

PY27 Cert Training Module 6

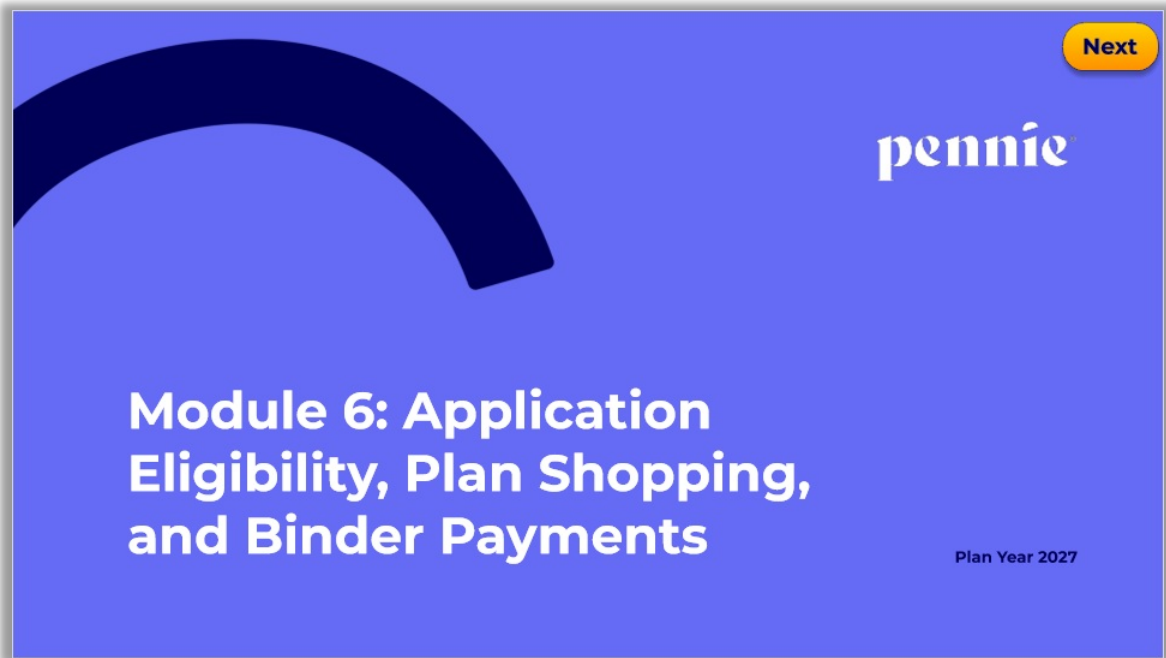
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1. Title Slide

1.1 Title Slide



2. The Application Eligibility Determination

2.1 The Application Eligibility Determination



2.2 Eligibility Determination

Eligibility Determination

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After submitting their application, the customer will receive their **Eligibility Determination**. The Eligibility Determination is provided in two formats:

- On the customer's **Dashboard**, under the *My Eligibility Results* page
- In the form of the **Eligibility Notice**

Eligibility results are determined by the information reported on the application, including:

• The number of individuals in the household	• County of residence – where they live
• Who is seeking coverage	• Whether they are a Pennsylvania resident
• Household income	• Citizenship or immigration status
	• Whether they have other qualifying health coverage, and if that coverage is deemed affordable

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2.3 Eligibility Summary

Eligibility Summary

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On the customer's *Dashboard*, they will be able to view the **Eligibility Summary** from the application they just submitted. If any supplemental information is needed by Pennie to verify eligibility for QHP or financial savings, it will be flagged here.

If no additional information is required, the summary will inform the customer if they qualify for any financial savings including APTCs and/or CSRs.

If the summary states that additional documentation is required, the system encountered a **Data Matching Issue (DMI)** when attempting to verify one or more pieces of information.

Your application has been successfully submitted for health and dental coverage through Pennie. Your eligibility results are below. Click on the "Go to Dashboard" button for the next steps to enroll in a plan. To return to this screen in the future, click on the "My Eligibility Results" link on the left side of the screen.

2026 Eligibility Summary

Application ID: 1000009156
Application Date: July 10, 2025

Based on your application, members of your household are eligible for:

- ✓ Qualified Health and Dental Plans
- ✓ Advanced Premium Tax Credit of up to \$924.27 for your household to lower your monthly insurance premium.
- ✓ PA Health Plan Savings of up to \$186.09 to lower your monthly premium.
- ✓ Cost Sharing Reductions to lower copayments, coinsurance and deductibles.

