

HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

If you've never shopped or compared health insurance plans, don't hesitate to ask for help and guidance. The freedom to choose the right plan for you and your family is only valuable if you know how to choose the right plan. There are many avenues to finding IFP (Individual/Family Plans) that are just right for you:

- HealthCare.gov website
- Individual insurance carrier websites
- Web brokers that consolidate this information and are agents-online
- Face-to-face with local brokers/agents that sell these products (not all agents do)

One of the easiest places to compare all IFP plans available to you, is a website run by the federal government, called HealthCare.gov. This website provides options to help compare and select plans that are available on The Marketplace. The Marketplace is simply a place that consolidates all IFP plans that are sold through various states in the US. All plans that are sold "on" The Marketplace are also available "off" The Marketplace; and are identical. There may be an occasional insurance company that offers a plan only "off" The Marketplace and can be seen/viewed only on that insurance companies' website/portal.

This document will walk you through the screens of HealthCare.gov. This feature-rich website will show you all the plans available to you; as well as where/how to create an account so you may enroll in the plan you select.

In General:

Price is always an important factor. As you can imagine, the richer the benefit (lower out-of-pockets, deductibles, etc.) the higher the premium (monthly cost paid to the insurance company).

After price, an important next consideration *is who* is in the network. Whether it's a specific hospital or doctor, be sure to check and verify that your preferred provider is in the network of the health plan you're choosing.

Maintenance drugs (ones that you take regularly) are also important for you to verify as being covered. A brand name drug may be covered by one company but only the generic version covered by another... so be as specific as you can.



STEP ONE: Go to: www.healthcare.gov and click on the top tool bar tab that reads, "Get Coverage"





STEP TWO: Select your State and then click SEE PLANS AND PRICES under the \$ symbol below





HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

STEP THREE: Enter Your ZIP Code, verify your county of residence and click continue





HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

STEP FOUR: Enter in your (and dependent information if you want them covered) BY CLICKING ON START NEXT TO STEP TWO



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

STEP FIVE: Click SKIP

HealthCare.gov	Log in Español
Step 2 of 3: Tell us about you & your household View steps	
Are you enrolled in a 2019 Marketplace health plan?	
Enter your 14-character Plan ID and we'll highlight your 2019 plan when you compare plans. If you don't know your Plan ID, select Skip.	
Plan ID	
Continue Skip	
All Topics · Glossary · Contact Us · Archive Nondiscrimination / Accessibility · Privacy Policy · Privacy Settings · Linking Policy · Using This Site · Plain Writing	
All Topics · Glossary · Contact Us · Archive Nondiscrimination / Accessibility · Privacy Policy · Privacy Settings · Linking Policy · Using This Site · Plain Writing - 中文 · Kreyði · Français · Deutsch · 굇악인네 · 诗리 · Italiano · 日本語 · 한국 어 · Polski · Português · Pycckwǎ · Español · Tagalog · tiếng việt	
All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing - 中文 - Kreyòl - Français - Deutsch - 광악간네 - 협력 - 테리ano - 日本語 - 한국 어 - Polski - Português - Pycocwă - Español - Tagalog - tiếng việt - A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD	USA GOV
All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing	USA GOV Government GOV
All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing 中文 - Kreyôl - Français - Deutsch - 광악간네 『夜리 - Italiano · 日本語 - 한국 어 - Polski - Português - Pycoxwě - Español - Tagalog - tiếng việt A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 2124	USA GOV GUVENNENT GOV



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

INFORMATION: If you clicked on 'See full-priced plans' WITHOUT entering your age or dependent information it will show prices for a 35 year old.

