Selected [remove](#)
\$356.27/mo

Kaiser Permanente of CA HMO ExpandedBronze


Deductible
\$6800 per person

Start date
01 Mar 2020

Add dental and vision

 **Dental insurance**
\$16.06/mo
[Add Plan](#)

Dental Net 3000D
Anthem BlueCross

 **Vision insurance**
\$17.00/mo
[Add Plan](#)

Standard Plan
VSP

My Selections

[ACA Health Plan \(remove\)](#) \$356.27
Bronze 60 HDHP HMO 6800/40%

[Dental Plan \(none selected\)](#)

[Vision Plan \(none selected\)](#)

Total \$356.27/mo

[Begin Application](#)

Don't wait! Your eligibility or start date may be affected.

Have a question? Call us
1 (877)883-4459
Licensed insurance agents available
Mon - Fri, 8 AM - 7 PM ET. Or chat now.

After selecting a health plan, the user has the option to enhance their coverage by adding dental and vision insurance. By clicking “Begin Application” the user will redirect the user to eHealth’s enrollment page.

18. Return to eHealth

When the user leaves the site and returns, they see a message asking if they want to start where they left off. This message appears for users who have not created an account/signed in as well as those who have.



19. Return to HealthSherpa

Enter your info to compare plans

DISCLAIMER: By submitting your information you agree that E Health may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase.

When the user leaves the site and returns, they are prompted with a message asking to resubmit their information. This message appears for users who have not created an account/signed in.

Review of Same Scenario in Miami, Florida Zip Code (33146) – Screens that Differ from California

Identifying Screens that do Not Mirror California Screens

When shopping for plans using the same scenario (single family - 40-year-old female with \$29,400) and the Miami zip code, most screens were the same. Where a screen is new or looks different, we have provided an image of the screen.

Screens 1-2a mirror California. Screen 2b below shows a new option for the user to choose one of the two Individual and Family Insurance Plans. Screens 14a-b are a variant in order to qualify for coverage outside of California.

2b. eHealth: Household Information - Option to view Individual & Family Insurance

Which type of Individual & Family insurance are you interested in?

Affordable Care Act Plans
See plans that are compliant with the ACA, also known as Obamacare. These plans offer major medical coverage.
[Learn More](#)

Short Term Plans and Alternatives
See plans that do not meet ACA requirements. These plans tend to be inexpensive and offer limited coverage.
[Learn More](#)

[See our decision guide](#)

Back Next

14a. eHealth: All (Unsubsidized) Plan Results (Images 1 - 2: LOOKS DIFFERENT)

Know the differences between Affordable Care Act plans, short-term plans, and Medicaid? Affordable Care Act plans and Medicaid generally provide more comprehensive coverage than short-term plans, possibly at lower cost if you qualify for subsidies... [Learn more](#)

Good news. You've got 92 options.

Note: This screen came up during the process for scenario 2. After clicking “Learn more,” this page continues below the screen shown; image is cropped so that detail is visible.

Understanding short-term health insurance

Updated December 5, 2019

With constantly changing rules, lots of options and industry-specific terms like “copay” and “coinsurance,” we can all agree that health insurance is confusing. At eHealth our goal is to ensure that every customer understands the insurance they buy and gets the right product to fit their unique needs.

Short-term health insurance is not the same as major medical coverage and these plans are not qualified under the Affordable Care Act, also known as the ACA or Obamacare. Instead, short-term plans are intended for people who don't want major medical health insurance or who prefer a lower-cost option with more limited coverage. Also, short-term health insurance is not a substitute for Medicaid or CHIP, which are government programs to provide major medical health coverage for low income households. (Visit Medicaid.gov to see if you may qualify for Medicaid/CHIP based on income and other factors.)

Short-term vs. Affordable Care Act health insurance

Price and coverage

Compared to plans offered under the ACA, short-term health insurance plans tend to be significantly less expensive — a big advantage — but the typically lower price comes with some important strings attached. Short-term plans are not required to cover the “minimum essential” benefits that ACA plans are required to cover. That means short-term health insurance plans generally do not cover pre-existing conditions, mental health, pregnancy/childbirth, preventative care, prescription drugs and other benefits.

So what does short-term health insurance cover? In most cases, short-term plans cover sudden, unexpected injuries and illnesses like a broken bone or a hospital stay related to influenza. Exact coverage varies by plan so always read the plan's official documentation, including notices and disclaimers, before you apply.

14b. eHealth: All (Unsubsidized) Plan Results (Images 1 - 2: LOOKS DIFFERENT)

Do you qualify for coverage?

Open enrollment has ended but you may still be eligible for coverage if you've had a qualifying life event within the last 60 days.

[See qualifying life events](#)

Good news. You've got 10 options.

You may be able to get or change your ACA coverage for 2020 if any of the following has happened to you within the last 60 days.

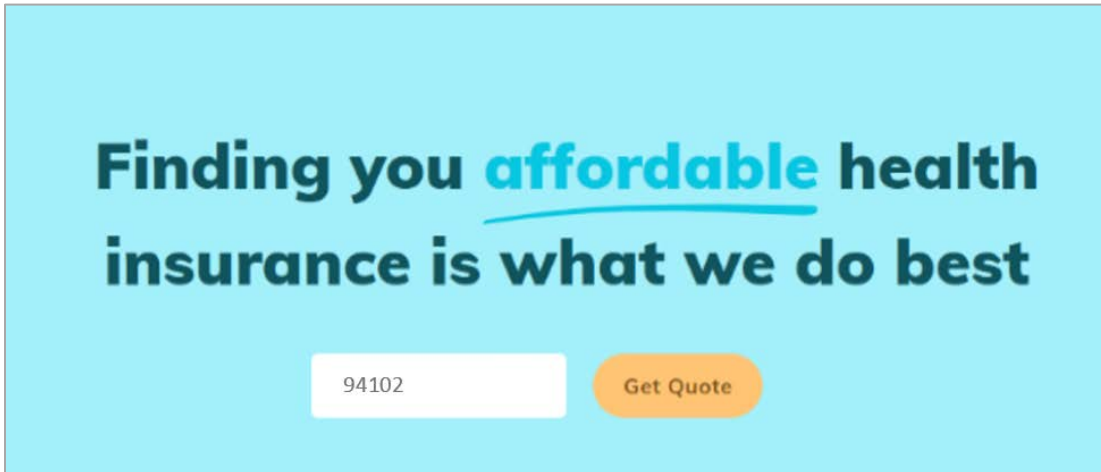
- **Loss of health coverage**, typically due to job loss, change in eligibility for Medicare/Medicaid, or because you turned 26 and can no longer be on a parent's plan.
 - **Change in your household**, such as a marriage or divorce, the birth or adoption of a child, or the death of a covered family member.
 - **Change in your household**, such as a marriage or divorce, the birth or adoption of a child, or the death of a covered family member.
 - **Change in your residence**, typically because you moved to a new ZIP code or county, including if you're a student or seasonal worker.
 - **Change in citizenship**, typically because you became a citizen or legal resident.
- These are common examples. For a full list, please visit healthcare.gov/screener.

Assuming you qualify for coverage, it's important to apply as soon as possible since you must apply **within 60 days of the qualifying event**.

Close

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

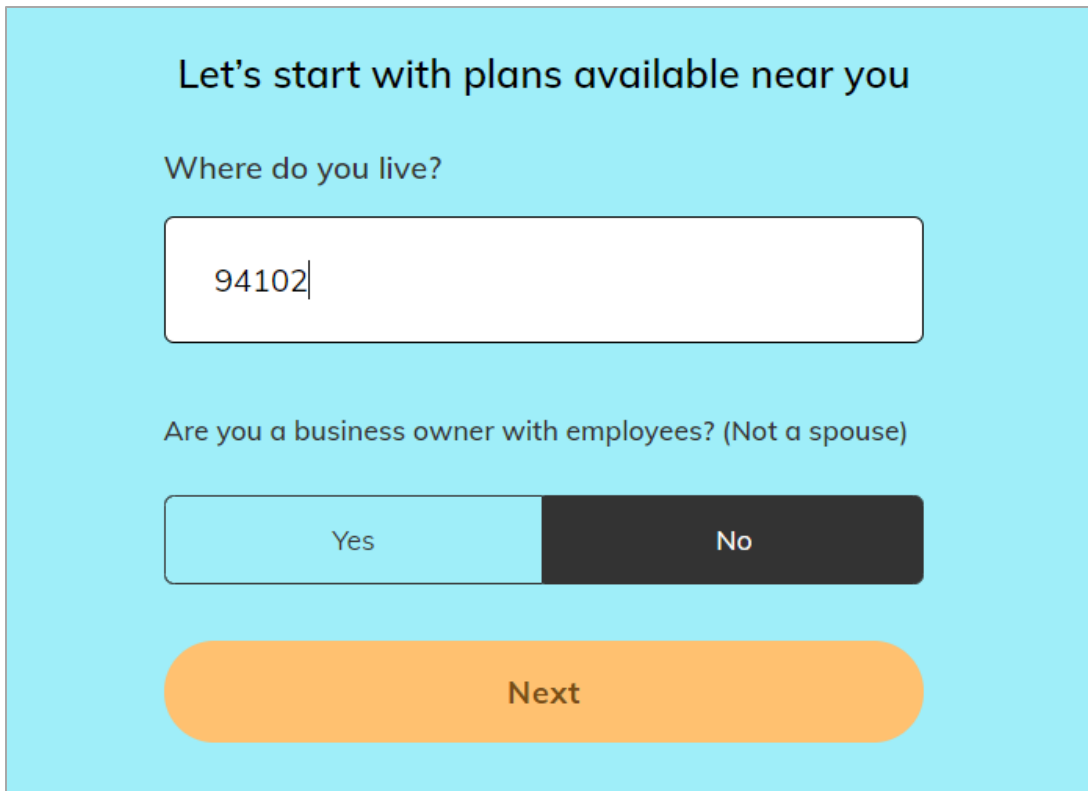
1. eHealth Landing Page: Enter zip code



Finding you affordable health insurance is what we do best

94102 [Get Quote](#)

2. eHealth: Household Information



Let's start with plans available near you

Where do you live?

94102

Are you a business owner with employees? (Not a spouse)

Yes No

[Next](#)

2a. eHealth: Household Information - Option to view Business Health Plans

Let's start with plans available near you

Where do you live?

Are you a business owner with employees? (Not a spouse)

Yes No

[Go to Business Health Plans](#)

[No Thanks, Continue](#)

3. eHealth: Information on Covered Individual(s) - Consumer

Tell us a little more about you. [Why?](#)

Female Male

Date of birth

Tobacco use?

Yes No

Do others need coverage?

[Add Child](#) [Add Spouse](#)

3a. eHealth: Information on Covered Individual(s) - Spouse

Do others need coverage?

