



User Guide to Premium & Out-of-Pocket (OOP) Cost Estimator

This tool is designed to help you estimate your premium and out-of-pocket (OOP) costs for health insurance in a given year. The cost estimator will generate the estimated total cost for the year as well as the largest possible amount an individual may pay. While no tool can provide an exact estimate or perfectly predict insurance costs, the cost estimator will generate the estimated total cost for the year based on your anticipated medical expenses, as well as the largest possible amount an individual may pay.

There are two types of health plans offered through NY State of Health: Standard Plans and Non-Standard Plans. All insurers offer Standard Plans and some also offer Non-Standard Plans. This “Premium and Out-of-Pocket Cost Estimator” tool is designed to help consumers estimate their total yearly cost across different metal levels – Bronze, Silver, Gold, Platinum – for both Standard and Non-Standard Plans that are offered through NY State of Health.

Instructions on How to Use this Tool

Standard Plan Tool:

- 1) Enter your household information. This includes:
 - a. Your projected household income per year. To determine this, add up the yearly incomes for yourself and all the people who live with you.
 - b. Number of members in your household. This should be the number of household members who live with you, including yourself.
 - c. Persons covered. Select who in your family will be covered by the health insurance policy.
 - d. Estimated annual medical costs. This is an estimate of what you expect your total medical costs will be in the upcoming year. Think about your historical medical expenses as well as anticipated services for the upcoming year. Examples of medical costs include doctor visits, lab tests, outpatient or inpatient services, surgeries, therapy, and hospital stays. If currently enrolled, contact your health insurance carrier for help in determining your current out of pocket medical expense. If you are enrolling in a plan with other family members you should take into consideration their expenses as well.

- 2) Next, use the NYSOH Premium Cost Estimator Tool to determine your estimated premium after financial help. (<https://nystateofhealth.ny.gov/individual>)

This tool asks you to input your information (such as your county, the plan year, and persons covered) and any plan preferences (such as metal level, quality rating, and insurer).

An important part of this process is to **Estimate Financial Help** you may be eligible for to lower your premium cost. This can be done by entering the following information: County, Household Size, and Household Income (see below).

Estimate Financial Help ×

County New York

Number of Members in Household 0

Enter number of adults needing coverage 0



Children under Age 19 0

Are there any dependents ages 26 to 29 applying for coverage? Yes No

Total Household Income per Year \$ 0

Calculate
Reset

Once you have filled out this information, the tool will generate a list of plans that fit your criteria. By looking at the list you will be able to determine the **estimated premium after** financial help, shown below in red. Standard plans are marked with “ST” in the plan name, shown below in green.

Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
  Quality Details	Healthfirst Silver Leaf, Silver ST , INN, Dep25, Pediatric Dental, Fitness & Wellness Rewards	Silver	Medical Plus Child Dental	New York	Individual	\$831.09	\$348.09	View Details

If you select “View Details,” you can get a more comprehensive overview of the plan (including deductible, maximum out-of-pocket, and quality details).

After determining your estimated monthly premium after financial help (shown under “You Pay” in the tool), enter the dollar value under the type of plan it represents. For example, the plan in the example above is a Silver plan so it would be entered as:

Standard Plans **Non-Standard Plans**

Enter your estimated monthly premiums [?] after financial help from the [Search for Plans page](#)

Bronze	Silver	Gold	Platinum
\$ <input type="text"/>	\$ <input type="text" value="349"/>	\$ <input type="text"/>	\$ <input type="text"/>

You can enter estimated monthly premium information for as many metal levels as you’d like.

- Once you have entered this premium information, the remainder of the table will auto-populate. You will see your estimated annual costs: premium, deductible, out-of-pocket costs, total costs, max out-of-pocket costs, and most you may pay in a year. Your Estimated Total Cost for each metal level is highlighted in the table; this includes your estimated premium plus estimated out-of-pocket costs.

