



Consumer Decision Support Workgroup Final Report

Co-Chairs:

Lisa Skipper, Mountain Laurel Medical Center

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Contents

Executive Summary	3
Background	4
Workgroup Members	5
Summary of Workgroup Meetings	6
Meeting 1	6
Meeting 2	6
Meeting 3	7
Meeting 4	7
Meeting 5	8
Meeting 6	8
Meeting 7	9
Recommendations	10
Recommendations for the initial landing page:	10
Recommendations for the financial assistance page:	10
Recommendations for the health care utilization page:	10
Recommendations for the provider directory	10
Recommendations for the plan shopping page:	11
Recommendations for the plan tile displays:	11
Recommendations for providing plan recommendations:	12
Other general recommendations:	12
Conclusion	13
Appendix A: Workgroup Charter	14
Appendix B: Summary of Additional Written Comments Submitted by Workgroup Members	16
Appendix C: Survey Results Ranking Priority Recommendations	17
Appendix D: Screenshots of MHC Get an Estimate tool pages	18

Executive Summary

MHBE convened a Consumer Decision Support Workgroup (“the Workgroup”) to discuss areas to improve consumer decision support during the plan shopping experience when using the Maryland Health Connection (MHC) “Get an Estimate” plan shopping tool or within the MHC application.

Over the course of seven meetings, the Workgroup discussed and developed a set of recommendations for increased or more effective decision-making support on the MHC web platform in order to better assist consumers with health plan selections that best fit their health and financial conditions. The scope of Workgroup discussions and recommendations focused specifically on health insurance plan shopping in the individual market. The Workgroup identified that specific priorities include simplifying the plan tile display and explanations of financial assistance, as well as providing options to tailor plan recommendations to consumer preference, improving the explanation for asking about expected health care usage on the health care utilization page; and displaying the plan premium and deductible more prominently in the plan tiles.

Background

The Maryland Health Benefit Exchange (MHBE) continues to pursue initiatives that strive to further reduce the uninsured rate in Maryland. Of equal importance is addressing the adequacy of coverage of the health plans that consumers choose to enroll in. A body of research around consumer support during Marketplace plan shopping shows that consumers continue to face many challenges when shopping for health plans, from gaps in health literacy and understanding of insurance concepts, to difficulties in selecting the right plan when faced with a large set of choices. Without adequate decision-making support, Marketplace consumers may struggle to choose a plan that best fits their health and financial needs.

To highlight this issue in Maryland, MHBE enrollment data from 2023 showed that around 9,600 consumers were eligible for higher-value, free or nearly-free Silver Cost Sharing Reduction (CSR) plans but were enrolled in another metal level (bronze or gold) or catastrophic plan. It also showed that around 16,500 people with incomes between 150 and 200 percent of the federal poverty level (FPL) who are enrolled in Catastrophic, Bronze, or Gold plans could pay slightly higher premiums for a higher-value Silver CSR plan.

Given the broad scope of considerations, MHBE convened a larger group of external stakeholders to provide diverse perspectives and recommendations on strategies best suited to advance the needs of consumers in Maryland who use the MHC platform to shop for health plans.

MHBE developed three overarching objectives for Workgroup discussions to focus on and provide recommendations for:

1. Identifying areas in plan shopping experience where consumer may benefit from more information or guidance;
2. Improving plan information display on the plan list page and the side-by-side plan comparison layout; and
3. Considerations for providing tailored plan recommendations to consumers.