Spouse [\(remove\)](#)

Sex

Female Male Smoker

Date of Birth

1 / 15 / 1988

[Add Child](#)

4. eHealth: Qualifying for a Subsidized Plan

If the consumer wants to determine if they qualify for a premium tax credit, eHealth redirects the consumer to its partner HealthSherpa’s website. The consumer resubmits their information at HealthSherpa’s website (see images 4a – 4d).

Note: The consumer has the option to skip this step and view all Unsubsidized Plans, in which case the consumer stays on eHealth’s website (see image 14 to view the results and subsequent pages).

See if you qualify for a subsidy

Is your total household income less than \$101,460/year?

Yes No

Good news! You may be eligible for a subsidy or tax credit.
Visit our partner Health Sherpa to find a subsidized plan.

[See If I Qualify](#)

[See Unsubsidized Plans](#)

[Go Back](#)

4a. Household Information (on HealthSherpa’s website)

YOUR INFO SAVINGS PERSONALIZE

What’s your zip code?

Your zip code determines which plans are available.

Back Continue

4b. Information on Covered Individual(s) - Consumer (on HealthSherpa’s website)

Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You ×

Age Gender Identity ⓘ

35 Male Female

Select any that apply

Tobacco user ⓘ

Eligible for coverage through Medicaid, CHIP, Medicare, or a job ⓘ

4c. Information on Covered Individual(s) - Spouse (on HealthSherpa's website)

Your spouse ×

Age 32

Gender Identity ?

Male Female

Select any that apply

Tobacco user i

Pregnant i

Eligible for coverage through Medicaid, CHIP, Medicare, or a job i


4d. Household Income Information (on HealthSherpa's website)

Your household information

How many people are in your tax household? i

- +

Estimate your 2020 household income (before taxes) i

 Include the estimated income of **anyone** you file taxes with or claim on your taxes. Need help estimating? Use our [income calculator](#).

5. Estimated Savings Calculation (on HealthSherpa's website)

The image is a screenshot of a notification box from HealthSherpa. At the top, it says "You qualify for savings!" in blue. Below that, it states "You'll **save** this much on your premium:" followed by a large green "\$564/month". A light blue box contains a checkmark icon and the text "This means you'll see plans as low as \$182 per month". At the bottom, it says "This is an initial estimate. You'll see your exact savings when you apply."

You qualify for savings!

You'll **save** this much on your premium:

\$564/month

✔ This means you'll see plans as low as **\$182 per month**







This is an initial estimate. You'll see your exact savings when you apply.

6. Health Care Usage Estimate (on HealthSherpa's website)







How much healthcare do you think your family will use in 2020?

A guess is fine—this **will not affect your prices** and **will not limit** how much you can use.







We expect to use a **Low** amount of healthcare services:

 0 doctor visit	 0 lab or test
 0 specialist visit	 0 hospital visit
 0 prescription drug	 0 emergency room visit

We expect to use a **Medium** amount of healthcare services:

 2 doctor visits	 2 labs or tests
 1 specialist visit	 0 hospital visit
 7 prescription drugs	 0 emergency room visit

We expect to use a **High** amount of healthcare services:

 5 doctor visits	 8 labs or tests
 8 specialist visits	 2 hospital visits
 32 prescription drugs	 2 emergency room visits

Why do we ask for this?

This will help us select your **Recommended Plan**

7. Subsidized Plan Results - Most Affordable Plan (Top of Image) (on HealthSherpa’s website)

Note: Image 7 shows the top half of this page. See 7a for the bottom half of the image.

The screenshot displays a web interface for health plan selection. At the top, there are three tabs: "Most affordable" (selected), "Lowest premium", and "All plans". Below the tabs, a large blue banner reads "We found the most affordable plan for you!". Underneath the banner, a text line states: "Out of all [27 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#)." Below this is a white box containing the plan details for Kaiser Bronze 60 HMO - HMO. The plan name is "Kaiser Bronze 60 HMO - HMO" with a "BRONZE" label. A table of costs is shown below the plan name:




Category	Value
Premium	\$220/mo (was \$785)
Deductible	\$6,300/yr
Your estimated all-in	\$2,979
Out-of-pocket max	\$7,800
Doctor visits	First 3 visits at \$65 before deductible
Generic drugs	\$18 after deductible

At the bottom of the white box, there are two buttons: "View plan details" and "Enroll in this plan".

At the top of the page are the words “Out of all [27 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#).” Clicking “see why” scrolls down the image to show the table on expected costs, what insurance pays and what the enrollee pays.

7a. Subsidized Plan Results - Most Affordable (Bottom of Image) (on HealthSherpa’s website)

The orange box highlights the option for the user to adjust their estimated health care usage.

We've estimated affordability based on your expected Medium  use of healthcare this year:			
Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
2 Doctor visits	\$321	\$315	\$6
1 Specialist visits	\$105	—	\$105
2 Labs or tests	\$2,240	\$2,160	\$80
7 Prescriptions	\$145	—	\$145
0 Hospital Visits	—	—	—
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$2,643
Total estimate			\$2,979 per year \$248/month on average This is the lowest estimate of all 27 plans




8. Subsidized Plan Results - Lowest Premium (Top of Image) (on HealthSherpa's website)

The screenshot displays a web interface for selecting a health plan. At the top, there are three tabs: "Most affordable", "Lowest premium" (which is selected and highlighted in blue), and "All plans". Below the tabs, a large blue banner reads "This plan has the lowest monthly premium". Underneath this banner, a green badge says "Lowest premium plan". The main plan card features the Kaiser logo, the plan name "Bronze 60 HDHP HMO - HMO", and a "BRONZE" tier indicator. The plan details are presented in a table-like format:

Premium	Deductible	Your estimated all-in	\$4,993
\$182 /mo <small>was \$746</small>	\$6,900 /yr	Out-of-pocket max	\$6,900
		Doctor visits	No charge after deductible
		Generic drugs	No charge after deductible

At the bottom of the plan card, there are two buttons: "View plan details" and "Enroll in this plan".

8a. Subsidized Plan Results - Lowest Premium (Bottom of Image) (on HealthSherpa's website)

We've estimated affordability based on your expected Medium  use of healthcare this year:			
Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
2 Doctor visits	\$321	—	\$321
1 Specialist visits	\$105	—	\$105
2 Labs or tests	\$2,240	—	\$2,240
7 Prescriptions	\$145	—	\$145
0 Hospital Visits	—	—	—
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$2,182
			Total estimate \$4,993 per year \$416/month on average This is the lowest estimate of all 27 plans

9. Subsidized Plan Results – All Plans (on HealthSherpa’s website)

The sort option, highlighted by the orange box, allows for the user to sort by Lowest Premium, Lowest Deductible, and Lowest Max Out-of-Pocket.

The screenshot displays the HealthSherpa website interface for plan selection. At the top, three tabs are visible: "Most affordable", "Lowest premium", and "All plans" (which is the active tab). On the left-hand side, there is a sidebar with several interactive elements: a "Savings" box showing "\$564/mo", a "Monthly premium max" slider set to "\$1,463", a "Max deductible" slider set to "\$6,900", and a "Usage estimate" section with radio buttons for "Low", "Medium" (selected), and "High".

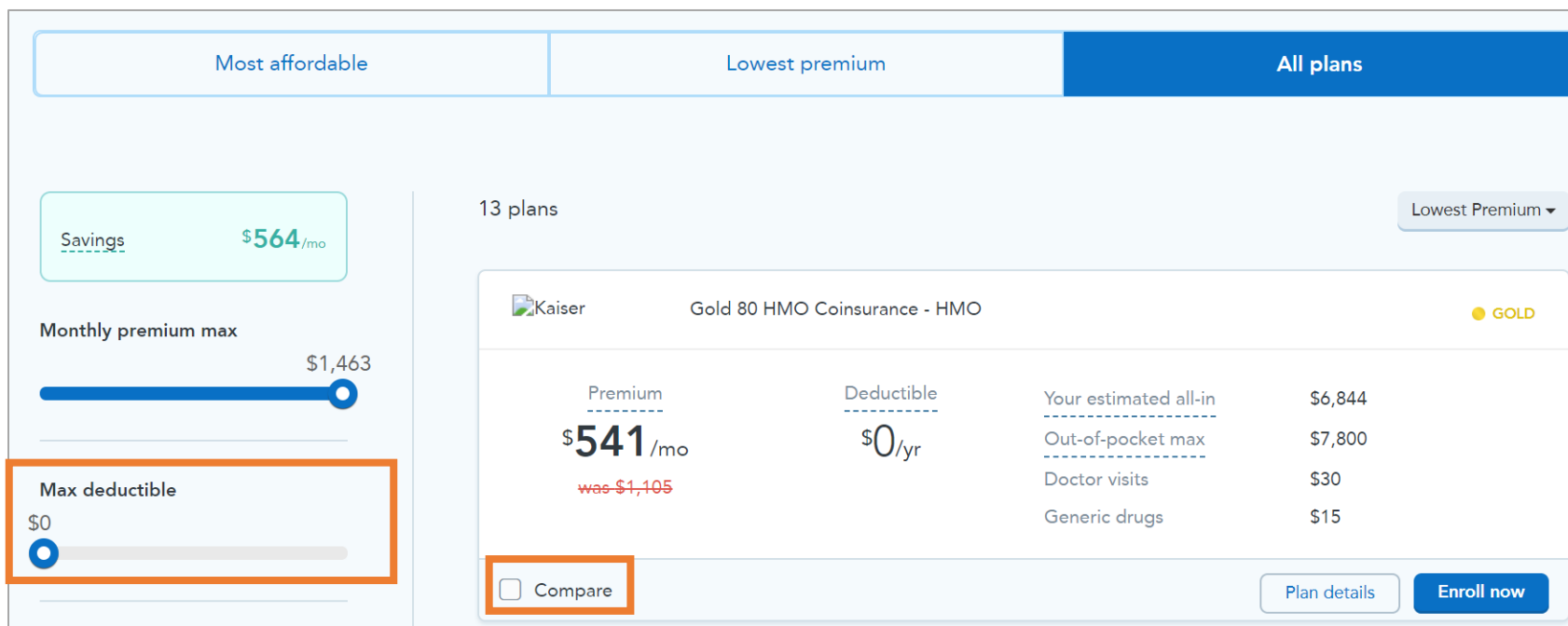
The main content area shows "27 plans" and a sort dropdown menu highlighted with an orange box, currently set to "Lowest Premium". The first plan listed is "Kaiser Bronze 60 HMO - HMO" (BRONZE tier). Key details for this plan include:

- Premium: \$220/mo (was \$785)
- Deductible: \$6,300/yr
- Your estimated all-in: \$2,979
- Out-of-pocket max: \$7,800
- Doctor visits: First 3 visits at \$65 before deductible
- Generic drugs: \$18 after deductible

 Below the plan details are buttons for "Compare", "Plan details", and "Enroll now". A "Lowest premium plan" section is also visible, highlighting the "Kaiser Bronze 60 HDHP HMO - HMO" plan.

