

Overview

This Job Aid illustrates Shop and Compare Plan functionality available to the consumer and Enrollers. Consumers answer questions to determine what programs, plans, and subsidies their Household (HH) may be eligible to receive.

Consumers may shop anonymously for plans and apply for coverage by creating an account.

Shop and Compare Plans from the Covered California Home Page

1. Navigate to the Covered California home page at <u>http://www.coveredca.com</u>. The *Need a health plan now?* page displays. Consumers may enter household information in the fields provided and click the **Calculate** button to review a Quick Quote savings estimate.

	alth plan now?	
We've got you covered. An	ply today through special enrollment.	
Household Income	2/P Code 95670 🛞	Quick Quote
	33070 W	1
Household Size ①	How many need coverage?	\$125
1 *	1 ×	per month
Age of People Needing Cov 45	erage 🗢	for a Silver plan. After financial help from: Covered California
		Financial Help: \$451 per month
		Bronze, Gold and Platinum plans also

2. Click the **Shop and Compare** button. The *Shop and Compare* page displays.

Note: Any household information provided in the *Need a health plan now*? page pre-populates to the *Shop and Compare* page.



Shop and Compare Plans from the Enroller Portal

- 1. Log into the Enroller Portal.
- 2. Navigate to the Quick Links section on the right-hand side of the Home page.
- 3. Select **Shop and Compare**. The *Shop and Compare* page displays.

Q Search.,	≜ ⊝ -
Home Agency v My Team v My Profile My Delegations v Resources v Help v	
Welcome to your Agency Home Page!	
Manage your Book of Business, assist your consumers, and mo	re.
me Enroller Portal Notifications Notifications Archive Agency Book of Business My Book of Business More	Quick Links
Welcome! Explore additional choices by navigating through the tabs on the right or My Reports from the menu	Secure Mailbox (12)
	Delegation Tool
	Start Application
	Enroller Toolkits
	My Reports
	Shop and Compare
	Affordability Calculator



Shop and Compare Job Aid for Enrollers

Shop and Compare Page

ED	Español Need
	Shop and Compare Tell us a little bit about yourself The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.
Answer these questions to find out if you qual	ify for help to lower your health care costs.
Coverage Year:	
2023 🗸	
What is your Zip Code? ① 95307	
22201	
What is your total household income per year? ①	
\$76567	
How many people are in your household?	
4 ~	
Age of Head of Household:	 Needs Coverage? Pregnant? ①
Ann (Davies 2)	Blind or Disabled?
Age of Person 2:	Needs Coverage?
36	Pregnant? ①
Age of Person 3:	Blind or Disabled?
10	Needs Coverage?
	Pregnant?
	Blind or Disabled?
Age of Person 4:	
7	Needs Coverage?
	Pregnant?
	Blind or Disabled?
	See My Results

- 4. Select the **Coverage Year:** from the dropdown list.
- 5. Enter the zip code in the *What is your Zip Code*? field. *The What county do you live in*? field dynamically displays when the zip code spans multiple counties.



6. Enter income in the What is your total household income per year? field.

Note: Include the gross income (before taxes are deducted) for all household members.

- 7. Select **How many people are in your household?** from the dropdown.
- 8. Enter the age for each person in the household.

Note: Household member fields dynamically display based on the answer entered in step 4. For example: **Age of Head of Household**, **Age of Person 2**, **Age of Person 3**, etc.

9. Click the **Needs Coverage?** checkbox to indicate household member coverage.

Note: The checkbox is preselected.

10. Click the applicable checkbox to indicate **Pregnant?** and/or **Blind** *or* **Disabled?** for each household member (HHM).

	Pret household has at least one member who is blind or disabled.
	Blind or Disabled?
yo ex	lect this option if anyone in ur household is pregnant. An pectant mother will have access special programs.
	-

Note: A tooltip ^① displays on the page next to the following questions to provide users with additional information to answer the questions correctly:

- What is your Zip Code?
- What is your total household income per year?
- How many people are in your household?
- Pregnant?
- Blind or Disabled?
- 11. All fields on the *Shop and Compare* page are required. Error messages display when a field is left blank. **The See My Results** button is enabled when all questions have been completed.



- 12. Click the **See My Results** button. The *This isn't an application for health coverage*. popup displays explaining the results are only an estimate
 - Clicking the Cancel button closes the popup
 - Clicking the **Continue** button navigates the consumer to the *My Options* page

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click Get Help to find Local assistance to help you apply.





