

COVERED CALIFORNIA ENROLLMENT SYSTEM UPDATES

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GET INSURED 2.0

CalHEERS provides an upgraded consumer experience for previewing, browsing, and shopping for Health and Dental Insurance.

The upgrade offers:

- Seamless experience that allows consumers to *Preview Plans* and then revisit those previewed plans in *Plan Selection* (Items added in *Your Cart* persist post application)
- Toggling between Dental and Health Plan browsing
- Quality Ratings display for each plan based on national standards

GET INSURED 2.0: PREFERENCE PAGES

- These pages allows the user to indicate the household's medical usage patterns. The inputs will be fed into the cost calculator and Expense Estimate Sort option on the Plan Selection Page
- **SKIP TO VIEW PLANS** button allows consumers to skip the Preference pages

Tell us about your healthcare needs **1**

2 Your answers are used to find the best plan option for **3** [SKIP TO VIEW PLANS](#)

4 Choose the category that best describes the [medical service](#) use you expect for the next year. For families, choose the category that best fits the person who probably will need the most medical services next year.

5

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- Low Use:** 1-2 doctor visits and lab tests each year; preventive care too.
- Medium Use:** 3-5 doctor visits and lab tests with an x-ray each year; one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- High Use:** 6 or more doctor visits and a number of lab tests; a surgery, therapy or other treatment in an outpatient center plus follow-up care.
- Very High Use:** a hospital stay, high cost radiology scans or outpatient treatment; more than 6 doctor visits with lab tests and other care.

7 [RESET ALL MY RESPONSES](#)

Tell us about your healthcare needs **1**

2 Your answers are used to find the best plan option for **3** [SKIP TO VIEW PLANS](#)

4 Choose the category that best describes the [prescription drug](#) use you expect for the next year. For families, choose the category that best fits the person who probably will need the most medications next year.

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- Low Use:** 1-2 prescriptions during the year for brief illness.
- Medium Use:** 1 prescription each month for a health problem; also may need several short-term medications.
- High Use:** 2 prescriptions each month for health problems; often higher cost medications.
- Very High Use:** 3 or more prescriptions each month for health problems **OR** very high cost medications.

7 [← BACK](#) **8** [RESET ALL MY RESPONSES](#) **9** [NEXT →](#)

GET INSURED 2.0: PLAN SELECTION PAGE

- New tile format displays up to 12 plans per page. No more scrolling left/right to display all plans
- Dental plan selection uses the same page tile format as Health
- Enhanced Sort and Filter Options
- Updated Quality Rating Star system

The screenshot shows a web interface for selecting health plans. At the top, there are navigation tabs for 'HEALTH PLANS', 'DENTAL PLANS', and 'CART 0'. Below this is a 'Browse Health Plans' section with a summary: '66 plans for 1 adult in ZIP code 83706. Edit.' and 'Coverage could start as early as 05/01/2016.' A note states 'Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$56.00.' On the left, there are filter sections: 'Sort By' (Monthly Premium), 'Filter By' (Your Preferred Provider: Dr. D. Spain), 'Plan Type' (HMO, PPO, POS), 'Plan Features' (CSR Eligible, HSA Compatible), 'Metal Tier' (Platinum, Gold, Silver, Bronze, Minimum Coverage), and 'Deductible' (\$499 and under, \$500 to \$999, \$1000 to \$2499, \$2500 to \$4999). The main area displays three plan tiles. Each tile includes an 'ADD TO CART' button, the plan name (e.g., BRONZE 60 HSA HMO), a table of costs (Monthly Premium, Primary Care Visits, Generic Drugs, YEARLY DEDUCTIBLE, TOTAL EXPENSE ESTIMATE), an Overall Quality Rating (4 stars), and the provider (Dr. D. Spain). At the bottom left, there is a 'COVERED CALIFORNIA' logo.