Definitions are provided (indicated by the underlined text) for some terms, including “savings” and “cost sharing reduction” on the left-hand bar, and “premium”, “deductible”, “your estimated all-in” and “out of pocket costs” in the plan information.

9a. User Options - Change Priorities and Compare Plans (on HealthSherpa’s website)



As the user makes changes on the left-hand side of the image, the plan sorting changes (as indicated by the orange box on the left of the image).

- If the premium is dropped too low, it can reach an amount at which no plans are offered. The image shows the words: “No results There are no plan results that meet all of your filters. You can modify individual filters on the left sidebar or clear all filters.”
- Changing the maximum deductible causes a different plan to appear from the default most affordable plan.

The small orange box around the word “compare” highlights where the user can click to compare up to five health plans. See image 10 for Plan Comparison. The user can click on the Compare button on this image and see up to five plans compared on the next image (see image 10).

10. Side-by-Side Comparison View (Top of Image) (on HealthSherpa’s website)

While the user can select up to five plans for side-by-side comparison, images 10 and 10a show three plans for better visual clarity.

	Kaiser Bronze 60 HMO	Kaiser Bronze 60 HDHP HMO	Oscar Health Plan Bronze 60 EPO
	Enroll Most affordable	Enroll Lowest premium	Enroll
Summary			
Monthly Premium	\$220 for household was \$785	\$182 for household was \$746	\$248 for household was \$812
Deductible	\$6,300 per person	\$6,900 per person	\$6,300 per person
Max OOP	\$7,800 per person	\$6,900 per person	\$7,800 per person
Estimated All-in	\$2,979	\$4,993	\$3,306
Network	HMO	HMO	EPO
Primary Care	First 3 visits at \$65 before deductible	No charge after deductible	First 3 visits at \$65 before deductible

10a. Side-by-Side Comparison (Bottom of Image) (on HealthSherpa’s website)

	Kaiser Bronze 60 HMO Enroll Most affordable	Kaiser Bronze 60 HDHP HMO Enroll Lowest premium	Oscar Health Plan Bronze 60 EPO Enroll
Specialist	\$95 after deductible	No charge after deductible	\$95 after deductible
Generic Drugs	\$18 after deductible	No charge after deductible	\$18 after deductible
Emergency Room	40% after deductible	No charge after deductible	40% after deductible
Hospital Stay	40% after deductible	No charge after deductible	40% after deductible
Resources	Plan details Summary of Benefits Prescription Directory	Plan details Summary of Benefits Prescription Directory	Plan details Summary of Benefits Prescription Directory Brochure

11. Viewing Plan Details (Image 1) (on HealthSherpa’s website)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage


Preventative care

Estimated all-in cost

[← Go back](#)

Enroll in this plan

Bronze 60 HMO - HMO

 **Plan costs**
Click the down arrow to learn more about each of these.

Monthly premium	\$220 per month	▼
Deductible	\$6,300 per person	▼
Out-of-pocket max	\$7,800 per person	▼
Network type	HMO	▼
Metal tier	Bronze	▼
Official documents	Summary of benefits (PDF) Drug formulary Provider list	

11a. Viewing Plan Details (Image 2) (on HealthSherpa’s website)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost

← Go back

Enroll in this plan

Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

	Before deductible is met	After deductible is met	i
Primary care visit	First 3 visits at \$65, then full price	Free	v
Specialist visit	Full price	\$95	v
Preventive care visit	Free	Free	v

Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#).

	Before deductible is met	After deductible is met	i
Generic	Full price	\$18	v
Brand	Full price	40%	v
Non-preferred Brand	Full price	40%	v
Specialty	Full price	40%	v

11b. Viewing Plan Details (Image 3) (on HealthSherpa's website)

[← Go back](#)

Enroll in this plan





Premium
\$220 per month

Deductible
\$6,300 per person

Out-of-pocket max
\$7,800 per person

Labs & imaging

These are tests your doctor may run when diagnosing a condition.

	Before deductible is met	After deductible is met	
X-rays	Full price	40%	
Imaging (CT/PET/MRI)	Full price	40%	
Blood work	\$40	\$40	

11c. Viewing Plan Details (Image 4) (on HealthSherpa’s website)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost


← Go back

Enroll in this plan

Premium
\$220 per month

Deductible
\$6,300 per person

Out-of-pocket max
\$7,800 per person



Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

	Before deductible is met	After deductible is met	i
Urgent care	Full price	\$65	▼
Emergency room	Full price	40%	▼
Ambulance	Full price	40%	▼
Hospital stay (facility)	Full price	40%	▼
Hospital stay (physician)	Full price	40%	▼
Outpatient procedure (facility)	Full price	40%	▼
Outpatient procedure (physician)	Full price	40%	▼
Physical rehabilitation	\$65	\$65	▼

11d. Viewing Plan Details (Image 5) (on HealthSherpa’s website)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost


← Go back

Enroll in this plan

Premium
\$220 per month

Deductible
\$6,300 per person


Out-of-pocket max
\$7,800 per person



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

	Before deductible is met	After deductible is met	i
Outpatient services	\$65	Free	v
Psychiatric hospital stay	Full price	40%	v




Pregnancy & birth

Every plan covers services provided before and after your child is born.

	Before deductible is met	After deductible is met	i
Well baby care	Free	Free	v
Labor, delivery, hospital stay	Full price	40%	v

11e. Viewing Plan Details (Image 6) (on HealthSherpa’s website)



Free preventative care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.


For adults For women For children

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diet counseling

11f. Viewing Plan Details (Image 7) (on HealthSherpa’s website)

Diet counseling	▼
Falls prevention	▼
Hepatitis B screening	▼
Hepatitis C screening	▼
HIV screening	▼
Immunization vaccines	▼
Lung cancer screening	▼
Obesity screening and counseling	▼
Sexually transmitted infection (STI) prevention counseling	▼
Statin preventive medication	▼
Syphilis screening	▼
Tobacco Use counseling	▼
Tuberculosis screening	▼


11g. Viewing Plan Details (Image 8) (on HealthSherpa’s website)



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$2,979, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.

 This plan has the **lowest** annual out-of-pocket estimate of all 13 plans available to you.

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$2,643
3	Doctor visits	\$111
2	Labs or tests	\$80
7	Prescriptions	\$145
Annual estimate		\$2,979
Monthly estimate (on average)		\$248 per month

12. Saving Progress (on HealthSherpa's website)

Save your progress ✕

We'll send you a link so you can pick up where you left off.

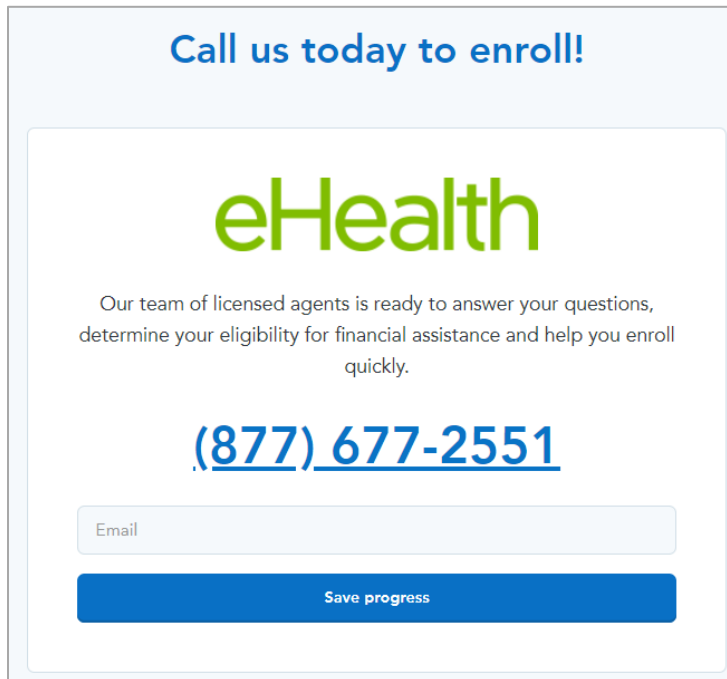
Email

Mobile phone number (optional)

Save progress

By entering a mobile phone number, you agree the number entered is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

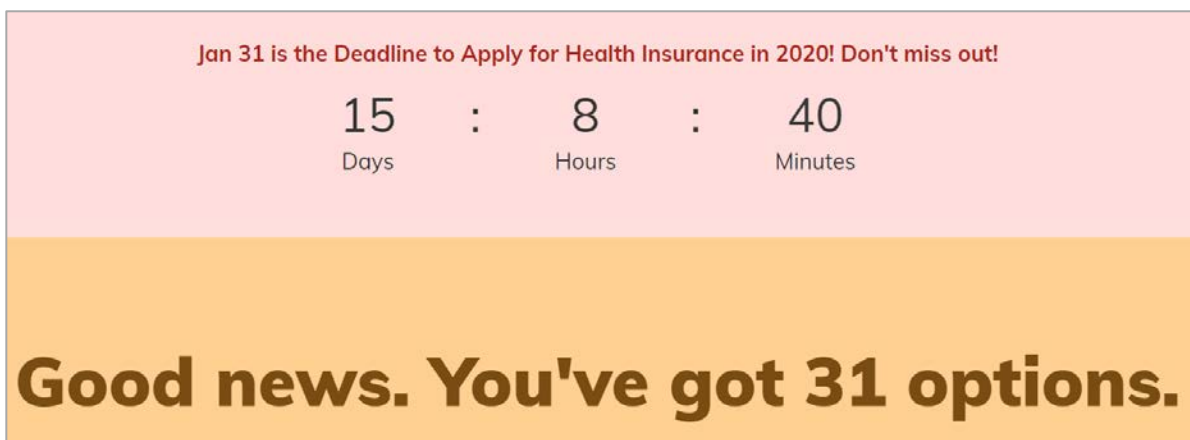
13. Enrollment in State-Based Marketplace (on HealthSherpa’s website)



For a user shopping and enrolling in California or another SBM, after clicking the enroll button shown above, they are taken to the image below asking them to call the listed number to speak with an agent. In SBM states, eHealth acts as a broker, enrolling consumers using the Covered California or relevant SBM platform.

14. eHealth: All (Unsubsidized) Plan Results

Instead of viewing subsidized plans, the user has the option to view all unsubsidized plans. The image below shows the results page for viewing all unsubsidized plans.