My Options Page

A summary of the household information displays on the My Options page with preliminary results for the program(s) for which they may qualify. Each program lists the Household Member's (HHM) number, age, and type of coverage based on each HHM's potential eligibility along with the following:

- Clicking the **More Information** link navigates the user to the *How much does it cost to buy insurance through Covered California*? page
- Clicking the **Preview Plans** button navigates the user to preview Covered California healthcare and dental plans
 - The **Preview Plans** button does not display when the preliminary results include either Medi-Cal, CCHIP or MCAP for all HHMs
- Clicking the **Fact Sheet** link in the *Medi-Cal Programs* section navigates the user to the *MEDI-CAL: COVERING MORE CALIFORNIANS Fact Sheet*
 - The message *These results are only an estimate.* You will need to complete an *application.* displays above the **Back** button

Note: A tooltip ^① displays next to the message to provide users with a link to return to the Covered CA homepage.

- Clicking the **Back** button returns the user to the *Shop and Compare* page
- Clicking the **Apply Now** button navigates the Consumer to the *Log in or Create an Account to Get Covered* page

Note: The *Coverage not Requested* section displays when there is at least one household member not requesting health coverage.



	Contractions
Here is what you t	told us:
Zip code:	
95307	
Total household income:	
\$76567	
Household members:	
4	
Age of Head of Household:	
37 years	Needs Coverage? Pregnant? Blind or Disabled?
Age of Person 2	
36 years	Needs Coverage? Pregnant? Blind or Disabled?
Age of Person 3	
10 years	Veeds Coverage? Pregnant? Blind or Disabled?
Age of Person 4	
7 years	Needs Coverage? Pregnant? Blind or Disabled?
Based on what you told u	is, here is what you may qualify for:
	ld members based on each person's potential eligibility.
We've grouped your househo	ld members based on each person's potential eligibility.
We've grouped your househo	id members based on each person's potential eligibility na Programs
We've grouped your househo Covered Califorr Click 'Preview' to view the	id members based on each person's potential eligibility. iia Programs available health plans through Covered California.
We've grouped your househo Covered Califorr Click 'Preview' to view the Household Member	id members based on each person's potential eligibility. nia Programs e available health plans through Covered California. Potential Eligibility
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37)	Id members based on each person's potential eligibility. nia Programs e available health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs Preview Plans
We've grouped your househo Covered Califorr Click 'Preview' to view the Household Member Person 1 (37) More information Medi-Cal Progra	Id members based on each person's potential eligibility. nia Programs a available health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs Preview Plans ms
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member	Id members based on each person's potential eligibility. nia Programs e available health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs Preview Plans Potential Eligibility Potential Eligibility
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member Person 2 (36)	Id members based on each person's potential eligibility. nia Programs e available health plans through Covered California. Potential Eligibility Cover Monthly Premium and Lower Out of Pocket Costs Preview Plans Potential Eligibility Medi-Cal Access Program (MCAP) Eact Sheet
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member	Id members based on each person's potential eligibility. nia Programs e available health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs Preview Plans Potential Eligibility Potential Eligibility
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member Person 2 (36)	Id members based on each person's potential eligibility. hia Programs exvailable health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs revelue Plans Potential Eligibility Medi-Cal Access Program (MCAP) Fact Sheet Pree or Low-Cost Coverage Through Medi-Cal Eact Sheet
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member Person 2 (36) Person 3 (10)	Id members based on each person's potential eligibility. hia Programs exvailable health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs revelue Plans Potential Eligibility Medi-Cal Access Program (MCAP) Fact Sheet Pree or Low-Cost Coverage Through Medi-Cal Eact Sheet
We've grouped your househo Covered Califorr Click: Preview to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member Person 2 (36) Person 3 (10) Coverage not Re	Id members based on each person's potential eligibility. hia Programs exvailable health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs revelue Plans Potential Eligibility Medi-Cal Access Program (MCAP) Fact Sheet Pree or Low-Cost Coverage Through Medi-Cal Eact Sheet
We've grouped your househo Covered Califorr Click 'Preview' to view the Household Member Person 1 (37) More information Medi-Cal Progra Household Member Person 2 (36) Person 3 (10) Coverage not Re HouseholdMember Person 4 (7)	Id members based on each person's potential eligibility. hia Programs exvailable health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs revelue Plans Potential Eligibility Medi-Cal Access Program (MCAP) Fact Sheet Pree or Low-Cost Coverage Through Medi-Cal Eact Sheet



Shopping for Plans – Health Plan Preference Page

Consumers have the option to enter health care preferences on the *Health Plan Preferences* page so the plans presented match their health care needs.