GET INSURED 2.0: PLAN SELECTION PAGE

Sort By:

- Expense Estimate
- Monthly Price
- Deductible
- Out of Pocket (OOP) Max

Filter By:

- Plan Type
- Plan Features
- Metal Tier
- Deductible Amount
- Company
- Quality Rating

The screenshot shows a web interface for selecting health plans. At the top, there are navigation tabs for 'HEALTH PLANS' (highlighted with a red box and callout 3), 'DENTAL PLANS', and 'CART 0' (callout 4). Below the tabs, a summary box (callout 5) displays 'Browse Health Plans', '66 plans for 1 adult in ZIP code 83701' (callout 6), 'Coverage could start as early as 05/01/2016.' (callout 7), and 'Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$56.00.' (callout 8). A 'Sort By' dropdown menu (callout 11) is open, showing options like 'Monthly Premium' (callout 12), 'Filter By' (callout 13), 'Your Preferred Provider' (callout 14), 'Plan Type' (callout 16), 'Plan Features' (callout 17), 'Metal Tier' (callout 18), and 'Deductible' (callout 19). The main content area displays a grid of plan cards. Each card includes an 'ADD TO CART' button (callout 21), plan name (callout 22), type (callout 23), and premium information (callout 24). Specific details like 'Primary Care Visits' (callout 28), 'Generic Drugs' (callout 29), 'YEARLY DEDUCTIBLE' (callout 30), and 'TOTAL EXPENSE ESTIMATE' (callout 32) are also visible. The cards are for 'BlueCross BlueShield' and 'BlueShield' providers, with various plan types like 'BRONZE 60 HSA HMO' and 'BRONZE 60 HSA PPO'.

- Toggle between plan selection for Health or Dental. Initial enrollment shows **HEALTH PLANS** button only
- *Browse Health Plans* displays summary of:
 - # of plans by zip
 - Estimated start date
 - Potential tax credit

GET INSURED: QUALITY RATINGS POPUP

- Filter by Quality Rating functionality
- *Quality Rating* hover text displays on the *Plan Selection, Plan Details* and *Plan Compare* pages
- Quality ratings compare members' experience and medical care to national standards. The results for the three categories combine to produce the overall Quality Rating

Browse Health Plans
30 plans for 2 adults in ZIP Code 95833.
Coverage will start on 01/01/2016.
Prices displayed have been reduced by your \$410.00 monthly tax credit.

Sort By: Monthly price

Filter By:

- Plan type:
 - PPO
 - HMO
- Plan Features:
 - HSA Qualified for Health Account (HSA)
- Metal tier:
 - Platinum: high premiums, low deductibles
 - Gold: high premiums, moderate deductibles
 - Silver: low premiums, high deductibles

Quality Ratings

- Health Net Life Insurance Company
- ★★★★★
- ★★★★★
- ★★★★★
- ★★★★★

Overall Quality Rating ★★★★★

Quality ratings compare members' experience and medical care to national standards. The results for the three categories below are combined to get this Overall Quality rating:

- Getting the Right Care ★★★★★
- Members' Care Experience ★★★★★
- Members' Plan Service Experience ★★★★★

Plan Details: BRONZE 60 HSA PPO, Monthly Premium \$163.88 after \$9 tax credit, Deductible \$9000, Out-of-Pocket Maximum \$13000, Primary Care Visits \$40, Generic Drugs 30%, Yearly Deductible \$4500 (MAY NOT APPLY), Total Expense Estimate Lower.

Plan Details: BRONZE 60 HSA HMO, Monthly Premium \$587.58 after \$9 tax credit, Primary Care Visits \$40, Generic Drugs 30%, Yearly Deductible \$4500 (MAY NOT APPLY), Total Expense Estimate Lower.

Plan Details: BlueCross BlueShield BRONZE 60 HSA PPO, Monthly Premium \$687.52 after \$9 tax credit, Primary Care Visits \$50, Generic Drugs 20%, Yearly Deductible \$4500.

