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.

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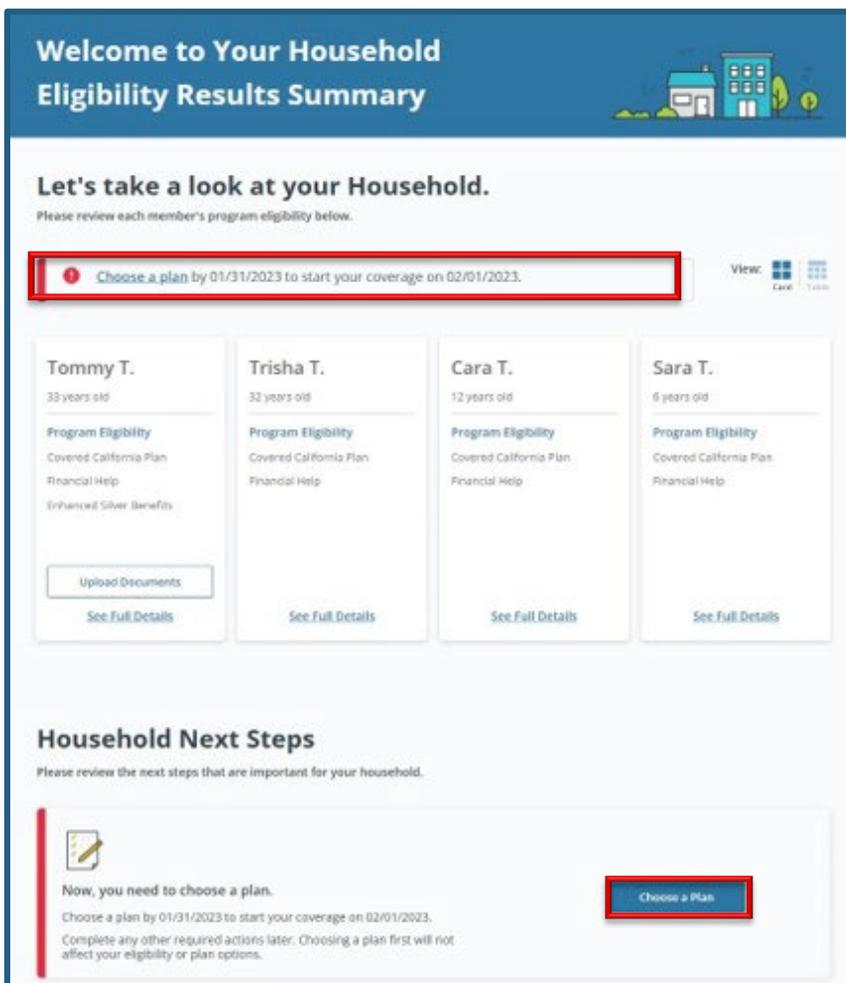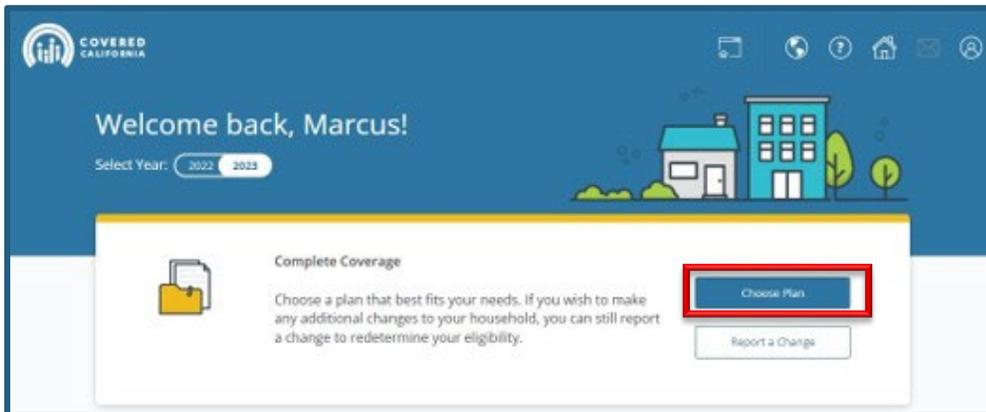
2. To start plan selection, click the **Choose Plan** button on the Consumer Home Page, the Choose a plan link in the banner at the top of the Welcome to **Your Household Eligibility Results Summary** page or the **Choose a Plan** button in the Household Next Steps section.