Workgroup Members

Member	Affiliation
Lisa Barrows	CareFirst BlueCross BlueShield
Cara Chang	Optum/Dartmouth
Steven Doman	UnitedHealthcare
Shelly Eldridge	Shelly The Confidence Coach
Robyn Elliott	Maryland Dental Action Coalition
Ruth Getachew	Maryland Insurance Administration
Erika Halsey *	Kaiser Permanente
Thomas Hamel	Aetna
Diana-Lyn Hsu	Maryland Hospital Association
Stephanie Klapper	Maryland Citizens' Health Initiative
Carmen Larsen	Hispanic Chamber of Commerce Montgomery County
Allison Mangiaracino	Kaiser Permanente
Arianna Meehan *	Aetna
Joan Painter	Seedco
Shlomo Rosenstein	NIV Advisors
Seth Sevenski-Popma *	United Healthcare
Lisa Skipper	Mount Laurel Medical Center

*Non-voting member

Summary of Workgroup Meetings

The Consumer Decision Support Workgroup met seven times between July and November of 2024. A high-level summary of each meeting is below. Presentations and minutes for each meeting with more detailed information are available on the MHBE website at marylandhbe.com/policy/work-groups/consumer-decision-support-work-group/.

Meeting 1

In the first meeting, MHBE staff presented an introduction to MHBE's role and scope including background on Marketplace affordability programs and an overview of 2024 MHC plan offerings. Staff also presented 2023 MHBE enrollment data which showed that a significant number of consumers are likely not enrolled in the best value plan that they might be eligible for when considering all of the federal and state subsidies available to them, likely due to varying gaps in health literacy and choice overload, for example. Staff outlined the purpose of the Workgroup to discuss areas to improve consumer decision support during the plan shopping experience in the [MHC Get an Estimate](#) plan shopping tool and within the MHC application.

The Hilltop Institute then presented an overview of the key findings from their literature review of decision aids in Marketplace plan shopping. The literature review summarized sources of difficulty that consumers face when choosing the plan that will fit their health needs and minimize costs, and evidence for the efficacy of certain types of consumer decision aids.

The meeting concluded with an initial discussion with workgroup members on perspectives of consumer plan shopping challenges in the Marketplace, and areas to focus on in future meetings. Some feedback included interest in providing "smart default" or plan recommendations for consumers, including tools that ask about plan features that are most important to the consumer, more consumer tutorials, improving how we communicate the value of silver cost sharing reduction (CSR) and gold plans for consumers choosing bronze plans, and ways to simplify the information displayed on plan tiles.

Meeting 2

In the second meeting, the members voted to approve the workgroup charter. The workgroup members also approved the co-chairs: Lisa Skipper, Navigator at Mountain Laurel Medical Center, and Robyn Elliott, Policy and Governmental Affairs Consultant at the Maryland Dental Action Coalition.

MHBE staff presented a review of background materials from the first meeting. They also presented some additional information on MHC private plan enrollments by type of consumer assistance used, Affordable Care Act (ACA) coverage requirements for all Marketplace plans, and issues around underinsurance, where individuals enrolled in medical coverage that do not fit their health and financial needs still face cost barriers in accessing care similar to those who are completely uninsured. They then reviewed the evidence-supported decision aids that were summarized in Hilltop's literature review, including decision aids in use by MHC as well as decision aids **not** currently in use on MHC.

Finally, staff presented an overview of key findings from the 2023 MHC User Experience Testing, which MHBE conducts every other year and consists of consumers sharing their screen while they

plan shop. Improvements have been made over the years since consumer testing began, such as adding plan search filters, the plan comparison tool, and the drug and provider tool, which have all resonated with users. Areas for improvement were identified, including clarifying how the yearly cost estimate is calculated, improving the visibility of filter tools, and clarifying information in the “Plan Benefits” and “Costs and Details” buttons on the plan tiles.

Staff did a live walkthrough of the MHC Get an Estimate plan shopping tool, and the meeting ended with an open discussion of final priority setting for workgroup members to provide additional feedback on areas to focus discussions on. Some examples of feedback included educating consumers on dental coverage requirements under QHPs, providing more disclaimers about various forms of free consumer assistance available, improving the explanations of financial assistance available, and providing more explanations of potential costs for unexpected health care utilization under lower value plans.