Estimated Annual Costs

	Bronze	Silver	Gold	Platinum
Premium [?]	\$1,620	\$4,188	\$6,012	\$9,360
Deductible [?]	\$4,600	\$2,100	\$600	\$0
Estimated Out of Pocket Costs [?]	\$1,000	\$1,000	\$600	\$0
Estimated Total Cost [?]	\$2,620	\$5,188	\$6,612	\$9,360
Max Out-of-Pocket Costs [?]	\$9,450	\$9,450	\$5,900	\$2,000
Most You May Pay in a Year [?]	\$11,070	\$13,638	\$11,912	\$11,360

Note: This estimate does not account for out-of-pocket costs (e.g., co-payments) after the deductible is met, but before you reach your maximum out-of-pocket costs.

***NOTE:** It is important to remember this tool is just an estimate of your cost. Information from this tool should not be regarded as definitive or exact. No tool can provide an exact estimate or perfectly predict insurance costs.

Non-Standard Plan Tool:

- 1) Enter in your household information. This includes:
 - a. Your projected household income per year. To determine this, add up the yearly incomes for yourself and all the people who live with you.
 - b. Number of members in your household. This should be the number of household members who live with you, including yourself.
 - c. Persons covered. Select who in your family will be covered by the health insurance policy.
 - d. Estimated annual medical costs. This is an estimate of what you expect your total medical costs will be in the upcoming year. Think about your historical medical expenses as well as anticipated services for the upcoming year. Examples of medical costs include doctor visits, lab tests, outpatient or inpatient services, surgeries, therapy, and hospital stays. If currently enrolled, contact your health insurance carrier for help in determining your current out of pocket medical expense. If you are enrolling in a plan with other family members you should take into consideration their expenses as well.

- 2) Next, use the NYSOH Premium Cost Estimator Tool to determine your estimated premium after financial help. (<https://nystateofhealth.ny.gov/individual>)

This tool asks you to input the consumer's information (such as your county, the plan year, and persons covered) and any plan preferences (such as metal level, quality rating, and insurer).

An important part of this process is to **Estimate Financial Help** you may be eligible for to lower your premium cost. This can be done by entering the following information: County, Household Size, and Household Income (see below).

x

County New York

Number of Members in Household 0

Enter number of adults needing coverage 0



Children under Age 19 0

Are there any dependents ages 26 to 29 applying for coverage? Yes No

Total Household Income per Year \$ 0

Calculate
Reset

Once you have filled out this information, the tool will generate a list of plans that fit your criteria. By looking at the list, you will be able to determine the **estimated premium after** financial help, shown below in red. Nonstandard plans are marked with “NS” in the plan name, as shown below in green.

Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
 	UHC Compass HSA Bronze NS INN Pediatric Dental Dep 25	Bronze	Medical Plus Child Dental	New York	Individual	\$968.84	\$485.84	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;"> View Details </div>

After determining your estimated monthly premium after financial help (shown under “You Pay” in the tool), enter the dollar value under the type of plan it represents. For example, the plan in the example above is a Bronze plan so it would be entered as:


Standard Plans | Non-Standard Plans

Enter your estimated monthly premiums after financial help, deductibles, and maximum out-of-pocket costs from the [Search for Plans page](#)


	Bronze	Silver	Gold	Platinum
Monthly Premium ⓘ	\$ 486	\$	\$	\$
Deductible ⓘ	\$	\$	\$	\$
Max Out-of-Pocket Costs ⓘ	\$	\$	\$	\$

Once you enter the value, the Annual Premium Cost will automatically populate in the “Estimated Annual Costs” table.

- 3) For Non-Standard plans, you will also need to fill in the deductible and maximum out-of-pocket amounts. This information is included within the “View Details” pages, the button shown below in yellow. This includes a more comprehensive overview of the plan, including deductible, out-of-pocket maximum, and quality details.

Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
	UHC Compass HSA Bronze NS INN Pediatric Dental Dep 25	Bronze	Medical Plus Child Dental	New York	Individual	\$968.84	\$485.84	View Details

Enter the **annual deductible** for the plan, circled below in red.