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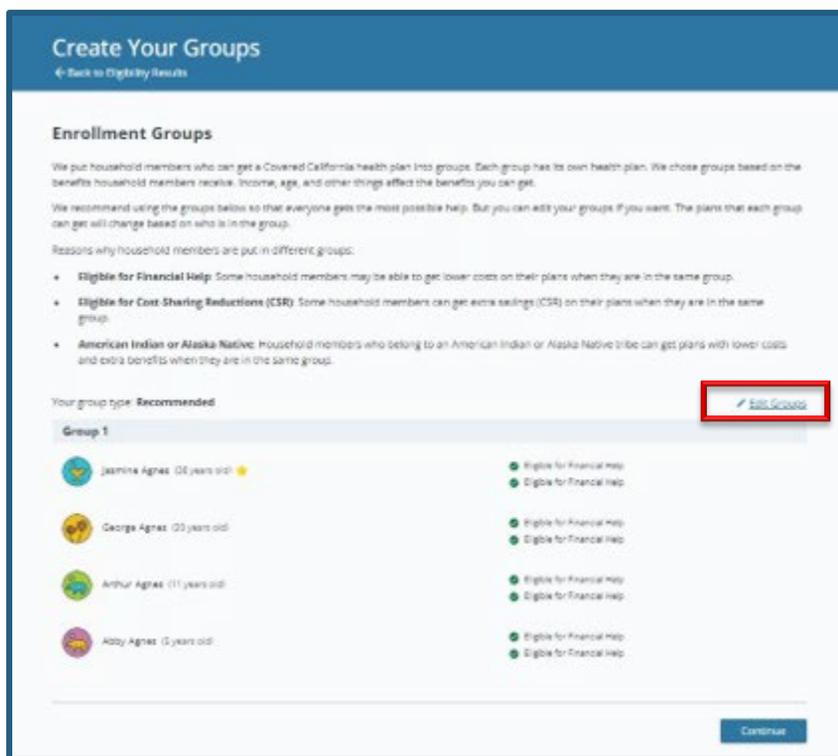
The **Enrollment Groups** section displays information regarding grouping and the impact when selecting other than the Recommended group type. Additional information describes reasons why HHMs are put in different groups:

   - Your group type: Recommended (default)

   - Group [#] section displays the HHM name, age, and eligibilityClicking 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.
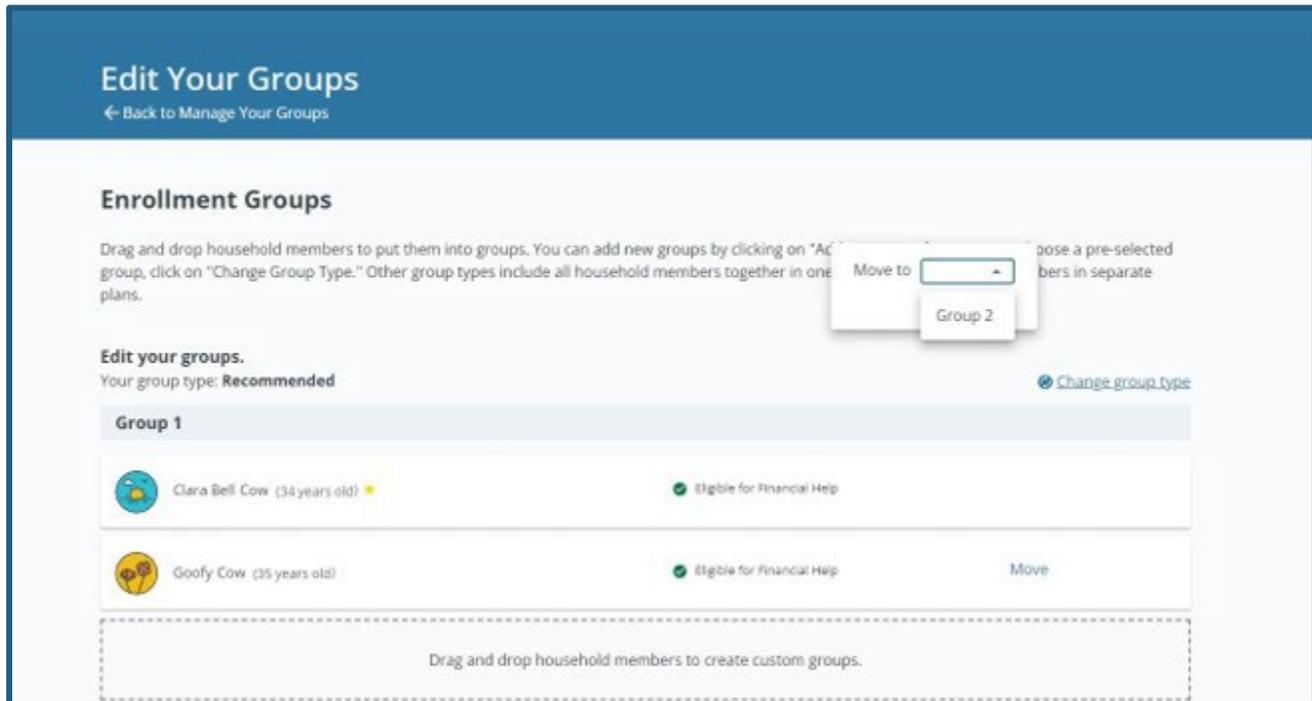
- Alternatively, clicking the **Move** link on the HHM's tile displays the **Move to** dropdown allowing the user to assign the HHM to another group.