 HealthCare.gov			l	og in Español	
Help comparing plan	IS			× Close	
Get quick definitions	Fil	ter plans by feature	Select plans to compare		
that of poster maximum \$7,900 retention result	0	Filter plans	Compare		
Mouse over these icons for pop- definitions.	-up Na	rrow down the list of plans by category, st, company, and more.	Check these boxes to select up compare side-by-side.	to 3 plans to	
Next	Propose BBO Bila	- ID 27761240040173			
Next	Bronze PPO Plat Deductible \$7,900 Individual total	n ID: 83761GA0040172 Out-of-pocket maximus \$7,900 Individual total	m O Estimated total year	y costs ①	
Next	Bronze PPO Plan Deductible \$7,900 individual total Copayments / Coir Emergency room of No Charge After De	n ID: 83761GA0040172 Out-of-pocket maximus \$7,900 individual total tsurance Generic drugs P ductible No Charge After Deductible N	n O Estimated total year Add rimary doctor Specialist Io Charge After Deductible No Charge	y costs doctor After Deductble	
Next Plan details Like this plan	Bronze PPO Plan Deductible \$7,900 Individual total Copayments / Colin Emergency room on No Charge After De Plan features X Adult Dental Child Dental	n ID: 83761GA0040172. Out-of-pocket maximus \$7,900 Individual total asurance Generic drugs P ductible No Charge After Deductible N Add Your Medical Add Your Medical asow you which plans	n Estimated total year Add rimary doctor Specialist fo Charge After Deductible No Charge Providers Providers Add your prescription show you which plans	doctor After Deductible btion Drugs drugs and we'll cover them.	



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

STEP SEVEN (Disregard steps 7-: If you need to enter dependents, you enter that information by clicking "Start" next to Step 2.

 HealthCare dov	login	Fsnañol
	Log in	_ cspanoi
Preview 2020 plans & prices		
Answer a few questions to see plans and prices available in your area. Or, skip the questions and see full priced plans.		
1 Enter your ZIP code Completed		
You'll see plans available in the ZIP code you enter. If you change the ZIP code you'll restart your search.		
2 Tell us about you & your household Start		
Answer questions about your current plan, household, and income to see more accurate prices and estimated savings.		
Your current plan Your household		
Your household income View estimated savings		
3) View health & dental plans		
Optional		
Estimate your total yearly costs See if doctors, facilities, & drugs are covered		
Want to skip these steps? By answering a few questions, you'll see prices based on your age, household, and		
income. These prices may be much lower than prices without this information. If you		
See full-price plans		



9 | P a g e

2020 Benefit Year HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

SKIP this step, by clicking "Skip"

→ C	ns/#/purchased		x 1	
	HealthCare.gov	Log in \mid Español		
	Step 2 of 3: Tell us about you & your household View steps			
	Are you enrolled in a 2019 Marketplace healt	h plan?		
	Enter your 14-character Plan ID and we'll highlight your 2019 plan when you compare plans. If you do	n't know your Plan ID, select Skip.		
	Plan ID			
	Continue Skip			
	All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing			
	- 中文 · Kreyöl · Français · Deutsch · 곗약간대】 현취 · Italiano · 日本語 · 한국어 · Polski · Português · Pyccxxii · Español · Ta	agalog - tiếng việt		
	A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244	USA. GOV		
$ \mathcal{P} $ Type here to search	o H: 🔩 🌀 📰 🌢 🏟 🗃 🍓 📶	A 🌰 📾	0) 👯 🖋 9:12.AM 🖵	



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

Click on the radio dial (circle) "You and other people" in order to add dependents you want to consider covering. Then click "Continue". DO NOT SKIP THESE QUESTIONS





Answer and click "Continue"

HealthCare.gov				
	Log in	Español		
Step 2 of 3: Tell us about you & your household View steps				
Are you married?				
Answer "Yes" if legally married. Answer "No" if divorced, legally separated, unmarried and living together, or widowed. See special rules for victims of domestic abuse or abandonment.				
Ves No				
Continue Skip				
All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing				
- 中文 · Kreyöl · Français · Deutsch · 곗જરlĸl · 茂ব · Italiano · 日本語 · 한국어 · Polski · Português · Pyccxxii · Español · Tagalog · tiếng việt				
A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244	USA	ent GOV Made Easy		



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

Enter in the box of "How many" ... the # (count) of dependents that you want to insure. NOTE: Although the question asks about those that are on your federal tax return, there may be dependents that file their own taxes but still qualify for you to insure. This question is geared to those seeking eligibility about a tax-credit and doesn't apply to the HLTC ICHRA benefit. (If you have questions about who is considered a dependent eligible for coverage, be sure to ask HR or an Enroller).





13 | Page

2020 Benefit Year

HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

Make sure you're reading the header and "WHO" they are asking questions about... the first one is about YOU.