GET INSURED: COMPARE HEALTH PLANS PAGE

- **Favorites** icon replaced with **COMPARE** checkbox and **REMOVE FROM COMPARE** link
- Three plans can be compared at a time
- **Hide Compare / Show Compare** Drawer added to Plan Selection pages
- Same functionality for Dental plan selection pages

Browse Health Plans
30 plans for 2 adults in ZIP Code 95833.
Coverage will start on 01/01/2016.
Prices displayed have been reduced by your \$410.00 monthly tax credit.

Sort By: Monthly price

Filter By:

- Plan type: PPO, HMO
- Plan Features: HSA Qualified eligible for Health Savings Account (HSA)
- Metal tier: Platinum: highest premiums, lowest deductibles; Gold: higher premiums, lower deductibles; Silver: lower premiums, higher deductibles; Bronze: lowest premiums, highest deductibles

Plan cards (red boxes highlight 'COMPARE' checkboxes and 'VIEW DETAIL' buttons):

- BRONZE 60 HSA PPO**: Premium \$103.88, Office Visits, Generic Drugs, DEDUCTIBLE \$9000, OOP MAX \$13000, EXPENSE LOW.
- BRONZE 60 HSA HMO**: Premium \$180.59, Office Visits, Generic Drugs, DEDUCTIBLE \$9000, OOP MAX \$13000, EXPENSE LOW.
- BRONZE 60 HMO**: Premium \$190.20, Office Visits, Generic Drugs, DEDUCTIBLE \$12000/\$1000, OOP MAX \$13000, EXPENSE LOW.

Bottom drawer (red box highlights 'COMPARE NOW' button):

- PacificSource HMO: \$124.00
- selecthealth PPO: \$129.35
- Access Health Group PPO: \$137.76
- COMPARE NOW

Compare Health Plans

Plan cards (red boxes highlight 'REMOVE FROM COMPARE' links):

- BRONZE 60 HSA HMO**: BRONZE HMO, \$180.59/month (was \$550.59 before credit), REMOVE FROM COMPARE
- BRONZE 60 HMO**: BRONZE HMO, \$239.93/month (was \$549.93 before credit), REMOVE FROM COMPARE
- BRONZE 60 HSA PPO**: BRONZE PPO, \$303.14/month (was \$713.14 before credit), REMOVE FROM COMPARE

Summary Table:

Expense Estimate	Low	Low	Low
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	HMO	PPO
HSA-compatible	Yes	No	Yes
Deductible & Out-of-Pocket			
Deductible	\$4500 (Individual) \$9000 (Family)	\$6000 (Individual) \$12000 (Family)	\$4500 (Individual) \$9000 (Family)
Separate Drug Deductible	Not Available	\$500 (Individual) \$1000 (Family)	Not Available
Out-of-pocket max	\$6500 (Individual) \$13000 (Family)	\$6500 (Individual) \$13000 (Family)	\$6500 (Individual) \$13000 (Family)
Maximum Cost per Prescription	Not Available	Not Available	Not Available
Other Deductibles	Not Available	Not Available	Not Available
Doctor Visit			
Primary Care Visit	Not Available	Not Available	Not Available
Specialist Visit	Not Available	Not Available	Not Available

GET INSURED: PLAN DETAILS PAGE

- Use of alternative deductible display dramatically simplifies deductible and maximum out-of-pocket information display

1 [Back to plans](#)

