

A photograph of a person's feet wearing blue flip-flops walking on a wooden staircase. The person is wearing blue jeans. A white ball with black and grey stripes is on the step below. The staircase has a light-colored wood finish and a beige carpet runner. In the bottom left corner, there is a white egg carton and some papers.

**THERE ARE TIMES WHEN YOU
NEED A HELPING HAND.
LIKE A WHOLE TEAM OF THEM.**

**System Update:
Anonymous Shopping for Prior Years
(May 2019)**

Changes to Health Coverage Tax Tool

In previous years, YHI has provided the Health Coverage Tax Tool to calculate the Second Lowest Cost Silver Plan (SLCSP) and Lowest Cost Bronze Plan (LCBP) excel spreadsheet for consumers on YHI's website for Internal Revenue Service (IRS) and tax exemptions.

The SLCSP Excel spreadsheet will no longer be available on the YHI website and is being added to the Anonymous Shopping tool to include the prior year to calculate the SLCSP and LCBP. To calculate SLCSP and LCBP for plan years 2015-2017, use the spreadsheets available on the [Health Coverage Tax Tool](#) web page.

Definitions:

Second Lowest Cost Silver Plan (SLCSP) - The second-lowest priced health insurance plan in the Silver category that applies to the consumer. Consumers need to know the second lowest cost Silver plan (SLCSP) premium to figure out their final premium tax credit. The SLCSP premium is listed on the 1095-A form (in the consumer's secure inbox).

Lowest Cost Bronze Plan (LCBP) –To claim an exemption based on coverage being unaffordable, consumers need to know the premiums of two health plans available to their family for the year: the lowest cost Bronze plan and the second lowest cost Silver Plan (SLCSP). This number is required to fill out tax form 8965.

Anonymous Shopping Additions

Drop down option for “Coverage Year,” will allow consumers to select the current year OR past year including the “Effective Date” to select at the time of enrollment.

Shopping feature will include all previous requirements for offering available plans and eligibility, including income, number of household members and ages, gender, Native American/Alaska Native status, and tobacco.

Consumers must select **Seeking Coverage** to accurately shop.

*If using this tool to determine SLCSP, do **NOT** enter **Check for Savings** as it will not accurately reflect the SLCSPs.

To view plans for a previous year:

Find Out How Much Insurance May Cost In 2018

In this section:

All labels marked * are required.

-  The cost of health and dental insurance depends on where you live, how many people are in your household, and income.
-  You can view your selected favorite health and dental plans for coverage year 2018 from start of open enrollment.

Which coverage year?

 Select Coverage Year: * 2018  Effective Start Date: * 01/01/2018 

Where do you live?

Enter ZIP Code: * 83702

Select your county * Ada (ID) 

Who is in your household and do they need coverage?

Members	Birthdate *	Tobacco Use	Native American	Seeking Coverage
 YOU	01/01/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[+ SPOUSE](#) [+ DEPENDENT](#)

Check to see if your household income qualifies you for lower costs.

Annual [Tax Household Income](#): \$

[CHECK FOR SAVINGS](#)

Enter the approximate annual income for your tax household. This will be used to determine eligibility for potential cost-saving programs. If you are not interested in these programs and want to view plans at full price, click [BROWSE PLANS](#).

[SKIP AND SIGN UP](#)

[BROWSE PLANS](#)

1. YourHealthIdaho.org

- Login
- Start Shopping.

2. Select a previous year in **Select Coverage Year** .

To view plans for a previous year:

Find Out How Much Insurance May Cost In 2018

3. Click the **Month** which aligns with the **Effective Start Date**

4. Enter the consumer's information.

Click **Browse Plans**

In this section:

All labels marked * are required.

- The cost of health and dental insurance depends on where you live, how many people are in your household, and income.
- You can view your selected favorite health and dental plans for coverage year 2018 from start of open enrollment.

Which coverage year?

Select Coverage Year: * 2018 Effective Start Date: * 01/01/2018

Where do you live?

Enter ZIP Code: * 83702

Select your county * Ada (ID)

Who is in your household and do they need coverage?

Members	Birthdate *	Tobacco Use	Native American	Seeking Coverage
YOU	01/01/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

+ SPOUSE + DEPENDENT

Check to see if your household income qualifies you for lower costs.

Annual Tax Household Income: \$ CHECK FOR SAVINGS

Enter the approximate annual income for your tax household. This will be used to determine eligibility for potential cost-saving programs. If you are not interested in these programs and want to view plans at full price, click BROWSE PLANS.

SKIP AND SIGN UP BROWSE PLANS

Browse plans or compare them

for 1 adult in ZIP code 83702. [Edit Family Info](#)
Coverage will start on 01/01/2018

Filters

a. Sort by **Monthly Price**.

b. Filter **Bronze**.

c. Select the plan on the top left for LCBP*.