Meeting 3

In the third meeting, MHBE staff convened a Consumer Assistance Panel Discussion with two representatives from the MHC Call Center joining as panelists to share their expertise on the MHC consumer experience: Rochelle Briscoe, Account Manager and liaison at Maximus, and Tylia Gregory, Supervisor of both the live chat function and the self-service “Flora” chat bot for the Call Center. The panelists provided feedback on questions posed by workgroup members and MHBE staff, including perspectives on what consumers tend to need the most help with when reaching out for in-person assistance, and what benefits or plan features are most important to the average consumer.

Some major considerations from the discussion included addressing health literacy and whether consumers understand variation in plan generosity by metal level, and making sure plan features that are important to consumers like premium and deductible costs and provider availability are prominently displayed for each plan.

The meeting concluded with a brief discussion focused on the first half of the Get an Estimate plan shopping tool: the initial landing page, which asks for consumer household information, including estimated household income, and the following page that provides an estimate of financial assistance based on these consumer inputs. Staff presented relevant examples from other state-based marketplaces to highlight and compare how other states structure their plan shopping tools to provide additional context for the workgroup to consider.

Meeting 4

Kristin Villas, Senior Policy Analyst at the Washington Health Benefit Exchange (WHBE), joined as a guest presenter to give an overview of their Marketplace’s consumer plan shopping tool, which includes the functionality of providing consumers with tailored plan recommendations based on consumer inputs. Ms. Villas presented an overview of the tool and the algorithm for scoring plans to generate recommendations, which weighs net-premium costs and available subsidies, provider network, pharmacy coverage, and estimated out-of-pocket costs based on user-provided information on expected health care utilization. The presentation concluded with time for questions from Workgroup members, and Washington shared some additional considerations and best practices based on their experience

implementing plan recommendations for MHC's consideration.

The rest of the meeting picked back up on the discussion from the prior meeting, focusing on the estimate of financial assistance page on the Get an Estimate tool, and the next page of the tool which asks consumers about expected health care utilization. MHBE staff reviewed major themes from the previous meeting's discussion. In particular Workgroup members shared feedback that the explanations of financial assistance available to consumers, particularly the premium tax credit, were too technical and should use more consumer-friendly and plain language. Some Workgroup members also commented that the tool's provider directory is not always up-to-date and that variations in how carriers send provider information, such as in the spelling of names, can cause errors when consumers attempt to search for providers.

The meeting concluded with an initial discussion of the last page of the Get an Estimate tool, the plan shopping page. The discussion focused on how information for each individual plan is displayed within their plan tiles, and MHBE Staff presented more examples from other state-based marketplaces to show how other states structure their plan tile displays and what plan information they include. Workgroup members provided feedback on ways to simplify the plan tile and ensure the appropriate amount of information is provided to consumers in a format that is easy to read and understand for the average consumer. Workgroup members also provided feedback on ways to better highlight the value of silver cost sharing reduction (CSR) plans and gold plans to consumers.

Meeting 5

MHBE staff provided some follow-up regarding the provider directory discussion during the last meeting, sharing that MHBE is aware of the provider directory search functionality challenges and is discussing how to collect the provider data in a more standardized way to prevent variation among carriers.

The Workgroup continued discussions from the prior meeting regarding the plan shopping page and plan tile displays. Multiple Workgroup members generally noted that the amount of information currently displayed in the plan tiles is likely overwhelming to the average consumer and is formatted in a way that is difficult to digest, particularly the amount and layout of cost-sharing information. Some members provided feedback that information on whether a plan has a separate prescription deductible is important to many consumers and should be displayed in the plan tile. Others noted that the "total estimated cost" for each plan is easy to miss in the current tile display, and the method for calculating this estimate should be clearly explained to consumers.

Staff provided next steps for the 6th meeting, explaining that the Workgroup will conclude with a final discussion regarding considerations for providing some variation of plan recommendations to consumers and Staff will compile and share preliminary Workgroup recommendations prior to the meeting, for the group's discussion.