15. eHealth: User Filter Options

My Filters (3)

94102 Male, 35 Female, 32

ZIP Code ▼	Members (2) ▼	Company
Deductible ▲ <small>Filter plans by per person deductible. Help me choose a deductible</small>	Monthly Cost ▲	+ Blue Shield of California (10)
+ Under \$500 (11)	+ Under \$800 (4) + \$800 to \$900 (5)	+ Kaiser Permanente of CA (9)
+ \$2,500 to \$5,000 (2)	+ \$900 to \$1,000 (5)	+ Oscar Health Plan of California (8)
+ \$5,000 to \$10,000 (8)	+ \$1,000 to \$1,100 (2)	+ Sutter Health Plus (4)
+ \$10,000 & Above (10)	+ \$1,100 to \$1,200 (6)	
	+ \$1,200 to \$1,300 (3)	Office Visit
Coinsurance ▼	+ \$1,400 to \$1,500 (2)	Metal Level
Plan Type ▼	+ \$1,500 to \$1,600 (2)	
	+ \$1,900 to \$2,000 (1)	
	+ \$2,000 & Above (1)	
	HSA Eligibility ▼	

15a. eHealth: User Options - Sorting (Unsubsidized) Plans

By default, the plans are sorted by those recommended. However, the user has the option to sort (highlighted by the orange box) by Monthly Cost (both low to high and high to low), Company, Best Seller, and Annual Deductible (both low to high and high to low).

The screenshot displays a user interface for selecting health plans. At the top right, a 'Sort by' dropdown menu is highlighted with an orange border and currently shows 'Recommended'. Below this, a 'Sponsored' section for Blue Shield of California is visible. The main area features two plan cards. The first card, 'Bronze 60 HDHP HMO 6800/40%' by Kaiser Permanente, is sorted by 'Cheapest' and shows a \$6800 deductible and a \$741.02/monthly premium. The second card, 'Silver 1950 PPO' by Blue Shield of California, is sorted by 'Most Popular' and shows a \$1950 deductible and a \$1103.21/monthly premium. Each card includes a 'Select Plan' button and a 'More plan details' link.

Plan Name	Company	Deductible	Metal Level	Monthly Premium	Sort Order
Bronze 60 HDHP HMO 6800/40%	Kaiser Permanente	\$6800	Bronze	\$741.02/mo	Cheapest
Silver 1950 PPO	Blue Shield of California	\$1950	Silver	\$1103.21/mo	Most Popular

15b. eHealth: User Options – Comparing (Unsubsidized) Plans

The small orange box around the word “compare” highlights where the user can click to compare up to four health plans. See image 16 for Plan Comparison. The user can click on the “View Comparison” button on this image, highlighted by the green box, and see up to four plans compared on the next image (see image 16)

Your 31 Plans Sort by
Recommended ▾

Sponsored
With Sutter Health Plus, you gain affordable access to high-quality, Sutter Health-featured network and new same-day care options.
[View all Sutter Health Plus Plans](#)

✓ Comparing Cheapest

KAISER PERMANENTE **Bronze 60 HDHP HMO 6800/40%** \$6800 Deductible Bronze Metal Level \$741^{.02}/mo Select Plan

More plan details ▾

✓ Comparing Most Popular

blue of california **Silver 1950 PPO** \$1950 Deductible Silver Metal Level \$1103^{.21}/mo Select Plan

More plan details ▾

Comparing 2 Plans Bronze 60 HDHP HMO 6800/40% × Silver 1950 PPO × Plan 3 Plan 4 View Comparison 🗨️

16. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 1)

You're comparing 2 ACA plans

[Back to Plans](#)

Bronze 60 HDHP HMO 6800/40% [\(remove\)](#)

Select Plan - \$741.02/mo

Silver 1950 PPO [\(remove\)](#)

Select Plan - \$1103.21/mo

Overview

Company	Kaiser Permanente of CA	Blue Shield of California
Metal Level	ExpandedBronze	Silver
Plan Type	HMO	PPO
Deductible	\$6800 per person (\$13600 per group)	\$1950 per person (\$3900 per group)
Coinsurance	40%	35%
Out-of-pocket Limit	\$6900 per person (\$13800 per group)	\$7800 per person (\$15600 per group)
Primary Doctor Visit	40% Coinsurance after deductible	\$45 Copay

16a. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 2)

Specialist Doctor Visit	40% Coinsurance after deductible	\$75 Copay
Other Office Visit	40% Coinsurance after deductible	\$45 Copay
Prescription Drugs	Generic Drugs: 40% Coinsurance after deductible Preferred Brand Drugs: 40% Coinsurance after... show more	Generic Drugs: \$15 Copay after deductible Preferred Brand Drugs: \$60 Copay after... show more
Emergency Room	40% Coinsurance after deductible	35% Coinsurance after deductible
Hospital Services	Inpatient Hospital Services: 40% Coinsurance after deductible Inpatient Physician and Surgical... show more	Inpatient Hospital Services: 35% Coinsurance after deductible Inpatient Physician and Surgical... show more

16b. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 3)

Primary Care and Referrals		
Primary Care Physician Required?	Yes	Yes
Specialist Referrals Required?	No	No
Ambulance and Urgent Care		
Emergency Ambulance Services	50% Coinsurance after deductible	50% Coinsurance after deductible
Urgent Care Facility	\$75 Copay	\$100 Copay

16c. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 4)

Outpatient		
Outpatient Surgery	Outpatient Surgery Physician/Surgical Services: 50% Coinsurance after deductible Outpatient... show more	Outpatient Surgery Physician/Surgical Services: 50% Coinsurance after deductible Outpatient... show more
Outpatient Lab/X-ray	Outpatient Lab: 50% Coinsurance after deductible X-rays: 50% Coinsurance after deductible	Outpatient Lab: \$75 Copay X-rays: 50% Coinsurance after deductible
Imaging (CT and PET scans, MRIs)	50% Coinsurance after deductible	50% Coinsurance after deductible
Outpatient Mental Health Services	\$50 Copay, 50% Coinsurance after deductible, limited to 20 Visit(s) per Benefit Period	\$50 Copay, limited to 20 Visit(s) per Benefit Period
Outpatient Substance Abuse Services	\$50 Copay, 50% Coinsurance after deductible	\$50 Copay
Outpatient Rehabilitation Services (PT, OT, ST)	50% Coinsurance after deductible, limited to 35 Visit(s) per Benefit Period	\$80 Copay, limited to 35 Visit(s) per Benefit Period

16d. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 5)

Inpatient		
Skilled Nursing Facility	50% Coinsurance after deductible, limited to 60 Days per Benefit Period	50% Coinsurance after deductible, limited to 60 Days per Benefit Period
Inpatient Mental Health Services	50% Coinsurance after deductible, limited to 30 Days per Benefit Period	50% Coinsurance after deductible, limited to 30 Days per Benefit Period
Inpatient Substance Abuse Services	50% Coinsurance after deductible	50% Coinsurance after deductible
Home Healthcare	50% Coinsurance after deductible, limited to 20 Days per Benefit Period	\$75 Copay, limited to 20 Days per Benefit Period
Maternity		
Pre & Postnatal Office Visit	No Charge	No Charge

16e. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 6)


Pediatric Dental and Vision			
Pediatric Dental Checkup	No Charge		No Charge
Pediatric Basic Dental Care	50% Coinsurance after deductible		\$75 Copay
Pediatric Major Dental Coverage	50% Coinsurance after deductible		50% Coinsurance after deductible
Pediatric Orthodontia	50% Coinsurance after deductible		50% Coinsurance after deductible
Pediatric Eye Exam	50% Coinsurance after deductible		\$75 Copay
Pediatric Eye Glasses	50% Coinsurance after deductible		50% Coinsurance after deductible

16f. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 7)

Out-of-Network		
Out-of-Network Services	Nationwide Emergency/Emergent Care Urgent Care	Nationwide Emergency/Emergent Care Urgent Care
Out-of-Network Annual Deductible	N/A	N/A
Out-of-Network Annual Coinsurance	N/A	N/A
Out-of-Network Annual Out-of-Pocket Limit	N/A	N/A
Out-of-Country	Emergency/Emergent Care only.	Emergency/Emergent Care only.
Other		
Durable Medical Equipment	50% Coinsurance after deductible	50% Coinsurance after deductible
Hospice Care	50% Coinsurance after deductible	50% Coinsurance after deductible
Diabetes Care Management	Not Covered	Not Covered
Major Dental Coverage for Adults	Not Covered	Not Covered

17. eHealth: Selecting a Health Plan


Selected health plan

**Oscar Classic Bronze**
\$618.68/mo✓ Selected
[remove](#)


Oscar Insurance Company of Florida EPO ExpandedBronze

Deductible
\$5500 per person (\$11000 per group) Start date
01 Feb 2020

Add dental and vision

**Dental insurance**
\$22.78/mo
[Add Plan](#)

Dental Value Plan (HI215) ▼
Humana

**Vision insurance**
\$21.14/mo
[Add Plan](#)

Standard Plan ▼
VSP

My Selections

[ACA Health Plan](#) [\(remove\)](#) \$618.68
Oscar Classic Bronze

[Dental Plan](#) (none selected)

[Vision Plan](#) (none selected)

Total **\$618.68/mo**

[Begin Application](#)

Don't wait! Your eligibility or start date may be affected.

Have a question? Call us
1 (877)883-4459
Licensed insurance agents available
Mon - Fri, 8 AM - 7 PM ET. Or chat now.

After selecting a health plan, the user has the option to enhance their coverage by adding dental and vision insurance. By clicking “Begin Application” the user will redirect the user to eHealth’s enrollment page.

18. Return to eHealth



When the user leaves the site and returns, they see a message asking if they want to start where they left off. This message appears for users who have not created an account/signed in as well as those who have.

19. Return to HealthSherpa

Enter your info to compare plans

DISCLAIMER: By submitting your information you agree that E Health may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase.

When the user leaves the site and returns, they are prompted with a message asking to resubmit their information. This message appears for users who have not created an account/signed in.

Review of Same Scenario in Miami, Florida Zip Code (33146) – Images that Differ from California
Identifying Images that do Not Mirror California Images

When shopping for plans using the same scenario (two person household: 35 year old male and 32 year old female with \$64,840 income) and the Miami zip code, most images were the same. Where a image is new or looks different, we have provided an image of the image.

Images 1-3, 6-7, and 9-11 mirror California. Image 2b differs as shown below, and image 5 asks the consumer to identify their eligibility for special enrollment. Additional images are included in the Miami version not offered in California zip codes (see item 6a-b below). Item 8 shows an additional plan review option not available in California. Image 12's "all in" cost information includes information on the likely cost of the prescription not covered by the plan. Images 13-17 reflect a different enrollment process than the one in SBES.

2b. eHealth: Individual & Family Insurance (LOOKS DIFFERENT)

Which type of Individual & Family insurance are you interested in?

