

2021 HEALTH INSURANCE EXCHANGES

EVALUATING THE ONLINE COMPARISON-SHOPPING EXPERIENCE



OCTOBER 2021

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COUNCIL FOR AFFORDABLE
HEALTH COVERAGE



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ABOUT THE COUNCIL FOR AFFORDABLE HEALTH COVERAGE

The Council for Affordable Health Coverage (CAHC) is a broad-based alliance with a singular focus: bringing down the cost of health care for all Americans. Our membership reflects a broad range of interests— including organizations representing insurers, PBMs, drug manufacturers, small and large employers, patient groups, consumers, and physicians. We support solutions that empower consumers to make better health care choices, leading to a more robust, more competitive, and less costly health care system.

We believe consumers and employers deserve:

- Better tools to make informed decisions;
- Better data to power consumer tools; and
- Better markets in which these tools can be used.



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2021

ABOUT THE HEALTH BENEFITS INSTITUTE

The Health Benefits Institute (HBI) is a group of agents, brokers, insurers, employers, benefit platforms, associations, think tanks, and other stakeholders seeking to protect the ability of consumers to make their own health care financing choices. We support policies that expand consumer choice and control, promote industry standards, educate consumers on their options, and foster high-quality health outcomes through transparency in health care prices and the financing mechanisms used to pay for care.



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FOREWORD

On August 15, 2021, the Special Enrollment Period for selecting an Affordable Care Act (ACA, Obamacare) plan through a health insurance exchange ended, and on November 1, 2021, the Open Enrollment Period for 2022 will begin. According to the Department of Health and Human Services (HHS), more than 2.5 million Americans signed up for new health insurance coverage through Healthcare.gov and state-based marketplaces during the 2021 period as of July 31, 2021. Did they make the right choice in selecting a health plan that best meets their needs?

The Council for Affordable Health Coverage (CAHC) and the Health Benefits Institute (HBI) have jointly conducted this survey to assess the e-commerce competency of the public exchanges that were created after the enactment of the ACA. The subjects of our most recent study include 16 exchanges in total: the 15 state-based exchanges (SBEs) run by individual states and the District of Columbia, and the federally-facilitated exchange (FFE) – Healthcare.gov – which provides services in 36 states. This year, Pennsylvania’s Pennie, New Jersey’s GetCoveredNJ, and Nevada’s Nevada Health Link exchanges were added to our study. These states transitioned off of the federal platform to their own state-based exchange websites, on which their consumers can browse for and enroll in health insurance plans. In this report, we make additional recommendations that will further improve health insurance purchases on e-commerce platforms.

CMS defines Health Insurance Exchanges in their “Initial Guidance to States on Exchanges”¹ as:

“A mechanism for organizing the health insurance marketplace to help consumers and small businesses shop for coverage in a way that permits easy comparison of available plan options based on price, benefits and services, and quality... Exchanges create more efficient and competitive markets for individuals and small employers... By providing one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable.”

In its simplest form, health insurance exchanges are websites that allow consumers to gather information and buy health insurance coverage. This type of government exchange does not exist in other insurance lines of business – there is not a government funded and operated auto insurance exchange, for example.

In 2018, HHS partnered with private exchanges to create an enhanced direct enrollment (EDE) pathway for consumers to apply for and enroll in an exchange plan directly through an approved issuer or web-broker without the need to be redirected to Healthcare.gov or through the Exchange Call Center. Unofficially, about 37 percent of new enrollments to Healthcare.gov come through the EDE pathway. As technology has improved and costs have gone down, several states are seeking to stand up their own government-run exchange. HHS should fund these efforts and ensure states build an online eligibility system that can communicate with the private sector through an EDE pathway at the state level.

Although not included in this analysis, this year a private exchange would have been the highest scoring – with a score of 97 out of 100. If the goal is to provide consumers with the best information with which to make health coverage decisions, the EDE pathway should continue at both the state and federal levels.

¹ “Initial Guidance to States on Exchanges.” Centers for Medicare & Medicaid Services, Nov 2010. https://www.cms.gov/CCIIO/Resources/Files/guidance_to_states_on_exchanges

FOREWORD

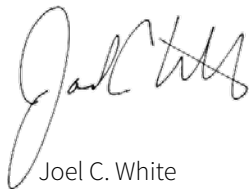
Competition is the ultimate consumer protection because it leads not only to more choices, but also to decisions that lower costs and continuously improve products. Private-sector innovators have forever changed the way e-commerce functions. Amazon and Kayak are prime examples of companies that can nimbly respond to consumer needs in a way government bureaucracy simply is not set up to accomplish. Only in health care do government-funded e-commerce tools – which originated in the private market – compete with private-sector innovators.

Expanding private options and improving government-run exchanges will increase access to comprehensive and understandable plan information. This naturally leads to better insurance choices that tailor coverage to health needs, lowering costs by pairing patients with plans that cover their drugs and providers, and ensuring a balance between premium and out-of-pocket costs. HHS should certify private websites as able to verify enrollment and exchange credit eligibility. To protect taxpayer interests, HHS should only certify those sites that meet high quality standards.

For government-run exchanges, this year's report highlights both a mix of improvements and stagnation among the exchanges. Much like our past reports, we continue to raise the question of whether innovation on the exchanges is occurring at a pace consistent with e-commerce developments in the private sector, and whether a new direction that includes competition with the private sector should be considered. As we head into the 2022 Open Enrollment Period, we will see the impacts – good and bad – of government decisions in the exchange marketplaces.

We thank Samantha Boccia and Jen Steger for their contributions to this report. Our combined hope is that our recommendations will lead to a more functional market that meets consumer needs effectively and efficiently.

Sincerely,



Joel C. White

President, Council for Affordable Health Coverage



J.P. Wieske

Executive Director, Health Benefits Institute



INTRODUCTION

The COVID-19 virus, which precipitated a public health emergency and has claimed 740,000 American lives and counting, left many without jobs and thus without health insurance through their employer when they needed it most. Congress mobilized to offer new enhanced ACA and COBRA subsidies to more people to promote health care accessibility and affordability during the crisis. These efforts included increasing premium tax credits (APTC) that reduce monthly premiums, expanding subsidies to people earning more than 400 percent of the federal poverty level, and deeming people receiving unemployment insurance benefits as qualified for subsidies. The 2021 ACA Open Enrollment Period was also extended to a Marketplace Special Enrollment Period until August 15, 2021. Notably, the Centers for Medicare and Medicaid Services (CMS) reported 2.5 million new enrollees through Healthcare.gov and the state-based exchanges from February 15 to July 31, 2021.² According to CMS, 2.5 million consumers left the exchanges between 2016 and 2018, so it is reasonable to assume many of those newly insured in 2021 are former exchange customers.

According to the Congressional Research Service, the height of enrollment was in 2016 when 12.7 million individuals enrolled. For Plan Year 2021, that number is about 12 million.^{3,4} HHS spent \$1.8 billion on exchange-related functions in Fiscal Year 2020. That enrollment cost paid by taxpayers equals \$150 per person.

While the American Rescue Plan (ARP) reduced premiums for many via new taxpayer subsidies, out-of-pocket costs for individuals and families continue to rise, including for those who shop on the exchanges. The average Silver plan deductible rose again for Plan Year 2021 to \$4,879.⁵ That is \$800 more than the average in 2018 and almost \$2,000 more than the average in 2014. As consumers are locked into plans chosen on the exchanges for the next year, they need to be fully aware of potential cost-sharing opportunities throughout the year, which are often not apparent in the window-shopping tools.

Changing health coverage can make a major difference in access to quality, affordable health care when Americans are struggling to pay high average costs. For the average consumer, health care and insurance continue to be complex and opaque because both involve complicated issues, even outside of the global pandemic context. The main goal of the exchanges should be to make health coverage “easier and more understandable” so that consumers can purchase and utilize health insurance that best meets their needs.⁶ If buying health insurance is too difficult or too expensive, many consumers simply won’t purchase it.

² “2021 Marketplace Special Enrollment Period Report.” Centers for Medicare & Medicaid Services, Aug 2021. <https://www.cms.gov/newsroom/fact-sheets/2021-marketplace-special-enrollment-period-report-4>

³ “Overview of Health Insurance Exchanges.” Congressional Research Service, Feb 2021. <https://fas.org/sgp/crs/misc/R44065.pdf>

⁴ “State Health Facts: Affordable Care Act Health Insurance Marketplace Enrollment, 2014-2021.” Kaiser Family Foundation, Aug 2021. <https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?activeTab=graph¤tTimeframe=0&startTimeframe=7&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colld%22:%7B%22Location%22,%22sort%22:%7B%22asc%22%7D>

⁵ “Premiums Drop Slightly As 2021 Open Enrollment Period Draws Near.” Health Affairs, Oct 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20201023.33540/full/>

⁶ “Initial Guidance to States on Exchanges.” Centers for Medicare & Medicaid Services, Nov 2010. https://www.cms.gov/CCIIO/Resources/Files/guidance_to_states_on_exchanges

For 2021, our analysis shows many exchanges made adjustments and added essential recommended features. Most notably, some exchanges included or improved out-of-pocket cost calculators and integrated drug directories, while others seemingly ignored the maintenance of their exchange layout and saw scores decline or stagnate as a result.

At a time when much of Americans' lives have moved online out of necessity, from visits with family to work engagements to shopping for essential goods, all legitimate exchanges and resources should be given equal opportunity. If not, consumers will lose access to information needed to make smart decisions about their coverage needs. For example, private exchanges employ individuals trained to help consumers navigate the byzantine plan selection and enrollment system. These employees are trained to assist all populations including seasonal employees, part-time workers, those in unique financial situations, underserved communities, minority communities, and groups that need additional assistance with technology. We make several policy recommendations that will increase transparency and health literacy for consumers, while driving competition in the health marketplace. Our core recommendation is to allow consumers more tools to shop for and purchase health coverage. Our hope is that HHS, states, and Congress will adopt these changes to improve consumer welfare.

FEATURES THAT AFFECT CONSUMER CHOICE

When selecting among plan alternatives, the relative demand for different plan designs is influenced by presentation. Some of the observed shift in demand in recent years may thus be owed in part to changes in the way plan information is displayed and compared online.