Your eligibility is based on your provided income of \$18,220 and a household of 1, as well as other factors. Update your application if this information has changed. Additional information is available in your eligibility notice, which you will receive in your Pennie inbox or via paper mail, depending on your communication preferences.

What Happens Next

Detailed eligibility for each household member is listed below. Click on the "Go to Dashboard" button for the next steps to enroll in a plan.

Eligibility Results for household members

Household Member	Eligible for the following
Hop Hazard	Qualified Health and Dental Plans Advanced Premium Tax Credit PA Health Plan Savings Cost Sharing Reductions

Go to Dashboard

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2.4 Eligibility Summary

Eligibility Summary

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Below the Eligibility Summary, customers will have the option to request a full Medicaid determination regardless of the information provided in the application or their financial savings eligibility. Aside from income, a customer may want to request a full determination if:

- They (or a family member) are 65 or older
- They (or a family member) have a disability
- They have children who may qualify for CHIP

Optional actions

Based on your application, at least one member of your household is eligible to enroll in a Qualified Health Plan through Pennie. Per 45 CFR 155.345(c), under the Patient Protection and Affordable Care Act, your household has the option to request a full Medicaid eligibility determination.

You should only request this option if you have a specific reason to think you are eligible for Medicaid that was not included in the application, including being age 65 or older, if you are blind, or have a disability. If you request this option, you must provide the Pennsylvania Department of Human Services (DHS) with additional information about your living arrangements, assets, resources and income before taxes. By requesting a full determination, you acknowledge that if you enroll in Medicaid, DHS has the right to pursue and get any money from other health insurance, legal settlements, or other third parties should someone on this application enroll in Medicaid or CHIP. You are also giving DHS, as the Medicaid agency, the right to pursue and get medical support from a spouse or parent.

Request Full Medicaid Determination

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2.5 Eligibility Notices

Eligibility Notices

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Customers will also receive an **Eligibility Notice**. The Notice explains their health coverage options through Pennie, as well as other programs they – or other family members – may qualify for, such as Medical Assistance and CHIP.

Depending on the communication preference they selected during the application, the notice will be sent either by postal mail or email.

Customer's may also access the notice through their Pennie account secure inbox.

The screenshot shows a Pennie Eligibility Notice. It includes a header with the Pennie logo and the tagline 'connecting Pennsylvanians'. The document is dated 07/19/2026 and is for a 'Re: Your 2026 Plan Year Application'. It provides details about the application date (07/19/2026) and application ID (1000000156). The notice is addressed to 'Dear Hap Hazard'.

The main body of the notice contains a table with three columns: 'Household member(s)', 'Results', and 'Next steps'. The table lists two household members: 'All eligible members in Hap Hazard's tax household' and 'Hap Hazard'. The results for each member are listed in the 'Results' column, and the next steps are listed in the 'Next steps' column.

Below the table, there is a section titled 'What should I do next?' which provides instructions on how to proceed with the application. It includes links to the Pennie website and a phone number for customer service.

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2.6 Data Matching Issue

Data Matching Issue

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In the event a discrepancy was found between the information reported and the databases Pennie utilizes to confirm customer information, a **DMI** will be opened on the account for the affected customer and the discrepant information. You will see a message indicating that the customer's eligibility approval is **conditional** upon the furnishing of additional documentation. **DMIs must be resolved within 90 days or the application will be canceled.**

The types of DMIs customers might encounter are covered in more detail in the next module.

The screenshot shows a Pennie Data Matching Issue (DMI) screen. It is titled 'Your Household Eligibility' and contains a message stating 'This eligibility is conditional. See more details to upload the required documents.' Below this message, there is a table with two columns: 'Member' and 'Status'. The table lists two members: 'Madeline Brian' and 'Avery Shane'. The status for Madeline Brian is 'Advanced Premium Tax Credit \$792.63 per month' and for Avery Shane is 'Medicaid eligible'.

Below the table, there is a section titled 'Applicant Verifications' which lists various verification items and their status. The items are: 'Citizenship' (Not Verified), 'Social Security Number' (Verified), 'Death' (Verified), 'Incarceration Status' (Verified), 'Residency' (Verified), 'Non-ESI Minimum Essential Coverage' (Verified), and 'Minimum Essential Coverage' (Verified).