Meeting 6

The Workgroup had a final discussion around considerations for providing plan recommendations to consumers to help consumers navigate to a smaller set of recommended or highlighted plans. Two approaches were considered. One was incorporating auto-filter settings into the tool's planning shopping

page to first show a subset of plans based on consumers' inputs, with the option to opt in to viewing all available plans. The second was implementing an approach similar to Washington State, by providing a few clearly labeled plan recommendations (again based on consumers' inputs) that are listed first in the plan shopping page. The Workgroup had a robust discussion, and the general consensus was a preference for the second option of providing a few recommended plans that are listed first in the plan shopping page, while still ensuring that consumers are able to see the full list of available plans below the recommended plans.

Draft Workgroup recommendations were sent to the group prior to this meeting, and the rest of the discussion focused on reviewing the draft recommendations together for additional feedback to be incorporated into the final Workgroup recommendations.

MHBE staff shared next steps in preparation for the final workgroup meeting, including that Staff would send out the updated draft Workgroup recommendations with feedback from this meeting's discussion, and a survey to rank their priorities from the full list of recommendations and submit any additional written comments to be included as an appendix of this report.

Meeting 7

The Workgroup reviewed the draft report for final consideration. The Workgroup voted to approve the report and recommendations as final.

MHBE staff shared that they would present the Final Workgroup Report and Recommendations at the next MHBE Standing Advisory Committee on November 14, 2024.

Recommendations

Below is the full list of Workgroup recommendations to MHBE for increased or more effective consumer decision-making support during the MHC health plan shopping experience.

Recommendations for the initial Get an Estimate landing page:

1. Add introductory consumer video tutorial:
 - Provide an introductory tutorial for consumers using the plan shopping tool.
 - Tutorial could provide an overview of how to use the plan shopping tool, important health insurance concepts, and/or narratives with examples of how others have made their plan choices based on budget and needs.
 - Should be accessible and offered in multiple languages.
2. Improve explanation of building a household and “Select coverage” dropdown:
 - Clearer explanation of how to build a household, and why to include someone in your household even if they are selecting “no coverage” (impacts financial eligibility).
3. Disclaimer regarding adult and pediatric dental coverage:
 - Provide disclaimer on dental coverage requirements and stand-alone dental plans – all qualified health plans (QHPs) include coverage for pediatric dental, but not all cover adult dental.
4. Explanation of pregnancy status question
 - Provide brief explanation for why consumers are asked about pregnancy status when building their household, as it relates to Medicaid eligibility.

Recommendations for the Get an Estimate financial assistance page:

5. Simplify explanations of financial assistance:
 - Use more plain language with explanations of eligibility for tax credits and cost sharing reductions (ex: consider using phrases like “premium assistance” and “lower out-of-pocket costs”).
 - Embed links to pages with more detailed explanations of how premium tax credits and cost sharing reductions work, and how they are applied to plans to reduce costs.

Recommendations for the health care utilization page:

6. Improve explanation for asking about expected health care usage:
 - Include more prominent explanation of how the consumer response to this question will be used to calculate total cost estimates for plans.
 - Provide illustrative example of the out-of-pocket difference between plans in cases of unexpected medical expenses.
7. Include consumer preference question(s):
 - Add a question to this page that asks about consumer cost preferences (preference for lower premium with higher out-of-pocket costs, or higher premium with lower out-of-pocket costs), rather than just their expected healthcare usage.

Recommendations for the provider directory

8. Prominent reminders to confirm provider participation directly with provider:
 - Display prominent disclaimers about the provider directory, that consumers should always check with their provider directly to confirm they participate in a plan.

- MHBE is actively working on improving issues affecting the accuracy of the directory, including variations in the spelling or punctuation of provider names between carriers, as well as how to collect the provider data in a more standardized way to prevent variation among carriers.

Recommendations for the plan shopping page:

9. Clear explanation of metal levels:
 - Use more plain language about difference between plans of different metal levels in terms of coverage and health care needs. Reduce text and use more symbols/graphical depictions to help make information easier for consumers to digest.
 - Particularly consider consumer groups who are likely less familiar with private coverage, for example those transition from Medicaid or young adults aging off of their parent's plans.
10. Communicate the value of Silver CSR plans for eligible consumers
11. Reminders about free assistance available:
 - Provide more reminders throughout the tool that free consumer assistance is available and provide more opportunity to navigate to various avenues of assistance.