HealthCare.gov	Log in 🕴 Español	
Step 2 of 3: Tell us about you & your household View steps		
Tell us about you		
Age		
40		
Sex		
Male		
Select any of these that apply to you. Optional		
Eligible for health coverage through a job, Medicare, Medicaid, or CHIP		
Legal parent or guardian of a child under 19 (claimed as a tax dependent)		
Pregnant		
Tobacco user		
Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses)		
None of these		
Continue Skip		
O 🖽 🔩 🧿 🥽 😆 🏟 🔢 🍓	· · ·	• 📾 ⊄») 😻 🛷 🥵 9:14 AM



HealthCare.gov	Log in Español	
Step 2 of 3: Tell us about you & your household <u>View steps</u>		
Tell us about your spouse		
Age		
43		
Sex Male		
Female		
Select any of these that apply to your spouse.		
Eligible for health coverage through a job, Medicare, Medicaid, or		
Legal parent or guardian of a child under 19 (claimed as a tax dependent)		
Pregnant Don't include a haby as a dependent until it's born		
Tobacco user Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses)		
None of these		
Continue Skip		
		9:15 AM



	HealthCare.gov	Log in Español	
	Step 2 of 3: Tell us about you & your household View steps		
	Tell us about Dependent 1		
	Age 22		
	Sex Male		
	Female		
	Optional Eligible for health coverage through a job, Medicare, Medicaid, or CHIP		
	Legal parent or guardian of a child under 19 (claimed as a tax dependent)		
	Don't include a baby as a dependent until it's born.		
	Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses)		
	None of these		
	Continue Skip		
P Type here to search	o H: 🔩 👩 📻 🐠 🏟 🗃 🗰 🐖	A 💩 📾 (1)	9:16 AM
			10/10/2019



	HealthCare.gov	Log in Español	
	Step 2 of 3: Tell us about you & your household <u>View steps</u>		
	Tell us about Dependent 2		
	Age		
	Sex Male		
	Female		
	Select any of these that apply to dependent 2.		
	Eligible for health coverage through a job, Medicare, Medicaid, or		
	Legal parent or guardian of a child under 19		
	(claimed as a tax dependent) Pregnant		
	Don't include a baby as a dependent until it's born. Tobacco user		
	Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses)		
	None of these		
	Continue Skip		
Type here to search	O H 🔩 👩 🧮 🏟 🖄 📾 👬 🛲	^ ^	🛎 🖮 (Ji) 😻 🧬 158 AM
			10/10/2019



	HealthCare.gov	Log in Español	
	Step 2 of 3. Tell us about you & your household <u>View steps</u>		
	Tell us about Dependent 3		
	Age 13		
	Sex		
	Female		
	Select any of these that apply to dependent 3. Optional		
	Eligible for health coverage through a job, Medicare, Medicaid, or CHIP		
	Legal parent or guardian of a child under 19 (claimed as a tax dependent)		
	Don't include a baby as a dependent until it's born.		
	Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses)		
	None of these		
	Continue Skip		
o search	o 🖽 🔩 👩 📻 🌖 🖄 🗃 👘 🖷		₫0) ₩



Step 2 of 3: Tell us about you & your household <u>View steps</u> Tell us about Dependent 4 Age 9 Sex			
Step 2 of 3: Tell us about you & your household <u>View steps</u> Tell us about Dependent 4 Age 9 Sex			
Tell us about Dependent 4			
Age 9 Sex			
9 Sex			
Sex			
wate wate			
Female			
Select any of these that apply to dependent 4.			
Optional Eligible for health coverage through a job, Medicare, Medicaid,	or		
(claimed as a tax dependent)			
Pregnant Don't include a baby as a dependent until it's born.			
Tobacco user Used tobacco products 4 or more times per week on average d	luring		
the past 6 months (not including ceremonial uses)			
None of these			
Continue Skip			
			9:59 AM
	Select any of these that apply to dependent 4. Optional Eligible for health coverage through a job, Medicare, Medicaid, CHIP Clagal parent or guardian of a child under 19 (claimed as a tax dependent) Pregnant Don't include a baby as a dependent until it's born. Tobacco user Used tobacco products 4 or more times per week on average of the past 6 months (not including ceremonial uses) None of these Continue Skip	Select any of these that apply to dependent 4. Optional Eligible for health coverage through a job, Medicare, Medicaid, or CHIP Claimed as a tax dependent) Pregnant Don't include a baby as a dependent until it's born. Don't include a baby as a dependent until it's born. Dobacco user Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses) None of these Skip	Select any of these that apply to dependent 4. Optional Eligible for health coverage through a job, Medicare, Medicaid, or CHIP Cuale a parent or guardian of a child under 19 (claimed as a tax dependent) Pregnant Don't include a baby as a dependent until it's born. Don't include a baby as a dependent until it's born. Don't out of a baby as a dependent until it's born. Don't out of these None of these Skip