Various studies have concluded that online enrollment choices are best supported in four key aspects of the consumer experience:^{7,8}

- 1 Easily viewing, comparing, and understanding health plan options.
- 2 Identifying expected total plan costs and determining eligibility for financial assistance.
- 3 Confirming whether a plan covers preferred doctors and/or prescribed medications.
- 4 Navigating the website smoothly and completing the enrollment process quickly.

The availability of these key attributes helps consumers navigate through the online enrollment experience while educating them about different choices. This is a critical role of the exchanges. Missing or poorly presented information may lead to suboptimal plan selection. This in turn leads to higher out-of-pocket costs, foregone treatment, and disease progression, further increasing health spending in more expensive settings.

⁷ "Evaluating the Consumer Window-Shopping Experience in Health Insurance Marketplace Websites: A Comparative Analysis." FamiliesUSA, Jan 2014. <https://familiesusa.org/wp-content/uploads/2019/09/state-website-analysis.pdf>

⁸ "Supporting Informed Decision-Making in the Health Insurance Marketplace." National Partnership for Women & Families, Apr 2017. <https://www.nationalpartnership.org/our-work/resources/health-care/supporting-informed-decision-making-in-the-health-insurance-marketplace-progress-report-for-2017.pdf>

ACCORDINGLY, OUR SURVEY WAS DESIGNED TO ASSESS THE FOLLOWING KEY COMPETENCIES:

- 1 CUSTOMIZED WINDOW-SHOPPING TOOL**

Allowing consumers to preview and compare customized plan choice information based on personal circumstances.
- 2 SMART, COMPARATIVE PLAN DISPLAY PAGE**

Displaying health plan choices optimized to consumer preferences with respect to health plan type, total out-of-pocket costs (premiums and cost-sharing), eligibility for financial assistance and tax benefits, preferred providers, and prescribed medications.
- 3 ACCESS TO DETAILED PLAN INFORMATION:**

Providing direct links to plan summaries of benefits and coverage, in-depth information on plan deductibles and cost-sharing for health care services, and direct links to plan provider networks and drug formularies that allow consumers to easily toggle back and forth without leaving the exchange website.
- 4 OUT-OF-POCKET COST CALCULATOR**

Including a tool that provides a cost estimate of total annual out-of-pocket costs (premiums and cost-sharing) that factors in both the consumer's prescription drug utilization and overall health utilization (e.g., general health status, and/or anticipated health care procedures/usage).
- 5 INTEGRATED PROVIDER DIRECTORY AND DRUG DIRECTORY TOOLS**

Utilizing integrated provider and drug directories that allow consumers to easily determine which plans cover preferred doctors and to assess the inclusiveness of plan formularies and cost-sharing for prescribed medications under each plan.
- 6 USER-FRIENDLY WEBSITE LANGUAGE AND NAVIGATION**

Providing a user-friendly, intuitive website layout that employs clear language that is free of jargon, requires a small number of steps to access key information, and simplifies consumer decision-making.
- 7 ACCURATE PLAN INFORMATION:**

Providing accurate information on benefits, cost-sharing, provider networks, and drug formularies. Information provided should be as accurate, current, and consistent as possible, and updated at least monthly.

We developed a set of eight primary features and three secondary features (11 total) corresponding to these competencies. While most features lent themselves to grading on a five-point letter scale (with “A” equal to 4 points and “F” equal to 0), in four cases, there were too few variants. Two features were graded as “categorical variables,” which translated to an “A,” “B,” or “C” basis (reflecting the fact that all exchanges have at least a basic level of competency), while two others were scored as “pass/fail” (“A” or “F”). The survey data was gathered through a series of online trials using the window-shopping interface accessible from the homepage of the exchanges’ websites. (See Appendices I and II for further discussion of our methods).

The original survey was conducted anonymously between November 6, 2020 – December 15, 2020. The report has been updated throughout 2021. All evaluations are based exclusively on the tools available via the window-shopping interface accessible from the homepage of the exchanges’ websites. Changes from our 2018 report card and recommendations can be found in the Findings, Discussion, and Conclusions sections. Details on our methodology are presented in Appendix I. A feature-by-feature review of the 16 exchanges can be found in Appendix II.

FINDINGS

The core finding for the 2021 exchanges is that many states either incorporated or improved their integrated drug directories and out-of-pocket cost calculators. Unfortunately, the exchanges we evaluated shunned potential improvements to other features. Worse yet, the quality of some window-shopping features, namely layout, decreased for many exchanges. Healthcare.gov, the federally-run website used in 36 states, ranked lower this year than in 2018, dropping by two in their ranking amongst the exchanges. Access Health CT featured the most dramatic improvement in index score with a whopping 26-point increase since 2018.

HIGHLIGHTS FOR 2021 OPEN ENROLLMENT

THE HIGHLIGHTS OF THIS YEAR'S SURVEY INCLUDE:

- **The Access Health CT exchange ranked first overall, scoring 95 out of 100.** The default order and plan finder support functions improved enough to warrant perfect scores in those categories. There is still room for improvement, however, as the Access Health CT exchange out-of-pocket cost calculator total was not numeric, and the layout was cluttered and difficult to navigate.
- **Half of the exchanges received a grade below 80 out of 100.** Two state-based exchanges – Massachusetts Health Connector and Vermont Health Connect – received very low scores of 63 out of 100 and 62 out of 100, while New York State of Health received the only failing score of 50 out of 100.
- **Variation in exchange composite scores indicates the consumer experience is uneven across the country, with the lowest-ranking exchange earning a score of 50 out of 100 and the highest-ranking exchange earning a score of 95 out of 100.** This may reflect the varying levels of commitment – both political and financial – to public exchanges.
- **This year, three state-based exchanges were added to the study.** Pennsylvania's Pennie, New Jersey's GetCoveredNJ, and Nevada's Nevada Health Link exchanges were assessed alongside the 13 exchanges evaluated in the 2018 report. GetCoveredNJ ranked 6th with a score of 84 out of 100, Pennie ranked 8th with a score of 80 out of 100, and Nevada Health Link ranked 12th with a score of 71 out of 100.
- **Healthcare.gov, the federally-facilitated exchange that serves 36 states, tied for 6th place with GetCoveredNJ this year. The exchange's index score improved since 2018 from 81 out of 100 to 84 out of 100, thanks to improvements in the integrated drug directory.** However, the federally-facilitated exchange dropped from its 4th place ranking in 2018 due to a relative decline in other categories compared to the improvements made by other exchanges.

CONTINUED ►

THE HIGHLIGHTS OF THIS YEAR'S SURVEY INCLUDE:

- **All but two of the 13 exchanges evaluated in the 2018 report improved their overall index scores. The average exchange website scored 78 out of 100 (a 7% increase from 2018) on our composite index.** While the index scores of DC Health Link and Vermont Health Connect decreased slightly, those of Access Health CT, Your Health Idaho, Massachusetts Health Connector, and Maryland Health Connection improved dramatically. The index scores of the Health Source RI and Washington Healthplanfinder exchanges also improved, but less notably. Other exchanges saw only marginal improvements to their index scores.
- **The greatest improvement to the exchanges was seen in integrated drug directories.** This feature, at its most functional, empowers consumers to make plan choices based on the prescription drugs they need covered. Without access to it, or when the feature is limited, consumers risk wasting money on an unsuitable plan and could face obstacles accessing and adhering to necessary medications. Healthsource RI and Access Health CT added integrated drug directories that warranted perfect scores, while Your Health Idaho, MNSure, and Massachusetts Health Connector added integrated drug directories that featured limited functionality. Connect for Health Colorado, Maryland Health Connection, and Healthcare.gov also improved their integrated drug directories' functionality. Unfortunately, Washington Healthplanfinder did not make improvements, and Covered California, Vermont Health Connect, and New York State of Health failed to add the feature at all.
- **Another significant improvement to the exchanges was found in out-of-pocket cost calculators.** Without this critical tool to provide price transparency, consumers are ill-equipped to choose a plan that maximizes their cost savings. Both Maryland Health Connection and NY State of Health added out-of-pocket cost calculators, although NY State of Health's calculator is still very limited. Covered California and Washington Healthplanfinder improved their calculators' functionality, but all other exchanges also assessed in 2018 neglected to improve their calculators. Most glaringly, Massachusetts Health Connector has yet to add the feature to their exchange website at all.
- **The most notable setback in the functionality of the exchanges this year was in the layout of window-shopping tools.** Improving interface layout is important because an aesthetically pleasing and well-organized layout allows consumers to track their progress in purchasing a plan, helps them understand insurance terms by guaranteeing accessibility of their definitions, and ensures they can easily find the information necessary to understand their coverage options and costs. Healthcare.gov and Massachusetts Health Connector failed to improve the feature, and the layouts of several exchanges - DC Health Link, Connect for Health Colorado, HealthSource RI, Maryland Health Connection, MNSure, Vermont Health Connect, and NY State of Health – were even less navigable than in 2018. Additionally, despite ranking 1st amongst the exchanges, Access Health CT's very cluttered layout continues to be a burden in navigating the exchange.

The tables on the following pages highlight our findings for 2021 in the 11 categories assessed and compare our findings to those of 2018.