Recommendations for the plan tile displays:

12. Simplify the plan tile display:
 - Reduce the amount of information currently displayed on plan tiles, and make the "Details" button more prominent. The "Details" button provides a comprehensive breakdown of plan design, including in-network and out-of-network costs for each covered service.
13. Display the plan premium and deductible more prominently:
 - Monthly premium and annual deductible/out of pocket maximum should displayed more prominently and separated visually from other information on plan tile.
14. Display information more uniformly:
 - Re-format the display so the layout is more uniform. In particular, the way telehealth cost-sharing information is currently formatted differs significantly from the general plan cost-sharing information above it, making the information difficult to understand.
15. Include information about separate prescription deductible:
 - Include information on whether a plan has a combined medical and prescription deductible, and if they are separate, list the prescription deductible along with the medical deductible that's currently displayed.
16. Use of symbols and colors to highlight important plan features:
 - Ex: use \$\$\$ to highlight high-cost plans
17. Disclaimer of in-network costs:
 - Provide explanation that any copay/cost-sharing information displayed in the plan tile is for **in-network** services only, and that consumers should check for and consider in-network vs. out-of-network coverage and costs under any plan.
18. Update the display and explanation of "Your total yearly cost estimate":
 - Make the total yearly cost estimate more prominent in the plan tile. It's easy to miss in the plan tile the way it's current displayed.

- More prominent and transparent information about how these estimates are calculated.
- 19. Include total cost estimates for “good” and “bad” years:
 - Purpose is to show illustrative examples of what happens to your costs in years with lower or higher than expected health care utilization.
- 20. Disclaimer to consider unexpected health care costs
 - Include text or visual depiction to flag for consumers the need to consider unexpected health care costs in a year when choosing a plan.
- 21. More support for individuals with chronic conditions or high health care usage:
 - More information to help consumers understand whether a plan meets the needs of a consumer with chronic conditions or higher care utilization (such as highlighting costs for specialist care or certain treatments).

Recommendations for providing plan recommendations:

- 22. Provide options to tailor plan recommendations to consumer preferences:
 - Provide the option to give consumers a few recommended plans that are listed first in the plan shopping page, based on consumer inputs (expected health care utilization, cost preferences, provider/prescription coverage, etc.)
 - Ensure consumers are still able to see the full list of plans below any recommended or highlighted plans
 - Conduct consumer user experience testing when developing the methodology and formatting for providing consumer plan recommendations.

Other general recommendations:

- 23. Incorporate more consumer information from other parts of MHC website:
 - Embed more links to helpful consumer information that are already on the MHC website, directly into the plan shopping tool.

Conclusion

Throughout their discussions, Workgroup members acknowledged the competing desires to provide comprehensive information about a plan and to streamline the information presented to a user in order to simplify decision making. As MHBE considers implementing these recommendations, the agency will have to balance between these two goals. Workgroup members were given the opportunity to rank their top three priorities among the full list of recommendations, as what they identify as most important for MHBE to consider further in addressing areas to improve consumer plan shopping decision support. Twelve of the 14 voting Workgroup members provided responses to the survey, and based on survey results the following recommendations below were most frequently ranked as priorities.

- With four votes each:
 - Simplify the plan tile display; and
 - Simplify explanations of financial assistance.
- With three votes each:
 - (Plan recommendations) Provide option to tailor plan recommendations to consumer preferences;
 - Improve explanation for asking about expected health care usage on the health care utilization page; and
 - Display the plan premium and deductible more prominently in the plan tiles.

Appendix A: Workgroup Charter

2024 Consumer Decision Support Workgroup Charter

WORKGROUP RESPONSIBILITIES

The 2024 Consumer Decision Support Workgroup (Workgroup) will discuss and make recommendations on areas to improve consumer decision-making support during the plan shopping experience when using the Maryland Health Connection (MHC) “Get an Estimate” plan shopping tool or within the MHC application. The scope of workgroup discussions and recommendations will focus specifically on health insurance plan shopping in the individual market.

