



Plan Selection and Benefits Guide for Certified Enrollers

Overview

This Guide will help guide Certified Enrollers through the process of custom grouping household members and selecting multiple plans for an APTC eligible households.

Advanced Premium Tax Credit (APTC)

Eligible consumers can select different plans for each member of their tax filing household or custom group members into separate APTC eligible plans.

The household tax credits will be automatically disbursed across the selected individual plans or custom grouped plans.

Custom grouping allows consumers to choose a plan that may be best suited to their household member's individual needs or network preference.

Note: Prior to enrolling in a plan, consumers with active employment records determined Conditionally Eligible or Eligible for the APTC must complete the **More Employer Information is Required** page.

More Employer Information is Required

It looks like you may be eligible for reduced price health care. First, we need a little more information about your employer(s).

Barbie B.
23 yrs

Employer name:
Target

Employer Identification Number (ERIN) optional

Does this employer have a foreign mailing address?
 Yes No

Employer mailing address line 1:

Employer mailing address line 2: optional

City:

State:

ZIP Code:



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Health Plan Groupings

CalHEERS group Household Members (HHMs) into unsubsidized, subsidized, or Medi-Cal eligible groupings.

Covered CA HHMs may select an individual health plan, one for all, or create customized grouping.

Households with both Federally Recognized American Indian/Alaskan Native (AI/AN) members and non-Federally Recognized AI/AN members are initially grouped separately. Households with both subsidized and unsubsidized members are also grouped separately. HHMs are automatically grouped together. The following family member categories cannot be on the same policy:

- Subsidized and unsubsidized family members
- Non-Federally Recognized AI/AN family members on Federally Recognized AI/AN policies
- Catastrophic plan family members

Note: HHMs added to a case with an existing custom grouping are automatically grouped in their own policy.

Plan Selection Process – Off-Exchange Consumers

A consumer navigating to CalHEERS from the health plan provider's website, also known as Off-Exchange Consumer, will experience a different journey to plan selection because they may have an existing affiliation to that health provider. Initially, an Off-Exchange Consumer coming to CalHEERS experiences:

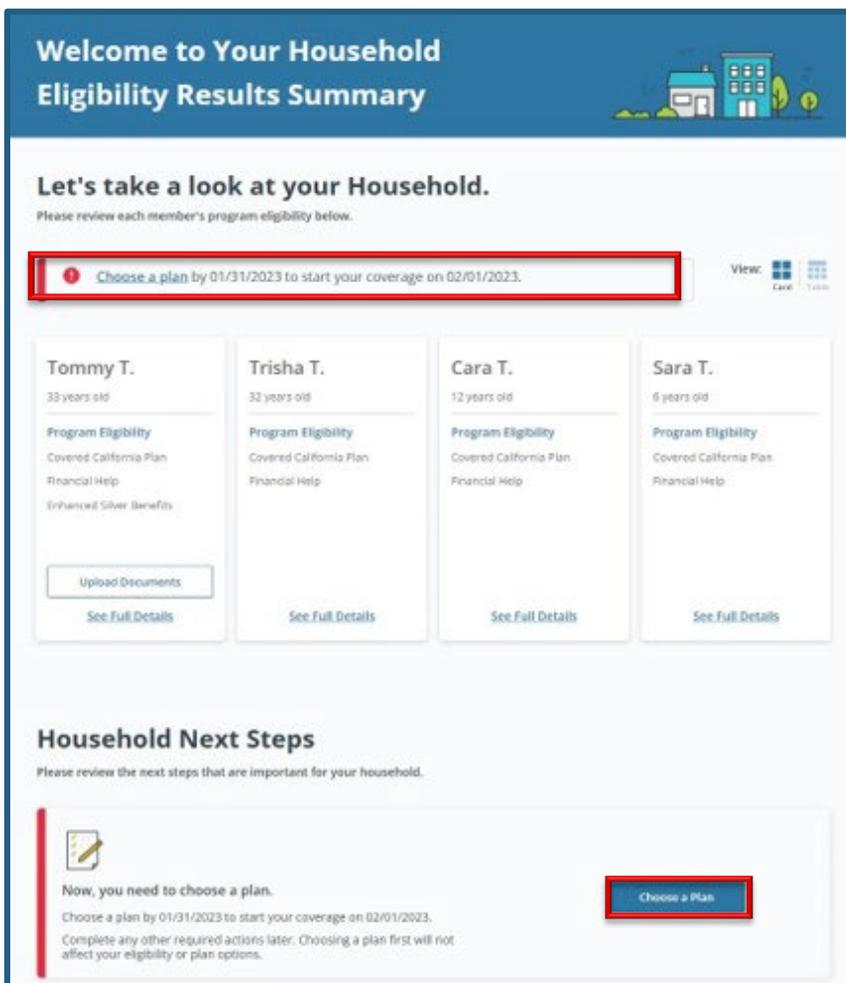
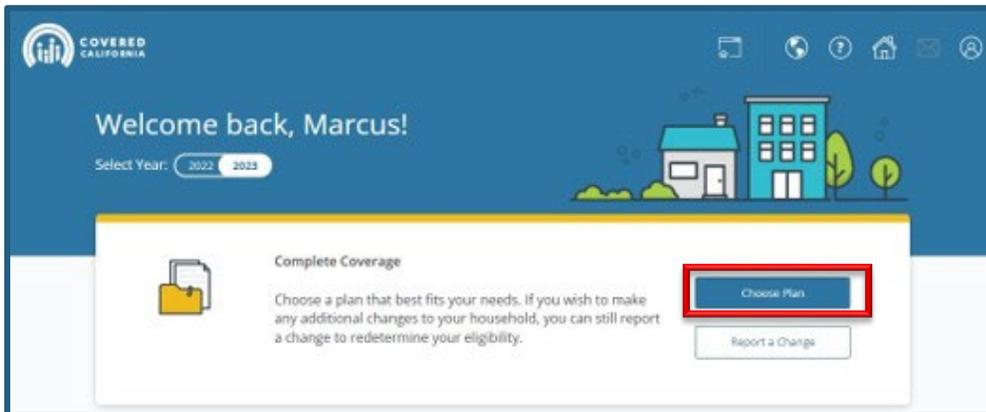
- The [Carrier] logo displays in the Global Header of each page until plan selection completes for at least one HHM
- The **Health Plans** page only lists plans specific to the carrier
 - Filter options excludes Company
 - A disclaimer displays at the bottom of the page with a click here link
 - The **Shopping Disclaimer** popup allows the consumer to continue with their specific carrier's plans or all plans available for all carriers

Health Plan Selection and Regrouping

Plan selection begins after the Individual submits an application for coverage and has reached the **Eligibility Results** page. Consumer may also see plan selection options when a **Report a Change** produces a change in eligibility.

- On the Consumer Home Page, the Complete Coverage section displays text information the consumer that they must choose a plan to complete coverage.

Note: Clicking the **Report a Change** button allows the user to update and/or add information.



- To start plan selection, click the **Choose Plan** button on the Consumer Home Page, the Choose a plan link in the banner at the top of the Welcome to **Your Household Eligibility Results Summary** page or the **Choose a Plan** button in the Household Next Steps section.