2021 INSURANCE EXCHANGE WEBSITES SCORECARD

INSURANCE EXCHANGE WEBSITE	WINDOW-SHOPPING TOOL		SMART, COMPARATIVE PLAN DISPLAY PAGE			OUT-OF-POCKET COST CALCULATOR	INTEGRATED PROVIDER DIRECTORY	INTEGRATED DRUG DIRECTORY	NAVIGATION AND SUPPORT			INDEX SCORE
	ANONYMOUS BROWSING	CUSTOMIZED PLAN INFO	DEFAULT ORDER	PLAN FINDER SUPPORT	HIGHLIGHTS CSR PLANS ⁶				LAYOUT	ACCESS HUMAN SUPPORT	LANGUAGE ACCESSIBILITY	
ACCESS HEALTH CT	YES	A	SMART SORT	DECISION-SUPPORT	PASS	B	A	A	B	PASS	A	95
WASHINGTON HEALTHPLANFINDER	YES	A	SMART SORT	DECISION-SUPPORT	PASS	A	A	C	A	PASS	A	94
DC HEALTH LINK	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	A	A	B	PASS	A	90
HEALTHSOURCE RI	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	A	A	B	PASS	A	90
CONNECT FOR HEALTH COLORADO	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	C	A	A	B	PASS	A	85
GETCOVEREDNJ	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	B	B	B	A	PASS	A	84
HEALTHCARE.GOV	YES	A	PREMIUMS	WALKTHROUGH	PASS	C	A	A	B	PASS	A	84
PENNIE (PA)	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	B	B	B	A	PASS	C	80
MARYLAND HEALTH CONNECTION	YES	A	PREMIUMS	BASIC	NO	A	A	B	C	PASS	A	79
YOUR HEALTH IDAHO	YES	A	PREMIUMS	BASIC	PASS	B	B	B	A	PASS	C	77
COVERED CALIFORNIA	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	A	B	F	A	PASS	B	76
NEVADA HEALTH LINK	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	B	F	B	A	PASS	C	71
MNSURE	YES	A	YEARLY COST ESTIMATE	BASIC	PASS	B	F	C	B	PASS	A	70
MASSACHUSETTS HEALTH CONNECTOR	YES	A	OTHER ("PLAN NAME")	BASIC	PASS	F	A	B	C	PASS	B	63
VERMONT HEALTH CONNECT	YES	A	YEARLY COST ESTIMATE	WALKTHROUGH	PASS	B	F	F	B	PASS	C	62
NEW YORK STATE OF HEALTH	YES	C	PREMIUMS	BASIC	PASS	C	F	F	C	PASS	A	50

2018 vs. 2021 INSURANCE EXCHANGE WEBSITES SCORECARD

INSURANCE EXCHANGE WEBSITE	2018 INDEXED WEIGHTED COMPOSITE	2021 INDEXED WEIGHTED COMPOSITE	2018 TO 2021 SCORE CHANGE
ACCESS HEALTH CT	69	95	+26
WASHINGTON HEALTHPLANFINDER	86	94	+8
DC HEALTH LINK	92	90	-2
HEALTHSOURCE RI	80	90	+10
CONNECT FOR HEALTH COLORADO	82	85	+3
GETCOVEREDNJ	--	84	--
HEALTHCARE.GOV	81	84	+3
PENNIE (PA)	--	80	--
MARYLAND HEALTH CONNECTION	64	79	+15
YOUR HEALTH IDAHO	61	77	+16
COVERED CALIFORNIA	75	76	+1
NEVADA HEALTH LINK	--	71	--
MNSURE	68	70	+2
MASSACHUSETTS HEALTH CONNECTOR	48	63	+15
VERMONT HEALTH CONNECT	64	62	-2
NEW YORK STATE OF HEALTH	49	50	+1



RECOMMENDATIONS

CAHC AND HBI MAKE THE FOLLOWING RECOMMENDATIONS TO IMPROVE THE FUNCTIONALITY AND UTILITY OF THE GOVERNMENT-RUN EXCHANGES:

- 1 As states seek to stand up new exchanges, they should require and fund enhanced direct enrollment (EDE) functionality that allows consumers to shop, select, and enroll in an ACA plan seamlessly through a private partner exchange.
- 2 Exchanges should ensure consumers have access to and help from licensed, trained insurance agents.
- 3 Exchanges should integrate robust, accurate, and up-to-date provider and drug directories in the window-shopping tool.
- 4 Exchanges should strengthen consumers' ability to accurately estimate total expected out-of-pocket costs by including (and updating where already included) a cost calculator and "smart sort" cost functions.
- 5 During scheduled downtime for future Open Enrollment Periods, HHS should direct all traffic to private enrollment websites to ensure availability throughout Open Enrollment Periods.

CONCLUSION

Thinking of public exchanges as state- and federally-run programs misses the mark; exchanges are tools to access information and assist in enrollment. Unfortunately, many exchanges simply have not kept up with consumer needs in online shopping. Continued reliance on expensive and often outdated government-run exchanges threatens to relegate some consumers to poor plan matches. As more states seek to enter the exchange business, EDE pathways should be expanded, not restricted.

While it is unlikely Congress or the administration will switch to a purely private model anytime in the near future – as this approach has been rejected by Republican and Democratic administrations alike – consumers deserve a better, comparable experience regardless of where they live. Establishing a floor on standards for exchange performance in each category assessed in this report would encourage poorly performing exchanges to improve. It would also serve as a baseline for the minimum information consumers need to make good coverage choices, lowering costs in the process.

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2021 SCORECARD METHODOLOGY

OVERVIEW

In order to most accurately evaluate how consumers first explore and experience the insurance exchanges, CAHC and HBI based the scoring methodology **exclusively on the features and tools available via the window-shopping interface accessible from the homepage** and not on those available through the application process.

Some exchanges may offer features in addition to those of the main window-shopping tool, such as features accessible after consumers create accounts and/or make enrollment decisions. But we did not and could not assess those features.

Requiring consumers to jump through additional hoops on the website or asking them to share significant personal information online just to get basic information about insurance options makes the shopping experience more difficult, which runs counter to promoting both transparency and accessibility in the health care marketplace.

Because we hold the exchanges accountable for facilitating optimal consumer plan choices, our evaluation of each exchange focuses on the decision-making stage of health care shopping, not the application stage after the fact.

The original exchange website analysis for Plan Year 2021's survey and scorecard was conducted between November 6, 2020 – December 15, 2020. The report has been updated throughout 2021.

SCORING SYSTEM

Each column is scored based on one of the following metrics, depending on the column's particular criteria as outlined below.

Yes/No: Provides a simple binary classification to indicate whether the question is satisfied.

Categorical Variable: Specifies the type of feature in use by the exchange website out of a defined set of options.

Letter Grade: Indicates the level of proficiency at which the criteria are satisfied. Generally, the letter grades are scored as follows. Underlined text in the criteria description indicate key factors for distinguishing between scoring grades.

- A** Meets all criteria for this category.
- B** Meets most criteria for this category.
- C** Meets some criteria for this category.
- D** Meets minimal criteria for this category and provides little utility to the consumer in their current construction.
- F** Meets none of the criteria for this category (e.g., the feature is not provided).

CRITERIA

■ ANONYMOUS BROWSING (YES/NO):

Indicates whether the exchange website includes a window-shopping tool that allows consumers to preview and compare plan choice information prior to creating a user account.

■ CUSTOMIZED PLAN INFORMATION (LETTER GRADE)

Indicates whether the window-shopping tool allows consumers to input their personal information (age, household size, and income) to determine eligibility for financial assistance and access customized plan choice information.

- A** Determines the consumer's eligibility for premium subsidies and cost-sharing reductions and provides customized plan choice information based on these financial determinations.

- B** Determines the consumer's eligibility for premium subsidies only and provides customized plan choice information based on this financial determination.

- C** Determines the consumer's eligibility for premium subsidies and/or cost-sharing reductions but does not provide customized plan choice information based on this financial determination.

- F** Does not allow consumers to input personal information to determine eligibility for financial assistance and access customized plan choice information within the window-shopping tool.

■ DEFAULT ORDER (CATEGORICAL VARIABLE):

Specifies the default order in which plan options are displayed.

- A Smart Sort:** Default plan order incorporates several factors, including the consumer's financial circumstances, plan/benefit preferences, and estimated annual out-of-pocket costs (premiums, deductibles, and plan cost-sharing).
- B Yearly Cost Estimate:** Default plan order is sorted by total annual out-of-pocket costs (exchange website must have an out-of-pocket cost calculator as a prerequisite).
- C Premiums:** Default plan order is sorted from lowest to highest plan premiums.

■ PLAN FINDER SUPPORT (CATEGORICAL VARIABLE):

Specifies the level of educational content presented within the window-shopping tool (e.g., within the process of start-to-finish using the window-shopping tool only) to help consumers understand how to compare and assess the different plan choices presented.

- A Decision-Support:** Window-shopping tool includes a questionnaire-based recommendation tool to help prioritize/narrow health plan choices to highlight best-fit options.
- B Walkthrough:** Window-shopping tool includes video, graphics, hover-over explanations, and other materials presented upfront before the consumer reaches the plan display page. Walkthrough materials must provide more than just basic definitions of terms (e.g. deductible) and shed some light on plan choice tradeoffs.
- C Basic:** The exchange website only includes basic hover-over definitions or overview materials on health coverage (likely on a separate resources page), without specific educational content on plan choice tradeoffs presented within the window-shopping tool itself.

■ HIGHLIGHTS CSR PLANS (YES/NO):

Indicates whether the plan display page highlights **Silver** plans by default for consumers eligible for Cost-Sharing Reductions (CSRs). **This criteria** is not applicable if the exchange website sorts plans by Yearly Cost Estimate by default.

■ OUT-OF-POCKET COST CALCULATOR (LETTER GRADE):

Indicates whether the exchange website includes a tool that provides an estimate of total annual out-of-pocket costs (premiums, deductibles, and cost-sharing) customized to the consumer's health and financial status.

- A** Cost estimates factor in **both**: 1) prescription drug utilization, and 2) at least one indicator of overall health utilization (e.g., general health status, and/or anticipated health care procedures/usage).
- B** If cost estimates **do not factor** in prescription drug utilization, then estimates must be based on **multiple indicators** of overall health utilization (e.g., general health status and anticipated health care procedures/usage).
- C** Cost estimates factor in **only one indicator** of overall health utilization (e.g., general health status or anticipated health care procedures/usage)
- F** **Does not include** a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
 - **If the out-of-pocket cost calculator only provides a non-numeric cost estimate (e.g., a "low," "average," or "high") for each plan, then it is scored as one letter grade lower overall for offering lower utility to consumers than what a specific dollar estimate would otherwise provide.*

■ INTEGRATED PROVIDER DIRECTORY (LETTER GRADE):

Indicates whether the exchange website includes a built-in tool that allows consumers to search for plans that cover their preferred providers.

- A** Indicates provider coverage on the plan display page and **provides a filter** to highlight plans that cover the consumer's preferred providers.
- B** Indicates provider coverage on the plan display page but **does not provide** a filter to highlight plans that cover the consumer's preferred providers.
- C** Allows consumers to search for plans that cover their preferred providers but **does not indicate** provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred providers.
- F** **Does not include** a built-in tool for consumers to search for plans that cover their preferred providers.

INTEGRATED DRUG DIRECTORY (LETTER GRADE):

Indicates whether the exchange website includes a built-in tool that allows consumers to search for plans that cover their prescribed medications.

