

Path to the perfect plan

American Rescue Plan Edition

For Those Considering Coming from the Individual Market to Pennie™ for Increased Financial Assistance

Pennie's main goal is to help connect Pennsylvanians to quality, affordable health coverage. As a result of the American Rescue Plan, also known as the COVID-19 relief package, provisions specific to the Affordable Care Act are impacting the affordability of health insurance in Pennsylvania.

These changes result in significant impacts, including huge savings, for many Pennsylvanians seeking individual market coverage through Pennie for 2021 and 2022. Under the American Rescue Plan, Pennsylvanians are eligible for savings to significantly lower the cost of coverage, regardless of income, if they otherwise qualify.

All uninsured individuals in Pennsylvania, as well as those enrolled in non-group coverage, compliant with the Affordable Care Act, can enroll through Pennie and access these significant savings!

Things to think about when switching plans to Pennie for savings:

Would you like to stay in the same plan as you had in the off-exchange market?

Happy with your plan? Work with your insurance company or a Pennie-Certified Broker to stay in the same plan you have now at Pennie.

What steps do you need to take to enroll through Pennie?

- 1 Compare plans and get a quick quote
- 2 Apply for coverage.
- 3 Pay your first month's premium
- ✓ You are Covered through Pennie!

Your eligibility will then be determined based on the American Rescue Plan requirements and applied prospectively to your premiums.

What kind of savings might be available as part of the American Rescue Plan through Pennie?

If you are curious to what your savings may look like, visit pennie.com and play around with the Savings Calculator to gauge an estimate on what your new premium payment may look like.

Does switching over to Pennie mid-year make sense for you or should you wait and enroll during Open Enrollment?

The sooner you enroll in Pennie, the sooner you will receive this increase in financial assistance. Enrolling mid-year puts money back into your wallet as soon as possible. Something to consider when enrolling through Pennie is that you will be enrolling in a new plan (even if it is the same one in which you were previously enrolled) so any deductible contributions towards your deductible and maximum out-of-pocket you have paid in 2021, may be starting over mid-year. Make sure to think about your total cost of care when considering your options – this includes your premium, deductibles and maximum out-of-pocket costs.



Preventive services that are 100% covered under Pennie:

- Tobacco Smoking Cessation
- Screenings for physical and mental health conditions such as high blood pressure and depression
- Immunizations, including the COVID-19 vaccine
- Age & gender appropriate medical testing services, ex: colonoscopy, mammogram

All commercial, comprehensive health insurance plans available in the Commonwealth, including plans purchased through Pennie, cover in full:

- The COVID-19 test and associated visit costs if patients are experiencing symptoms or has had an indication of exposure
- The cost of the COVID-19 vaccine

For further details, visit the Pennie COVID-19 webpage at pennie.com


What's the real cost of your healthcare?

When you're picking a health insurance plan, your monthly premium is only one thing to consider. Be sure to look at the cost of getting medical care. Check out these examples and estimates:

Monthly/Annual Premium:
\$200/\$2,400*

Annual Deductible:
\$6,500

☐ COMPARE

ADD 


Plan A

Has a lower monthly premium, but you have to pay for most of your health services (doctor visits, mental healthcare etc.) until you've reached the deductible

Monthly/Annual Premium:
\$250/\$3,000

Annual Deductible:
\$2,500

☐ COMPARE

ADD 

Plan B

Has a higher monthly bill, but you only pay a set amount for certain services, such as doctor's visits and mental healthcare services, even before you've reached your deductible

**Plan A is \$600/yr less than Plan B*

So, what happens if you need medical care?

Here are two examples based on health coverage estimates:

You fall and twist your ankle.

You go to the doctor

Plan A: \$175

You pay for the whole visit

Plan B: \$30

You just pay the copay

You need an X-ray

Plan A: \$75

You pay for the X-rays

Plan B: \$75

You pay for the X-rays

Your doctor sends you to a specialist

Plan A: \$250

You pay for the whole visit

Plan B: \$70

You just pay the copay

What you pay for a sprained ankle

Plan A: \$500

Plan B: \$175

Your total annual cost

Plan A: \$2,900

Cost of sprained ankle +
annual premium

Plan B: \$3,175

Cost of sprained ankle +
annual premium

You have diabetes.

Examples of yearly expenses for managing type 2 diabetes

Prescriptions.....	\$2,900
Medical equipment and supplies.....	\$1,300
Office visits and procedures.....	\$700
Education.....	\$300
Lab tests.....	\$100
Vaccines and other preventive care.....	\$100
TOTAL.....	\$5,400

What you pay for diabetes care

Plan A: \$5,400

You pay the entire cost because you haven't reached your deductible yet

Plan B: \$2,500

This amount may even be lower because your health insurance will help you pay for some medical care before you reach your deductible

Your total annual cost

Plan A: \$7,800

Cost of diabetes care +
annual premium

Plan B: \$5,500

Cost of diabetes care +
annual premium

As you can see, if you have no medical costs or only minor expenses, a plan with lower premiums like Plan A may be right for you, but if something more serious goes wrong, or you have a chronic condition, a plan with lower out-of-pocket costs like Plan B will save you more \$\$\$ in the end. These are all things to consider when you pick your plan.