1. Click the **Preview Plans** button on the *My Options* page to begin shopping for a plan. The *Health Plan Preferences* page displays.

Based on what you told us, h	ere is what you may qualify for:
We've grouped your household m	embers based on each person's potential eligibility.
Covered California	Programs
Click 'Preview' to view the ava	ilable health plans through Covered California.
Household Member	Potential Eligibility
Person 1 (37)	Lower Monthly Premium and Lower Out of Pocket Costs
More Information	Preview Plans



Health Plan Pr	eferences
	PREFERENCES HEALTH DENTAL APPLY
	Group 1: 4 Members 9 95307 (3 \$76,567
	Group 1's Health Plan Preferences
	The questions below will help you find an affordable health plan that fits this
	group's needs. It is okay if you don't have exact answers, your best guess is fine.
	Choose which is more important to you.
	A lower premium (monthly cost), with higher costs when you get care Recommended for members with few health care needs
	A higher premium (monthly cost), with lower costs when you get care Recommended for members with many health care needs
	What level of health care will work best for Group 1 in ? Choose the level based on the Group 1 member with the most health care needs.
	If you do not answer, we will use "MEDIUM USE."
	Low use: 1 doctor visit and tests: preventive services too.
	MEDIUM USE: 4-5 doctor visits that include tests and treatment.
	HIGH USE: surgery or outpatient treatment; a number of doctor visits and tests.
	VERY HIGH USE: a hospital stay, outpatient treatment: a number of doctor visits and tests.
	What level of prescription drug use will work best for Group 1 in ? Choose the level based on the Group 1 member with the most prescriptions. If you do not answer, we will use "MEDIUM USE."
	2.3 prescriptions during the year for brief illness.
	HIGH USE: 3 prescriptions each month, often higher cost drugs.
	4 or more prescriptions each month OR very high cost drugs.
	Back Next



A progress tracker displays with four steps: PREFERENCES, HEALTH, DENTAL and APPLY. A step displays as in-progress when bolded with a dotted line. A white checkmark displays next to the step title when the step is successfully complete.

A line displays under the links titled **HEALTH** and **DENTAL** to indicate clickable links when these steps are in-progress:

- Clicking the **HEALTH** link navigates the user to the *Choose a Health Plan* page
- Clicking the **DENTAL** link navigates the user to the *Choose a Dental Plan* page
- 2. Select the button that applies best to the group for each of the following questions:
 - Choose which is more important to you
 - What level of health care will work best for Group 1 in [YYYY]?
 - What level of prescription drug use will work best for Group 1 in [YYYY]?

The health care preference questions are optional. When no selections are made all questions default to **MEDIUM USE:**.