- A** Indicates prescription drug coverage, with cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- B** Indicates prescription drug coverage, without cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- C** Indicates prescription drug coverage, without cost-sharing information, on the plan display page but does not provide a filter to highlight plans that cover the consumer's prescribed medications.
- F** Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.

LAYOUT (LETTER GRADE):

Indicates whether the exchange website has an intuitive design and provides easy explanations of terms for consumers. Grades are assigned based on whether the exchanges include the listed items, scored as follows:

1. Requires minimal clicks to access the window-shopping tool: 2 points.
2. Plain and concise language: 1 point.
3. Progress bar while entering personal information (if multiple pages): 1 point.
4. Easy-to-follow definitions of key features and insurance terms: 1 point.
5. Lack of clutter: 1 point.

- A** 6 points
- B** 4-5 points
- C** 2-3 points
- F** 0-1 points

ACCESS TO HUMAN SUPPORT (YES/NO):

Indicates whether the exchange website prominently offers integrated chat functionality or telephone support for consumers to obtain further help.

LANGUAGE ACCESSIBILITY (LETTER GRADE):

Indicates whether the exchange website prominently features non-English language translation services and/or access to assistance.

- A** Provides website translation services, including for the window-shopping tool, for at least one language (usually Spanish). Indicates additional access to assistance for other languages displayed prominently from the homepage.
- B** Provides website translation services, not including the window-shopping tool, for at least one language (usually Spanish). Indicates additional access to assistance for other languages displayed prominently from the homepage.
- C** Does not include website-translation services, but provides access to language assistance prominently from the homepage for multiple languages.
- D** Does not include website-translation services, but provides access to language assistance prominently from the homepage for a single language (usually Spanish).
- F** Does not display non-English language assistance prominently from the homepage.

INDEXED WEIGHTED COMPOSITE

The final column of the scorecard (replicated in Table A-1) provides a measure of relative functionality in the form of an indexed weighted composite. On this index, the highest possible score is 100.

INSURANCE EXCHANGE WEBSITE	INDEX WEIGHTED COMPOSITE
ACCESS HEALTH CT	95
WASHINGTON HEALTHPLANFINDER	94
DC HEALTH LINK	90
HEALTHSOURCE RI	90
CONNECT FOR HEALTH COLORADO	85
GETCOVEREDNJ	84
HEALTHCARE.GOV	84
PENNIE (PA)	80
MARYLAND HEALTH CONNECTION	79
YOUR HEALTH IDAHO	77
COVERED CALIFORNIA	76
NEVADA HEALTH LINK	71
MNSURE	70
MASSACHUSETTS HEALTH CONNECTOR	63
VERMONT HEALTH CONNECT	62
NEW YORK STATE OF HEALTH	50

Table A-1: Indexed Weighted Composite Scores

In developing this composite score, we weighted each of the 11 features evaluated in this study on a scale of 1 to 10, based on our assessments of their relative importance.

- We weighted five features in the highest tier at 10 points—Customized Plan Information, Default Plan Order, Out-Of-Pocket Cost Calculator, Integrated Provider Directory, and Integrated Drug Directory—because these features and decision-support tools are most integral for helping consumers understand the tradeoffs between their plan choices.
- We weighted two features in the second tier at 7 points—Plan Finder Support and Language Accessibility—because these features support consumers in utilizing the decision-support tools highlighted within the first tier to view and compare plan choices.
- And finally, we weighted one feature in the third tier at 3 points—Highlights CSR Plans—because although this feature is useful to consumers, it is in-part accounted for already by how well the exchange performs on Customized Plan Information and Default Plan Order.

INDIVIDUAL EXCHANGE SURVEYS

- ACCESS HEALTH CT
- CONNECT FOR HEALTH COLORADO
- COVERED CALIFORNIA
- DC HEALTH LINK
- HEALTHCARE.GOV
- HEALTHSOURCE RI
- YOUR HEALTH IDAHO
- MARYLAND HEALTH CONNECTION
- MASSACHUSETTS HEALTH CONNECTOR
- MNSURE
- GETCOVEREDNJ
- NEVADA HEALTH LINK
- NY STATE HEALTH
- PENNIE (PA)
- VERMONT HEALTH CONNECT
- WASHINGTON HEALTHPLANFINDER

2021

ACCESS HEALTH CT

WEBSITE LINK <https://www.accesshealthct.com/AHCT/ctchix/#/home>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY Hartford

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.accesshealthct.com/AHCT/ctchix/#/famInfo/loadFamilyInfo
CUSTOMIZED PLAN INFO	A	Allows consumers to input age, household income, and if they are pregnant. Displays estimated CSRs and indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	SMART SORT	The plan results page does provide specific plan choice recommendations, marking two plans as “matching health plans” out of 20 plans. The two matching plans are determined by multiple factors, including the consumer’s financial circumstances, medical service anticipated use, and total annual out-of-pocket costs. Within smart sort/between the two matching plans, they are sorted by lowest monthly premium.
PLAN FINDER SUPPORT	DECISION-SUPPORT	Window-shopping tool utilizes a questionnaire to produce two matching plan choice options, taking into account household income, anticipated medical service use, and total annual out-of-pocket costs. Plan results page includes limited hover-over definitions, but plan detail pages and the compare plans function include more hover-over definitions and explanations (question mark icon). The plan display page includes a side-by-side Compare Plans function.
HIGHLIGHTS CSR PLANS	YES	CSR eligibility is determined and Silver CSR plans are automatically filtered and highlighted on the plan display page when viewing consumer’s two matching plans. Once viewing all 20 plans available to the consumer, they can use that same Silver plan filter to highlight Silver/CSR plans, but it is not applied automatically.
OUT-OF-POCKET COST CALCULATOR	B	After inputting personal information, the Estimate Your Healthcare Expenses for the Year page appears, where consumers can input medical service anticipated use, which includes expected doctor office visits, lab and imaging tests, surgeries or procedures, nights in hospital, and prescription drugs used per month. The total is non-numeric and is instead described, ex. “Total Cost Estimate: Low.” Only after answering the questionnaire on usage is a total cost estimate made available.
INTEGRATED PROVIDER DIRECTORY	A	Consumers are allowed to input doctors they would like covered by their plan. Coverage is indicated on plans and while plans not covering the preferred provider are not automatically filtered out, a filter is available to highlight plans with provider coverage.
INTEGRATED DRUG DIRECTORY	A	Consumers are allowed to input prescription drugs they would like covered by their plan. Coverage is indicated on plans and while plans not covering the preferred prescription are not automatically filtered out, a filter is available to highlight plans with prescription coverage. Includes extensive general prescription drug cost-sharing information.
LAYOUT	B	► Includes #1, 2, 4. ► Note #3 –Missing. ► Note #5 – Cluttered due to the amount of text and numbers on the screen at once during the window-shopping tool experience and the extensive filter section.
ACCESS TO HUMAN SUPPORT	YES	Includes the customer service number at the bottom of homepage. Includes a Live Chat which provides live access to an enrollment specialist and/or a certified broker, an In-Person Help Locator (featuring Virtual Enrollment Fairs and In-Person Enrollment Locations), a Find Broker and Enrollment Specialist Enrollment Help link (featuring a location function based on city), and an Email Us function (submit question via their website).
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish, including the window-shopping tool, and indicates additional access to assistance for other languages from the homepage.

CONNECT FOR HEALTH COLORADO

WEBSITE LINK <https://connectforhealthco.com>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 80401

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://planfinder.connectforhealthco.com/home Consumer is required to enter a first name, but they are not required to create an account.
CUSTOMIZED PLAN INFO	A	Consumers can input age, household income, and whether they are a tobacco user. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	BASIC	Includes hover-over definitions (question mark icon) and a side-by-side tool to compare plans, but there are no educational videos or graphics, nor are plan recommendations offered or plan tradeoffs described. The homepage includes a “Find Answers” tab, which is a separate resource page.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate (Eligibility for CSRs determined and consumers are notified they must enroll in a Silver plan to access CSRs. There is a Silver plan filter on the plan results page to highlight Silver plans).
OUT-OF-POCKET COST CALCULATOR	C	Includes an out-of-pocket cost calculator that provides estimates based on only one indicator of overall health utilization—expected health care usage, described as: Low, Medium, and High. Each is defined by number of visits with a doctor, outpatient visits, and days in the hospital, and notes preventative services and screenings costs. Although this single indicator takes into account multiple factors, it is harder to personalize preferences when they are all pre-determined in the definition and accounted for in the single indicator. Prescription drug utilization is not accounted for as a separate indicator nor in any of the three usage type definitions. The total cost calculation is numeric.
INTEGRATED PROVIDER DIRECTORY	A	Indicates doctor coverage on the plan display page by noting 1/1 doctors covered in the “Coverage of my doctors & medications” column, instead of noting the doctor name. If the consumer inputs multiple doctors, they must hover-over the doctors’ number marker to see which specific doctor is covered, which is less accessible. Also provides the consumer with the provider’s address. Automatically filters to plans that include the consumer’s preferred providers as long as a preferred medication that interrupts the filtering is not also inputted because their automatic filtering process accounts for doctor and medication coverage at the same time – as they are both under the “Coverage of my doctors & medications” column. Consumer is able to click Doctors under My Preferences on the plan results page and use a filter to control doctor coverage.
INTEGRATED DRUG DIRECTORY	A	Indicates prescription drug coverage on the plan display page by noting 1/1 prescriptions covered in the “Coverage of my doctors & medications” column but does not note the drug name. If the consumer inputs multiple prescriptions, they must hover over the medications number marker to see which specific drug is covered, which is less accessible. Automatically filters to include all plans that cover the consumer’s preferred prescriptions, unless a preferred provider has been indicated. If a preferred doctor is inputted, the plans are filtered to include only the plans that cover both the preferred drug and the preferred provider in the “Coverage of my doctors & medications” column. Consumer is also able to click Medications under My preferences on the plan results page and use a filter to control medication coverage. Includes extensive general drug cost-sharing information.

CONTINUED ▶

CONNECT FOR HEALTH COLORADO

WEBSITE LINK <https://connectforhealthco.com>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 80401

CRITERIA	SCORE	JUSTIFICATION
LAYOUT	B	► Includes #1-4. ► Note #3 – Not a physical progress bar, but site shows which of the four pages you are on. ► Note #5 – Cluttered due to the excessive text and numbers included on the plan results page.
ACCESS TO HUMAN SUPPORT	YES	Includes resources for help from a broker, an in-person enrollment assister, an in-person enrollment center, and a phone number for the customer service center. They also feature a live chat with an agent.
LANGUAGE ACCESSIBILITY	A	Includes website translation services for Spanish on the home page. Full website is translated to Spanish upon clicking the link. Includes resources for customer assistance in additional languages on the homepage.