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3. Comparing & Choosing Plans

3.1 Comparing & Choosing Plans



3.2 Finding the Best Coverage for the Customer

Finding the Best Coverage for the Customer

When about to shop for plans with a customer, consider asking the following questions to help determine what issues the customer needs assistance with:

- How can I help the customer compare health plans and select a plan?
- Does the customer have everything that they need to apply?
- Does the customer have ongoing healthcare needs?
- Which coverage option is the customer eligible for and do those options meet the customer's needs?
- Is the customer eligible for programs to help lower healthcare coverage costs?
- What is the customer's level of health literacy?
- Does the customer have any disabilities or language barriers to consider?
- Is cost or keeping your doctor more important to you?
- Do they anticipate any upcoming life changes within the next 12 months that should be considered?

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3.3 Choosing the Best Plan

Choosing the Best Plan

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After the customer is found eligible to enroll in a QHP, they need to select a health and/or dental plan. Customers can enroll in a health plan, a standalone dental plan, or both.

Pennie has a Plan Shopping tool for customers to explore and compare the different plan options available to them, and to find the plan(s) that best fit their needs. Included in the Plan Shopping tool is a Provider Search feature where customers can confirm which plan options their providers and facilities participate with.

As customers are evaluating health coverage plans, there are several factors they should consider in making the best decision:

- Preferred provider's insurance plan participation
- Amount of provider control over coverage utilization
- Immediate personal or family healthcare needs
- Individual or family household budget
- Available financial savings
- Potential plans stated out-of-pocket costs
- Prescription drug coverage and cost

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3.4 Reviewing the SBC

Reviewing the SBC

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Each health plan sold through Pennie must have a **Summary of Benefits and Coverage (SBC)**, which explains how the plan covers the cost of various services.

Customers can see a plan's SBC while accessing the Shopping tool. Simply click the **Details** button on the plan tile to be taken to the *Plan Details* page. From **Plan Details**, there will be a link for **Summary of Benefits and Coverage**.

Comparing SBCs between plans can help customers understand how the plans pay for certain services differently and at what amounts. The SBCs will also outline other features of the plan that may be important to a customer when shopping for coverage.

Benefits Resources

[Summary of Benefits and Coverage](#) [Download Plan Brochure](#)

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services Coverage Period: Beginning on or after 01/01/2028
Coverage For Individual and Family, Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan is provided separately.

Important Questions	Answers	Why This Matters
What's the annual deductible?	\$1,000/Individual, \$14,000/Family. Deductible applies to most services, including professional services.	Generally, you must pay all of the costs from deductibles up to the deductible amount before the plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductibles is met. Deductibles for all family members meet the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Professional services with copays, in-network specialist services.	This plan covers some services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. For example, the plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes, \$75 for pediatric dental. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before the plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For in-network providers: \$10,100/Individual, \$20,200/Family. For out-of-network providers: \$15,100/Individual, \$30,200/Family. Combined out-of-pocket limit for medical and dental services.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in the plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Coverage for health plan charges, and health care that doesn't cover.	Even though you pay these expenses they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes.	This plan uses a network of providers. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the provider you choose without a referral.

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3.5 Health Coverage by Plan Type

Health Coverage by Plan Type

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Healthcare coverage is offered by plan type, and these can be viewed as a precursor to metal levels for cost sharing.

Plan types are focused on the role of the provider and customer in healthcare decision-making that affects costs. The more involvement the provider has in insurance utilization, the lower the premiums and cost share; the more customer independence and freedom in making and directing their own care, the higher the premiums and customer cost share.

Common health coverage plan types offered through Pennie are:

- Health Maintenance Organizations (HMO)
- Exclusive Provider Organizations (EPO)
- Preferred Provider Organizations (PPO)



3.6 Health Coverage by Plan Type

Health Coverage by Plan Type

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HMO: A plan that limits coverage to care from providers who work for – or contract with – the HMO network. A Primary Care Provider (PCP) directs care and is required to provide a referral to see a specialist. HMOs don't cover out-of-network care except in an emergency. Typically the most affordable plan design.

EPO: A managed care plan where services are only covered if you use doctors, specialists, or hospitals within the plan's network (except in an emergency). A PCP is not usually mandatory, and referrals are not required. Typically more expensive than HMOs.

PPO: Gives the most freedom in self-directing care. A PCP is not required, nor are referrals. Customers pay less for services when utilizing in-network ("preferred") providers, but are free to use providers outside of the network for a larger cost share. Typically the most expensive plan option.

Feature	HMO	EPO	PPO
Primary Care Physician (PCP) Required?	Yes	Not Usually	No
Out-of-network coverage?	Not covered unless it is emergency care	Not covered unless it is emergency care	Covered, but at a cost
Referrals required?	Yes	No	No



3.7 Health Coverage by Metal Level

Health Coverage by Metal Level

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There are four health insurance metal levels (sometimes referred to as "tiers") offered to those who qualify for coverage through Pennie:

1. Platinum
2. Gold
3. Silver
4. Bronze

Metal levels indicate how the customer and the insurance company split the cost of care. This cost sharing only takes effect after the customer has met their deductible.