Affordable Care Act Plans
See plans that are compliant with the ACA, also known as Obamacare. These plans offer major medical coverage.
[Learn More](#)

Short Term Plans and Alternatives
See plans that do not meet ACA requirements. These plans tend to be inexpensive and offer limited coverage.
[Learn More](#)

[See our decision guide](#)

Back Next

5a. Estimated Savings Calculation (LOOKS DIFFERENT) (on HealthSherpa's website)

The screenshot displays a light blue notification box with the following content:

- Header: **You qualify for savings!**
- Text: You'll **save** this much on your premium:
- Large green text: **\$319** /month
- Footnote: This is an initial estimate. You'll see your exact savings when you apply.
- Buttons: A light blue "Back" button and a dark blue "Continue" button.

In addition to seeing a different savings amount (expected, given that the different plan selections and premiums in the Miami, Florida and San Francisco, California), the Miami version does not include the note we see on the San Francisco variant: "This means you'll see plans as low as \$182 per month." The Miami version only shows the potential savings on this image, not the consumer's cost after a tax credit is applied.

5b. Special Enrollment Period - Qualifying for a Life Event (NEW) (on HealthSherpa’s website)

This option determines the user’s qualifications to enroll during Special Enrollment. By hovering over the “i” highlighted by the red boxes, the user can view further details and information about each option choice.

It’s currently Special Enrollment

During Special Enrollment, you need a Qualifying Life Event to enroll

Select your Qualifying Life Event

- Lost or losing health coverage i
- Change in household size i
- Change in primary place of living i
- Change in eligibility i
- Enrollment / plan error i
- Other situations i
- None of the above


5c. Ineligible to Enroll (NEW) (on HealthSherpa’s website)

If the user selected “None of the above” for a Qualifying Life Event, the image below describes why the user is ineligible to enroll during Special Enrollment.

Sorry, you aren’t eligible to enroll right now.

During Special Enrollment, you need a Qualifying Life Event to enroll

But you can enroll in 2020 coverage on **November 1st, 2019**, when the next Open Enrollment Period begins.

 **Get a reminder email so you don’t miss it:**

Note: If you or anyone in your household is potentially eligible for Medicaid or CHIP, you can apply directly [here](#).

5d. Preferred Doctors or Hospitals (NEW) (on HealthSherpa’s website)

Do you have any preferred doctors or hospitals?

You’ll be able to see which plans they accept.

5e. Prescription Medications (NEW) (on HealthSherpa’s website)

Do you take any prescription drugs?

You’ll be able to see which plans cover your drugs, and how much they’ll charge you.

Benazepril Oral Tablet
×

Generic / Oral Tablet

Supply duration

12 Months ▾

Applicant

Primary (Male, 35) ▾

Dosage

Benazepril Hydrochloride 5 ... ▾

9b. Subsidized Plan Results - Most Popular (NEW) (on HealthSherpa’s website)

Users have the option to see the “Most Popular” plan among purchasers with the same demographic profile and anticipated service use.

Most affordable
Most popular
Lowest premium
All plans

This is the most popular plan for families like yours

For families of your size, age, and income, who expect to use a "medium" amount of healthcare.

oscar

Classic Bronze (Free 24/7 Telemedicine + Free Preventive Care) - EPO

● BRONZE

<p style="font-size: 0.8em; color: #0070c0;">Premium</p> <p style="font-size: 1.5em; font-weight: bold;">\$300/mo</p> <p style="font-size: 0.8em; color: #c00000;">was \$619</p>	<p style="font-size: 0.8em; color: #0070c0;">Deductible</p> <p style="font-size: 1.5em; font-weight: bold;">\$5,500/yr</p>	<p style="font-size: 0.8em; color: #0070c0;">Your estimated all-in</p> <p style="font-size: 1.2em; font-weight: bold;">\$6,140</p>	
		<p style="font-size: 0.8em; color: #0070c0;">Out-of-pocket max</p> <p style="font-size: 1.2em; font-weight: bold;">\$8,150</p>	
		<p style="font-size: 0.8em; color: #0070c0;">Doctor visits</p> <p style="font-size: 1.2em; font-weight: bold;">\$50, 50% after deductible</p>	
		<p style="font-size: 0.8em; color: #0070c0;">Generic drugs</p> <p style="font-size: 1.2em; font-weight: bold;">\$3</p>	

[Benazepril Hydrochloride 5 Mg Oral Tablet](#)
Prescription not covered

17a. Privacy Statement (NEW) (on HealthSherpa's website)

Privacy and the use of your information

Important Marketplace Emails: If the Marketplace has your email address, they'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy and the use of your information: The Marketplace will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. The Marketplace will check your answers using the information in their databases and the databases of other federal agencies. If the information doesn't match, the Marketplace may ask you to send them proof. The Marketplace won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about

To continue, you must agree and check each of the following statements:

- I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

- I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a [Special Enrollment Period](#) if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

17b. Contact Information (NEW) (on HealthSherpa’s website)

Primary contact

Primary contact

[Your information](#)

Home address

Contact details

Verify identity

Household

Members

Additional questions

Finalize

Your information

First name

Middle (Optional)

Last name

Suffix (Optional) ▼

Date of birth

Sex Male Female

What is your Social Security Number (SSN)? (Optional)
This helps us verify your identity. If you're applying for coverage and have an SSN, enter it here now, or you may not be able to proceed. If you don't have an SSN, leave this field blank.

Need help?

Our team of experts can help you finalize your enrollment.

[\(855\) 904-0726](tel:(855)904-0726)

17c. Primary Contact - Home Address (on HealthSherpa's website)

Primary contact

Home address

Enter your permanent address.

Street address **Apt. / Ste. (Optional)**

123 Hollywood Blvd

City **State** **Zip code**

Miami Florida x | v 33146

County

Miami-Dade x | v

Click here if you don't have a permanent address.

Is your mailing address the same as your permanent address?

Yes No

17d. Primary Contact - Contact Details (on HealthSherpa’s website)

The phone number can be identified as home, work or cell. An error message appears when a non-existent area code is entered.

The screenshot shows a web form titled "Primary contact" with a sub-section "Contact details".

- Email address:** A text input field.
- Go paperless:** A checkbox with the text "Go paperless! Get your notices by email, instead of paper copies in your mailbox."
- Phone number:** A text input field with a placeholder "(XXX) XXX-XXXX".
- Extension:** A text input field.
- Type:** A dropdown menu with "Home" selected and a close button (X).
- Add a second phone number:** A blue hyperlink.
- Written language:** A dropdown menu with "English" selected and a close button (X).
- Spoken language:** A dropdown menu with "English" selected and a close button (X).

The drop-down menus for written and spoken languages allow: English; Spanish; Arabic; Chinese; French Creole; French; German; Gujarati; Hindi; Korean; Other; Polish; Portuguese; Russian; Tagalog; Urdu; Vietnamese.

17e. Verify Identity (on HealthSherpa's website)

Verify identity

Please verify your identity by answering the questions below. If you have an existing application in Healthcare.gov, we will pre-fill the rest of this application from it.

We were unable to verify your identity. To continue, please:

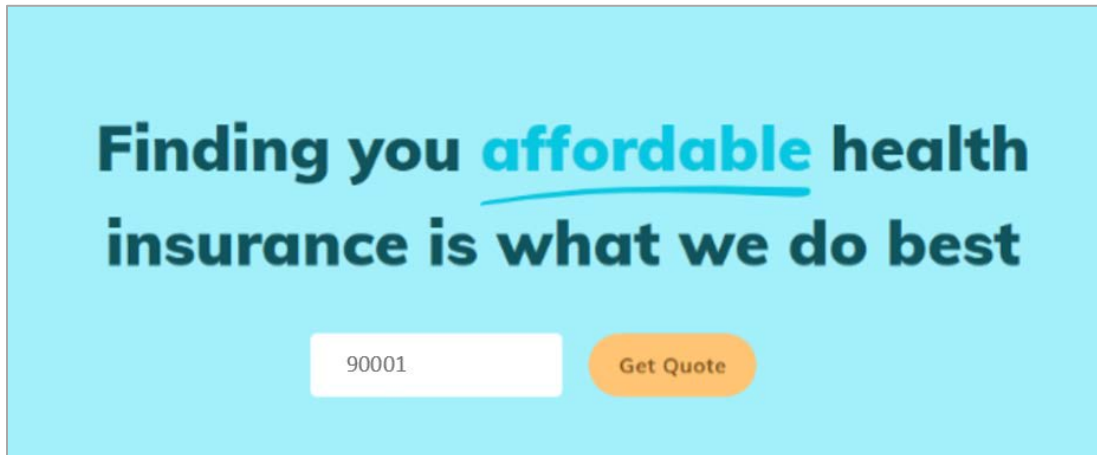
1. [Verify or update your information](#) and return here. If you did not enter an SSN earlier, please consider doing so.
2. If you are still encountering this error, call us at [\(855\) 904-0726](tel:855-904-0726) and click "Continue" once verified.

[Back](#) [Continue](#)

The user cannot go past this step without entering information that allows identity verification or calling the number shown to complete the process.

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

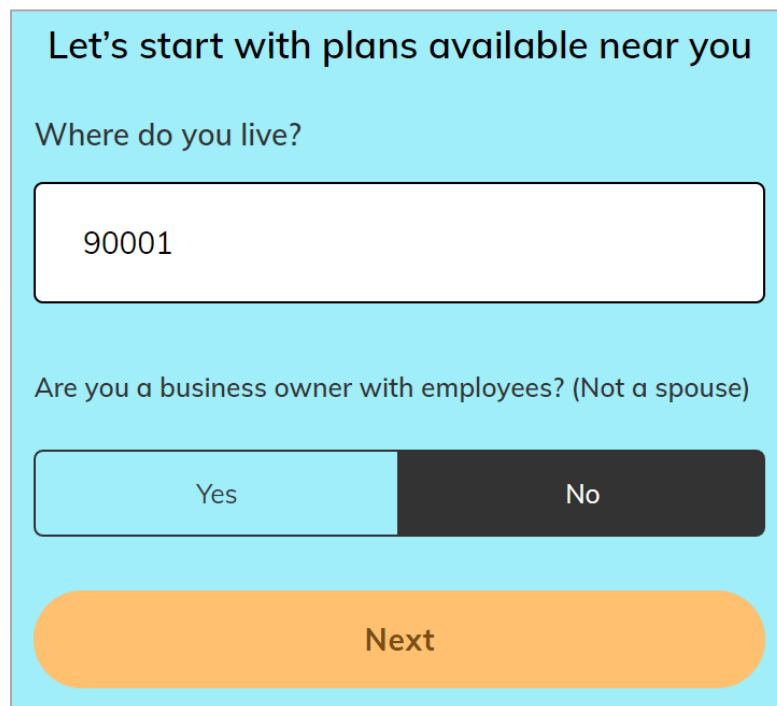
1. eHealth Landing Page: Enter zip code



Finding you affordable health insurance is what we do best

90001 [Get Quote](#)

2. eHealth: Household Information



Let's start with plans available near you

Where do you live?