COVERED CALIFORNIA

WEBSITE LINK <https://www.coveredca.com/>

PERSONAL INFO. Age 27, individual, male HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible) ZIP CODE/COUNTY 95076/ Santa Cruz

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://apply.coveredca.com/lw-shopandcompare/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, household income, whether they are pregnant, and whether they are blind or disabled. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate, labeled as “Total Expense Estimate.”
PLAN FINDER SUPPORT	BASIC	Includes a side-by-side comparison tool. Does not display educational videos or graphics in the plan comparison tool, but does include them in the Support tab of the homepage, which is a separate resources page. Does include hover-over explanations of all terms (highlighted in blue) on the plan display page. No plan matches or recommendations are provided, but tradeoffs for consideration are included (e.g., Bronze – lowest premiums, highest deductibles & Platinum – highest premiums, lowest deductibles).
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate (Estimates consumer qualifies for “lower monthly premium and lower out-of-pocket costs” (doesn’t use CSR language specifically until the plan results page), and provides a filter for CSR plans).
OUT-OF-POCKET COST CALCULATOR	A	Includes an out-of-pocket cost calculator, which allows the consumer to provide input on two indicators: prescription drug utilization and anticipated health care usage. The total cost estimate is numeric, but to find it, the consumer must use a hover-over function (indicated by a green flag) next to the descriptor (ex. “Lower”) of the Total Expense Estimate on the plan results page to access it, which is not very intuitive.
INTEGRATED PROVIDER DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their preferred providers. Does not include a filter to highlight provider preferences and does not automatically filter out plans that do not cover the preferred provider. But does noticeably mark if the plan covers the provider or not.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications. Does provide general cost-sharing information.
LAYOUT	A	<ul style="list-style-type: none"> ▶ Includes #1-5. ▶ Note #3 – Not a physical progress bar but shows which of the three pages you are on.
ACCESS TO HUMAN SUPPORT	YES	“Support” tab includes access to storefronts, certified enrollers, local Medi-Cal Offices, and events, as well as contact information for a certified enroller (get a call back), the telephone customer service line, and a live chat feature.
LANGUAGE ACCESSIBILITY	B	Provides website translation services for multiple languages, but the window-shopping tool is only available in English. Indicates access to additional language support to limited-English speakers and Spanish speakers from the Accessibility link on the homepage.

DC HEALTH LINK

WEBSITE LINK <https://dchealthlink.com>

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$28,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://dc.checkbookhealth.org/hie/dc/2021/index.cfm?page
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, health status, expected medical procedures, household income, whether they are pregnant, and whether they are a Native American. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	WALKTHROUGH	Includes a side-by-side comparison tool. Offers a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Also includes hover-over explanations of all terms (question mark icons) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate (No filter for CSRs but notifies consumer that they will need to enroll in a Silver plan for CSRs, and Silver plans have their own filter).
OUT-OF-POCKET COST CALCULATOR	B	Includes an out-of-pocket cost calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures). The Yearly Cost Estimate is numerical, and they also include the Cost in a Bad Year (with a probability percentage for it), which helps consumers see how their costs might fluctuate depending on circumstances and how likely that possibility is.
INTEGRATED PROVIDER DIRECTORY	A	Indicates provider coverage on plan display page. Does not automatically filter out plans that do not cover preferred providers, but provides a filter to highlight plans that cover the consumer's preferred providers.
INTEGRATED DRUG DIRECTORY	A	Indicates prescription drug coverage on the plan display page and cost-sharing information is included and prescription-specific. Does not automatically filter out plans that do not cover preferred prescriptions, but provides a filter to find plans that cover consumers prescribed medications.
LAYOUT	B	<ul style="list-style-type: none"> ▶ Includes #1,2,4. ▶ Note #3 - Progress bar missing for personalized information input process in the window-shopping tool itself, but it's included for the entire process of inputting personalized information, comparing plans, and enrolling. ▶ Note #5 - Cluttered given there are three big sections which take up a lot of space: Yearly Cost Estimate, Cost in a Bad Year, and Doctors and because there is a lot of information on each of the plans on the plan results page and within the filter section.
ACCESS TO HUMAN SUPPORT	YES	Customer service phone number and hours displayed on the homepage. Consumers can also send them a message or an email from the homepage and find a broker and an assister from the Broker and Assister tabs. They can also find an enrollment center from the homepage. Does not have a live chat feature.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish, including the window-shopping tool (tool does not automatically translate after translating the homepage but consumers can click Español within window-shopping tool to translate it) and indicates additional access to assistance for other languages from the homepage.

HEALTHCARE.GOV

WEBSITE LINK <https://www.healthcare.gov/>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 45150

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.healthcare.gov/see-plans/#/ “See health plans and prices” available as a link from the “Get Coverage” tab from the homepage
CUSTOMIZED PLAN INFO	A	Allows consumers to input age and income. Consumers can also input if they are pregnant and if they are a tobacco user. Displays estimated premium subsidies and indicates eligibility for CSRs. Indicates premiums on plan display page that reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	WALKTHROUGH	Provides walkthrough step-by-step guide for using and understanding plan comparative plan features upon reaching the plan display page, including educational content like graphics. Hover-over definitions and explanations are also available (labeled i (info)). Plan tradeoffs are explained via a pop-up explanation of plan categories (ex. “Bronze: lower monthly premiums than Silver, but your deductible is higher and you pay more when you get care”). Features a compare plans tool where consumers can compare plans side-by-side.
HIGHLIGHTS CSR PLANS	YES	Highlights Silver plans as qualifying for “extra savings” for CSR eligible consumers. Does not have a CSR filter but has a Health Plan category filter for Silver, marked “You get Extra Savings” to indicate CSR plans.
OUT-OF-POCKET COST CALCULATOR	C	Includes out-of-pocket cost calculator, but only allows consumers to input one indicator – level of care you expect to use this year, including low use, medium use, and high use. Numerical total provided once utilization is inputted.
INTEGRATED PROVIDER DIRECTORY	A	Consumers can input providers or facilities they would like covered on the plan display page – “See if doctors, facilities, and drugs are covered.” Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s preferences. Once one provider or drug is added, the clear link “See if..” at the top of the plan results page disappears and one must then edit provider coverage preferences via the “Filter Plans” function on the plan results page or individual plans’ “Add medical providers” functions if they have more to add (but it will affect all the plan results with those changes, not just affect that one plan). That makes the provider search process less intuitive because the easy-to-find link becomes hidden.
INTEGRATED DRUG DIRECTORY	A	Consumers can input drugs they would like covered on the plan display page – “See if doctors, facilities, and drugs are covered.” Indicates prescription drug coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s prescribed medication. Includes general cost-sharing information. Once one provider or drug is added, the clear link “See if..” at the top of the plan results page disappears and one must then edit prescription coverage preferences via the “Filter Plans” function on the plan results page or individual plans’ “Add prescription drugs” functions if they have more to add (but it will affect all the plan results with those changes, not just affect that one plan). That makes the prescription search process less intuitive because the easy-to-find link gets hidden.
LAYOUT	B	► Includes #2-5. ► Note #1 – Requires too many clicks to access the window-shopping tool. The tool is not displayed clearly on the homepage. Consumer must go to “Get Covered” tab and find “See health plans and prices” to find the window-shopping tool. ► Note #3: Not a progress bar but labeled “Step 1/3, 2/3, 3/3” so the consumer knows where they are in the process.
ACCESS TO HUMAN SUPPORT	YES	Customer service number displayed on the homepage. They also display a Find Local Help function from the homepage, where you can input location/zip code to find a local assister and/or agent or broker (including their address, phone number, email, and website). Does not include integrated chat functionality.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish, including the window-shopping tool, and indicates additional access to assistance for other languages from the homepage.

HEALTHSOURCE RI

WEBSITE LINK <https://healthsourceri.com>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 02804

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	http://healthsourceri.com/calculator/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, health status, anticipated medical procedures, household income, whether they are a member of a federally recognized tribe, and whether they are pregnant. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies. Worth noting that it is odd that the household income inquiry only shows up after the consumer answers whether or not they want dental coverage included. The dental coverage question is required so it is not a concern whether the household income question will pop up, but would make sense for that question to exist on the page without being triggered by the dental coverage question.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate (labeled as “Total Yearly Cost Estimate”).
PLAN FINDER SUPPORT	WALKTHROUGH	Offers a side-by-side comparison tool, and a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Videos for categories such as “Plan Cost in a Bad Year” and “Quality” are also available. Also includes hover-over explanations of all terms (question mark icons) on the plan display page.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order is Yearly Cost Estimate (Identifies CSR eligibility, albeit very indiscriminately putting CSR in parentheses next to certain plan names, ex. “Neighborhood Community (CSR87)”, and does not provide a filter for CSR plans).
OUT-OF-POCKET COST CALCULATOR	B	Includes an out-of-pocket cost calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated medical procedures). The total cost estimate is numeric, and they also include the Cost in a Bad Year (with a probability percentage for it), which helps consumers see how their costs might fluctuate depending on circumstances and how likely that possibility is.
INTEGRATED PROVIDER DIRECTORY	A	Includes a built-in tool for consumers to search for plans that cover their preferred providers and marks coverage clearly on the plan results page. Does not automatically filter out plans that do not cover the preferred provider but consumers can use the provider filter to highlight plans that cover their preferred provider. Also provides a grey bar on the plan results page that indicates the percentage of nearby doctors within the plan’s network, which is a helpful addition.
INTEGRATED DRUG DIRECTORY	A	Includes a built-in tool for consumers to search for plans that cover their preferred medications. Marks coverage as “Your Drugs: 1 out of 1 is in-plan” on the plan results page, but does not include the drug name. To see which drugs are covered if multiple are inputted, consumer has to hover-over “See List” next to the coverage marker, which is less accessible than if the drug name was just stated. Does not automatically filter out plans that do not cover the preferred prescription but consumers can use the provider filter to highlight plans that cover their preferred prescriptions. Includes drug cost-sharing information that is prescription-specific.
LAYOUT	B	<ul style="list-style-type: none"> ▶ Includes #1-4. ▶ Note #5 – Cluttered given there are 4 big sections which take up a lot of space: Total Yearly Cost Estimate, Cost in a Bad Year, Quality Rating, and My Doctors, and because there is a lot of information on each of the plans on the plan results page and within the filter section.
ACCESS TO HUMAN SUPPORT	YES	Includes information on walk-in centers, appointments for HealthSourceRI’s office, phone support, and resources to connect with a navigator and to find enrollment events. Includes a live chat feature.
LANGUAGE ACCESSIBILITY	A	Includes website translation services for Spanish, including for the window-shopping tool. Includes resources for assistance in additional languages, but had to search for them in the search bar, which is not as accessible as it would be if it was easily available on the homepage.