While APTC can be used for any plan, **CSR (if applicable) can only be used for Silver plans.**

If a Silver-level plan is chosen, CSR is automatically applied (if applicable), causing the out-of-pocket cost to be less, sometimes less than other metal-level plans, including Gold.

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3.8 Health Coverage by Metal Level

Health Coverage by Metal Level

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Plan Category	Insurer Pays	Customer Pays	Monthly Premium	Costs When You Use Services	Good Choice If:
Platinum	90%	10%	Highest	Lowest	Customer is willing to pay a higher monthly premium, knowing nearly all other costs will be covered
Gold	80%	20%	Higher	Lower	Customer is willing to pay more each month to have more costs covered when they use healthcare services
Silver	70%	30%	Moderate	Moderate	Customer qualifies for cost-sharing reductions. If not, is willing to pay a slightly higher monthly premium than Bronze to have more routine care covered
Bronze	60%	40%	Lowest	Highest	Customer wants low monthly premiums and a way to be protected from worst-case medical scenarios but will have to pay for most routine care

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3.9 Catastrophic Plans

Catastrophic Plans

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Catastrophic coverage is a category of coverage primarily for individuals under the age of 30, who may not use a lot of healthcare services during the year, but want to be protected from serious illness or an accident.

Catastrophic health insurance plans have low monthly premiums and very high deductibles. They represent less than 1% of Pennie's overall enrollments.

They may be an affordable way to protect a customer from worst-case scenarios, like getting seriously sick or injured, but because these plans feature such high deductibles, customers will have to pay thousands of dollars out of pocket for most medical expenses before the plan begins to pay anything.



3.10 Catastrophic Plans

Catastrophic Plans

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Catastrophic plans are available to individual market customers:

- under age 30
- age 30 or older who are eligible for a hardship or affordability exemption

If the customer is eligible for a Catastrophic plan, they will see them displayed when shopping for plans.

If the deductible is met, all covered services will then be paid by the insurer with no copayment or coinsurance.

While premiums are generally lower for catastrophic coverage, those enrolled in these plans **are not eligible for financial savings** (APTC or CSR) to lower the cost of coverage and care.

Note: Customers eligible for financial savings should be able to get a richer plan for about the same price as a Catastrophic plan.



3.11 Dental Plans

Dental PlansBackNext

In addition to health coverage plans, there are also offerings for dental plans through Pennie.

There are two ways to get dental plan coverage:

1. In conjunction with a healthcare plan
2. As a stand-alone plan

If a customer enrolls in health coverage, they will have the opportunity to enroll in a dental plan at the same time. Even if a customer does not elect health coverage, they are still able to enroll in a separate dental plan through Pennie.

Pediatric dental care is considered an Essential Health Benefit (EHB) and is required to be made available.

Dental coverage is not an EHB for adults, so insurers do not have to offer adult dental coverage as part of their QHP. However, stand-alone dental plans including adult care are available through Pennie.



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4. Plan Shopping

4.1 Plan Shopping

**Plan Shopping**BackNext

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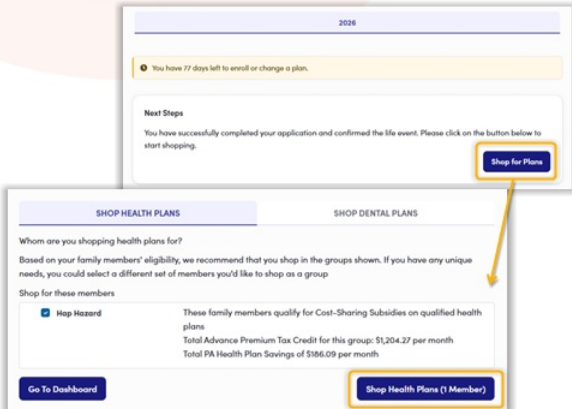
4.2 Shop for Plans

Shop for Plans

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After submitting the application, customers will be required to upload documentation supporting the SEP they are claiming. Once that documentation is reviewed and approved, the customer can continue on to choosing a plan. Pennie's **Plan Shopping** tool also includes:

- A **Provider and Facility Search** feature where customers can confirm which plan options their providers and preferred facilities participate with
- A **Prescription Drug Search** feature whether customers can confirm which plan options cover certain medications
- Several filters and sort options so customers can narrow the options by what is most important to them