90001

Are you a business owner with employees? (Not a spouse)

Yes No

[Next](#)

2a. eHealth: Household Information - Option to View Business Plans

Let's start with plans available near you

Where do you live?

Are you a business owner with employees? (Not a spouse)

Yes No

[Go to Business Health Plans](#)

[No Thanks, Continue](#)

3. eHealth: Information on Covered Individual(s) - Consumer

Tell us a little more about you. [Why?](#)

Female Male

Date of birth

 / /

Tobacco use?

Yes No

Do others need coverage?

[Add Child](#) [Add Spouse](#)

3a. eHealth: Information on Covered Individual(s) - Spouse, Dependent

Do others need coverage?

Spouse [\(remove\)](#)

Sex

Female Male Smoker

Date of Birth

1 / 15 / 1967

Child [\(remove\)](#)

Sex

Female Male Smoker

Date of Birth

1 / 10 / 2001

4. eHealth: Qualifying for a Subsidized Plan

If the consumer wants to determine if they qualify for a premium tax credit, eHealth redirects the consumer to its partner HealthSherpa’s website. The consumer resubmits their information at HealthSherpa’s website (see images 4a – 4d).


Note: The consumer has the option to skip this step and view all Unsubsidized Plans, in which case the consumer stays on eHealth’s website (see image 14 to view the results and subsequent pages).

See if you qualify for a subsidy

Is your total household income less than \$127,980/year?

Yes No

Good news! You may be eligible for a subsidy or tax credit.
Visit our partner Health Sherpa to find a subsidized plan.

[See If I Qualify](#) 

[See Unsubsidized Plans](#)

4a. Household Information (on HealthSherpa’s website)

YOUR INFO SAVINGS PERSONALIZE

What’s your zip code?

Your zip code determines which plans are available.

Back Continue

4b. Information on Covered Individual(s) – Consumer (on HealthSherpa’s website)

Who needs health coverage?

You can apply for yourself or anyone who lives with you.

You ×

Age: 62 Gender Identity: Male **Female**

Select any that apply

Tobacco user i

Pregnant i

Eligible for coverage through Medicaid, CHIP, Medicare, or a job i

Add my spouse

Add a dependent

4c. Information on Covered Individual(s) - Spouse, Dependent (Images 1 - 2) (on HealthSherpa's website)

Your spouse ×

Age

Gender Identity ?

Male Female

Select any that apply

Tobacco user i

Eligible for coverage through Medicaid, CHIP, Medicare, or a job i

Your dependent ×

Age

Gender Identity ?

Male Female

Select any that apply

Tobacco user i

Eligible for coverage through Medicaid, CHIP, Medicare, or a job i

i Dependents are relatives who you claim on your taxes and live with.

4d. Household Income Information (on HealthSherpa’s website)

5. Estimated Savings Calculation (on HealthSherpa’s website)


NOTE: While it is not stated on the image, this subsidy amount is California state financial assistance. The amount shown is consistent with the amount of financial assistance Covered California shows for this scenario.


6. Health Care Usage Estimate (on HealthSherpa's website)


How much healthcare do you think your family will use in 2020?


A guess is fine—this **will not affect your prices** and **will not limit** how much you can use.


We expect to use a **Low** amount of healthcare services:


 1 [doctor visit](#)

 1 [lab or test](#)


 1 [specialist visit](#)


 0 [hospital visit](#)


 8 prescription drugs


 0 emergency room visit

We expect to use a **Medium** amount of healthcare services:


 4 [doctor visits](#)

 3 [labs or tests](#)


 4 [specialist visits](#)


 1 [hospital visit](#)


 46 prescription drugs


 0 emergency room visit

We expect to use a **High** amount of healthcare services:

 7 [doctor visits](#)

 14 [labs or tests](#)

 16 [specialist visits](#)

 4 [hospital visits](#)

 112 prescription drugs

 3 emergency room visits

Why do we ask for this?

This will help us select your **Recommended Plan**

7. Subsidized Plan Results - Most Affordable (Top of Image) (on HealthSherpa’s website)

Note: Image 7 shows the top half of this page. See 7a for the bottom half of the image.

The screenshot displays a user interface for selecting a health plan. At the top, there are three tabs: "Most affordable" (selected), "Lowest premium", and "All plans". Below the tabs, a large blue banner reads "We found the most affordable plan for you!" followed by the text "Out of all [39 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#)." Below this, the plan details for "OSCAR Bronze 60 EPO - EPO" are shown, including a "BRONZE" badge. A table lists the plan's costs and benefits:




Category	Value
Premium	\$927/mo (was \$1,247)
Deductible	\$12,600/yr
Your estimated all-in	\$13,972
Out-of-pocket max	\$7,800
Doctor visits	First 3 visits at \$65 before deductible
Generic drugs	\$18 after deductible

At the bottom of the plan details, there are two buttons: "View plan details" and "Enroll in this plan".

At the top of the page are the words “Out of all [39 plans](#), we estimate this plan will be the least expensive for your coverage needs. [See why](#).” Clicking “see why” scrolls down the image to show the table on expected costs, what insurance pays and what the enrollee pays.

7a. Subsidized Plan Results - Most Affordable (Bottom of Image) (on HealthSherpa’s website)

The orange box highlights the option for the consumer to adjust their estimated health care usage.


We've estimated affordability based on your expected Medium  use of healthcare this year:			
Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
4 Doctor visits	\$458	\$446	\$12
4 Specialist visits	\$1,075	—	\$1,075
3 Labs or tests	\$3,360	\$3,240	\$120
46 Prescriptions	\$2,221	\$699	\$1,522
1 Hospital Visits	\$120	—	\$120
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$11,123
Total estimate			\$13,972 per year \$1,164/month on average This is the lowest estimate of all 39 plans



8. Subsidized Plan Results - Lowest Premium (Top of Image) (on HealthSherpa's website)

The screenshot displays a web interface for selecting a health plan. At the top, there are three tabs: "Most affordable", "Lowest premium" (which is selected and highlighted in blue), and "All plans". Below the tabs, a large blue banner reads "This plan has the lowest monthly premium". Underneath this banner, a green tab indicates "Lowest premium plan". The main content area features the "oscar" logo, the plan name "Bronze 60 EPO - EPO", and a "BRONZE" tier indicator. A table of plan details is presented below, showing the monthly premium as \$927 (with a crossed-out previous price of \$1,247), a deductible of \$12,600 per year, and various cost-sharing details for out-of-pocket maximum, doctor visits, and generic drugs. At the bottom of the plan card, there are two buttons: "View plan details" and "Enroll in this plan".

Category	Value
Premium	\$927/mo was \$1,247
Deductible	\$12,600/yr
Your estimated all-in	\$13,972
Out-of-pocket max	\$7,800
Doctor visits	First 3 visits at \$65 before deductible
Generic drugs	\$18 after deductible

8a. Subsidized Plan Results - Lowest Premium (Bottom of Image) (on HealthSherpa's website)

We've estimated affordability based on your expected **Medium**  use of healthcare this year:

Your expected use Set to Medium 	Sticker price On average 	What insurance pays	What you pay
4 Doctor visits	\$458	\$446	\$12
4 Specialist visits	\$1,075	—	\$1,075
3 Labs or tests	\$3,360	\$3,240	\$120
46 Prescriptions	\$2,221	\$699	\$1,522
1 Hospital Visits	\$120	—	\$120
0 Emergency Room Visits	—	—	—
12 Monthly premiums			\$11,123
Total estimate			\$13,972 per year \$1,164/month on average This is the lowest estimate of all 39 plans

9. Subsidized Plan Results - All Plans (on HealthSherpa’s website)

The sort option, highlighted by the orange box, allows for the consumer to sort by Lowest Premium, Lowest Deductible, and Lowest Max Out-of-Pocket.

Most affordable | Lowest premium | **All plans**

Savings **\$320/mo**

Monthly premium max **\$3,561**

Max family deductible **\$13,800**

Usage estimate **?**

Low
 Medium
 High

39 plans **Lowest Premium**

Lowest premium plan

oscar Bronze 60 EPO - EPO **BRONZE**

<u>Premium</u> \$927/mo <i>was \$1,247</i>	<u>Deductible</u> \$12,600/yr	<u>Your estimated all-in</u> \$13,972
		<u>Out-of-pocket max</u> \$7,800
	<u>Doctor visits</u> First 3 visits at \$65 before deductible	
	<u>Generic drugs</u> \$18 after deductible	

Compare [Plan details](#) **Enroll now**

Kaiser Bronze 60 HDHP HMO - HMO **BRONZE**

Definitions are provided (indicated by the underlined text) for some terms, including “savings” and “cost sharing reduction” on the left-hand bar, and “premium”, “deductible”, “your estimated all-in” and “out of pocket costs” in the plan information.

9a. User Options - Change Priorities and Compare Plans (on HealthSherpa’s website)

The screenshot displays a user interface for selecting health plans. At the top, there are three tabs: 'Most affordable', 'Lowest premium', and 'All plans' (which is selected). Below the tabs, the left sidebar contains several filter options: 'Savings' at \$320/mo, 'Monthly premium max' at \$3,561 with a slider, 'Max family deductible' at \$0 with a slider (highlighted with an orange box), and 'Usage estimate' with a question mark icon. The main content area shows '19 plans' and a dropdown menu set to 'Lowest Premium'. A plan from 'MOLINA HEALTHCARE' is featured, labeled 'Gold 80 HMO - HMO' with a 'GOLD' badge. The plan details are as follows:

Premium	Deductible	Your estimated all-in	\$18,354
\$1,392/mo <small>was \$1,712</small>	\$0/yr	Out-of-pocket max	\$7,800
		Doctor visits	\$30
		Generic drugs	\$15

At the bottom of the plan card, there is a 'Compare' button (highlighted with an orange box), a 'Plan details' button, and an 'Enroll now' button.

As the user makes changes on the left-hand side of the image, the plan sorting changes (as indicated by the orange box on the left of the image).

- If the premium is dropped too low, it can reach an amount at which no plans are offered. The image shows the words: “No results There are no plan results that meet all of your filters. You can modify individual filters on the left sidebar or *clear all filters.*”
- Changing the maximum deductible causes a different plan to appear from the default most affordable plan.

The small orange box around the word “compare” highlights where the user can click to compare up to five health plans. See image 10 for Plan Comparison. The user can click on the Compare button on this image and see up to five plans compared on the next image (see image 10).

10. Side-by-Side Plan Comparison (Top of Image) (on HealthSherpa’s website)

While the user can select up to five plans for side-by-side comparison, images 10 and 10a show three plans for better visual clarity.