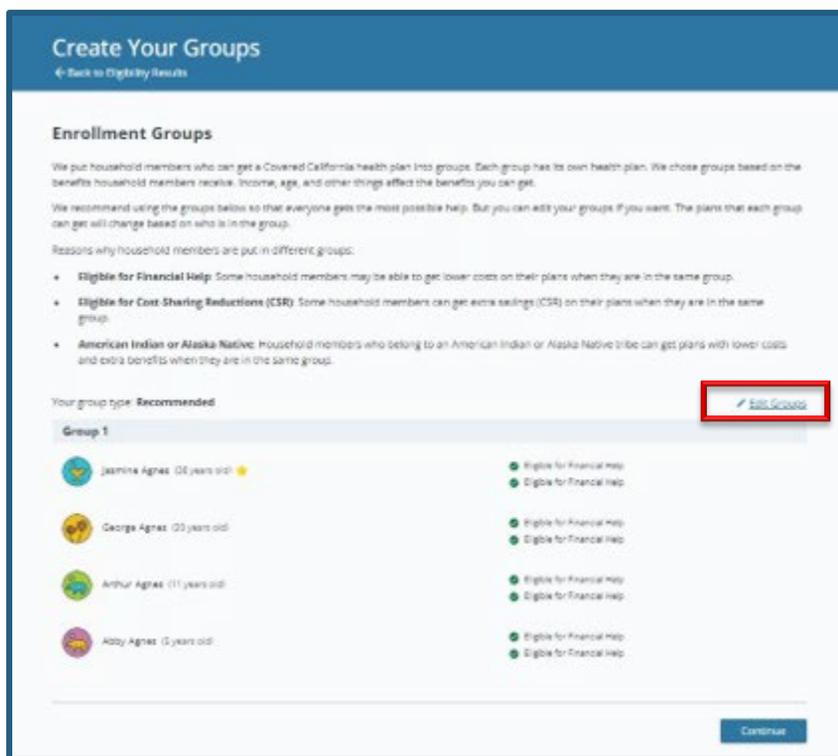
3. Click the **Done** button.

- The **Create Your Groups** page displays for consumers shopping for a health plan for the first time
- The **Enrollment Dashboard** displays for consumers who have confirmed their grouping preference

Note: The Consumer Home Page displays a reminder to complete plan selection when the user saves and exits without selecting a plan.

The Create Your Groups page displays Grouping Information and allows the user to edit grouping preferences.

Note: The **Create Your Groups** page displays when there are two or more Household Members (HHMs) on the case.