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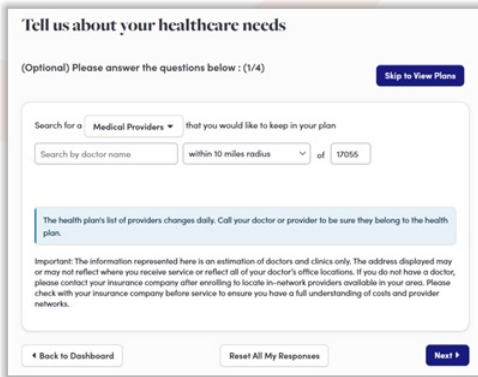
4.3 Provider & Facility Search

Provider & Facility Search

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After clicking on **Shop Health Plans**, the customer will be redirected to the **Provider Search** feature of the Plan Shopping tool. Here, they can search for their Primary Care doctor, or any specialists they are under the care of, to confirm which insurers' plans they participate with.

Ensure **Medical Providers** is checked from the drop-down, then enter the provider's name in the search:



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4.4 Provider & Facility Search

Provider & Facility Search

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When searching for a provider, results will begin to appear from the drop-down as the customer types. Hovering over a result will cause a box to appear to the side of the result with all of the locations that provider works out of. **Some providers operate out of multiple locations.**

Note: Provider plan participation is partially based on location – **a provider may be in-network for a given insurer at one location, but not another.**

The screenshot shows a search interface titled "Tell us about your healthcare needs". Below the title, it says "(Optional) Please answer the questions below : (1/4)" and has a "Skip to View Plans" button. The search section is titled "Search for a Medical Providers that you would like to keep in your plan". It has a search bar with "Mary Davies" entered. Below the search bar, there is a list of providers: "Dr. Mary C Davies, Internal Medicine Physician", "Matthew F Davies, Obstetrics & Gynecology Physician, General Intern Medicine and Geriatric Medicine (Surgery)", and "Amy Elizabeth Davies, Therapist". To the right of the list, there is a box showing the address "805 Sir Thomas Ct Ste 1, Harrisburg, PA, 17109" and a "Select Address" button. A yellow arrow points from the "Select Address" button to the address box.

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4.5 Provider & Facility Search

Provider & Facility Search

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Customers can also use this tool to search for hospitals, physician groups, and medical facilities. From the drop-down, select **Medical Facility**, then enter the name of the location in the search to begin:

The screenshot shows a search interface titled "Tell us about your healthcare needs". Below the title, it says "(Optional) Please answer the questions below : (1/4)" and has a "Skip to View Plans" button. The search section is titled "Search for a Medical Facility that you would like to keep in your plan". It has a search bar with "Medical Facility" entered. Below the search bar, there is a list of facilities: "Dr. Mary Davies, Internal Medicine Physician", "Matthew F Davies, Obstetrics & Gynecology Physician, General Intern Medicine and Geriatric Medicine (Surgery)", and "Amy Elizabeth Davies, Therapist". To the right of the list, there is a box showing the address "805 Sir Thomas Ct Ste 1, Harrisburg, PA, 17109" and a "Select Address" button. A yellow arrow points from the "Select Address" button to the address box.

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4.6 Provider & Facility Search

Provider & Facility Search

BackNext

Oftentimes, hospitals and facilities will be listed under more than one NPI, causing them to appear multiple times in the results drop-down. To assist in choosing the correct result, the type of facility is displayed under the name.

Note: Because provider plan participation is based on NPI, the same facility may be in-network under one NPI, but not another. **It is crucial that customers choose result with the correct address and facility type.**

The screenshot shows the 'Provider & Facility Search' interface. At the top, there are 'Back' and 'Next' buttons. The main heading is 'Provider & Facility Search'. Below this, a text block explains that facilities can appear multiple times due to multiple NPIs and that the facility type is displayed under the name. A note states that because participation is based on NPI, the same facility may be in-network under one NPI but not another, and it is crucial to choose the correct result with the correct address and facility type. The interface shows a search for 'Medical Facility' within a 20-mile radius of 17055. The search results list 'Holy Spirit Hospital' multiple times with different facility types. A detailed view of the search results shows the facility name, address, and NPI. A yellow arrow points to the 'Select Address' button, which is labeled with a yellow circle containing the number 3. Another yellow arrow points to the facility type 'General Acute Care Hospital', which is labeled with a yellow circle containing the number 2. A third yellow arrow points to the facility name 'Holy Spirit Hospital', which is labeled with a yellow circle containing the number 1.