HEALTH PLANS DENTAL PLANS CART 0

2 View Health Plan Details

3 ADD TO CART

4 PacificSource
SMARTALLIANCE VALUE BRONZE

5 Summary of Benefits and Coverage

6 Plan Brochure

7 Provider Directory

8 Drug List

9 ADD TO CART

10 Summary

11 SMARTALLIANCE VALUE BRONZE

12 HMO

13 Premium \$126.00 after \$30.00 tax credit

14 Primary Care 50%

15 DEDUCTIBLE \$7000 (VIEW DETAIL)

16 OOP MAX \$12900

17 TOTAL EXPENSE ESTIMATE Lower

18 Summary of Benefits and Coverage

19 Plan Brochure

20 Provider Directory

21 Drug List

22 DEDUCTIBLE \$7000 (VIEW DETAIL)

23 OOP MAX \$12900

Plan Type: HMO

Cost Sharing Reductions: Not Available

HSA-compatible: No

Deductible & Out-of-Pocket	In Network	Out of Network
Deductibles	\$3000 (Individual) \$10000 (Family)	\$3000 (Individual) \$10000 (Family)
Separate Drug Deductible	\$3000 (Individual) \$10000 (Family)	
Out-of-pocket max	\$3000 (Individual) \$10000 (Family)	\$3000 (Individual) \$10000 (Family)
Maximum Cost per Prescription	\$3000 (Individual) \$10000 (Family)	\$3000 (Individual) \$10000 (Family)
Other Deductibles	\$3000 (Specialty Deductible)	

GET INSURED: PLAN DETAILS PAGE

Drugs	<u>In Network</u>	<u>Out of Network</u>	Additional Information
Tier 1 (Most Generic Drugs)	\$10 Copay	\$10 Copay	View
Tier 2 (Preferred Brand Drugs)	\$30 Copay	\$30 Copay	View
Tier 3 (Non-Preferred Brand Drugs)	\$60 Copay	\$60 Copay	View
Tier 4 (Specialty Drugs)	\$75 Copay	\$75 Copay	View
Maximum Cost per Prescription	\$75 Copay	\$75 Copay	View

GET INSURED: PRE-APPLICATION SHOPPING CART (Preview Plans)

- Plans added to the consumer's Cart during Preview Plan are saved and consumers may checkout these saved plans after submitting an application
- Selecting plans displays a lightbox confirmation
- Clicking **APPLY** on *Your Cart* page navigates consumer to the CalHEERS *LOG IN OR CREATE AN ACCOUNT* page

1 Your Cart

2 What's next?

In order to enroll in the plan(s) you have selected, you must complete an application. To begin this process, click **APPLY** at the bottom of the screen.

IMPORTANT: Your advanced premium tax credit (APTC), also known as premium assistance, shown here is only an **estimate**. Additional information you provide during the application process will determine your actual tax credit. The monthly payments and coverage options you see may be different after you have completed the application.

3 Health Plan

4 Estimated Coverage Start Date: 06/01/2016

5	6 Pacific Source SmartAlliance Value Bronze 6450	7 Monthly Premium	\$254.00	10 Remove
		8 Tax Credit (APTC)	-\$242.00	
		9 Your Payment	\$12.00	

Dental Plan

Estimated Coverage Start Date: 06/01/2016

11	12 Best Life Dental BESTOne Basic Silver	Monthly Premium	\$45.34	Remove
		Tax Credit (APTC)	-\$0.00	
		Your Payment	\$45.34	

Total Monthly Premium \$139.96

Cart Total	Your Total Monthly Premium Payment	\$139.96
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11 BACK TO SHOPPING **12** APPLY

GET INSURED: POST-APPLICATION SHOPPING CART

- *Confirm your Plan Selection* page includes Dental plan if selected
- **Coverage Start Date** added
- Plan names for both Health and Dental display complete plan details
- *Next* button takes the consumer to the eSignature Page

Confirm Your Plan Selection

When you are ready to enroll, click **NEXT**.

1 We have updated your plan(s) to the changes you reported. Based on the changes you reported, please note the following:

2 • If you choose a plan other than the one included in your cart, the new plan may not apply your out-of-pocket expenses to your annual deductible and out-of-pocket maximum. If you have questions about your out-of-pocket expenses carrying forward, please contact your current health plan and the one you're considering.

• The monthly premium for your selected health plan decreased from **\$436.80** to **\$412.89**.

Health Plan

Rita , Clara , Magnus Change Effective Date: 10/01/2015



Mountain Health CO-OP
Link Bronze

Monthly Price	\$412.89
Your Payment	\$412.89

Dental Plan

[SHOP DENTAL PLANS](#)

Total Monthly Premium **\$412.89**

Cart Total	Your Total Monthly Premium Payment	\$412.89
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GET INSURED: APTC SLIDER

- APTC slider pages reduced to only two pages vs three previously

Your federal tax credit

You qualify for Advanced Premium Tax Credit (APTC), which you can use to help pay for your health insurance.