<page-header></page-header>		HealthCare.gov	Log in 🕴 Español	
<section-header> Image: Set in the set of the set</section-header>		Step 2 of 3: Tell us about you & your household View steps		
Age State O Male O Total planet or squards on of which under 19 Claime Del planet or squards on of which under 19 Claime Der Anderson		Tell us about Dependent 5		
Sv Male Percenter Subtration of the shath apply to dependent S. Portunal Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage through a job, Medicare, Medicaid, or Subfle for health coverage during the past 6 months (hot including ceremonial uses) Subfle for health Subfle for health coverage during the past 6 months (hot including ceremonial uses) Subfle for health Subfle for health Subfl		Age 8		
Select any of these that apply to dependent 5. Optional Cappla parent or guardian of a child under 19 Cincture Pregnant Continue das a tax dependent until its born. Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses) Pregnant Subject to tested V type here to search V type here to search V type here to search		Sex Male Female		
Type here to search		Select any of these that apply to dependent 5. Optional Eligible for health coverage through a job, Medicare, Medicaid, or		
Type here to search		Legal parent or guardian of a child under 19 (claimed as a tax dependent)		
P Type here to search O H & O M M M M M M M M M M M M M M M M M M		 Pregnant Don't include a baby as a dependent until it's born. Tobacco user Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses) 		
Continue Skip ' Type here to search O 日 🥶 🖉 🔗 🔜 🍪 🖄 📑 🏥 🖉 > 🖉 🗐 👘 🖉 🖉 System		None of these		
Type here to search O El 🍓 🎯 📰 🏟 🔊 🔢 🎼 🖷 🔷 All 🕸 199AM.		Continue		
	7 Type here to search	o # 🔩 9 📻 🌢 🕸 🖻 💏 🖷	~ •	א 🛥 לו) 😻 מי 9:59 AM ע 10/10/2019 ע



HealthCare.gov		Log in Español	
Step 2 of 3: Tell us about you & your household	w steps		
Confirm your house	hold members		
You	Edit		
Age: 40 Sex: Female Eligible for health coverage through a job. Me	dicare. Medicaid. or CHIP		
Your shouse	Edit Remove		
Age: 43 Sex: Male Eligible for health coverage through a Job, Me	dicare, Medicaid, or CHIP		
Dependent 1	Edit Remove		
Age: 22 Sex: Male			
Dependent 2	Edit Remove		
Age: 16 Sex: Female			
Dependent 3	Edit Remove		
Age: 13 Sex: Male			
Dependent 4	Edit Remove		
Age: 9 Sex: Male			
Dependent 5	Edit Remove		
Age: 8 Sex: Female			
Add a dependent			
Confirm			



You can skip this page, since the HLTC ICHRA plan has nothing to do with your income. If you enter this information, it will not change the outcome of the plans you're eligible to choose.

	HealthCare.gov	Log in Español	
	Step 2 of 3: Tell us about you & your household View steps		
	What do you think your household income will be	in 2020?	
	, , , , , , , , , , , , , , , , , , ,		
	Expected 2020 income See how to estimate your 2020 income		
	s		
	Continue		
	Want to skip these questions?		
	By answering a few questions, you'll see prices based on your age, household, and income. These prices may information. If you skip to see plans now, we'll show you prices based on a person who's 35.	y be much lower than prices without this	
	See plans now		
	All Topics · Glossary · Contact Us · Archive Nondiscrimination / Accessibility · Privacy Policy · Privacy Settings · Linking Policy · Using This Site · Plain Writing		
	中文 Kreyól Français Deutsch 광악대네 時리 Italiano 日本語 한국어 Polski Portugués Pyccuwi Español Tagalog tiến	g việt	
	Afederal accomment website managed and naid for by the U.S. Centers for		
	Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244	USA.gov	
	6		
) Turne here to rearch	o =		0 - 5 10 11 . 1001 AM
· type nere to search			40° (0/10/2019



Once all your family data is entered, the page(s) of plans available are shown. There will be multiple plans and multiple choices. The plans are sorted by premium, with the lowest being on the first page.