YOUR HEALTH IDAHO

WEBSITE LINK <https://www.yourhealthidaho.org/>

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$24,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 83401/Jefferson

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://idahohix.yourhealthidaho.org/hix/preeligibility#/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, tobacco use, whether they are Native American, and household income. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	BASIC	Window-shopping tool displays hover-over explanations (highlighted in blue) on the plan display page and includes a Compare Plans function to compare plans side-by-side. Does include a separate resources page/tab from the homepage, but does not include walkthrough information or educational videos or graphics, and does not make specific plan recommendations. It does, however, include plan type tradeoff explanations for consideration (e.g., Bronze – lowest premiums, highest deductibles & Platinum – highest premiums, lowest deductibles).
HIGHLIGHTS CSR PLANS	YES	Indicates only Silver plans are eligible for CSRs, and provides a filter to highlight CSR-Eligible plans.
OUT-OF-POCKET COST CALCULATOR	B	Includes out-of-pocket cost calculator, which is based on two indicators: average number of doctor visits and average number of ongoing monthly prescriptions. But the cost estimate is non-numeric and instead is described as, “Expense Estimate – Low, Average, or High” even after answering the specific questions about utilization and coverage indicated above.
INTEGRATED PROVIDER DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their preferred providers. Does not include a filter to highlight provider preferences but does noticeably mark if the plan covers the provider or not. Does not automatically filter out plans that do not cover the preferred provider.
INTEGRATED DRUG DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their prescribed medications. Does not automatically filter out plans that do not cover preferred prescriptions, and it does not include a filter to highlight prescription preferences but does noticeably mark if the plan covers the prescription or not. Does include general drug cost-sharing information.
LAYOUT	A	<ul style="list-style-type: none"> ▶ Includes #1-5. ▶ Note #3 - Not a physical progress bar but shows which of the five pages you are on.
ACCESS TO HUMAN SUPPORT	YES	Includes a customer service phone number (from homepage), email, and an electronic form (from homepage). Also includes resources for a YHI-certified agent or broker and enrollment counselors in your area. Does not include live chat.
LANGUAGE ACCESSIBILITY	C	Includes website translation services for Spanish and a select number of other languages, but the window-shopping tool is only available in English. Cannot find resources for assistance in additional languages on the homepage.

MARYLAND HEALTH CONNECTION

WEBSITE LINK <https://www.marylandhealthconnection.gov>

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$24,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 20854/Montgomery

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://secure.marylandhealthconnection.gov/hixui/public/home.html#/getEstimate?lang=en_US&firstTime=1
CUSTOMIZED PLAN INFO	A	Allows consumers to input age, household income, and if the applicant is pregnant. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	PREMIUMS	Default order sorted by lowest monthly premium.
PLAN FINDER SUPPORT	BASIC	Window-shopping tool only includes basic hover-over definitions and explanations (i info icon). The plan display page includes a side-by-side Compare Plans function. Plan results page does not provide video or visual educational content, nor does it make specific recommendations or explain tradeoffs. The homepage features multiple tabs “How to Enroll,” “Health Coverage,” “After You Enroll,” etc. that are separate resource pages.
HIGHLIGHTS CSR PLANS	NO	Indicates consumers can only access CSRs with Silver plans, but the website included this information in a hover-over “i” icon next to Cost-Sharing Reductions on the Preliminary Eligibility Results page that comes up after the consumer inputs household income - so this information is not very accessible. Silver plans with CSRs were not highlighted and appeared after the Bronze and Gold plan options on the plan results page. Does not offer a CSR filter to highlight CSR plans but there is a Silver plan filter. The consumer would only know this could be used as a CSR filter if they saw the inaccessible hover-over explanation described above and were aware that to access CSRs, they need to enroll in a Silver plan.
OUT-OF-POCKET COST CALCULATOR	A	Includes one indicator, Estimate Your Healthcare Costs. They include three options to estimate your costs: Low, Medium, and High Utilization. Each is defined and their definitions include: estimated visits with doctor, outpatient visits, days in hospital, and number of prescription drugs. Prescription utilization is accounted for in this single indicator, but it is worth noting that plan/benefit preferences are less customizable this way. The plan results page provides a numeric annual out-of-pocket cost.
INTEGRATED PROVIDER DIRECTORY	A	Includes Find a Doctor function on plan results page to search preferred providers and automatically filters out plans that do not cover this provider in the Search results after indicating the preferred provider. This automatic filter can be reversed by clicking the CLEAR ALL function next to the provider’s name below the filter section. Once cleared, the provider must be searched to be included in the plans again, which is not very user friendly.
INTEGRATED DRUG DIRECTORY	B	Includes Drug Search function on plan results page to search preferred medications, but it is finicky. After doing the Drug Search, the consumer has to either reload the plan results page or go to a separate function like the Compare Plans function and return to the plan results page for the Drug Search results to appear on each plan of the plan display page and for prescription coverage to be marked clearly. Although this does count as marking prescription coverage clearly, it is still worth noting that if the page is not reloaded in some way, the results of the Drug Search do not appear on the plan results page and prescription coverage is not marked clearly. Indicates prescription drug coverage on the plan display page by noting “1 of 1 drugs are covered by this plan” on each plan, instead of noting the drug name. If the consumer inputs multiple prescriptions, they must click the “Show Details” button that comes after this prescription coverage number marker to see which specific drug is covered, which is less accessible. The site does not automatically filter out plans that do not cover the preferred medication with a CLEAR ALL function below the filter section, as the integrated provider directory functions. It also does not provide a filter in the filter section to highlight plans that cover the consumer’s preferred prescriptions. General drug cost-sharing information is available.

MARYLAND HEALTH CONNECTION

WEBSITE LINK <https://www.marylandhealthconnection.gov>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 45150

CRITERIA	SCORE	JUSTIFICATION
LAYOUT	C	<ul style="list-style-type: none">▶ Includes #1, 2, 4.▶ Note #3 - Progress bar missing for multiple pages of personal information input.▶ Note #5 – Cluttered given the excessive amount of text and numbers included on the plan results page.
ACCESS TO HUMAN SUPPORT	YES	Includes several options for free, in-person help, including enrollment events, and finding an authorized insurance broker, local navigators, and/or local health/social services departments to visit. They also feature a customer assistance call center and a live chat.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish, including the window-shopping tool, on the homepage and next to those, features a dropdown menu of many other languages to translate the site into. The customer service call center is advertised as offering language assistance.

MASSACHUSETTS HEALTH CONNECTOR

WEBSITE LINK <https://www.mahealthconnector.org>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 02111

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://ma.checkbookhealth.org/hie/ma/2021/
CUSTOMIZED PLAN INFO	A	The only personalized information asked of the consumer is whether they qualify for ConnectorCare and household income. The window-shopping tool includes a function to estimate eligibility for financial assistance, but the consumer must say that they qualify for or are not sure if they qualify for ConnectorCare in order for the household income request to pop up in this financial assistance eligibility function. ConnectorCare plans are defined as “affordable health insurance plans offered through the Massachusetts Health Connector. They have low monthly premiums and low out-of-pocket costs, with no deductibles.” Further research explained that they offer additional state subsidies to lower-cost silver tier plans by providing both premium subsidies and CSRs on top of ACA subsidies. Eligibility for CSRs or premium subsidies are not specifically indicated to the consumer, which makes the process more confusing and less transparent surrounding estimations/determinations of financial assistance and how these factor into the plan results. Despite these limitations, the window-shopping tool does provide customized plan choice information and narrows down plans automatically based on answers about ConnectorCare and household income given only ConnectorCare Silver plans come up in this consumer’s search.
DEFAULT ORDER	OTHER	Default order sorted by plan name, which is not one of the three categories in the scoring system, making the search completely generic and not personalized.
PLAN FINDER SUPPORT	BASIC	Includes a side-by-side compare plans function and limited hover-over definitions (question mark icon). Does not include educational videos or graphics, nor does it make recommendations or explain tradeoffs. Plan detail pages are also barren and lack substantive information, relying on the View Summary of Benefits and Coverage link/ PDF file available there. Under the Learn tab of the homepage, consumers can find separate resource pages.
HIGHLIGHTS CSR PLANS	YES	Eligibility for CSRs or premium subsidies are not specifically indicated to the consumer, but after the consumer indicates they qualify for/are not sure if they qualify for ConnectorCare and input their household income, Silver ConnectorCare plans including premium subsidies and CSRs are highlighted on the plan results page. Once consumer indicates that they qualify for/are not sure if they qualify for ConnectorCare, the Silver filter option once available disappears, but Silver ConnectorCare plans are automatically filtered to be highlighted in the plan results.
OUT-OF-POCKET COST CALCULATOR	F	Does not include a built-in tool to provide consumers with a customized estimate of total annual out-of-pocket costs.
INTEGRATED PROVIDER DIRECTORY	A	Allows consumers to search for plans that cover their preferred providers. Does not indicate provider coverage on the plan display page unless the plan covers the provider. Provides a filter to highlight plans that cover the consumer’s preferred providers. This directory has limited functionality because the consumer has to use the filter to eliminate plans that do not cover the preferred provider because the Your Providers column on the plan results page does not indicate whether a plan does not cover the provider – it only indicates if it does cover the provider.