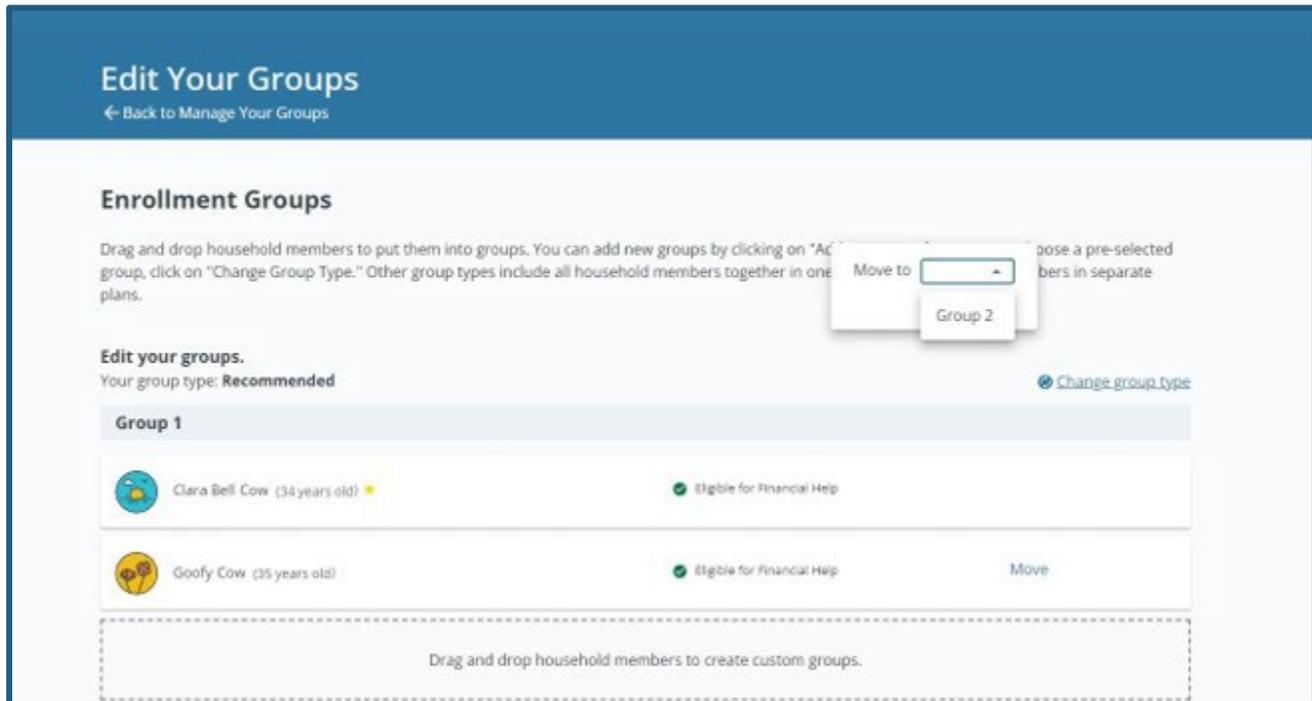


The **Enrollment Groups** section displays information regarding grouping and the impact when selecting other than the Recommended group type. Additional information describes reasons why HHMs are put in different groups:

- Your group type: Recommended (default)
- Group [#] section displays the HHM name, age, and eligibility. Clicking the **Edit Groups** link displays the **Edit Your Groups** page
- Clicking the **Continue** button navigates the user to the Enrollment Dashboard

The Edit Your Groups page displays Enrollment Groups. Users can drag and drop a HHM tile into different groups or add a new group.

- Clicking the **Change group type** link on the Edit Your Group page displays the Choose Group Type popup.



- Alternatively, clicking the **Move** link on the HHM's tile displays the **Move to** dropdown allowing the user to assign the HHM to another group.
- Clicking the **+Add a group** link creates a new group
- Clicking the **Confirm** button saves the changes
- Clicking the **Cancel** link closes the page

Note: A yellow banner displays with the message: *Some household members will not get their full benefits they qualify for if you choose these groups* when users customize the groups.

- An *Edit Groups Error* popup displays when selected HHMs cannot be in the same group, based on enrollment rules.

The Choose Group Type popup allows the user to change the group type to one of the following:

- **Recommended** (default)
- **All Together**
- **Each Separate**
- **Custom**

Choose Group Type

The recommended group type will help each household member get the best plans for the best price. But if you want to choose different groups, you can choose a different group type. Or you can create your own groups.

Recommended
Recommended groups allow each household member to get the most benefits. The overall cost will usually be the lowest.

All Together
All Together groups allow all members to be in the same group. Costs may be higher with this group style. This group type may make it easier to manage just one plan.

Each Separate
Each Separate groups allow each member to be in a separate group. Costs are often highest. This group type allows each member to choose the plan that best fits their needs.

Custom
Custom groups allow members to create their own groups. Costs may be higher. This group type may be helpful if some household members see a different doctor than others. This option lets you choose what you think is best for you.

Selecting one of the tiles changes the group type.

- Clicking the **Continue** button applies the changes and closes the popup
 - Clicking the **Cancel** button closes the popup
4. Whether the user keeps the Recommended grouping type or customizes grouping, the user is navigated to the Enrollment Dashboard. Click the **Add a Health Plan** button in the Group [#] section to shop for health plans for that group. The Health Plan Preferences page displays.



Plan Selection and Benefits Guide for Certified Enrollers

← Admin Case Overview

Enrollment Dashboard

Select year: 2023

Case Summary | View Submitted App | Eligibility | **Enrollment**

Enrollment Dashboard | Enrollment History

Update your household information

Manage Groups | Report a Change

Add a Health Plan

Health Plans | Dental Plans

Group 1

Expected coverage dates: 02/01/2023 - 12/31/2023

Covered household members:

- Jasmine Agnes (38 years old)
- George Agnes (39 years old)

Savings: -\$395.06 /mo

Total Advance Premium Tax Credit (APTC)	-\$393.06 /mo
CA Premium Subsidy	-\$0.00 /mo
CA Premium Credit	-\$2.00 /mo

← Admin Case Overview

Enrollment Dashboard

Select year: 2023

Case Summary | View Submitted App | Eligibility | **Enrollment**

Enrollment Dashboard | Enrollment History

Update your household information

Manage Groups | Report a Change

Health Plans | Dental Plans

One or more household members haven't chosen a health plan. If they want to enroll in a dental plan, they must first choose a health plan.