MHBE will develop a report summarizing the Workgroup’s discussions and final recommendations, to be approved by the Workgroup. The Workgroup report and recommendations will be presented to the MHBE Standing Advisory Committee and MHBE Board of Trustees for consideration.

WORKGROUP MEETINGS

The below sections contain information relevant to the business of the Workgroup meetings. All meetings of the Workgroup are open to the public.

Location, Time, and Notice The work group will meet via Google Meets at 12:30-1:45 PM on the following dates:

- July 31
- August 14
- August 28
- September 18
- October 2
- October 16
- October 30

Dates and times are subject to change and reasonable notice of all meetings, stating the time and place, shall be given to each Member by electronic mail. Reasonable notice of all meetings shall be provided to the public by posting on the MHBE website.

<https://www.marylandhbe.com/policy/work-groups/consumer-decision-support-work-group/>

Order of Business Generally, the agenda/order of business at meetings of the Workgroup shall be as follows:

- a. Calling the meeting to order
- b. Consideration and approval of minutes of previous Workgroup meeting
- c. Consideration of the topic/questions presented before the Workgroup

- d. Determination of recommendations from the general Workgroup body – including identification of consensus recommendations
- e. Public comments
- f. Adjournment

Quorum A simple majority of the Members shall constitute a quorum at any meeting for the conduct of the business of the Workgroup.

Participation in Meetings Members will attend meetings via web conference. Members participating by such means shall count for quorum purposes, and their support for recommendations shall be included so long as their participation is included in attendance.

Support of Recommendations Members are entitled to voice support for recommendations for a given topic presented to the Workgroup. Support for each recommendation will be included in the meeting minutes at the member level.

CHAIR/CO-CHAIR OF THE WORKGROUP

The members of the Workgroup shall elect a chair or co-chairs. The elected chair/co-chairs terms shall last for the duration of the Workgroup. In addition to presiding at meetings, the chair/co-chairs shall take an active role in determining the policy recommendations from the general body, preside over vote counting for recommendations, and shall work with MHBE to determine actions items required of MHBE support resources.

MEMBERSHIP & MEMBER RESPONSIBILITIES

The Workgroup consists of representatives from authorized QHP Issuers, consumer/policy advocates, state government representatives, and insurance industry professionals.

Members are expected to lend their expertise, in good faith, to meet the goals of the Workgroup.

MHBE Policy and Plan Management will make resources available to provide technical/administrative assistance to the Workgroup.

FINAL WORKGROUP REPORT

The Workgroup's discussions shall inform and develop a report detailing its recommendations to MHBE for increased or more effective consumer decision-making support during the MHC health plan shopping experience.

Appendix B: Summary of Additional Written Comments Submitted by Workgroup Members

1. Regarding the Workgroup recommendation to provide an introductory tutorial for consumers using the plan shopping tool: narratives with examples of how others have made their plan choices should also include how choices were made based provider networks and health plan quality of care, in addition to consumer budgets.
2. Regarding the Workgroup recommendation for use of symbols and colors to highlight important plan features: display the overall quality rating and three sub-ratings using star symbols with hover text to describe the meaning of quality ratings.
3. Similar to other State Based Marketplaces with existing Spanish translation toggle functionality (e.g., Washington, Colorado), Maryland should consider utilizing a Spanish toggle to better serve their growing Spanish speaking population. Currently if a bilingual Spanish/English consumer starts using the MHC Get an Estimate tool in English, but runs into language barriers, they are not able to quickly switch to Spanish. They appear to be required to exit the English mode, find their way back to the MHC homepage, select Spanish, then re-enter all their demographic information in the tool.
4. One of the goals mentioned was to make sure members that are eligible for a Silver CSR but are selecting a Bronze plan with a much higher MOOP are aware of their Silver CSR option. Based on that goal is how I ranked my responses above (in the survey). I appreciate participating in the work group and feel that I learned a lot and hopefully I was able to provide constructive feedback.
5. The group reviewed several other State Exchange website plan displays. Many used plan tile features that were more user friendly and provided the information more clearly. MHC could/should improve the current display.


