

## Marketplace Window Shopping Tool: Tips for Plan Year 2024

- Consumer facing tool:
  - English: [OregonHealthCare.gov/WindowShop](https://OregonHealthCare.gov/WindowShop)
  - Spanish: [orhim.info/ObtengaCobertura](https://orhim.info/ObtengaCobertura)

### Reminder – Affordable Employer Coverage tool is available!

The Window Shopping tool has a separate calculator called the [Employer Coverage Affordability tool \(orhim.info/ESItool\)](https://orhim.info/ESItool) that allows users to input information about coverage offered by an employer and estimate eligibility for premium tax credits through the Marketplace. Consumers who were previously ineligible for premium tax credits due to coverage offered by their employer or a parent/guardian or spouse’s employer should use this tool to see if they now qualify under the new rules<sup>1</sup>.

The tool will calculate the maximum premium considered affordable for each individual. It will then ask the user whether the premium for the least expensive plan available to them through the employer is more or less than what is considered affordable. Consumers do not need to know the exact premium amount, only whether it is more or less than the amount displayed. The tool provides a link to the Employer Coverage Tool provided by the Centers for Medicare and Medicaid Services (CMS). Consumers can use this form to collect information needed from their employer to use the tool or complete an application.

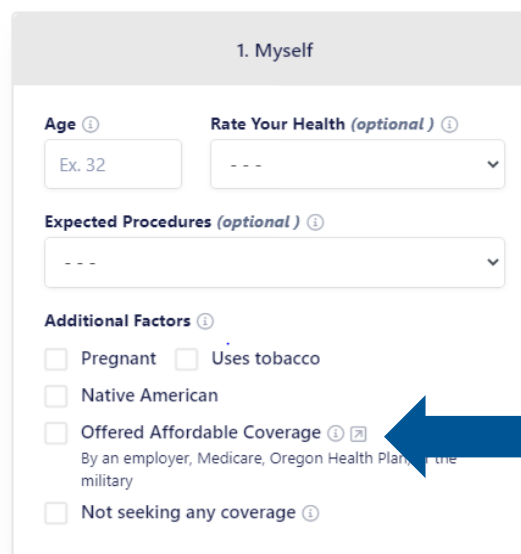
#### <sup>1</sup>Family Glitch Fix

Starting in 2022, affordability of employer-sponsored health coverage is evaluated for each individual in a household who that coverage is offered to. For plan year 2024, employer-sponsored health insurance is considered unaffordable for the individual if the least expensive plan offered to them is more than 8.39% of the gross household income.

The tool includes a question about minimum value standard. All employer coverage is considered minimum essential coverage, but not all employer coverage meets minimum value standard. Generally, a plan meets the minimum value standard if it covers at least 60 percent of the costs of services for a general population and includes inpatient and prescription coverage. If you are unsure if a plan meets the minimum value standard, please contact the Marketplace by email at [info.marketplace@odhsoha.oregon.gov](mailto:info.marketplace@odhsoha.oregon.gov) and we will help you make that determination.

The Employer Coverage Affordability tool can be accessed directly at [orhim.info/ESItool](https://orhim.info/ESItool). Consumers do not have to access the Window Shopping to use the Employer Coverage Affordability tool.

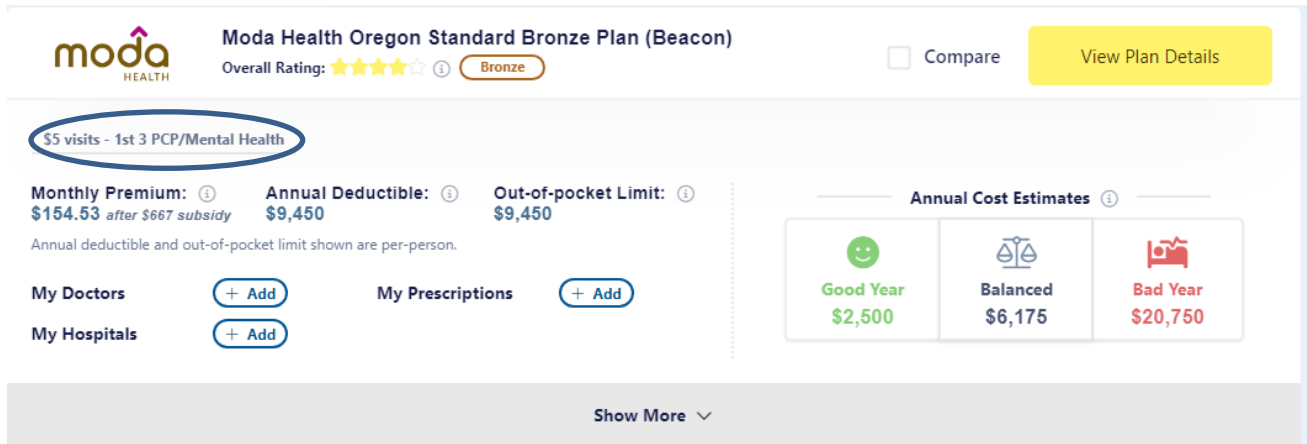
However, the tool can also be accessed from the “Coverage Profile” page of the Window Shopping tool. You can find a link to the tool next to the “Offered Affordable Coverage” checkbox (see right).



The screenshot shows a form titled "1. Myself" with several input fields and checkboxes. The "Offered Affordable Coverage" checkbox is checked, and a blue arrow points to it from the right. Other fields include "Age" (Ex. 32), "Rate Your Health (optional)", "Expected Procedures (optional)", and "Additional Factors" with checkboxes for "Pregnant", "Uses tobacco", "Native American", and "Not seeking any coverage".