3. Click the **Next** button.



Shop and Compare Job Aid for Enrollers

PRESENCES ● \$9833 Group 1: 2 Members ● \$9833 Group 1's Providers, including doctors, hospitchildren's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentists. You may choose up to 5 providers for Group children's dentist. Provider Type Your ZIP Distance from Doctor Doctor 95833 20 miles Provider Inste first or last name Image for the first or last name Image for the first or last name Occroe Staramento. CA 955 Staramento. CA 955 Doctore Staramento. CA 955 Styling Jones 1505 Response flatist internet. CA 955 Doctore Staramento. CA 955 Staramento. CA 955 Staramento. CA 955 Docroe Staramento. CA 955				
Group 1's Providers, including doctors, hough thidren's dentists. You may choose up to 5 providers for for other shares of the provider states. You may choose up to 5 providers for for other shares to you. Statchoose the provider type. Then enter your ZIP Code to fin providers closest to you. Provider Type Your ZIP Doctor 9583 Provider Type Your ZIP Doctor 9583 Provider name Reproviders (4/5) State provider size State first or last name State provider size State provider size <				
Use this page to search for providers, including doctors, hospic children's dentists. You may choose up to 5 providers for Grou Search for provider type. Then enter your ZIP Code to fin provider Type Your ZIP Distance from Doctor 95833 20 miles Provider name Vour provider name Vour providers (4/5) Doctor Andrew Jones Andrew Jones Andrew Jones Andrew Jones Sarrainento. CA 958 Doctor Sarrain Jones Sorrain Source Sarrain Jones Source Sarrainento. CA 958 Doctore Sarrain Jones Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source Source S	§ \$50,000			
children's dentists. You may choose up to S providers for Grou Search for provider type. Then enter your ZIP Code to fin provider Type Your ZIP Distance from Doctor 95833 20 miles Provider name Rener first or last name Your providers (4/5) Doctor Andrew Jones 4460 Y 51 Parmity Medicine 5600 Sarah Jones 1201 Albambra Bio Sarah Bio				
First choose the provider type. Then enter your ZIP Code to fin providers closest to you. Provider Type Your ZIP Distance from Doctor 95833 20 miles Provider name Q Enter first or last name Your providers (4/5) Doctor Andrew Jones Addo V 51 Family Medicine Sarramento. CA 959 Family Medicine Sarramento. CA 959 Doctor Sarah Jones 1201 Athambra Bloc Family Medicine Sarramento. CA 959 Doctor Sylvia Jones 1650 Response Rd Internal Medicine Sarramento. CA 959 Doctor				
First choose the provider type. Then enter your ZIP Code to fin Provider Type Your ZIP Distance from Dottor 95833 20 miles Provider name Q Enter first or last name Vour providers (4/5) 0 4860 V St Doctor 4860 V St Satramento, CA 958 Vour providers 4860 V St Satramento, CA 958 Doctor 4860 V St Satramento, CA 958 Doctor Satramento, CA 958 Satramento, CA 958	Search for providers			
Doctor 95833 20 miles Provider name Image: Comparison of the standard sta	ind the			
Provider name Q Enter first or last name Vour providers (4/5) Doctroit Andrew Jones 4860 Y 51 Family Medicine Sarramento, CA 950 Doctroit Sarah Jones 1201 Athambra Bild Family Medicine Sarramento, CA 950 Doctroit Sylvia Jones 1650 Response Rd Internal Medicine Sarramento, CA 950 About Your Search Results We update the health plan provider lists monthly but our list in	n ZIP Code			
Q. Enter first or last name Your providers (4/5) DOCTOR Andrew Jones 4860 Y St Pamily Medicine Sacramento, CA 958 DOCTOR Sarah Jones 1201 Athambra Bivd Family Medicine Sacramento, CA 958 DOCTOR Sacramento, CA 958 Mathematical Medicine Sacramento, CA 958 About Your Search Results Sacramento, CA 958	-			
Your providers (4/5) DOCTOR Andrew Jones 4860 Y 51 Parnily Medicine Sacramento, CA 958 DOCTOR Sarah Jones 1201 Alhambra Bive Sarah Jones 1201 Alhambra Bive Family Medicine Sacramento, CA 958 DOCTOR Sacramento, CA 958 We update the health plan provider lists monthly but our list monthly but our				
DOCTOR 4860 Y St Pamily Medicine Sarramento, CA 958 DOCTOR Sarah Jones Sarah Jones 1201 Alhambra Bive Family Medicine Sarramento, CA 958 DOCTOR Sarramento, CA 958 We update the health plan provider lists monthly but our list monthly but ou				
Andrew Jones 4860 Y 51 Pamily Medicine Sacramento, CA 950 DOCTOR Sarah Jones 1201 Alhambra Bive Family Medicine Sacramento, CA 950 DOCTOR Sylvia Jones 1650 Response Rd Internal Medicine Sacramento, CA 950 About Your Search Results We update the health plan provider lists monthly but our list m				
Family Medicine Satramento, CA 958 DOCTOR Sarah Jones Family Medicine Satramento, CA 958 DOCTOR Satramento, CA 958 Medicine Satramento, CA 958 About Your Search Results We update the health plan provider lists monthly but our list monthl	×			
Sarah Jones 1201 Alhambra Blvd Family Medicine Sarramento, CA 958 boctok Sylvia Jones Sylvia Jones 1650 Response Rd Internal Medicine Sarramento, CA 958 About Your Search Results We update the health plan provider lists monthly but our list mo	5817			
Family Medicine Satramento. CA 958 boctos Sylvia Jones Sylvia Jones 1650 Response Rd Internal Medicine Satramento. CA 958 About Your Search Results We update the health plan provider lists monthly but our list mont	×			
Sylvia Jones 1650 Response Rd Internal Medicine Sacramento, CA 958 About Your Search Results We update the health plan provider lists monthly but our list mo				
About Your Search Results We update the health plan provider lists monthly but our list m	×			
We update the health plan provider lists monthly but our list n				
works with the plan.				
Back	Next			

Covered California Outreach and Sales Division <u>OutreachandSales@covered.ca.gov</u>



- 4. The *Provider Preferences* page displays with the following options for users to search:
 - Provider Type
 - Your ZIP
 - Distance from ZIP Code
 - Provider Name

In order to add a Provider to the plan preferences, enter a name in the **Provider name** field. The *Your providers (#/5)* section dynamically displays up to five providers that match the search criteria.