Appendix C: Survey Results Ranking Priority Recommendations

Please select your <u>first</u> priority recommendation	Please select your <u>second</u> priority recommendation	Please select your <u>third</u> priority recommendation
(Provider directory) Prominent reminders to confirm provider participation directly with provider	(Plan tile display) Include information about separate prescription deductible	(Financial assistance page) Simplify explanations of financial assistance
(Plan shopping page) Communicate the value of Silver CSR plans for eligible consumers	(Plan tile display) Simplify the plan tile display	(Plan tile display) Display the plan premium and deductible more prominently
(Plan tile display) Update the display and explanation of "Your total yearly cost estimate"	(Provider directory) Prominent reminders to confirm provider participation directly with provider	(Plan tile display) Display the plan premium and deductible more prominently
(Financial assistance page) Simplify explanations of financial assistance	(Plan tile display) Display the plan premium and deductible more prominently	(Initial landing page) Provide explanation of pregnancy status question
(Plan tile display) Include total cost estimates for "good" and "bad" years	(Plan tile display) Update the display and explanation of "Your total yearly cost estimate"	(Initial landing page) Disclaimer regarding adult and pediatric dental coverage
(Estimate health care cost page) Improve explanation for asking about expected health care usage	(Plan shopping page) Communicate the value of Silver CSR plans for eligible consumers	(Plan shopping page) Reminders about free assistance available
(Plan tile display) Simplify the plan tile display	(Financial assistance page) Simplify explanations of financial assistance	(Provider directory) Prominent reminders to confirm provider participation directly with provider
(Plan recommendations) Provide option to tailor plan recommendations to consumer preferences	(Plan tile display) Simplify the plan tile display	(Financial assistance page) Simplify explanations of financial assistance
(Financial assistance page) Simplify explanations of financial assistance	(Estimate health care cost page) Include consumer preference question(s)	(Plan shopping page) Clearer explanation of metal levels
(Plan shopping page) Clearer explanation of metal levels	(Plan recommendations) Provide option to tailor plan recommendations to consumer preferences	(Plan tile display) More support for individuals with chronic conditions or high healthcare usage
(Plan tile display) Include total cost estimates for "good" and "bad" years	(Initial landing page) Add introductory consumer video tutorial	(Plan shopping page) Communicate the value of Silver CSR plans for eligible consumers
(Plan recommendations) Provide option to tailor plan recommendations to consumer preferences	(Initial landing page) Add introductory consumer video tutorial	(Estimate health care cost page) Improve explanation for asking about expected health care usage
(Plan tile display) Simplify the plan tile display	(Plan tile display) Include information about separate prescription deductible	(Plan tile display) Use of symbols and colors to highlight important plan features

Appendix D: Screenshots of MHC Get an Estimate tool pages

Initial Landing Page:

Get an Estimate



Tell us about yourself


ZIP Code*

County*

Coverage Year*

Select County ▼

▼



Build your household

Primary Applicant

Age*

Is this person pregnant?*

Select the coverage you need*

☒ No

Select Coverage ▼


Add Spouse

Add Dependent

Be sure to include these people, even if they don't need coverage:

- Yourself
- Your spouse if you're married
- Anyone you'll claim as a tax dependent this year

[Learn more here](#) about who to include when you apply for coverage.



See if you qualify for financial help!

What do you estimate your yearly income will be in ? This is the total income for anyone listed on your tax return. Enter your best guess.

Annual Household Income *

Include these income sources, even for household members not applying for coverage:

- Wages, salaries and tips
- Net income from any self-employment or business
- Unemployment
- Social Security benefits (but not Supplement Security Income)
- Alimony
- Retirement and pension income

[Learn more here](#) about what income to include when you apply for coverage.