## \$5 office visits

All 2024 Oregon Standard Plans include three (3) \$5 office visits that can be used on any combination of visits with primary care doctor and/or mental/behavioral health providers. Some other plans also include these visits. The Window Shopping tool has been updated to include a flag on plans that display these visits.



**moda HEALTH** **Moda Health Oregon Standard Bronze Plan (Beacon)**  Compare [View Plan Details](#)

Overall Rating: ★★★★★ (3) **Bronze**

**\$5 visits - 1st 3 PCP/Mental Health**




Monthly Premium: ⓘ **\$154.53** after \$667 subsidy    Annual Deductible: ⓘ **\$9,450**    Out-of-pocket Limit: ⓘ **\$9,450**

Annual deductible and out-of-pocket limit shown are per-person.

My Doctors     My Prescriptions

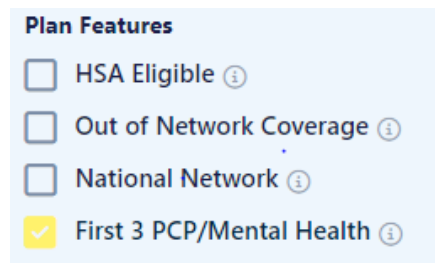
My Hospitals

**Annual Cost Estimates** ⓘ

 <b>Good Year</b> <b>\$2,500</b>	 <b>Balanced</b> <b>\$6,175</b>	 <b>Bad Year</b> <b>\$20,750</b>
---	--	---

[Show More](#) ▾

Users can filter for plans that include these visits.



**Plan Features**

- HSA Eligible ⓘ
- Out of Network Coverage ⓘ
- National Network ⓘ
- First 3 PCP/Mental Health** ⓘ

These plans include language that informs consumers about how this benefit works.

 <b>Doctor Visits</b>	
Primary Care Visit to Treat an Injury or Illness	\$40 Copay <b>Explanation:</b> \$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.
Preventive Care/Screening/Immunization	No Charge
Other Practitioner Office Visit (Nurse Physician Assistant)	\$40 Copay <b>Explanation:</b> \$5 copay for the first three in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met.

## Continuing functionality

### Provider and prescription formulary search options

- Provider search includes both providers and hospitals
  - Provider search includes non-traditional providers (i.e., naturopaths) that insurance companies have provided on their network lists.
  - Network data has been cleaned in hopes that the data is more reliable than the provider search on HealthCare.gov.
  - We always recommend contacting the insurance company or using the insurance company's provider directory to confirm network coverage.
- Prescription formulary search includes cost-sharing for covered drugs
  - This tool is designed to help consumers to make more confident decisions related to drug coverage within health plan options.
  - When prescriptions are entered, the tool will display the cost-sharing for each prescription, allowing consumers to see which plans offer the most value to them.
  - If a prescription result shows not covered, the user may consider trying an alternate name for the prescription, such as a generic name. Some plans only include generic versions of drugs on their formulary.
- If providers and/or prescriptions are entered, filtering functionality will be available to make it easier to see which plans cover them.

### Benefit display functionality

- The slider at the top of the benefits section allows users to go directly to benefit categories without scrolling down the page.
- Benefit categories can be expanded and collapsed in the vertical list.
- Quality ratings are displayed if available.

### Off-Marketplace silver plans

- In 2024, some silver plans will be available directly through insurance company, but not through the Marketplace.
  - These plans will have lower premiums and are intended for consumers who not eligible for premium tax credits.
  - These plans are included in the Window Shopping tool but will only be displayed to consumers who are not eligible for premium tax credits.
- Consumers who are not eligible for premium tax credits will see these plans in the list with on Marketplace plans. Each plan's section indicates information showing whether the plan is available on-Marketplace or off-Marketplace.
  - This information can be found directly under the plan's name, to the right of the metal tier.
- Filtering functionality is available for these plans.
- Consumers who are interested in these plans must enroll directly with the insurance company.
- The direct enrollment link and company's customer service phone number will be displayed when "Select Plan" is clicked.
- These plans may be the best choice for some consumers. We encourage you to review the following benefits of enrolling in a Marketplace plan with your clients to ensure they understand what they are giving up if they move to an off-Marketplace plan.

### Benefits available to Marketplace enrollees

- Side-by-side comparison of all available plans.

- Managing enrollment in multiple plans from one account – families can choose to enroll members together or separately; both medical and dental coverage can be purchased in one sitting.
- Access to insurance agents and community partners who can help with enrollment in any plan offered through the Marketplace.
- Households not eligible for premium tax credits when they enroll can update their application if they experience a drop in income or other household change and may later become eligible for premium tax credits.
  - Some consumers may choose to enroll in a different plan if they become eligible for cost-sharing reductions.
  - People who stay on the same plan will continue contributing towards their deductible and out-of-pocket maximum without interruption for the year.
- Consumers who have an income change that makes them newly eligible for premium tax credits and/or cost-sharing reductions (CSRs) can use a special enrollment period (SEP) to enroll mid-year and begin receiving financial assistance.
- Consumers who move to a different area can easily see which plans are available in their new location and update their enrollment.
- Automatic re-enrollment each year, with updated premium tax credits and premiums, even if their insurance company withdraws from their area.

If you have any questions about either tool or believe you have found an error in the tools or plan data, please contact Katie Button at 503-507-2349 or [katie.m.button@oha.oregon.gov](mailto:katie.m.button@oha.oregon.gov).