4.7 Expense Estimate

Expense Estimate

BackNext

After clicking the **Next** button, the tool asks two questions about anticipated usage. The two usage questions, in addition to other information entered, help the system generate an **Expense Estimate** amount which is meant to provide the customer with an estimate of their total monthly cost should they select that plan.

Note: While customers may choose to not answer the questions, **the expense estimate will remain the default sort order on the plan results page.** Customers not utilizing the estimate would likely be better suited changing the sort method of the results.

The screenshot shows the 'Expense Estimate' interface. At the top, there are 'Back' and 'Next' buttons. The main heading is 'Expense Estimate'. Below this, a text block explains that after clicking the 'Next' button, the tool asks two questions about anticipated usage. The two usage questions, in addition to other information entered, help the system generate an 'Expense Estimate' amount which is meant to provide the customer with an estimate of their total monthly cost should they select that plan. A note states that while customers may choose to not answer the questions, the expense estimate will remain the default sort order on the plan results page. Customers not utilizing the estimate would likely be better suited changing the sort method of the results. The interface shows two questions: 'What is the average number of doctor visits per year for an individual member of your household?' and 'What is the average number of ongoing monthly prescriptions per year for an individual member of your household?'. The first question has four radio button options: 'Around 1-2 times', '3-4 times' (selected), '5-11 times', and 'More than 12 times'. The second question has four radio button options: '0-2', '3-4' (selected), '5-11', and '12 or more'. At the bottom, there are 'Back', 'Reset All My Responses', and 'Next' buttons.

4.8 Prescription Search

Prescription Search

BackNext

The last screen before the *Plan Results* page contains the embedded **Prescription Search** tool. Using the tool, customers can view which plans' formularies cover certain medications.

On the *Plan Results* page, the plan tile will have a green check icon, or a red "X" icon, next to the drug name indicating its status.

Note: The green check icon will display **if the drug is covered at any level; it does not show at what level or copay the drug is covered**. Please consult the plan SBC or formulary for specific cost sharing requirements.

Tell us about your healthcare needs

(Optional) Please answer the questions below: (4/4) [Skip to View Plans](#)

Add up to 5 prescription drugs to see if they are covered by your plan.

For example, Lipitor or Atorvastatin

Atorvastatin 20 Mg Tab (Oral x Tablet)

Important: Please check with your insurance company as benefits and networks may change during the plan year.

This information will not be stored and will not be shared with any third party or insurance company. This tool is anonymous, and the information you provide will not have any effect on your insurance premiums, cost sharing or eligibility for coverage.

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4.9 Simplified Plan View Filter

Simplified Plan View Filter

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In effort to reduce plan shopping anxiety for customers who may get overwhelmed by the number of plans to choose from, Pennie introduced the **Simplified Plan View** filter on the *Plan Results* page this past OEP.

The filter aims to simplify the plan shopping experience for customers by reducing the number of plan options shown and allowing customers to identify the lowest cost plan by each metal level and insurer in their area.

Note: **The filter is on by default**, but customers always have the ability to remove the filter and view all plan options by simply unchecking the **Simplified Plan View** box amongst the rest of the filter options:

SORT BY

- ☒ Expense Estimate
- ☐ Monthly Price
- ☐ Preferred Provider or Facility
- ☐ Deductible
- ☐ Out-of-Pocket (OOP) Max

FILTER BY

- ☒ Simplified Plan View

FILTERS APPLIED [Clear all](#)

Simplified Plan View

Welcome to your Simplified Plan View! Here, you will see a smaller selection of plans from insurers in your area. This makes it easier to compare your options. To see all the plans available in your area, clear the filters above.

LOWER EXPENSE \$
pennie
EPO Gold 0

LOWER EXPENSE \$
pennie
EPO Premier Gold 0

LOWER EXPENSE \$
pennie
EPO Gold 1500

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4.10 Plan Results Page

The screenshot shows the 'Plan Results Page' with a header bar containing 'Back' and 'Next' buttons. The page is divided into several sections:

- Sort & Filter Options:** A sidebar on the left with 'SORT BY' (Expense Estimate, Monthly Price, Preferred Provider or Facility, Deductible, Out-of-Pocket (OOP) Max) and 'FILTER BY' (Simplified Plan View, PLAN TYPE: PPO, EPO, HMO, PLAN FEATURES: CSR Eligible, HSA Qualified).
- Plan Type & Metal Level:** A section with 'METAL TIER' (Gold, Silver, Bronze) and 'DEDUCTIBLE' (\$2500 and less, \$5000 and less, \$7500 and less, \$10000 and less) and 'QUALITY RATINGS' (5 stars, 4 stars, 3 stars, 2 stars, 1 star).
- Expense Estimate:** A section showing the monthly premium and total savings for each plan.
- Plan Name:** A section showing the plan name and details.
- Plan Highlights:** A section showing key plan features like Primary Care Visit, Generic Drugs, Deductible, and OOP Max.
- Link to Plan Details & SBC:** A button linking to the plan details and Summary of Benefits and Coverage (SBC).
- Provider & Rx Search Results:** A section showing search results for providers and pharmacies.
- Add Plan to Cart:** A button to add the selected plan to the cart.