- 5. Click the **Next** button. The *Your Health Plan Filters* popup displays.
- 6. Click **OK** on the Your Health Plan Filters popup to navigate to the Choose a Health Plan page.

Your Health Plan Filters
We used filters based on your health plan preferences. Change the filters to see other health plans.
ОК



Choose a Health Plan

The *Choose a Health Plan* page displays plans within the consumer's reported ZIP code along with the potential coverage start date, estimated monthly premium, and estimated monthly tax credit.

A Back to Provider Preferences link displays in the header. Click the Back to Provider **Preferences** link to navigate the user to the *Provider Preferences* page.

	PREFERENCES	DIANE	CONFIRMATION	
		PLANS	CONFIRMATION	
Group 2: <u>1 Member</u> 950	53			Preferences ~
By using Covered California.	you'll save \$441.23/mo on your hea	lth plan. Your estimated tota	cost includes these savings.	
Filters	Based on P	references (5)	All	Plans (23)
Metal Tiers	^			
Platinum	5 out of 23 Health I	Plans	Sort by: Lowe	est estimated yearly cost 👻
Gold	Filters: Silver X Silver	CSR X Clear All		
Silver		Sister All		
Silver CSR		Valley health Silve	r 73 HMO	Compare 🔽
Bronze	Valley Health Plan'			
HSA Eligible	★★★☆☆ ⊙	Primary care visits \$35 Copay	Generic prescription drugs \$15 Copay	Your preferred providers You have not added any
Insurance Companies	SILVER CSR	Yearly deductible 🧿		providers. To add providers, go to Preferences.
	You pay	\$0 /year		+ Add providers
Valley health	\$53.35 /mo Extra Savings ()	Estimated total cost \$1,415.41 /year		
Bronze		Based on your health care ne	eds	Plan Details >
HSA Eligible	Choose Plan			
Insurance Companies	^			
Valley health	KAISER PERMANENTE.	Kaiser Silver 73 HM	10	Compare
Anthem Blue Cross	***** 0	Primary care visits	Generic prescription drugs	Your preferred providers
Blue Shield	SILVER CSR	\$35 Copay Yearly deductible ①	\$15 Copay	You have not added any providers. To add providers. go to Preferences.
Bronze	You pay	\$0 /year		+ Add providers
HSA Eligible	\$69.11 /mo Extra Savings ①	Estimated total cost \$1,604.53 /year		
Insurance Companies	Choose Plan	Based on your health care ne	eds	Plan Details >
	Choose Plan			

A consumer can search for a health plan by clicking the **Sort by** dropdown menu to display the search results according to the following:

• **Lowest premium** –based on which health plans have the lowest Monthly Premium payment (low to high)



- **Preferred providers** based on the number of preferred providers in network. The *Preferred providers* dropdown option only displays when the user has added preferred providers on the *Provider Preferences* page
- Lowest estimated yearly cost based on which health plans have the lowest total expense estimate (low to high)

Compare Plans

Consumers may compare the details for up to three plans by doing the following:

1. Select plans to compare by checking the **Compare** box for each plan. A *Compare Plans bar* displays.

Filters	Base	d on Preferences (5)	All Plans (23)
Metal Tiers	^		
Platinum	5 out of 23 Hea	Alth Plans Sort by	. Lowest estimated yearly cost 👻
Gold	Filters: (Silver X)	(Silver CSR ×) Clear All	
Silver			
Silver CSR		Valley health Silver 73 HMO	Compare 🔽
Bronze	Valley Health Pr	M	
HSA Eligible	****	Primary care visits Generic prescription \$35 Copay \$15 Copay	drugs Your preferred providers You have not added any providers. To add providers.
Insurance Companies	SILVER CSR	Yearly deductible	go to Preferences.
	You pay	\$0 /year	+ Add providers
Valley health	\$53.35 /mo	Estimated total cost \$1,415.41 /year	
Bronze	Extra Savings 🔘	Based on your health care needs	Plan Details >
HSA Eligible	Choose Plan		
Insurance Companies			
insurance companies		Kaiser Silver 73 HMO	Compare 🔽
Valley health	PERMANEN	TE.	
Anthem Blue Cross Blue Shield	*****	Primary care visits Generic prescription \$35 Copay \$15 Copay	drugs Your preferred providers You have not added any providers. To add providers.
	SILVER CSR	Yearly deductible ()	go to Preferences.
Bronze	You pay \$69.11 /mo	\$0 /year	+ Add providers
HSA Eligible	Extra Savings @	Estimated total cost \$1,604.53 /year Based on your health care needs	Plan Details >
Insurance Companies	Choose Plan	ussed on your neerin care needs	
Valley health			
Anthem Blue Cross			
Blue Shield	Anthem.	Anthem Blue Cross Silver 73 EPO	Compare 🔲
Kaiser	*****	Primary care visits Generic prescription	drugs Your preferred providers You have not added any
Network Types	A SILVER CSR	\$35 Copay \$15 Copay	rou nave not added any providers. To add providers. go to Preferences.
Exclusive Provider	You pay	S0 /year	+ Add providers
Organization (EPO)	\$160-86 /mo	Estimated total cost	+ Add providers
Health Maintenance Organization (HMO)	Extra Savings 💿	\$2,705.53 /year Based on your health care needs	Plan Details >
Preferred Provider Organization (PPO)	Choose Plan		
Compare Plans (2/3) V			Remove All Compare Plans

- Clicking the down arrow displays each plan being compared
- Clicking the X on the plan tile removes the plan from the Compare Plans bar



• Clicking the **Remove All** link removes all plans from the *Compare Plans* bar



2. Click the **Compare Plans** button. The *Compare Health Plans* page displays.

Compare Health Plans Page

The *Compare Health Plan* page displays up to three plans to compare. Scroll down the page to review the details of the plan coverage details.

Compare Health	n Plans		
	• minutes 444.5	·	
Group 1: 1 Member 9 95833			
	PA	Tartina CMD family	Manager Partie
	facer .	Retty	No. or Arrit
	Bronue 60 HMO	Bronue 60 HMD	Bristan 60 HMO
	Choose Plan	Chaose Plan	Choose Plan
	Plan Details	Plan Details	Plan Details
Key Costs and Features			
Monthly premium	\$209.72 /mansh	\$216.77 /munch	\$191.33./month
Yearly deductible O	\$6,300 (year	\$6,300 /year	\$6,500 iyear
Out-of- pocket O maximum	B600.00 /year	8200.00 /year	8200.00 /year
Primary care visits	865.00 Copuy with deduct/blie	965.00 Copay with deductible	%65.00 Copair with deductible
Mental and behavioral health visits and outpatient services	\$2.00	365.00 Copay with deductible	565.00 Copay with deductible
Generic prescription drugs	\$18.00 Copay after deductible	\$18.00 Copay alter Bebuildle	\$18.00 Copay after deductible
Estimated total cost	\$3406.98 /year	\$3401.58 /year	\$3186.3 /year
Your preferred providers	You have not added any providers. To add providers, go to Professories.	This false net added any providers, for add providers, for add providers, proto for Providers, pro-	You have not added any prevalers. To add prevalence, go to Protorences.
	+ Add providers	+ Add providers	+ Add providers
Doctors in your area			10000
Norder 95833	Ductors	Dectors	Dectors
Plan type	HMO	HMO	HND
Health Savings Account © (HSA)			

• The *Compare Plans* page allows users to expand or collapse plan details by clicking the caret icon in the header of each section. Links, tooltips, and pins also display in these sections.