	Oscar Health Plan Bronze 60 EPO ✕	Kaiser Bronze 60 HDHP HMO ✕	Kaiser Bronze 60 HMO ✕
	Enroll	Enroll	Enroll
	Most affordable		
Summary			
Monthly Premium	\$927 for household <small>was \$1,247</small>	\$1,050 for household <small>was \$1,370</small>	\$1,121 for household <small>was \$1,441</small>
Deductible	\$6,300 per person	\$6,900 per person	\$6,300 per person
Max OOP	\$7,800 per person	\$6,900 per person	\$7,800 per person
Estimated All-in	\$13,954	\$19,549	\$16,253


10a. Side-by-Side Plan Comparison (Bottom of Image) (on HealthSherpa’s website)

	Oscar Health Plan Bronze 60 EPO ✕	Kaiser Bronze 60 HDHP HMO ✕	Kaiser Bronze 60 HMO ✕
	Enroll Most affordable	Enroll	Enroll
Specialist	\$95 after deductible	No charge after deductible	\$95 after deductible
Generic Drugs	\$18 after deductible	No charge after deductible	\$18 after deductible
Emergency Room	40% after deductible	No charge after deductible	40% after deductible
Hospital Stay	40% after deductible	No charge after deductible	40% after deductible
Resources	Plan details Summary of Benefits Prescription Directory Brochure	Plan details Summary of Benefits Prescription Directory	Plan details Summary of Benefits Prescription Directory

11. Viewing Plan Details (Image 1) (on HealthSherpa's website)

oscar ● BRONZE

Bronze 60 EPO - EPO

 **Plan costs**
Click the down arrow to learn more about each of these.

Monthly premium	\$927 per month	▼
Deductible	\$6,300 per person	\$12,600 per family ▼
Out-of-pocket max	\$7,800 per person	\$15,600 per family ▼
Network type	EPO	▼
Metal tier	Bronze	▼

Official documents

- [Summary of benefits \(PDF\)](#)
- [Drug formulary](#)
- [Provider list](#)
- [Plan brochure](#)

Plan costs

← Go back

Enroll in this plan

11a. Viewing Plan Details (Image 2) (on HealthSherpa’s website)

Plan costs

Doctor visits

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost

← Go back

Enroll in this plan

Premium
\$927 per month

Deductible
\$12,600 per family

Out-of-pocket max
\$15,600 per family

Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

	Before deductible is met	After deductible is met	i
Primary care visit	First 3 visits at \$65, then full price	Free	▼
Specialist visit	Full price	\$95	▼
Preventive care visit	Free	Free	▼

Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#).

	Before deductible is met	After deductible is met	i
Generic	Full price	\$18	▼
Brand	Full price	40%	▼
Non-preferred Brand	Full price	40%	▼
Specialty	Full price	40%	▼

11b. Viewing Plan Details (Image 3) (on HealthSherpa’s website)

[← Go back](#)

Enroll in this plan

Premium
\$927 per month

Deductible
\$12,600 per family

Out-of-pocket max
\$15,600 per family

Labs & imaging

These are tests your doctor may run when diagnosing a condition.

	Before deductible is met	After deductible is met	<i>i</i>
X-rays	Full price	40%	▼
Imaging (CT/PET/MRI)	Full price	40%	▼
Blood work	\$40	\$40	▼

11c. Viewing Plan Details (Image 4) (on HealthSherpa’s website)

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost

← Go back

Enroll in this plan

Premium
\$927 per month

Deductible
\$12,600 per family

Out-of-pocket max
\$15,600 per family

Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

	Before deductible is met	After deductible is met	i
Urgent care	Full price	\$65	▼
Emergency room	Full price	40%	▼
Ambulance	Full price	40%	▼
Hospital stay (facility)	Full price	40%	▼
Hospital stay (physician)	Full price	40%	▼
Outpatient procedure (facility)	Full price	40%	▼
Outpatient procedure (physician)	Full price	40%	▼
Physical rehabilitation	\$65	\$65	▼

11d. Viewing Plan Details (Image 5) (on HealthSherpa’s website)

Prescriptions

Labs

Hospital

Other coverage

Preventative care

Estimated all-in cost


← Go back

Enroll in this plan

Premium
\$927 per month

Deductible
\$12,600 per family


Out-of-pocket max
\$15,600 per family



Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

	Before deductible is met	After deductible is met	i
Outpatient services	\$65	Free	v
Psychiatric hospital stay	Full price	40%	v




Pregnancy & birth

Every plan covers services provided before and after your child is born.

	Before deductible is met	After deductible is met	i
Well baby care	Free	Free	v
Labor, delivery, hospital stay	Full price	40%	v

11e. Viewing Plan Details (Image 6) (on HealthSherpa’s website)



Free preventative care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.


For adults For women For children

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure screening
- Cholesterol screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diet counseling

11f. Viewing Plan Details (Image 7) (on HealthSherpa’s website)

Falls prevention	▼
Hepatitis B screening	▼
Hepatitis C screening	▼
HIV screening	▼
Immunization vaccines	▼
Lung cancer screening	▼
Obesity screening and counseling	▼
Sexually transmitted infection (STI) prevention counseling	▼
Statin preventive medication	▼
Syphilis screening	▼
Tobacco Use counseling	▼
Tuberculosis screening	▼


11g. Viewing Plan Details (Image 8) (on HealthSherpa’s website)



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$13,964, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **lowest** annual out-of-pocket estimate of all 39 plans available to you.

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$11,123
8	<u>Doctor visits</u>	\$1,087
3	<u>Labs or tests</u>	\$120
2	<u>Hospital visits</u>	\$120
46	Prescriptions	\$1,514
Annual estimate		\$13,964
Monthly estimate (on average)		\$1,164 per month

12. Saving Progress (on HealthSherpa's website)

Save your progress ✕

We'll send you a link so you can pick up where you left off.

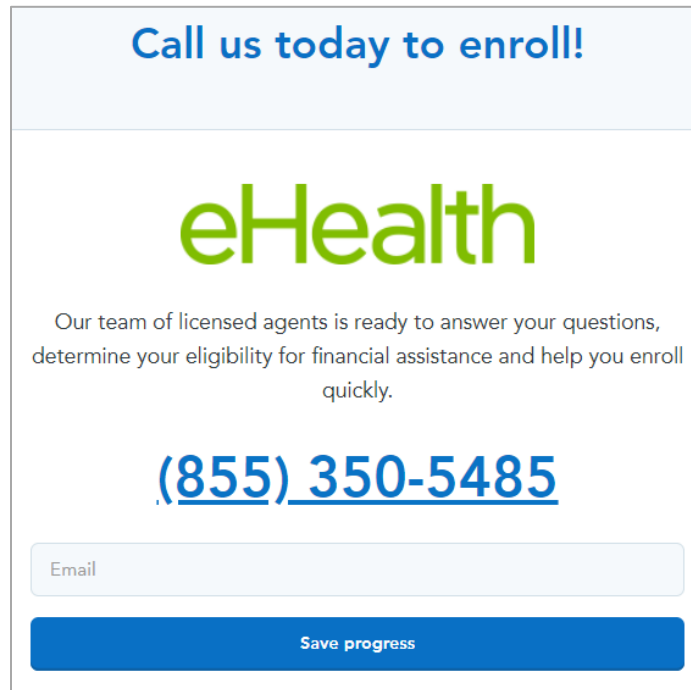
Email

Mobile phone number (optional)

Save progress

By entering a mobile phone number, you agree the number entered is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

13. Enrollment in State-Based Marketplace (on HealthSherpa’s website)



For a user shopping and enrolling in California or another SBM, after clicking the enroll button the consumer is taken to the above page asking them to call the listed number to speak with an agent. In SBM states, eHealth acts as a broker, enrolling consumers using the Covered California or relevant SBM platform.

14. eHealth: All (Unsubsidized) Plan Results

Instead of viewing subsidized plans, the consumer has the option to view all unsubsidized plans. The image below shows the results page for viewing all unsubsidized plans.



15. eHealth: User Filter Options

90001 Female, 62 Male, 53 Male, 19

ZIP Code ▼ **Members (3)** ▼ **Company** ▲

Deductible ▲ **Monthly Cost** ▲ + Anthem Blue Cross (4)

Filter plans by per person deductible.
[Help me choose a deductible](#)

+ Under \$500 (11) + Under \$1,200 (1) + Blue Shield of California (10)

+ \$2,500 to \$5,000 (3) + \$1,200 to \$1,300 (1) + Kaiser Permanente of CA (9)

+ \$5,000 to \$10,000 (9) + \$1,300 to \$1,400 (3) + Oscar Health Plan of California (11)

+ \$10,000 & Above (11) + \$1,400 to \$1,500 (3)

Coinsurance ▼ + \$1,500 to \$1,600 (5)

Plan Type ▼ + \$1,600 to \$1,700 (3)

Office Visit ▼

Metal Level ▼

+ \$1,700 to \$1,800 (1)

+ \$1,800 to \$1,900 (2)

15a. eHealth: User Options - Sorting (Unsubsidized) Plans

By default, the plans are sorted by those recommended. However, the user has the option to sort (highlighted by the orange box) by Monthly Cost (both low to high and high to low), Company, Best Seller, and Annual Deductible (both low to high and high to low).

Your 34 Plans

Recommended ▾

Sponsored
KAISER PERMANENTE
Low monthly premiums and copayments, predictable health costs, prescription drug coverage, personal online health management tools.
[View all Kaiser Permanente of CA Plans](#)

+ Compare Cheapest

OSCAR Oscar Simple Bronze EPO

More plan details ▾

\$8150
Deductible

Bronze
Metal Level

\$1143.51/mo

Select Plan

+ Compare Most Popular

blue of california Silver 1950 PPO

More plan details ▾

\$1950
Deductible

Silver
Metal Level

\$2115.14/mo

Select Plan

15b. eHealth: User Options – Comparing (Unsubsidized) Plans

The small orange box around the word “compare” highlights where the user can click to compare up to four health plans. See image 16 for Plan Comparison. The user can click on the “View Comparison” button on this image, highlighted by the green box, and see up to four plans compared on the next image (see image 16).

The screenshot displays a web interface for comparing health plans. At the top, it says "Your 34 Plans" and has a "Sort by" dropdown menu set to "Recommended". Below this is a sponsored section for Kaiser Permanente. Two plans are listed for comparison, each with a "Comparing" checkbox checked and highlighted with an orange box. The first plan is "Oscar Simple Bronze EPO" with a deductible of \$8150 and a monthly premium of \$1143.51. The second plan is "Silver 1950 PPO" with a deductible of \$1950 and a monthly premium of \$2115.14. At the bottom, there is a summary bar showing "Comparing 2 Plans" and buttons for "Plan 3", "Plan 4", and a "View Comparison" button highlighted with a green box.