The page displays three plans: EPO Gold 0, Gold Advantage PPO 3000/0/30, and Bronze PPO 7450/0/60. Each plan card shows the monthly premium, total savings, and key features. The Pennie logo is visible in the bottom right corner.

4.11 Quality Ratings for Plans

The screenshot shows the 'Quality Ratings for Plans' page with a header bar containing 'Back' and 'Next' buttons. The page contains the following information:

The **Quality Rating System** (or "Star Ratings") were developed by CMS to rate qualified health plans (QHPs) based on clinical measures and enrollee survey responses. The purpose of the Quality Rating System is to:

- Help customers make informed healthcare decisions
- Facilitate oversight of health plans
- Provide actionable information to health plans to improve the quality of services they provide

Overall Quality Rating is based on:

- **Medical Care:** how well the plans' network providers manage member healthcare, including providing regular screenings, vaccines, and other basic health services and monitoring some conditions
- **Member Experience:** surveys of member satisfaction with their healthcare and doctors and ease of getting appointments and services
- **Plan Administration:** how well the plan is run, including customer service, access to needed information and network providers ordering appropriate tests and treatment

The Pennie logo is visible in the bottom right corner.

4.12 Quality Ratings for Plans

Quality Ratings for Plans Back Next

Sort By:

- ☒ Expense Estimate
- ☐ Monthly Price
- ☐ Preferred Provider or Facility
- ☐ Deductible
- ☐ Out-of-Pocket (OOP) Max

Filter By:

QUALITY RATINGS

- ☐ ★★★★★
- ☐ ★★★★☆
- ☐ ★★★☆☆
- ☐ ★★☆☆☆
- ☐ ★☆☆☆☆

plannie
EPO Gold 0
GOLD EPO
\$0.00 /month
After \$1355.40 in total savings
PRIMARY CARE VISIT \$20 Copay
GENERIC DRUGS \$0 Copay
DEDUCTIBLE \$0 / \$0
OOP MAX \$7500
OVERALL QUALITY RATING Not Available
ATORVASTATIN ✓
DR. MARY DAVIES ✓
HOLY SPIRIT HOS... ✗
DETAILS

plannie
EPO Premier Gold 0
GOLD EPO
\$2.02 /month
After \$1390.36 in total savings
PRIMARY CARE VISIT \$15 Copay
GENERIC DRUGS \$0 Copay
DEDUCTIBLE \$0 / \$0
OOP MAX \$6900
OVERALL QUALITY RATING ★★★★★
ATORVASTATIN ✓
DR. MARY DAVIES ✓
HOLY SPIRIT HOS... ✗
COMPARE DETAILS
ADD

"Not Available" will show if the plan is new, or there is insufficient data

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4.13 Plan Details Page

Plan Details Page Back Next

Plan Details

EXPENSE ESTIMATE LOW \$

plannie
BRONZE PPO
\$1.34 /month Details
After \$1031.13 in total savings
ADD

Plan Highlights

Plan Name: Bronze PPO 7450/5/60
Primary Care Visit: \$60 Copay
Generic Drugs: \$10 Copay
Deductible: \$7450
OOP Max: \$10100
HSA-compatible: No
Medical Loss Ratio: 98.31%
Overall Quality Rating: ★★★★★
ATORVASTATIN (oral ...): ✓
Dr. Mary Davi...: ✓
Holy Spirit Hos...: ✗

Benefits Resources

- Summary of Benefits and Coverage
- Download Plan Brochure
- Provider Directory
- Drug List

Link to SBC

Link to Insurer's Plan Brochure

Link to Insurer's Provider Search

Link to Insurer's Formulary Search

Provider & Rx Search Results

Print Page

Add Plan to Cart

Link to Insurer's Formulary Search

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4.14 Confirm Plan Selection & Enroll

Confirm Plan Selection & EnrollBackNext

After adding their health and/or dental plan selections to their cart, the customer can confirm their choices and view their monthly premium(s):

The next step in the application process is to electronically sign the application and make the first premium ("binder") payment.