HealthCare.gov			Log in Español
Optional step: View health & dental plans	<u>View steps</u>		
View health & de	ental plans		
Viewing plans for this group • You (age 40) • Your spouse (age 43) • Dependents (ages 22, 16, 13,	<u>Edit</u> 9, 8)	Estimate your total yearly costs See If doctors, facilities, & drugs	are covered
15 plans available Filter Plans			Plan type Sort by Health plans Premium
Estimated monthly premium \$927.35	Alliant Health Plans SoloCare Bronze Pl Bronze PP0 Plan ID: 8376164004017	PO 40021 Whitfield	★★★☆☆ ● □ Compare
	Deductible	Out-of-pocket maximum ① \$15,800 Family Total	Estimated total yearly costs
	Copayments / Coinsurance O Emergency room care Generi No Charge After Deductible No Char	ic drugs Primary doctor arge After Deductible No Charge After	Specialist doctor Deductible No Charge After Deductible
	Plan features	Add Your Medical Providers	Add Your Prescription Drugs



HealthCare.gov			Log in Español	
Optional step: View health & dental plans <u>View steps</u>				
View health & dental	olans			
Viewing plans for this group • You (age 40) • Your spouse (age 43) • Dependents (ages 22, 16, 13, 9, 8)	Edit	Estimate your total y See if doctors, facilit	rearly, costs es. & drugs are covered	
15 plans available Cencel			Plan type Sort by Health plans Premium	
Monthly premium Your monthly premium range Is \$334-\$547	Maximum yearly ded Your yearly deductible \$0-\$8,150	luctible e range Is	Health Savings Account Eligibility (HSA) Eligible for an HSA	
\$ 334 to \$ 547 Apply range	\$0 to \$8150	Apply range	Medical providers Add providers	
Health plan categories Bronze (5) Silver (5) Gold (3) Platnum (2)	Health plan types Health Maintena (HMO) (8) Preferred Provid (7)	nce Organization er Organization (PPO)	Prescription drugs Add drugs	
Search by plan ID (14 characters) Example: 12345x08676543 Search				
Insurance companies	Medical management	program		
Select an insurance company	Seleccally program	•		



 uat0.healthcare.gov/see-plans/#/p 	an/results/83761GA0040172/details		Q ☆
	Highlights		
	Estimated monthly premium	\$927.35	
	Deductible	\$7,900 Individual total \$15,800 Family Total	
	Out-of-pocket maximum	\$7,900 Individual total \$15,800 Family Total	
	Estimated total yearly costs	Add	
	Medical Providers In-network	Add Your Medical Providers	
	Drugs covered/Not covered	Add Your Prescription Drugs	
	Star rating		<u> </u>
	Plan documents		<u> </u>
	Costs for medical care		~
	Prescription drug coverage		~
	Access to doctors and hospitals		~
	Hospital services		<u> </u>
	Cost & coverage examples		~
	Adult dental coverage		~
	Child dental coverage		<u> </u>
	Medical management programs		`
	Other services		~
	Visio		



Estimate total yearly costs		
When you compare plans, it's important to think about all costs for the year, not just your monthly premium. Your total costs include:		
Yearly premiums Yearly deductible Copays & coinsurance Total yearly costs		
Your monthy premium payment x 12 months (reduced by any premium tax credit you qualify for) The amount you pay each year before the plan pays anything. From S to several thousand dollars, depending on the plan. + Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug. = Pick your expected use of care below. Later you'll see each plan's estimated total costs for that amount of care.		
Learn more about total yearly costs & level of care.		
Choose the level closest to what you expect. It's OK if you end up using more or less. This won't change your premiums or cost sharing, or limit how many services you can use. Expect low use Few doctor visits Occasional prescription drugs		
No hospital visit expected Expect medium use		
Regular doctor visits Regular prescription drugs Hospital visit unlikely		
Expect high use • Frequent doctor visits • Frequent prescription drugs • At least one hospital visit likely		
Next Person		
Cancel and go back to plans		