UHC Compass HSA Bronze NS INN Pediatric Dental Dep 25

You Pay **\$485.84**

Price Per Month	\$968.84	Metal ⓘ	Bronze	Overall Quality Rating ⓘ	★★★★☆ Quality Details
Maximum Out of Pocket ⓘ	\$7,150 / \$7150 per person \$14300 per group	Out-of-Network Coverage ⓘ	No	Allows Health Savings Account	Yes
Plan Id	54235NY0010033	Persons Covered	Individual	Deductible ⓘ	\$6,100 / \$6100 per person \$12200 per group
Specialist(s) Referral Required	Yes	Referral(s) Required	All, except OBGYN and as state mandated		
Design	Referrals requirements to access care (i.e. gatekeeper)				


If you are enrolling as an individual, you should input the per person cost (\$6,100 in the example above). If you are enrolling with more than just yourself, you should input the per group cost (\$12,200 in the example above). Enter this information under the column for each metal level. In this example, you would enter the information under the Bronze column.

Standard Plans | Non-Standard Plans

Enter your estimated monthly premiums after financial help, deductibles, and maximum out-of-pocket costs from the [Search for Plans page](#)

	Bronze	Silver	Gold	Platinum
Monthly Premium	\$ 486	\$	\$	\$
Deductible	\$ 6100	\$	\$	\$
Max Out-of-Pocket Costs	\$	\$	\$	\$

- 4) Next, enter the **maximum out-of-pocket costs** for the plan. This information is shown in the “View Details” pages, shown below circled in red.



UHC Compass HSA Bronze NS INN Pediatric Dental Dep 25

You Pay	\$485.84				
Price Per Month	\$968.84	Metal	Bronze	Overall Quality Rating	★★★★☆ Quality Details
Maximum Out of Pocket	\$7,150 / \$7150 per person \$14300 per group	Out-of-Network Coverage	No	Allows Health Savings Account	Yes
Plan Id	54235NY0010033	Persons Covered	Individual	Deductible	\$6,100 / \$6100 per person \$12200 per group
Specialist(s) Referral Required	Yes	Referral(s) Required	All, except OBGYN and as state mandated		
Design	Referrals requirements to access care (i.e. gatekeeper)				

If you are enrolling as an individual, you should input the per person cost (\$7,150 in the example above). If you are enrolling with more than just yourself, you should input the per group cost (\$14,300 in the example above). Continue to enter this information under the column for each metal level. In this example, you would enter the information under the Bronze column.

Standard Plans | Non-Standard Plans

Enter your estimated monthly premiums after financial help, deductibles, and maximum out-of-pocket costs from the [Search for Plans page](#)

	Bronze	Silver	Gold	Platinum
Monthly Premium ⓘ	\$ 486	\$	\$	\$
Deductible ⓘ	\$ 6100	\$	\$	\$
Max Out-of-Pocket Cost ⓘ	\$ 7150	\$	\$	\$

- 5) Once you have entered this information in steps one through four, the remainder of the table will auto-populate; you will see your estimated yearly premium amount, deductible, out of pocket costs, total costs, max out of pocket costs, and most you may pay in a year. You can enter information for as many metal levels as you'd like.

Your Estimated Total Cost for each metal level is highlighted in the table; this includes your estimated premium plus estimated out-of-pocket costs.

Estimated Annual Costs

	Bronze	Silver	Gold	Platinum
Premium ⓘ	\$5,832	\$5,952	\$6,780	\$8,496
Estimated Out of Pocket Costs ⓘ	\$1,000	\$1,000	\$1,000	\$0
Estimated Total Cost ⓘ	\$6,832	\$6,952	\$7,780	\$8,496
Most You May Pay in a Year ⓘ	\$12,982	\$15,152	\$13,280	\$10,496

Note: This estimate does not account for out-of-pocket costs (e.g., co-payments) after the deductible is met, but before you reach your maximum out-of-pocket costs.

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