- 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**

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.

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.
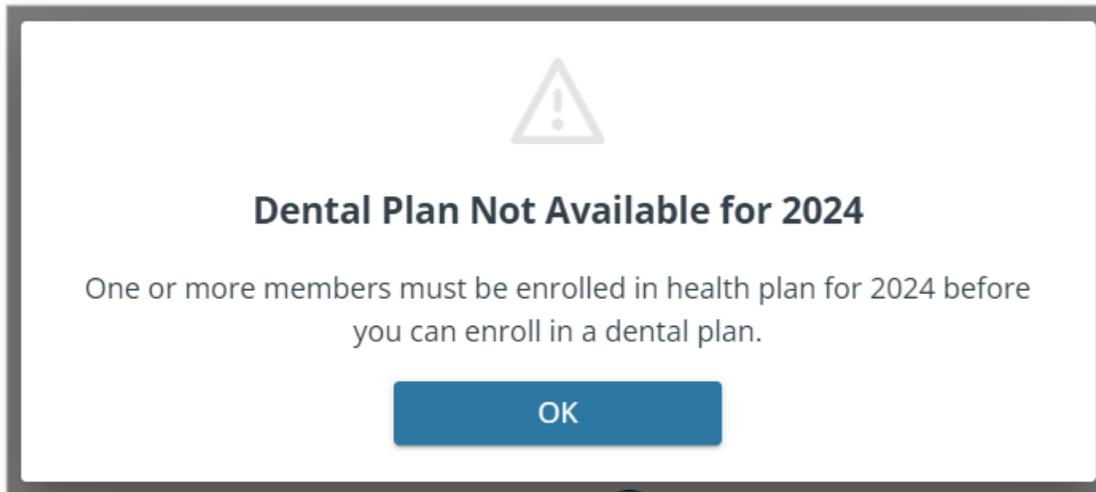
Selecting a Plan

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.

- 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.

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

Kaiser
Bronze 60 HDHP HMO AI-AN

$312.92 /mo
Save Savings

Plan Details >

Group members

James B. (34 years) Subscriber ●

Monthly premium

Premium before savings	$385.72 /mo
Savings	- $72.80 /mo ⌃
Advance Premium Tax Credit (APTC)	- $71.80 /mo
Change APTC	
CA Premium Credit	- $1.00 /mo
CA Premium Subsidy	- $0.00 /mo
Amount you pay (Group 1's monthly premium)	**$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 claim asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of, services or items, medical or hospital 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) ⓘ

Enter your PIN

Your eSignature   **Date**

Enter your full name   12/22/2022

Back to Shopping   Confirm

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

    o 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.

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.

$ 71.80

$0.00 /year

$71.80

$0   *(APTC default) max value $71.80*

Adjusted Health Plan Premium

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

Back   Update APTC