Your Cart

What's next?
In order to enroll in the plan(s) you have selected, you must create an account and complete an application. To begin this process, click Next Register at the bottom of the screen.

Health Plan		Remove
	Monthly Premium	\$105.43
Coverage Start Date: 01/01/2026	HEALTH MONTHLY PAYMENT	\$105.43
Dental Plan		Remove
	Monthly Premium	\$4.79
Coverage Start Date: 02/01/2026	DENTAL MONTHLY PAYMENT	\$4.79
Cart Total		
Health Monthly Payment		\$105.43
Dental Monthly Payment		\$4.79
TOTAL MONTHLY PAYMENT		\$110.22
Continue Shopping		Next Register



5. "Anonymous" Plan Shopping Tool

5.1 "Anonymous" Plan Shopping Tool

**"Anonymous" Plan Shopping Tool**BackNext



5.2 “Anonymous” Plan Shopping Tool

“Anonymous” Plan Shopping Tool

BackNext

A customer does not need a Pennie account to shop for health insurance. Potential customers – or those looking for a financial savings estimate – can use **Anonymous Plan Shopping** by:

- Clicking on **Get Covered**, then **Browse for health & dental plans**
- Clicking on **Savings Calculator**

The screenshot shows the Pennie website interface. On the left, the 'Get Covered' button is highlighted in the top navigation bar. Below it, the 'Savings Calculator' button is highlighted in the footer. On the right, the 'Shop for Health Coverage' page is shown, featuring a 'Browse for health & dental plans' button and a 'Register with access code' button. Arrows indicate the flow from the 'Get Covered' button to the 'Browse for health & dental plans' button and the 'Savings Calculator' button.

5.3 “Anonymous” Plan Shopping Tool

“Anonymous” Plan Shopping Tool

BackNext

This version of the Plan Shopping tool is **only to be used as an estimate** of potential financial savings and to give an idea of the plans available in the customer's area. A final pricing and financial savings determination can only be done through the Pennie enrollment application process.

The information entered into the tool will not be stored or shared with any third party or insurance company.

The information entered will have no effect on the customer's current or future premiums, cost sharing or eligibility for coverage.

The screenshot shows the 'Shop for Health Coverage' page. It includes a list of steps to get an estimate of savings: 1. Answer three questions to get an estimate of your savings. 2. Preview plans available in your area. 3. Complete your application for coverage. 4. Choose a plan, pay your first premium, and you're covered! Below the steps is a disclaimer: 'The results provided from this tool are an estimate only. The only way to see what you are eligible for is to create an account and complete an application through Pennie. The health plan comparison tool provides information about your health plan options. It is not an endorsement of any specific health plan or health insurance company. Check with your doctors directly before enrolling to make sure they accept the coverage.' A 'Continue' button is at the bottom right.

5.4 “Anonymous” Plan Shopping Tool

“Anonymous” Plan Shopping Tool

BackNext

By entering the household's zip code, dates of birth, tobacco usage, and estimated household income for the coverage year, you can see if the customer will qualify for savings:

Our [Application & Comparison Shopping Guide | Pennie.com](#) gives a more detailed review of how to window shop.

Estimated monthly premium for 2026

Your monthly premium depends on where you live, your household size, and whether you qualify for financial help to enroll in coverage through Pennie.

- When do you want your coverage to start?
Plan Year *
2026
- Where do you live?
Zip code *
- Who is in your household and do they need coverage?
Member Birth date * Looking for coverage?
Primary applicant mm/dd/yyyy 25 ☒
+ Add spouse + Add dependent
- Check to see if you may qualify for financial help
Your eligibility for financial help is determined by your income and click "Continue".
Annual Tax Household Income (\$) *

Your Results

Based on what you told us, here is what you may qualify for:



Lower monthly premium

Estimated Tax Credit of \$593 /month

Based on the income you entered, you may qualify for an Advanced Premium Tax Credit (APTC). A tax credit could lower your monthly insurance bill.

Your monthly premium may be about \$217 /month.

The second-lowest cost Silver level health plan (SLCSP) used to calculate the APTC shown above is \$810

Qualified member: Applicant



Lower out-of-pocket costs

It looks like you may qualify for cost-sharing reductions. These will reduce the coinsurance copays and deductibles you pay for services. To use cost-sharing reductions you must enroll in a Silver level plan.

Qualified member: Applicant

NOTE: These Results are only an estimate. You will need to complete an application.

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6. Final Slide

6.1 Final Slide

BackExit



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