Plan Name	Deductible	Metal Level	Monthly Premium	Label
Oscar Simple Bronze EPO	\$8150	Bronze	\$1143.51/mo	Cheapest
Silver 1950 PPO	\$1950	Silver	\$2115.14/mo	Most Popular

16. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 1)

You're comparing 2 ACA plans

[Back to Plans](#) **Oscar Simple Bronze EPO** (remove) [Select Plan - \\$1143.51/mo](#) **Silver 1950 PPO** (remove) [Select Plan - \\$2115.14/mo](#)

Overview

Company	Oscar Health Plan of California	Blue Shield of California
Metal Level	Bronze	Silver
Plan Type	EPO	PPO
Deductible	\$8150 per person (\$16300 per group)	\$1950 per person (\$3900 per group)
Coinsurance	None	35%
Out-of-pocket Limit	\$8150 per person (\$16300 per group)	\$7800 per person (\$15600 per group)
Primary Doctor Visit	\$50 Copay for first 2 visits then 0% Coinsurance after deductible	\$45 Copay

16a. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 2)

Out-of-pocket Limit	\$8150 per person (\$16300 per group)	\$7800 per person (\$15600 per group)
Primary Doctor Visit	\$50 Copay for first 2 visits then 0% Coinsurance after deductible	\$45 Copay
Specialist Doctor Visit	0% Coinsurance after deductible	\$75 Copay
Other Office Visit	0% Coinsurance after deductible	\$45 Copay
Prescription Drugs	Generic Drugs: 0% Coinsurance after deductible Preferred Brand Drugs: 0% Coinsurance after... show more	Generic Drugs: \$15 Copay after deductible Preferred Brand Drugs: \$60 Copay after... show more
Emergency Room	0% Coinsurance after deductible	35% Coinsurance after deductible
Hospital Services	Inpatient Hospital Services: 0% Coinsurance after deductible Inpatient Physician and Surgical... show more	Inpatient Hospital Services: 35% Coinsurance after deductible Inpatient Physician and Surgical... show more

16b. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 3)

Primary Care and Referrals		
Primary Care Physician Required?	No	No
Specialist Referrals Required?	No	No
Ambulance and Urgent Care		
Emergency Ambulance Services	0% Coinsurance after deductible	35% Coinsurance after deductible
Urgent Care Facility	\$75 Copay	\$45 Copay

16c. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 4)

Outpatient		
Outpatient Surgery	Outpatient Surgery Physician/Surgical Services: 0% Coinsurance after deductible Outpatient... show more	Outpatient Surgery Physician/Surgical Services: 35% Coinsurance after deductible Outpatient... show more
Outpatient Lab/X-ray	Outpatient Lab: 0% Coinsurance after deductible X-rays: 0% Coinsurance after deductible	Outpatient Lab: 35% Coinsurance after deductible X-rays: 35% Coinsurance after deductible
Imaging (CT and PET scans, MRIs)	0% Coinsurance after deductible	35% Coinsurance after deductible
Outpatient Mental Health Services	0% Coinsurance after deductible	\$45 Copay
Outpatient Substance Abuse Services	0% Coinsurance after deductible	\$45 Copay
Outpatient Rehabilitation Services (PT, OT, ST)	0% Coinsurance after deductible	35% Coinsurance after deductible

16d. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 5)

Inpatient		
Skilled Nursing Facility	0% Coinsurance after deductible, limited to 100 Days per Benefit Period	35% Coinsurance after deductible, limited to 100 Days per Benefit Period
Inpatient Mental Health Services	0% Coinsurance after deductible	35% Coinsurance after deductible
Inpatient Substance Abuse Services	0% Coinsurance after deductible	35% Coinsurance after deductible
Home Healthcare	Free, limited to 100 Visit(s) per Year	\$45 Copay, limited to 100 Visit(s) per Year
Maternity		
Pre & Postnatal Office Visit	No Charge	No Charge

16e. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 6)

Pediatric Dental and Vision		
Pediatric Dental Checkup	No Charge	No Charge
Pediatric Basic Dental Care	0% Coinsurance after deductible	20% Coinsurance
Pediatric Major Dental Coverage	0% Coinsurance after deductible	50% Coinsurance
Pediatric Orthodontia	0% Coinsurance after deductible	50% Coinsurance
Pediatric Eye Exam	No Charge	No Charge
Pediatric Eye Glasses	0% Coinsurance after deductible	No Charge

16f. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 7)


Out-of-Network		
Out-of-Network Services	Nationwide Emergency/Emergent Care Urgent Care	Yes (Details in plan brochure below)
Out-of-Network Annual Deductible	N/A	\$6500 per person (\$13000 per group)
Out-of-Network Annual Coinsurance	N/A	50%
Out-of-Network Annual Out-of-Pocket Limit	N/A	\$20000 per person (\$40000 per group)
Out-of-Country	Emergency/Emergent Care only.	No.

16g. eHealth: Side-by-Side Plan Comparison - Viewing Details (Image 8)

Other		
Durable Medical Equipment	0% Coinsurance after deductible	35% Coinsurance
Hospice Care	0% Coinsurance after deductible	No Charge
Diabetes Care Management	Covered as any other illness	Not Covered
Major Dental Coverage for Adults	Not Covered	Not Covered

17. eHealth: Selecting a Plan

Selected health plan




Oscar Simple Bronze EPO ✓ Selected [remove](#)
\$1143.51/mo

Oscar Health Plan of California EPO Bronze

Deductible
\$8150 per person (\$16300 per group)

Start date
01 Feb 2020


Add dental and vision



Dental insurance
\$52.20/mo

[Add Plan](#)

Dental Net 3000D ▼
Anthem BlueCross



Vision insurance
\$44.16/mo

[Add Plan](#)

Standard Plan ▼
VSP

My Selections

[ACA Health Plan](#) [\(remove\)](#) \$1,143.51
Oscar Simple Bronze EPO

[Dental Plan](#) (none selected)

[Vision Plan](#) (none selected)

Total \$1143.51/mo

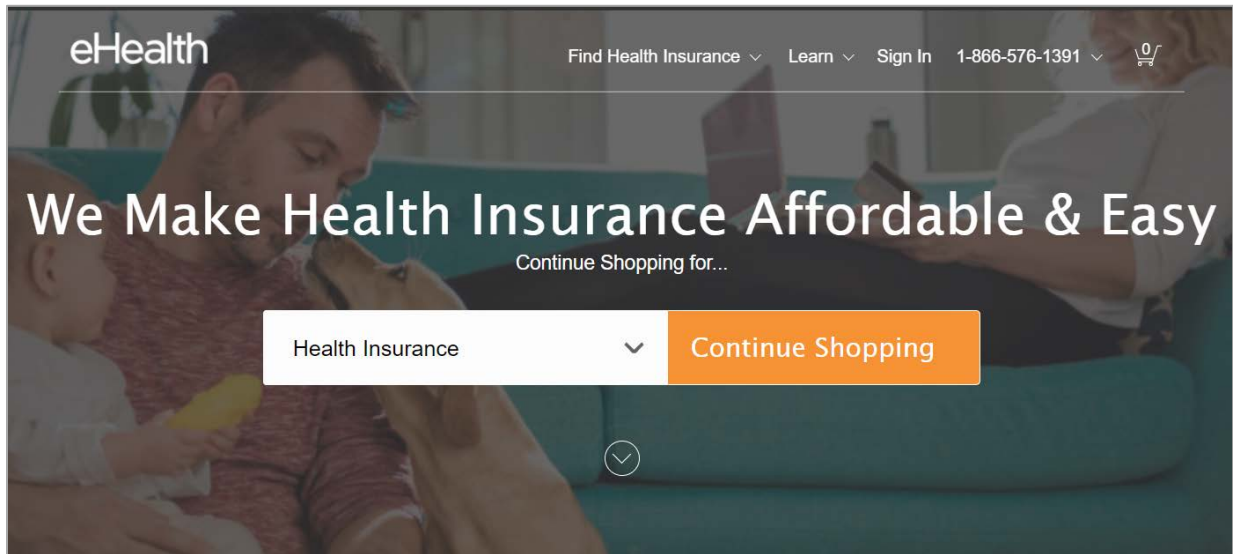
[Begin Application](#)

Don't wait! Your eligibility or start date may be affected.

Have a question? Call us
1 (877)883-4459
Licensed insurance agents available
Mon - Fri, 8 AM - 7 PM ET. Or chat now.

After selecting a health plan, the user has the option to enhance their coverage by adding dental and vision insurance. By clicking “Begin Application” the user will redirect the user to eHealth’s enrollment page.

18. Return to eHealth



When the user leaves the site and returns, they see a message asking if they want to start where they left off. This message appears for users who have not created an account/signed in as well as those who have.

19. Return to HealthSherpa

Enter your info to compare plans

DISCLAIMER: By submitting your information you agree that E Health may contact you at the above-listed email or phone number. I understand that consent is not a condition of purchase.

When the user leaves the site and returns, they are prompted with a message asking to resubmit their information. This message appears for users who have not created an account/signed in.

Review of Same Scenario in Miami, Florida Zip Code (33146) – Images that Differ from California

Identifying Images that do Not Mirror California Images

When shopping for plans using the same scenario (family of three - 62 year old female, 53 year old male, and 19 year old male with \$103,900) and the Miami zip code, most images were the same. Where a image is new or looks different, we have provided an image of the image.

Images 1-2a mirror California. Image 2b below is shows a new option for the user to choose one of the two Individual and Family Insurance Plans. Image 4 is a variant showing that the family does not qualify for subsidized plans outside of California.

2b. eHealth: Individual & Family Insurance (NEW)

Which type of Individual & Family insurance are you interested in?

- Affordable Care Act Plans**
See plans that are compliant with the ACA, also known as Obamacare. These plans offer major medical coverage.
[Learn More](#)
- Short Term Plans and Alternatives**
See plans that do not meet ACA requirements. These plans tend to be inexpensive and offer limited coverage.
[Learn More](#)

[See our decision guide](#)

Back Next

The screenshot shows a light blue background with a white border. At the top, the question "Which type of Individual & Family insurance are you interested in?" is displayed in a dark blue font. Below the question are two radio button options. The first option, "Affordable Care Act Plans", is selected, indicated by a black dot in the center of the radio button. The second option, "Short Term Plans and Alternatives", is not selected, indicated by an empty white circle. Each option includes a brief description and a "Learn More" link. At the bottom of the form, there is a link "See our decision guide" and two buttons: "Back" (white with a black border) and "Next" (solid orange).

4. eHealth: Not Eligible for Subsidized Plans (LOOKS DIFFERENT)

See if you qualify for a subsidy

Is your total household income less than \$85,320/year?

Yes No

Looks like you don't qualify for any tax credits or discounts.
That's OK. We've still got plenty of affordable plans for you.

See All Plans

Go Back

After clicking the ACA Plan options (Image 2b), the total household income is more than \$85,320/year, therefore the consumer does not qualify for subsidized plans.