



Instructions and Notes:

1) *Overview of QHP Landscape files*

This website contains plan information for states in the Federally-Facilitated Marketplaces and State-Partnership Marketplaces:

- Medical plans in the individual market
- Medical plans in the small group (SHOP) market
- Dental plans in the individual market
- Dental plans in the small group (SHOP) market

2) *Identifying plans based on geography and plan criteria*

To browse for a plan by specific data fields, click on the icon at the top of the column for a specific field of interest such as state, county, or metal level. For example, to select a specific county of interest, select the county name from the drop-down menu in the second column and click "OK" when done. The file will filter the data and show plan information only for the selected county. Multiple data fields may be selected for filtering and browsing at one time.

3) *Premium Information*

Premium amounts do not include tax credits that will lower premiums for many consumers applying for insurance, specifically those with income up to 400 percent of the federal poverty level.

The document shows premiums for the following example rating scenarios:

- Child = one child any age
- Adult Individual Age 21, 27, 30, 40, 50, and 60 = one adult age 21, 27, 30, 40, 50, or 60
- Couple Age 21, 30, 40, 50, and 60 = two adults age 21, 30, 40, 50, or 60, no children
- Couple + 1 child Age 21, 30, 40, 50 = two adults age 21, 30, 40, or 50, and one child
- Couple + 2 children Age 21, 30, 40, 50 = two adults age 21, 30, 40, or 50, and two children
- Couple + 3 children Age 21, 30, 40, 50 = two adults age 21, 30, 40, or 50, and three or more children
- Single Parent + 1 child Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and one child
- Single Parent + 2 children Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and two children
- Single Parent + 3 children Age 21, 30, 40, and 50 = one adult age 21, 30, 40, or 50, and three or more children

Note on Small Group Health Options Program (SHOP) Plans: This document displays 3rd quarter SHOP rates. As the document may not show every 3rd quarter rate update, users should verify with the issuer the applicable current rate.

Note on Child Only Offering Status: Child-only plans (labeled as "allows child-only") will only show premiums for the Premium Child column. Plans that prohibit child-only coverage (labeled as "allows adult-only") will not show premiums for the Premium Child column.

Note on Children: The rating scenarios are limited to dependent children in the immediate family under the age of 21. Plans may vary in the rating of other child dependencies such as nephews, nieces, grandchild or ward.

Premium table specific notation:

++ Premiums forthcoming

4) Cost Sharing Information

The document shows standard cost sharing information for each plan. Cost sharing information is shown for in-network services (showing first tier where there are multiple in-network tiers), and includes:

- Deductibles: For in-network medical care and drugs (by individual, family)
- Maximum out of pocket expenses: For in-network medical care and drugs (by individual, family)
- Copayments and coinsurance for the following in-network services:
 - Primary care physician
 - Specialist
 - Emergency Room
 - Inpatient facility
 - Inpatient physician
 - Generic drugs
 - Preferred brand drugs
 - Non-preferred brand drugs
 - Specialty drugs

5) Dental Benefit Information

The document indicates whether the medical plan covers adult dental or child dental services.

6) Customer Service and Plan Materials

The document shows phone numbers and links to the following plan resources:

- Customer service phone numbers (local, toll-free, TTY)
- Network URL
- Plan brochure URL
- Summary of Benefits URL
- Drug formulary URL

7) Data Notes

Note on Data Source: This document includes data from plans in the Federally-facilitated Marketplaces and State-Partnership Marketplaces. The data were pulled from the Health Insurance Oversight System (HIOS) for Federally-facilitated states, the System for Electronic and Rate Form Filing (SERFF) for the partnership states, and the Office of Personnel Management (OPM) for Multi-State Plans. The data are current as of May 12, 2014, and are subject to change.

Note on Premiums: For Alaska and Nebraska, the premiums shown are for the rating area within the county with the highest county population. For all other states, the premiums shown are for a rating area that includes all county residents. The premium amounts do not include tax credits that will lower premiums for many consumers applying for insurance, specifically those with income up to 400 percent of the federal poverty level.

Note on Virginia Plans: As required by Virginia law, plans must make available coverage for the treatment of morbid obesity. Some issuers include this coverage in all their Marketplace plans; others offer it as an optional benefit, normally by rider. For 2014, the Federal marketplace will display complete plans; the presence or absence of optional riders is not displayed on the website. Consumers will see plans offered by the same issuer that appear to be the same but have

different premiums. This additional coverage may be more costly in some plans due to various reasons, including health care provider arrangements and levels of coverage.

To access detailed plan information, please visit Plan Compare at <https://healthcare.gov>.