There are two ways to apply your tax credit:

As a monthly advance	As an annual credit
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You can choose to have some or all of your tax credit paid in advance directly to your insurance company. It will cover a portion of your insurance premium every month.

Pro: You will pay a reduced monthly premium.

Con: If your income increases, that might reduce the amount of your tax credit - and you could owe money at tax time.

This will send some or all of your tax credit to your next year's federal tax return. This will reduce the amount of tax you owe, or increase your refund.

Pro: You won't run the risk of having to repay it at tax time, as you would with the monthly option.

Con: You'll pay the full premium for your health plan each month.

1 2

CLOSE ADJUST TAX CREDIT

Your federal tax credit

To choose how you'd like to receive your credit, move the slider and click "Confirm".

Monthly Tax Credit	Amount per month credited towards Next Year's Tax Return
\$ 169.38	\$ 167.25

How did we come up with this amount?

- The tax credit listed here is a projection, based on the annual income you estimated when you began the enrollment process.
- The amount of tax credit you'll actually receive will be based on the income you declare in your 2016 tax return.
- If your actual income on your 2016 tax return is higher than the estimate you provided during the enrollment process, you might end up qualifying for a smaller tax credit - or no tax credit at all.

1 2

CLOSE CONFIRM

GET INSURED: eSIGNATURE AND CONFIRMATION PAGE

- Easier-to-read format changes on *Provide eSignature* page
- Dental now included on *Confirmation* page if selected
- **Continue** button on *Confirmation* page navigates to the *HOUSEHOLD ENROLLMENT SUMMARY, PAYMENT OPTIONS* page

Confirmation

You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

Health Plans

	Expected Start Date:	11/01/2016
Kaiser Permanente Bronze 60 HSA HMO	Monthly Premium (monthly cost)	\$ 551.10
	Expected Start Date:	11/01/2016
Dental Health Services Family Dental HMO	Monthly Premium (monthly cost)	\$ 27.50
Total Monthly Premium Cost		\$ 578.60
Total Monthly Premium Assistance		-\$ 292.36
Your Total Monthly Premium Payments		\$ 286.24

report them, log in to your account and click on "Report a Change" or "Change Plans".

receives your premium payment. If you do not pay your first payment(s) your application may expire. If your application limit your application and may have to wait until the next Open Enrollment Period.

Continue

Provide eSignature

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

I agree:

- To file a federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the Advanced Premium Tax Credit (APTC).
- To report changes to Covered California that affect my eligibility, including: income, household size and address. These changes could affect the plans and APTC for which I am eligible.
- I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. Some of the qualifying life events are a permanent move that results in access to new plans, birth or adoption of a child, marriage or domestic partnership.

Binding Arbitration Agreement:

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

To enter your eSignature, please enter your full name. *

Perry Trainslot

I have read and agree to the Binding Arbitration Agreement.

PIN Number * ?

••••

Provide eSignature: Perry Trainslot Date: 10/11/2016

Continue

DENTAL UPDATES

CalHEERS Dental Plan enrollment is now more similar to the current Health Plan experience.

- Passive Renewal enrolls consumer in same dental plan as current benefit year. Active Renewal allows consumer to add or change a Dental plan more efficiently with the new button: **Choose Dental and Health Plan**
- *Decline Optional Dental Insurance* button text changed to **Opt Out of Dental Insurance on Plan Selection** page.
- **Terminate Plan Participation** adds the ability to terminate Health and/or Dental plan
- Plan Selection checkbox on *Plan Selection* page is pre-checked for household members already enrolled in a Dental plan

DENTAL UPDATES

Gustav Hermansson
Account #: 0123456789
Case #: 9876543210

ENROLLMENT

Introduction

Plan Selection

Summary

SUMMARY HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

DENTAL PLAN SELECTION

This page shows the health plans you have chosen for your household. Each plan will send you information in the mail.