SORT BY

- Expense Estimate
- Monthly price
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- POS
- HMO
- PPO

PLAN FEATURES

- HSA Qualified
eligible for Health Savings Account (HSA)

METAL TIER

- Platinum
highest premiums, lowest deductibles
- Gold
higher premiums, lower deductibles
- Silver
lower premiums, higher deductibles
- Bronze**
lowest premiums, highest deductibles
- Catastrophic
coverage for worst-case scenarios

DEDUCTIBLE

- \$2500 and less

FILTERS APPLIED Bronze 1 of 2

Lower Expense	Lower Expense	Lower Expense
<p>Blue Cross of Idaho</p> <p>SAHA Southwest Bronze Co...</p> <p>BRONZE POS</p> <p>\$251.33 /month</p> <p>Office Visits \$50 Generic Drugs \$10 Deductible \$7000 OOP Max \$7350 Network Basic</p> <p>COMPARE DETAILS ADD</p>	<p>Blue Cross of Idaho</p> <p>IDID Southwest Bronze 70...</p> <p>BRONZE POS</p> <p>\$251.33 /month</p> <p>Office Visits \$50 Generic Drugs \$10 Deductible \$7000 OOP Max \$7350 Network Basic</p> <p>COMPARE DETAILS ADD</p>	<p>Blue Cross of Idaho</p> <p>SLHP Bronze CarePoint 70...</p> <p>BRONZE POS</p> <p>\$260.65 /month</p> <p>Office Visits \$50 Generic Drugs \$10 Deductible \$7000 OOP Max \$7350 Network Standard</p> <p>COMPARE DETAILS ADD</p>
Medium Expense	Medium Expense	Medium Expense
<p>Blue Cross of Idaho</p> <p>SAHA Southwest Bronze HS...</p> <p>BRONZE HSA POS</p> <p>\$261.89 /month</p> <p>Office Visits 20% Generic Drugs \$10 Deductible \$6000 OOP Max \$6550 Network Basic</p> <p>COMPARE DETAILS ADD</p>	<p>Blue Cross of Idaho</p> <p>IDID Southwest Bronze HS...</p> <p>BRONZE HSA POS</p> <p>\$261.89 /month</p> <p>Office Visits 20% Generic Drugs \$10 Deductible \$6000 OOP Max \$6550 Network Basic</p> <p>COMPARE DETAILS ADD</p>	<p>Blue Cross of Idaho</p> <p>SAHA Southwest Bronze Co...</p> <p>BRONZE POS</p> <p>\$263.56 /month</p> <p>Office Visits \$40 Generic Drugs \$10 Deductible \$5500 OOP Max \$7350 Network Basic</p> <p>COMPARE DETAILS ADD</p>

***Lowest Cost Bronze Plan**

Browse plans or compare them

for 1 adult in ZIP code 83702. [Edit Family Info](#)
Coverage will start on 01/01/2018

Filters

- Sort by **Monthly Price**.
- Filter by **Silver**.
- Select the plan second from the top left for SLCSP*.

SORT BY

- Expense Estimate
- Monthly price
- Deductible
- Out-of-Pocket (OOP) Max

FILTER BY

PLAN TYPE

- POS
- HMO
- PPO

PLAN FEATURES

- HSA Qualified
eligible for Health Savings Account (HSA)

METAL TIER

- Platinum
highest premiums, lowest deductibles
- Gold
higher premiums, lower deductibles
- Silver
lower premiums, higher deductibles
- Bronze
lowest premiums, highest deductibles
- Catastrophic
coverage for worst-case scenarios

DEDUCTIBLE

- \$2500 and less

FILTERS APPLIED **Silver**

1 of 2

Medium Expense	Medium Expense	Medium Expense
 Link Silver SILVER POS \$356.00 /month Office Visits \$30 Generic Drugs \$10 Deductible \$2450 OOP Max \$7250 Network Standard	 Link Silver Option 2 SILVER POS \$364.00 /month Office Visits \$30 Generic Drugs \$10 Deductible \$5200 OOP Max \$7350 Network Standard	 SAHA Southwest Silver Co... SILVER POS \$372.00 /month Office Visits \$40 Generic Drugs \$10 Deductible \$3500 / \$1500 OOP Max \$7350 Network Basic
<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD
Higher Expense	Higher Expense	Higher Expense
 SAHA Southwest Silver Co... SILVER POS \$380.00 /month Office Visits \$20 Generic Drugs \$10 Deductible \$4000 / \$1000 OOP Max \$7350 Network Basic	 SAHA Southwest Silver Co... SILVER POS \$388.00 /month Office Visits \$20 Generic Drugs \$10 Deductible \$6000 OOP Max \$7350 Network Basic	 SLHP Silver Carepoint 35... SILVER POS \$396.00 /month Office Visits \$40 Generic Drugs \$10 Deductible \$3500 / \$1500 OOP Max \$7350 Network Standard
<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD	<input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="checkbox"/> ADD

*Second Lowest Cost Silver Plan

Questions?

Email connectors@yourhealthidaho.org for more information or support in using the tool.

Version History

Team	Date	Reviewer	Comments
SME Team	5/13/2019	SR, TL, FN, NF	
Security	5/14/2019	MF	
Proof	5/13/2019	MM	

Version	Date	Updater	Comments
V5	3/14/2019	SR	