CONTINUED ▶

MASSACHUSETTS HEALTH CONNECTOR

WEBSITE LINK <https://www.mahealthconnector.org>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 02111

CRITERIA	SCORE	JUSTIFICATION
INTEGRATED DRUG DIRECTORY	B	Allows consumers to search for plans that cover their prescriptions. Indicates prescription drug coverage on the plan display page by noting “1 out of 1 is in-plan” in the Your Drugs column, instead of noting the drug name. If the consumer inputs multiple prescriptions, they must hover-over the medications number marker to see which specific drug is covered, which is less accessible. A filter is provided to highlight plans that cover consumer’s prescriptions. Cost-sharing is only prescription-specific, so general cost-sharing information is not available and prescription-specific cost-sharing information is only available when a drug is searched for. This will not be counted as including drug cost-sharing information because no drug cost-sharing information is available until a preferred prescription is indicated, general cost-sharing information is never available, and prescription-specific cost-sharing information is extremely limited.
LAYOUT	C	<ul style="list-style-type: none"> ▶ Includes #2,4,5 ▶ Note #1 - The plan finder tool is very inaccessible. From the homepage, the consumer clicks New Applicants, goes to Step 3: Shop and Compare Plans and clicks Plan Finder Tool, and from there is led incorrectly to the Find a Provider search function. Below this function, a very small link to the 2021 Plan Finder tool is provided. ▶ Note #3 - Progress bar missing for the multiple pages of personal information input.
ACCESS TO HUMAN SUPPORT	YES	Access to telephone support (and its hours) and in-person assistance with an enrollment assister is provided from the homepage.
LANGUAGE ACCESSIBILITY	B	Webpage translation services are available in Spanish, but not for the window-shopping tool. Provides access to telephone-based language assistance from the homepage for multiple languages.

MNSURE

WEBSITE LINK <https://www.mnsure.org/>

Note: Site access issues. Safari and Chrome browsers reporting “could not make secure connection” with website.

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$30,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 55111

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.mnsure.org/shop-compare/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age and annual household income, and to indicate if they have a spouse or dependent, use tobacco, are Native American, or are pregnant. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate.
PLAN FINDER SUPPORT	BASIC	Does not offer a video walkthrough at the start of the plan comparison tool on how to evaluate plan choices and tradeoffs. Videos for categories such as “Plan Cost in a Bad Year” and “Quality” are also available. Includes hover-over explanations of all terms on throughout the navigation process, along with a general list of things to consider at the beginning of the process.
HIGHLIGHTS CSR PLANS	N/A	N/A because Yearly Cost Estimate default order.
OUT-OF-POCKET COST CALCULATOR	B	Includes out-of-pocket cost calculator. Cost estimates factor in prescription drug utilization and do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures).
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers. Must follow links to individual plans’ provider directories, which are not integrated into the tool.
INTEGRATED DRUG DIRECTORY	C	Does include a built-in tool for consumers to search for plans that cover their prescribed medications. Only includes prescription information for those drugs entered at the beginning of the process.
LAYOUT	B	<ul style="list-style-type: none"> ▶ Includes 1, 2, 4, 5. ▶ Note #3 – Missing.
ACCESS TO HUMAN SUPPORT	YES	“Get Help” page includes access to find an assister, telephone support, and appeals. Not available all the way through the tool – only at the beginning.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish and indicates additional access to assistance for other languages from the homepage, but not throughout the tool.

GETCOVEREDNJ

WEBSITE LINK <https://www.getcovered.nj.gov>

PERSONAL INFO. Age 27, individual, male HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible) ZIP CODE/COUNTY 08226/Cape May

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://enroll.getcovered.nj.gov/hix/preeligibility/#/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, if they are pregnant, and annual household income. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by lowest Yearly Cost Estimate, labeled as “Expense Estimate.”
PLAN FINDER SUPPORT	BASIC	Window-shopping tool includes tradeoffs for consideration (e.g., Bronze – lowest premiums, highest deductibles & Platinum – highest premiums, lowest deductibles). Displays hover-over explanations of all terms (underlined purple dots) on the plan display page. The plan display page includes a Compare Plans function, which leads to a side-by-side comparison of information about the plans you selected. Does not include videos or other visual education material, nor does it make specific plan recommendations. Includes a separate resources page on the homepage – the Find Answers tab.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate (Eligibility shown first on personal information input page after inputting financial information. Indicates only Silver plans are eligible for CSRs, and there is a filter to highlight CSR-Eligible plans).
OUT-OF-POCKET COST CALCULATOR	B	Includes an out-of-pocket cost calculator, which is based on two indicators the consumer is asked to input: average number of doctor visits (options labeled as high use, medium use, low use – all defined by numerical range) and average number of ongoing monthly prescriptions (options labeled as high use, medium use, low use – all defined by numerical range). But the cost estimate is non-numeric and instead is described, “Expense Estimate – Low, Average, or High” whether or not the consumer answers any of the specific questions about utilization or coverage above.
INTEGRATED PROVIDER DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their preferred providers. Does not include a filter to highlight provider preferences and does not automatically filter out plans that do not cover the preferred provider. But does noticeably mark if the plan covers the provider or not.
INTEGRATED DRUG DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their prescribed medications. Does not automatically filter out plans that do not cover preferred prescriptions and does not include a filter to highlight prescription preferences, but does noticeably mark if the plan covers the prescription or not. Does include general drug cost-sharing information.
LAYOUT	A	<ul style="list-style-type: none"> ▶ Includes #1-5. ▶ Note #3 – Not a physical progress bar but site shows which of the four pages you are on.
ACCESS TO HUMAN SUPPORT	YES	The customer service phone number and hours can be found under the We Can Help tab. Information on local assistance, from assisters and certified agents/brokers, can also be found under this tab.
LANGUAGE ACCESSIBILITY	A	Includes website translation services for Spanish, including the window-shopping tool. Additional assistance for other languages can be found from the homepage.

NEVADA HEALTH LINK

WEBSITE LINK <https://www.nevadahealthlink.com/>

PERSONAL INFO. Age 27, individual, male HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible) ZIP CODE/COUNTY 89108

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://enroll.nevadahealthlink.com/hix/
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, tobacco use, whether they are Native American, and household income. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate, "Expense Estimate".
PLAN FINDER SUPPORT	BASIC	Window-shopping tool displays hover-over explanations (highlighted in blue) on the plan display page and includes a Compare Plans function to compare plans side-by-side. Does include a separate resources page/tab from the homepage, but does not include walkthrough information or educational videos or graphics, and does not make specific plan recommendations. It does, however, include plan type tradeoff explanations for consideration (e.g., Bronze – lowest premiums, highest deductibles & Platinum – highest premiums, lowest deductibles).
HIGHLIGHTS CSR PLANS	YES	Indicates only Silver plans are eligible for CSRs, and there are filters to highlight CSR-Eligible plans and Silver plans.
OUT-OF-POCKET COST CALCULATOR	B	Includes out of pocket cost calculator, which is based on 2 indicators: average number of doctor visits and average number of ongoing monthly prescriptions. But the cost estimate is non-numeric and instead is described, "Expense Estimate – Lower Expense, Medium Expense, or Higher Expense" even after answering the specific questions about utilization and coverage indicated above.
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers.
INTEGRATED DRUG DIRECTORY	B	Does include a built-in tool for consumers to search for plans that cover their prescribed medications. Does not automatically filter out plans that do not cover preferred prescriptions, and it does not include a filter to highlight prescription preferences, but does mark noticeably if the plan covers the prescription or not. Does include general drug cost-sharing information.
LAYOUT	A	<ul style="list-style-type: none"> ▶ Includes #1-5. ▶ Note #3 - Not a physical progress bar but shows which of the five pages you are on.
ACCESS TO HUMAN SUPPORT	YES	Includes a customer service phone number from the homepage. The homepage also features a Contact tab and a Get Help and Support tab for more customer service contact information, as well as more information regarding other resources such as certified enrollment counselors, navigators, and in-person assistors. Does not include live chat.
LANGUAGE ACCESSIBILITY	C	Includes website translation services for Spanish and many other languages, but the window-shopping tool is only available in English. Cannot find resources for assistance in additional languages on the homepage.

NY STATE OF HEALTH

WEBSITE LINK <https://nystateofhealth.ny.gov/>

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$30,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 10455

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://nystateofhealth.ny.gov/individual/
CUSTOMIZED PLAN INFO	C	Allows consumer to input household income to estimate financial help. Determines the estimated tax credit for the consumer once they input their household income into the Estimate Financial Help section of the filter selection at the top of the plan results page. However, inputting this information does not affect the results in the plan results page. After providing the estimated financial help, plans in the window-shopping tool are not automatically filtered and there is no filter provided to manually filter plans. Only after clicking to page 2 on the plan results page does the window-shopping tool display the message “Based on your yearly household income, a Silver plan may be best for you.” At that point the consumer would know Silver plans are best based on their information. More personal info (household income and estimated medical costs) can be inputted when the Calculate Your Costs function is selected on the plan results page, which leads to a separate page.
DEFAULT ORDER	PREMIUMS	Default order sorted by premiums.
PLAN FINDER SUPPORT	BASIC	Provides a side-by-side comparison tool. Provides few short definitions (question mark icon). On Safari, the consumer cannot consistently access the definitions, either by hovering or clicking the question mark icon. On Chrome, the hover-over definitions must be clicked to be accessed. Does not include educational videos or graphics, nor does it present plan recommendations or explain plan tradeoffs within the window-shopping tool. The homepage does feature a separate resources page with reports, videos, tool kits, etc.
HIGHLIGHTS CSR PLANS	YES	Limited because estimated tax credit is calculated, but after it is calculated, the plan results selection on the first page does not change based on this determination to highlight certain plans, so neither CSR plans nor Silver plans are highlighted. Only after clicking to page 2 on the plan results page does the window-shopping tool display the message “Based on your yearly household income, a Silver plan may be best for you.” At that point, Silver plans are highlighted through the message, and the consumer would know they could use the Metal Level filter function to highlight Silver/CSR plans.
OUT-OF-POCKET COST CALCULATOR	C	Includes a Calculate Your Costs function on the plan results page that leads to a separate page. Allows consumer to input household income and one indicator - estimated annual medical costs. It produces numeric estimated annual costs for Bronze, Silver, Gold, and Premium plans. They do not take into account prescription drug utilization.
INTEGRATED PROVIDER DIRECTORY	F	Consumers can search for plans that cover their providers, but those results are not integrated into the window-shopping tool. Consumers have to search the plans that cover their providers first on a separate Search by Health Plan, Provider or Facility page, then go back to the window-shopping tool to manually match plans covered by the provider to the plans on the plan results page.