◀BACK

Browse Plans ▶

Estimate of financial assistance page:

Your Estimate

Begin your application and provide information to determine your eligibility for low cost or free insurance plans.

Applicant, Age 33


Cost Sharing Reductions: ⓘ	✓	Based on the information provided, you and your household may qualify for financial help.
Premium Tax Credit: ⓘ	✓	Based on the information you provided, you and your household may qualify for an estimated \$268.00 in federal tax credits per month.
State Premium Assistance: ⓘ	✓	Based on the information you provided, you and your household may qualify for an estimated \$56.00 state premium assistance per month.

[I would like to shop for plans without cost savings.](#)

« Back
Browse Plans »

Estimate health care utilization page:

Estimate Health Care Cost



Health Information for Cost Calculation

Estimate how much you expect each of your household members to use health care, so that we can estimate your total health care costs for the year (in addition to your monthly premium) and help you find a plan that works for you. Your needs may be more or less. Remember this is an estimate. Plans through Maryland Health Connection must cover preventive services & screenings ⓘ without charging copayment or coinsurance.

Don't worry - Your premium is NOT impacted by pre-existing conditions or how much you use care. This is just a tool to help you estimate your total health care costs for the year.

Low

I rarely use health care services.

Medium

I sometimes use health care services.

High

I frequently use health care services.

Estimate how much you expect 'Primary' member (age 33) to use health care services.

Select

(Your needs may be more or less. Remember this is an estimate.)

« Back
Skip
Next »

Provider directory:

Select Health Care Provider

[← BACK](#)
[Skip Provider Search ↗](#)

Search Providers based on any of the criteria below.

Provider

Provider Specialty

ZIP Code

Distance

☒ Primary Care Only
 ☐ Specialist
 [SEARCH](#)

[More Filters](#)

Plan shopping landing page:

[View All Details](#)
[Important Notices](#)
[Find a Health Care Provider](#)
[Drug Search](#)

Sort By: Annual Deductib [▼](#)

Per Page: 10 [▼](#)

We've located **42** matching health plans

[Edit Health Care Use](#)
[Filters ▼](#)

The estimated maximum tax credit is **\$268.00**. In addition, you are eligible for state premium assistance of up to **\$56.00**.

Monthly Premium Tax Credit Selection


Adjust the slider below to select the estimated monthly tax credit.

\$268.00

\$0 \$268.00

If you select to apply \$0.00 towards your estimated monthly premium, you may claim the full tax credit amount when you file your taxes.

Example of current plan tile display:



UHC Gold Copay Focus \$0 Med Ded (\$0 PCP)

2024-72375MD0070034-01

METAL LEVEL:

GOLD

QUALITY RATING:

★★★★★

ESTIMATED MONTHLY PREMIUM ⓘ	ANNUAL DEDUCTIBLE ⓘ	ANNUAL OUT-OF-POCKET MAX ⓘ	PRIMARY CARE ⓘ	URGENT CARE ⓘ	ER SERVICES ⓘ	GENERIC DRUG
<p>\$0.00</p> <p>Price after estimated \$314.69 tax credit and state premium assistance.</p>	<p>\$0 per person</p> <p>\$0 per group</p>	<p>\$7000 per person</p> <p>\$14000 per group</p>	<p>No Charge</p>	<p>\$50.00</p> <p>Copay</p>	<p>\$1,000.00</p> <p>Copay</p>	<p>\$3.00</p> <p>Copay</p>

YOUR TOTAL YEARLY COST ESTIMATE ⓘ **\$392 per household** (Select the "Edit Health Care Use" button to change the yearly cost estimate.)

H.S.A. Qualified : No **Telehealth:** Primary Care: Not Applicable | Urgent Care: \$50 Copay | Mental health outpatient: \$75 Copay

[Find a Health Care Provider](#)
[Important Plan Information](#)
[Plan Costs & Benefits](#)
[Drug Search](#)
[Details](#)

[Email Quote](#)
[Add to Compare](#)
[APPLY](#)