<form> A digital generation (a) Constrained by the set of the se</form>	<form> Image: Control Control Control Image: Control Contro Control Cont</form>	alth insurance plans & prices × +			- ø ×
Declar Declar Opponent Specifies, & drugs are covered if Xeexies Accessing of the specifies of data and preserve the opponent of the specifies of	P the trace with the compared with the street water and served wa	C a uat0.healthcare.gov/see-plans/#/coverage	Hoalth Care dov	Lania Resetted	Q ☆
Prescription drugs Continue Back to plans All Topics : Glossaary : Contact Us: Archive Madiscrimination / Accessibility : Phivacy Statings : Linking Policy : Using This Site : Plan Withing Price : Kreyel : Français : Dautsch : 3yrtad : Rife : Balanco : B #E : E Rife Yor Polski : Potsquels : Pyccowi : Español : Tagalog tiding vidit 	Prescription and Image: Prescription and Reck to plant Image: Contract Reck to plant All region (Groups) Contract All region (Groups)		HealthCare.gov Optional step: See if doctors, facilities, & drugs are covered <u>View steps</u> See if your doctors, facilities & drugs are covered Enter your doctors, facilities, and prescription drugs. You'll see if they're covered in the plan's network when What do you want to seerch for? Doctors & facilities Doctors & facilities	Log in Español	
Industriation / Accussionity - Privacy Settings - Clining Foury - Claing fins one - Parit Wining Import - Parity - Privacy Settings - Environg - Poloki -	Type here to search 		Continue Back to plans All Topics - Glossary - Contact Us - Archive Neutoening (Asserbility - Datase Datase Cating - Violage Datase , Mag Table Datase Datase Mattered		
	P Type here to search O Η II III IIII IIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Nondeschmitaudh / Accessionity / Finikey Policy / Finikey Settings Linking Policy / Using Inte Sete Plant Vituning 中文: Kreyöl - Français - Deutsch 국양간대 (花田) (花田) - 日本語 · 한국어' Polski · Português - Pyccowi · Español · Tagalog - A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244	tiống việt	



Be aware that if you enter data to "filter" your plan options, the filter results will be shown at the bottom under one of three columns... dependent on the data you entered. A red "x" means that this specific plan does not have what you requested. In this example, the filter was to find plans that included "Hamilton Medical Center (General Hospital)". You'll note that the first plan shown "does" include Hamilton Medical Center and the second plan shown does not (as indicated by the red "x").





Here is an example of where a Doctor was entered, along with a specific drug.

uatu.neaitncare.gov/see-pians/#/pian/results				
	View health & de	ental plans		
	Viewing plans for this group • You (age 40) • Your spouse (age 43) • Dependents (ages 22, 16, 13)	Edit Estimate your total yearly costs		
	15 plans available Filter Plans		Plan type Sort by Health plans Premium	
	Estimated monthly premium \$927.35	Alliant Health Plans <u>SoloCare Bronze PPO 40021 Whitfield</u> Bronze IPPO I Plan D: 827616A0040172	★★★☆☆ ● □ Compare	
		Deductible Out-of-pocket maximum \$15,800 \$15,800 Family Total Family Total	Estimated total yearly costs	
	Plan d eta lls	Copayments / Coinsurance Copayments / Coinsurance Generic drugs Primary docto No Charge After Deductible No Charge After Deduct	r Specialist doctor r Deductible No Charge After Deductible Drugs covered/Not covered	
	Like this plan	Adult Dental V. Eric E Jensen M.D. Eds	✓ Atorvestatin Edit	
	Estimated monthly premium \$952.08	Ambetter from Peach State Health Plan <u>Ambetter Essential Care 1 (2020)</u> Bronze HMO Plan ID: 708936A0010015	★★★☆☆ ●	
		Deductible Out-of-pocket maximum \$16,300 \$16,300 Family Total Family Total	Estimated total yearly costs	
	Pian details	Copayments / Coinsurance Emergency room care No Charge After Deductible S20 Ut full location Charge After	r Specialist doctor r Deductible No Charge After Deductible	
	Like this plan	Kaulu Bental Child Dental Child Dental	✓ Atorvestatin	
	Estimated monthly premium	Alliant Health Plans	★★★☆☆ 0	



If you click "Like this plan" it will take you to a summary page where you can print this information for you to review later, you will also get a link to create a new account. If you're ready to enroll in a plan, click on "New? Create an account".