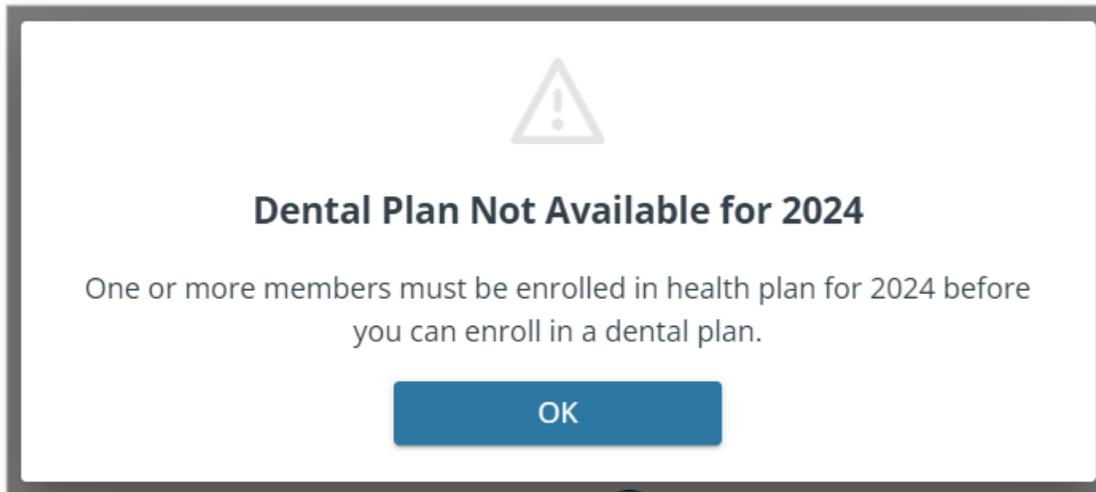
Non-Enrolled Household Members

Household members not eligible to choose a plan

- Jasmine Agnes (38 years old)
- George Agnes (39 years old)
- Arthur Agnes (11 years old)
- Abby Agnes (5 years old)

Note: Enrolling in a Health plan is required prior to enrolling in a Dental plan. Selecting the

Dental Plans tab prior to selecting a health plan displays the *Dental Plan Not Available for [YYYY]* popup with the *One or more members must be enrolled in a health plan for [YYYY] before you can enroll in a dental plan.* message.

