



## **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.

List View:

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
<input type="checkbox"/>	 FIDELIS CARE ★★★★★ <a href="#">Quality Details</a>	Fidelis Care Silver ST NN Pediatric Dental Dep25	Silver	Medical Plus Child Dental	New York	Individual	\$509.94	\$138.14	<a href="#">View Details</a>

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:

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

Bronze	Silver	Gold	Platinum
\$ <input type="text"/>	\$ <input type="text" value="138"/>	\$ <input type="text"/>	\$ <input type="text"/>

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

- 3) 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 <sup>?</sup>	\$1,200	\$1,656	\$2,640	\$4,800
Deductible <sup>?</sup>	\$4,700	\$1,300	\$600	\$0
Estimated Out of Pocket Costs <sup>?</sup>	\$1,500	\$1,300	\$600	\$0
Estimated Total Cost <sup>?</sup>	\$2,700	\$2,956	\$3,240	\$4,800
Max Out-of-Pocket Costs <sup>?</sup>	\$8,550	\$8,500	\$4,000	\$2,000
Most You May Pay in a Year <sup>?</sup>	\$9,750	\$10,156	\$6,640	\$6,800

**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).

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. Nonstandard plans are marked with “NS” in the plan name, as shown below in green.

List View:

Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
 1.855.895.4073 www.metroplus.org ★★★★☆ Quality Details	BronzePlus-B2 HSA <b>NS</b> Bronze, INN, Pediatric Dental, Dep25, Family Dental, Family Vision, Healthy Living Rewards	Bronze	Medical Plus Dental	New York	Individual	\$421.91	\$50.11	View Details
	Healthfirst Bronze	Bronze	Medical Plus	New	Individual	\$494.77	\$50.07	View

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:




Monthly Premium ⓘ

Bronze Silver Gold Platinum


\$ 50 \$ \$ \$

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
 1.855.809.4073 www.metroplus.org	BronzePlus-B2 HSA, NS Bronze, INN, Pediatric Dental, Dep25, Family Dental, Family Vision, Healthy Living Rewards	Bronze	Medical Plus Dental	New York	Individual	\$421.91	\$50.11	<a href="#">View Details</a>
	Healthfirst Bronze	Bronze	Medical Plus	New York	Individual	\$421.91	\$50.11	

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

 **BronzePlus-B2 HSA, NS Bronze, INN, Pediatric Dental, Dep25, Family Dental, Family Vision, Healthy Living Rewards**

**You Pay** \$50.11

**Price Per Month** \$421.91 **Metal ⓘ** Bronze **Overall Quality Rating ⓘ** ★★☆☆☆ [Quality Details](#)

**Maximum Out of Pocket ⓘ** \$6,550 / \$6550 per person | \$13100 **Out-of-Network Coverage ⓘ** No **Allows Health Savings Account** Yes

**Plan Id** 11177NY0260001 **Persons Covered** Individual **Deductible ⓘ** \$5,500 / \$5500 per person | \$11000 per group

**Design** MetroPlus comprehensive plans are designed to keep New Yorkers healthy. Get covered with no cost sharing for most preventive services (annual physicals, well visits, select contraception) Our non-standard plans cover adult vision and dental benefits. HSA plans are also available for members seeking to maximize their care with a Health Savings Account In addition to a gym reimbursement program, members have the option to step it up and redeem additional earned reward points for completing health activities.

If you are enrolling as an individual, you should input the per person cost (\$5,500 in the example above). If you are enrolling with more than just yourself, you should input the per group cost (\$11,000 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.

	Bronze	Silver	Gold	Platinum
Monthly Premium ⓘ	\$ 50	\$	\$	\$
Deductible ⓘ	\$ 5,500	\$	\$	\$

- 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.



BronzePlus-B2 HSA, NS Bronze, INN, Pediatric Dental, Dep25, Family Dental, Family Vision, Healthy Living Rewards

You Pay	\$50.11				
Price Per Month	\$421.91	Metal ⓘ	Bronze	Overall Quality Rating ⓘ	★★★★☆ <a href="#">Quality Details</a>
Maximum Out of Pocket ⓘ	\$6,550 / \$6550 per person   \$13100 per group	Out-of-Network Coverage ⓘ	No	Allows Health Savings Account	Yes
Plan Id	11177N10260001	Persons Covered	Individual	Deductible ⓘ	\$5,500 / \$5500 per person   \$11000 per group

**Design** MetroPlus comprehensive plans are designed to keep New Yorkers healthy. Get covered with no cost sharing for most preventive services (annual physicals, well visits, select contraception) Our non-standard plans cover adult vision and dental benefits. HSA plans are also available for members seeking to maximize their care with a Health Savings Account In addition to a gym reimbursement program, members have the option to step it up and redeem additional earned reward points for completing health activities.

If you are enrolling as an individual, you should input the per person cost (\$6,550 in the example above). If you are enrolling with more than just yourself, you should input the per group cost (\$13,100 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.

	Bronze	Silver	Gold	Platinum
Monthly Premium ⓘ	\$ 50	\$	\$	\$
Deductible ⓘ	\$ 5500	\$	\$	\$
Max Out-of-Pocket Costs ⓘ	\$ 6550	\$	\$	\$



- 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 ⓘ	\$600	\$1,200	\$1,800	\$2,400
Estimated Out of Pocket Costs ⓘ	\$5,000	\$4,500	\$3,000	\$0
Estimated Total Cost ⓘ	\$5,600	\$5,700	\$4,800	\$2,400
Most You May Pay in a Year ⓘ	\$7,150	\$6,200	\$5,300	\$4,400

**\*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.