	HealthCare.gov	Log In Español	
	Optional step: View health & dental plans View steps		
	← Back to plans	Print Emeil Ø Iink Sharing your information	
	Great! You've found a plan you like.		
	Allanc Health Plans SoloCare Bronze PPO 40021 Whitfield Bronze PPO Plan ID: 82761640040172		
	Start or update an application to enroll New? Create an account		
	Next steps: 1. Print or email this page so you'll have the full plan name and 14-character Plan ID.		
	 Create an account or log In. Then you'll fill out a new application or update an existing one, and see all your plan options with final prices based on your income. If you qualify for a tax credity you'll see exact premiums reduced by the tax credit you qualify for. Pick any plan and enroil. You can enroil in the plan you've found here or any other 		
	one. Questions? Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) 24 hours a day, 7 days a week.		
	All Topics - Glossary - Contact Us - Archive Nondiscrimination / Accessibility - Privacy Policy - Privacy Settings - Linking Policy - Using This Site - Plain Writing		
	- 中文 - Kreyòl - Français - Deutsch - 강양긴대 - 诗句 - Italiano - 日本語 - 한국이 - Potski - Português - Pyccowi - Español - Tagalog - tiếng việ	ji	
	A federal government website manaped and paid for by the U.S. Centers for Modicare & Modicard Services. 7500 Security Boxlevard, Baltimore, MD 21244	USA.gov	
Talk	to Cortana		



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

This where you begin when you're ready to create an account. An account is required to enroll in a plan on healthcare.gov.

ealth Insurance Marketplace for × +				- ¤ ×
C 🗎 uat0.healthcare.gov/create-account		als & Families Small Businesses	Español Log in	Q 🛧
		and a since see	cham colum	
	Create a If you already ha	an account we an account. log in. Having trouble? Don't create another		
	account. Forgot	your password or username?		
	Select your	• state 🔹 👻		
	STEMMP GLOSSARY CONTACT US ARCHIVE	NONDISCRIMINATION / ACCESSIBILITY PRIVAC	ICY USING THIS SITE PLAIN WRITING VIEWERS & PLAYERS	
	Afsderal government website managed and			
	Age of the 'D' Centres for Medicare & Medical Services 750 Security Boulevent, Bettmore, ND 21234		USA.gov	
Q Type here to search	o 🖽 🛋 👩 🖿 🚯 🎪 🗃 📸	w =		∧ 🝙 🦛 d) 👯 🛷 10:14 AM
,				



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

Here is the first page of the questions required to create an account on healthcare.gov

Health Insurance Marketplace for X +				-	ø ×
← → C ⓐ uat0.healthcare.gov/create-account				Q ☆	:
HealthCare.gov	Individuals & Families	Small Businesses	Español Log in		
	Create an account. If you already have an account, log in. H account. Forgot your password or user	Lt laving trouble? Don't create another name?			
	Georgia				
	First name				
	Your email address will also be your userna	ime when you log in.			
	Use: V8-20 characters Vpper & lo	wercase letters 🧹 Number(s)			
	Pick 3 questions that only you will be able to you these questions to verify your identity.	o answer. If you forget your password, we'll ask			
	I understand and agree with the H and conditions.	lealthCare.gov privacy policy and terms			
	The Marketplace will send you emails w updates and reminders. You can unsub the bottom of any Marketplace email.	ith important enrollment information, scribe at any time by clicking the link at			
	CREATE	ACCOUNT			
Task View	Already have a	n account? Log in.			
👖 🔎 Type here to search 🛛 🛛 🗄 🤹 🚺	🁌 💵 🤹 🐖			へ 👝 📾 🕼 莘 🖑 10:14	4 AM



HOW TO FIND/COMPARE INDIVIDUAL/FAMILY PLANS

Finding and Comparing Plans FAQ's

- 1. What if I don't want to create an account on healthcare.gov... what other ways may I enroll in a plan?
 - a. If you want to avoid using the computer, you can call HealthCare.gov and enroll on the phone. Call them at 1-800-318-2596 or (TTY: 1-855-889-4325)
 - b. You can find the website for each carrier and enroll through their platform instead of using healthcare.gov
 - c. You can find a certified navigator/agent/broker to assist you
- 2. Who do I call or contact if I have questions?
- 3. What happens if I don't enroll a dependent now, but want to do so later?
 - a. Open enrollment will end on November 15th and your choice will be locked in and unable to be changed unless there is a qualifying event which might provide you a Special Enrollment Period.