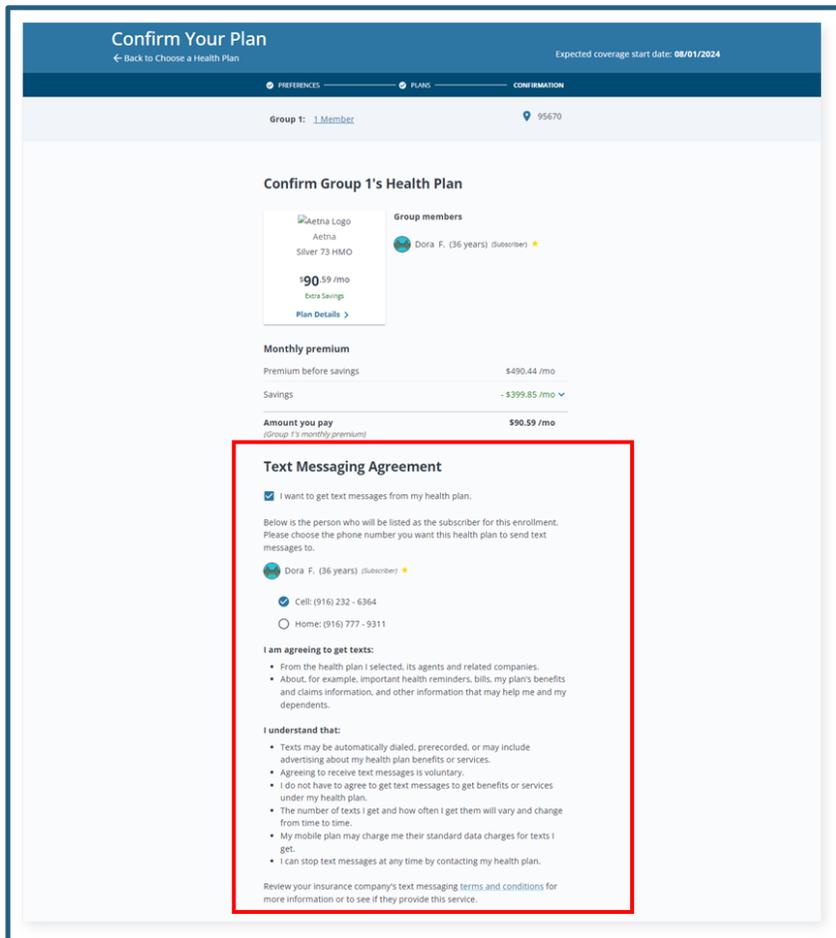


Selecting a Plan

The *Confirm Your Plan* page allows Consumers to:

- Review plan details again by clicking the provider's logo or name
- Return to the *Choose a Health Plan* page by clicking the **Back to Choose a Health Plan** link at the top left corner of the page
- Change the APTC amount by clicking the **Change APTC** link in the *Savings* section of the Monthly premium
- Complete the *Provide eSignature* section

- Complete the *Text Messaging Agreement* section. This will only populate if a cell phone number is entered in the application.



Confirm Your Plan
← Back to Choose a Health Plan Expected coverage start date: 08/01/2024

PREFERENCES PLANS CONFIRMATION

Group 1: 1 Member 95670

Confirm Group 1's Health Plan

Aetna Logo
Aetna
Silver 73 HMO
\$90.59 /mo
Dora Savings
Plan Details >

Group members
Dora F. (36 years) (Subscriber) *

Monthly premium

Premium before savings	\$490.44 /mo
Savings	-\$399.85 /mo
Amount you pay <small>(Group 1's monthly premium)</small>	\$90.59 /mo

Text Messaging Agreement

I want to get text messages from my health plan.

Below is the person who will be listed as the subscriber for this enrollment. Please choose the phone number you want this health plan to send text messages to.

Dora F. (36 years) (Subscriber) *

Cell: (916) 232 - 6364
 Home: (916) 777 - 9311

I am agreeing to get texts:

- From the health plan I selected, its agents and related companies.
- About, for example, important health reminders, bills, my plan's benefits and claims information, and other information that may help me and my dependents.

I understand that:

- Texts may be automatically dialed, prerecorded, or may include advertising about my health plan benefits or services.
- Agreeing to receive text messages is voluntary.
- I do not have to agree to get text messages to get benefits or services under my health plan.
- The number of texts I get and how often I get them will vary and change from time to time.
- My mobile plan may charge me their standard data charges for texts I get.
- I can stop text messages at any time by contacting my health plan.

Review your insurance company's text messaging terms and conditions for more information or to see if they provide this service.

- Complete the *Binding Arbitration Agreement* section
- Enter the **Your personal identification number (PIN)**
- Enter the **Your eSignature**
- Clicking the **Confirm** button navigates the user to the *Plan Confirmation and Payment* page

An amount displays in the Advanced Premium Tax Credit label when the Consumer qualifies for a Tax Credit (Federal APTC). The amount displays in the Monthly CA Premium Credit field when a Consumer qualifies for the CA Premium Subsidy and/or the CA Premium Credit. Both the Monthly Federal Tax Credit and the Monthly CA Premium Credit amount is applied by default to reduce the Amount you pay. However, the consumer may adjust the amount by clicking the **Change APTC** link.