Rating No rating yet	No rating yet	No rating yet
Cost of Services		Show all
✓ Yearly Deductible and Out-of-Pocket Costs		
✓ Doctor Visits		

- The *Key Costs and Features* section is static and compares the plans by the following details:
 - Monthly premium
 - o Yearly deductible
 - Out-of-pocket maximum
 - Primary care visits
 - Mental and behavioral health visits and outpatient services
 - Generic prescription drugs
 - Estimated total cost
 - Your preferred providers
 - Doctors in your area
 - o Plan type
 - Health Savings Account (HSA) eligible



Shop and Compare Job Aid for Enrollers

/ Costs and Features			
Monthly premium	\$69.11 /month Extra Savings	\$53.35 /month Extra Savings	
Yearly [©] deductible	\$0 /year	\$0 /year	
Out-of- pocket maximum	\$6,100 /year	\$6,100 /year	
Primary care visits	\$35 Copay	\$35 Copay	
Mental and behavioral health visits and outpatient services	\$35 Copay	\$35 Copay	
Generic prescription drugs	\$15 Copay	\$15 Copay	
Estimated 0 total cost	\$1604.53 /year	\$1415.41 /year	
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers	
Doctors in your area 10 miles 👻 Zip Code: 95053	912 Doctors	889 Doctors	
Plan [©] type	НМО	НМО	
Health Savings Account (HSA) eligible			



Monthly premium	\$116.17 /month	\$6.01 /month	
Yearly deductible [©]	\$7,050 /year	\$7,050 /year	
Out-of- pocket © maximum	\$7,050 /year	\$7,050 /year	
Primary care visits	0% Coinsurance after deductible	0% Coinsurance after deductible	
Mental and behavioral health visits and outpatient services	0% Coinsurance after deductible	0% Coinsurance after deductible	
Generic prescription drugs	0% Coinsurance after deductible	0% Coinsurance after deductible	
Estimated total cost	Not Available	Not Available	
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers	
Doctors in your area 10 miles 👻 Zip Code: 95833	1414 Doctors	941 Doctors	
Plan type	EPO	нмо	
Health Savings Account © (HSA) eligible	~	~	
, Overall Quality Rating	****	****	
of Services		hide all 👘 Show all	
Yearly Deductible and Out-o	f-Pocket Costs		
Yearly deductible O	\$7,050 /year	\$7,050 /year	
Prescription drug deductible	Included in Yearly Deductable	Included in Yearly Deductable	



Apply

In order to enroll in the plan(s) selected, a submitted application is required.

	rnia Account	
e meneraliti		
Group II. Zillertin		English English English English English
(1) Create an account Comme California	Your Enrollment	Finish year availment
bolay 5 year part of any	new conversion or part of the power in the conversion of the new power of the new power in	Apply Nam els Sare Larg for par. Apply
	Monthly premium	
LA Care	theream before samps	\$612,40 mm
GHOHN Shirer 73 HMMD	Manney you same	
:93.11 mo	Advance/hotelizes for Couple (MPR)	-200.00 mm
trea larings	Or Premium Dept.	-52.85 into
Ourgeiten Renbesele 3	Annaanti yaa pay	BELAK ING
Dental Flan		Issued Fac
Roninge	Manifoly practican	
and and a set		
Family Sectal HHD 122.32 Inte Kentenge Crage Pan Ran Beach: 3	Amount yes pay	KILE ime
Total Monthly Paymen	e.	\$116.50/mo
Contact Us	n constant are offices for assossance.	

- Clicking the **Print Page Summary** button displays the *Choose Your Categories* popup • allowing consumers to select the details included in the plan summary.
- Clicking the Apply Now button on the Create Your Covered California Account page • navigates the user to the Log in or Create an Account to Get Covered page.

Consumers with existing plan coverage may also access the Shop and Compare feature by clicking the Shop and Compare link in the Manage Your [YYYY] Application section on the Covered California **Outreach and Sales Division**



Consumer Home page. This allows a consumer to view and compare plans outside the Open Enrollment and Special Enrollment period.

	5 0 6 8
Welcome back, Brooks! Select Year: 2024 2025	
Complete Coverage Choose a plan that best fits your no any additional changes to your hou a change to redetermine your eligit	usehold, you can still report
Tax Forms & Other Important Documents	
Important Dates OCT 16 - Covered California You will be auto renewed on Oct 16, 2024. DEC 31 - Covered California You can change your plan until Dec 31, 2024.	2025 Household Summary Your household has members with alerts or actions that need your attention. Image: Constant of the primary Context
	View actions needed & alerts >
Manage Your 2025 Application Review Application Eligibility Results View your most recently Learn about how your submitted application. eligibility was determined.	Case #: 5193228244 Enrollment Dashboard Shop for health plans, Terminate Application manage coverage, and view enrollment status.
Account Information Manage account access, view application and case history,	, and update important information.
Contact Us Have a question? Please contact an office for assistance. Covered California Phone number: (800) 300-1506	

Covered California Outreach and Sales Division OutreachandSales@covered.ca.gov