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NY STATE OF HEALTH

WEBSITE LINK <https://nystateofhealth.ny.gov/>

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$30,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 10455

CRITERIA	SCORE	JUSTIFICATION
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications. Does include general drug cost-sharing information.
LAYOUT	C	<ul style="list-style-type: none"> ▶ Includes #1-2. ▶ Note #3 - N/A (not multiple pages) ▶ Note #4 – Missing. There are very few definitions offered. ▶ Note #5 – Extremely cluttered with text that appears above and within the compare plans function.
ACCESS TO HUMAN SUPPORT	YES	Includes a live chat from the homepage, in-person assistor/broker search and navigator site location assistance from the Get Help tab, as well as a customer service number from the homepage.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish, including the window-shopping tool. Limited webpage translation available for Chinese, but not all of the links on the homepage are available after the translation, and the window-shopping tool function is not available in Chinese. Indicates additional access to assistance for other languages from the homepage.

PENNIE (PA)

WEBSITE LINK <https://pennie.com>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY 19019

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://enroll.pennie.com/hix/preeligibility#/?fromHome=1
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, tobacco use, whether they are Native American, and household income. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default premiums sorted by lowest Yearly Cost Estimate, called “Expense Estimate.”
PLAN FINDER SUPPORT	BASIC	Window-shopping tool includes tradeoffs for consideration (e.g., Bronze – lowest premiums, highest deductibles & Platinum – highest premiums, lowest deductibles). Displays hover-over explanations of all terms (underlined purple dots) on the plan display page. Also includes a Compare Plans function, which leads to a side-by-side comparison tool. However, it does not make specific plan recommendations, nor does it include videos or other visual educational material within the window-shopping tool, but separate resource pages can be found under the Learn tab in the homepage.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate (Eligibility shown first on personal information input page after inputting financial information. Indicates only Silver plans are eligible for CSRs, and there is a filter to highlight CSR-Eligible plans.)
OUT-OF-POCKET COST CALCULATOR	B	Includes an out-of-pocket cost calculator, which is based on two indicators: average number of doctor visits and average number of ongoing monthly prescriptions. But the cost estimate is non-numeric and instead is described, “Expense Estimate – Low, Average, or High,” even after consumers answer specific questions about utilization and coverage.
INTEGRATED PROVIDER DIRECTORY	B	Includes a built-in tool for consumers to search for plans that cover their preferred providers, and noticeably marks if the plan covers the provider or not. However, it does not include a filter to highlight provider preferences and does not automatically filter out plans that do not cover the preferred provider, which shows its decreased functionality.
INTEGRATED DRUG DIRECTORY	B	Includes a built-in tool for consumers to search for plans that cover their prescribed medications, and does noticeably marks if the plan covers the prescription or not. Includes general cost-sharing information. Does not automatically filter out plans that do not cover preferred prescriptions, and does not include a filter to highlight prescription preferences, which shows its decreased functionality.
LAYOUT	A	<ul style="list-style-type: none"> ► Includes #1-5. ► Note #3 – Not a physical progress bar, but shows which of the four pages you are on.
ACCESS TO HUMAN SUPPORT	YES	The customer service phone number and hours are displayed prominently at the top of the homepage. Upon clicking the “Connect” tab on the homepage, consumers can connect with an assister to meet, find the customer service line, or send Pennie a message. There is not a live chat feature.
LANGUAGE ACCESSIBILITY	C	Includes website translation services for Spanish, Chinese, and Russian on the home page, though it’s in a difficult spot to find, as the tab is on the bottom right of the homepage. Full website is translated into that language upon clicking the language, but the window-shopping tool is only available in English. Cannot find resources customer assistance for additional languages on the homepage.

VERMONT HEALTH CONNECT

WEBSITE LINK <https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action>

PERSONAL INFO. Age 27, individual, male

HOUSEHOLD INCOME \$24,000 (Subsidy/CSR eligible)

ZIP CODE/COUNTY N/A

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://vt.checkbookhealth.org/hie/vt/2021/index.cfm?data=eyJGT1JNlJp7fSwiWJMI-jp71kNPVkvSQudFjoiSW5kaXZpZHVhbCJ9fQ%3D%3D
CUSTOMIZED PLAN INFO	A	Allows consumer to input age, household income, health status, expected medical procedures, if they are a member of a federally recognized tribe, or if they are pregnant. Displays estimated premium subsidies and CSRs. Indicates premiums on plan display page which reflect subsidies.
DEFAULT ORDER	YEARLY COST ESTIMATE	Default order sorted by Yearly Cost Estimate, labeled as “Cost in Average Year”.
PLAN FINDER SUPPORT	WALKTHROUGH	Offers an introductory video to the Plan Comparison Tool 2021, describing the plan comparison tool as answering the question – Which Medical Plans are best for you? Offers a video tour of the plan comparison tool at the start of the plan comparison tool. Videos for categories Yearly Cost Estimate in an Average Year and Yearly Cost Estimate in a Bad Year are available. Also includes hover-over explanations of all terms on the plan display page (question mark icon), and offers a side-by-side plan comparison tool.
HIGHLIGHTS CSR PLANS	N/A	N/A because default order Yearly Cost Estimate. (But the initial estimation notifies consumers if they qualify for a Silver plan (qualifies for enhanced Silver 87 in this case) and goes on to explain the financial advantages.)
OUT-OF-POCKET COST CALCULATOR	B	Includes numerical max out-of-pocket cost calculator. Cost estimates do not factor in prescription drug utilization, but do include multiple indicators of overall health care utilization (general health status and anticipated health care procedures).
INTEGRATED PROVIDER DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their preferred providers. Each individual plan’s details page does have an external link named Plan’s Doctor Directory List the consumer can search.
INTEGRATED DRUG DIRECTORY	F	Does not include a built-in tool for consumers to search for plans that cover their prescribed medications. Each individual plan’s details page does have a Plan’s Drug List via an external link that the consumer can search. Plan details pages do not include drug cost-sharing information.
LAYOUT	B	<ul style="list-style-type: none"> ▶ Includes #1-4. ▶ Note #1 – Only 2 clicks but after the first click, hard to find Plan Finder tool amongst all the text on the page. ▶ Note #3 – N/A (not multiple pages) ▶ Note #5 – Cluttered given there are 3 Yearly Cost Estimates for a Good, Average, and Bad Year, which take up a lot of space, and because there is a lot of information on each of the plans on the plan results page and within the filter section.
ACCESS TO HUMAN SUPPORT	YES	Does not feature a chat function but offers telephone and in-person assister help directly from the homepage.
LANGUAGE ACCESSIBILITY	C	Provides access to telephone-based language assistance prominently from the homepage for multiple languages, but no website translation services are provided.

WASHINGTON HEALTHPLANFINDER

WEBSITE LINK https://www.wahealthplanfinder.org/_content/Homepage.html

PERSONAL INFO. Age 27, individual, male **HOUSEHOLD INCOME** \$24,000 (Subsidy/CSR eligible) **ZIP CODE/COUNTY** 99258/Spokane

CRITERIA	SCORE	JUSTIFICATION
ANONYMOUS BROWSING	YES	https://www.wahealthplanfinder.org/HBEWeb/Annon_ViewIndividualPlans?request_locale=en
CUSTOMIZED PLAN INFO	A	Allows consumers to input age, income, and tobacco use. Displays premium prices after subsidies, and includes eligibility for CSRs.
DEFAULT ORDER	SMART SORT	Plans sorted by Recommended plans when not using Smart Planfinder and just including customized plan info inputted above. Once Smart Planfinder is used and provider coverage, prescription coverage, and anticipated medical care and prescription usage (or any single one of those) are inputted, the plans are sorted by Recommended plans marked Smart Choice(s). The recommended plans take into account several factors including plan/benefit preferences, estimated out-of-pocket costs, CSRs, and financial situation.
PLAN FINDER SUPPORT	DECISION-SUPPORT	Recommends a specific “Smart Choice” plan. Includes a Smart Choice Planfinder decision-support tool that narrows down plan choices based on income and multiple factors gathered in a questionnaire (Add up to five providers or facilities to see if they are covered, How often do you expect to need medical care this year?, Add up to five prescriptions to see if they are covered, How many prescriptions do you expect to need this year?). Includes hover-over definitions (question mark icon) and features a Compare Plans side-by-side tool.
HIGHLIGHTS CSR PLANS	YES	CSR plans indicated with text “This plan qualifies you for lower out-of-pocket costs.” There is also a filter to highlight plans with CSRs.
OUT-OF-POCKET COST CALCULATOR	A	Includes an out-of-pocket cost calculator that only produces a numerical total after utilizing the Smart Planfinder tool to specify your needs. The questionnaire includes indicators for provider coverage, prescription coverage, expected medical care needs this year (usage/visits), and expected prescription needs this year (number/cost). The total is numeric, and a numeric total appears after inputting info for even a single one of the indicators noted above.
INTEGRATED PROVIDER DIRECTORY	A	Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer’s preferences. But does not automatically filter to highlight plans that cover the provider. If it was not inputted in the Smart Planfinder tool, consumers can check if a provider is covered by a plan by clicking Edit under Provider and Facility within each individual plan result.
INTEGRATED DRUG DIRECTORY	C	Includes an integrated drug directory. Does not indicate any cost-sharing information, does not provide a filter to highlight plans that cover the prescription, and does not automatically filter to highlight plans that cover at least one of the prescriptions.
LAYOUT	A	<ul style="list-style-type: none"> ▶ Includes #1-5. ▶ Note #2 – CSR information indicated but the phrase “cost-sharing reductions” was never used, instead they mention “This plan qualifies you for lower out-of-pocket costs.” That’s clear enough for consumers, but worth noting. ▶ Note #3 – N/A (not multiple pages).
ACCESS TO HUMAN SUPPORT	YES	A live chat is not available, but consumers can contact an enrollment center for Navigators and Insurance Brokers, can download the WAPlanfinder mobile app to search for an assistor, and can call or email customer support from the homepage.
LANGUAGE ACCESSIBILITY	A	Provides website translation services for Spanish (top of homepage), which includes the window-shopping tool. Also indicates additional access to assistance for other languages, as well as limited translated materials for a select number of languages from the homepage (bottom of homepage).

2021 HEALTH INSURANCE EXCHANGES

PREPARED BY



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