Persons	Program	Health Plan
Gustav Hermansson Penelope Valerio-Hermansson Beatrice Hermansson	Covered California Health Plan with Advance Payment of Premium Tax Credit and Cost Sharing Reduction.	Subscriber ID: 7621 Plan: Anthem - Bronze 60 HSA PPO Expected Start Date: 11/01/2014 Net Premium: 223.94 per month Initial Payment Due Date: 01/01/2016
Lisa Hermansson	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.

Children under 19 have dental and vision benefits included in their [health plan](#) above.

Your family can also shop for Family Dental Plans. Shopping for a family dental plan is optional. Click on the "Shop for Dental Plan" button to pick a dental plan for your household.

Dental plans are optional and do not qualify for financial assistance. Dental plans are billed separately from your health plan and will not be included in your health plan's monthly premium. There is no tax penalty if you do not enroll in a dental plan.

Persons	Program	Dental Plan
Gustav Hermansson Penelope Smith-Hermansson Beatrice Hermansson	Covered California Dental Plan	Shop for Dental Plan Opt Out of Dental Insurance

Back Save & Exit

OPT OUT OF DENTAL INSURANCE?

If you do not want to add optional dental insurance at this time, click "OK". There is no penalty if you do not add dental insurance.

Click "Cancel" if you want to continue selecting a dental plan or decide later.

Cancel OK

• Clicking **OK** navigates to either *Enrollment Summary* or *Enrollment Introduction* page depending on whether consumer has enrolled in a health plan yet

Note: Once member opts out of Dental, option to enroll is available during Open Enrollment or with a qualifying Special Enrollment Life Event

Hover link was an (i) icon

Text displays only when household has an active dental plan available during renewal

Button text changed from **Decline Optional Dental Insurance** to **Opt Out of Dental Insurance**

Button label displays:

- **Shop for Dental Plan** (initial enrollment)
- **Continue Dental Plan Update** (existing dental plan)
- **Renew Dental Plan** (Renewal)

DENTAL UPDATES

TERMINATE PARTICIPATION ¹

[Report a Change](#) ²

The below table shows each member of the case and the programs they are enrolled in. This page shall allow you to terminate participation for the entire case. If you wish to terminate participation for a specific member or a group of members, please use 'Report A Change' link included above.

For Medi-Cal discontinuance, you should contact your county human services agency, click [here](#).

If you are enrolled in Medi-Cal Access Program (MCAP), you can keep your coverage through the end of your pregnancy and post-partum period. If you want to voluntarily end your MCAP coverage, you must call MCAP at 609-433-2611 and tell them that if you voluntarily disenroll, you will still have to make all of your MCAP payments.

Apply Changes

What year do you want to terminate participation for?

Program	Plan	Household Member
<input checked="" type="checkbox"/> Covered California Plan	Kaiser Permanente - Bronze 60 HMO	Gustav Hermansson
<input checked="" type="checkbox"/> Covered California Plan	Anthem - Bronze 60 HSA PPO	Penelope Smith-Hermansson
<input type="checkbox"/> Covered California Plan	Access Dental - DHMO	Gustav Hermansson
<input type="checkbox"/> Covered California Plan	Access Dental - DHMO	Penelope Smith-Hermansson

Case #000000478 (Primary Contact - Gustav Hermansson)

Termination Reason ¹⁷ *

Date ¹³ ¹⁴ *

The effective termination date will be [0] based on the date entered. ¹⁶

Comments ¹⁸ *

Review and Sign ¹⁹

Exchange requires that you certify the termination participation request by submitting an electronic signature (type your full name) and electronic signature PIN ²⁰

Electronic Signature ²¹ *

Electronic Signature PIN ²⁴ *

I hereby attest that the information submitted is accurate and true ²²

Cancel ²³ Submit ²⁵

Terminate Participation adds the ability to terminate by plan type (Health and/or Dental plan)