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Confirm Your Plan

← Back to Choose a Health Plan Expected coverage start date: 01/01/2023

PREFERENCES PLANS CONFIRMATION

Group 1: 1 Member 95758

Confirm Group 1's Health Plan

Group members

Kaiser
Bronze 60 HDHP HMO AI-AN

\$312.92 /mo
Low Savings

[Plan Details >](#)

Monthly premium

Premium before savings	\$385.72 /mo
Savings	- \$72.80 /mo
Advance Premium Tax Credit (APTC) Change APTC	- \$71.80 /mo
CA Premium Credit	- \$1.00 /mo
CA Premium Subsidy	- \$0.00 /mo
Amount you pay <small>(Group 1's monthly premium)</small>	\$312.92 /mo

Provide eSignature

To confirm your plan, please read the statements below. Then agree to the terms and conditions. You will have to enter your personal identification number (PIN) and eSignature to confirm.

- 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 Advance Premium Tax Credit (APTC) if applicable.
- To report changes to Covered California that affect my eligibility, including income, household size and address. These changes could affect the plan 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.

I agree to the terms and conditions above

Binding Arbitration Agreement

[Print](#)

I understand that every participating health plan has its own rules for resolving disputes or claims, including, but not limited to, any claims asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of services or items, medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), or premises liability. I understand that, if I select a health plan that requires

I confirm that I have read and agree to the Binding Arbitration Agreement above.

Review and sign

By entering my PIN and typing my full name I certify under penalty of perjury that I have read and understand the terms and conditions above.

Your personal identification number (PIN)

Your eSignature **Date**

12/22/2022

[Back to Shopping](#) [Confirm](#)



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Adjust Advanced Premium Tax Credit (APTC) Page

The Adjust Advance Premium Tax Credit (APTC) page displays the following:

- Messaging informing the Consumer of the Advanced Premium Tax Credit and effects on tax refunds
 - Clicking the **What if my estimated income is wrong?** link displays the How your estimated income affects your APTC popup
- The Change your APTC section displays a **Monthly APTC amount** text field and a slider to adjust how much assistance is applied to the monthly plan. Enter the monthly APTC amount in the field or slide the slider to the desired amount.
- Clicking the **Update APTC** button saves and navigates the user to the Confirm Your Plan page.
- Clicking the **Back** button closes the page. The selected APTC value displays on the Confirm Your Plan page.



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Adjust Advance Premium Tax Credit (APTC)

[← Back to Confirm Your Plan](#)

Group 1: [1 Member](#)

Adjust APTC for Group 1

The Advance Premium Tax Credit (APTC) lowers your premium (monthly cost). You can decide how much APTC you want to use each month. If you do not use all of your APTC, you may get that money as a tax refund when you file your taxes.

You can see how much APTC you qualify for below. You can also change your APTC to see how much you want to use each month.

Your APTC amount is based on your estimated income.
[What if my estimated income is wrong?](#)

Change your APTC

Total APTC you qualify for: \$789.80 /year
APTC amount left: \$789.80 (0 months remaining)

Monthly APTC amount
How much APTC do you want to use each month?

Unused APTC
You may get the APTC you do not use as a tax refund when you file your taxes.

\$0.00 /year

\$71.80

00 (APTC default) max value \$71.80

Adjusted Health Plan Premium

 Kaiser Bronze 60 HDHP HMO AI-AN \$312.92 /mo	Premium before savings	\$385.72 /mo
	Advance Premium Tax Credit (APTC)	- \$71.80 /mo
	CA Premium Subsidy	- \$0.00 /mo
	CA Premium Credit	- \$1.00 /mo
	Amount you pay <small>(Group 1's monthly premium)</small>	\$312.92 /mo

[Back](#) [Update APTC](#)