



National Health Council

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Putting Patients First[®]

The National Health Council is launching exciting new tools to help patients navigate their choices on the new health insurance marketplace. Available at PuttingPatientsFirst.net, the four new features include:

1. **[Estimate My Costs](#)**. Illustrates how an individual's total annual health care spending, including out-of-pocket costs for drugs, can vary based on health insurance plan selection.
2. **[Explore My Options](#)**. Provides a series of patient examples to demonstrate the important decisions a person must make when choosing a health insurance plan through the marketplace.
3. **[Answer My Questions](#)**. Informs patients and family caregivers about health care reform and helps people make the right decisions about health insurance that meets their unique health and budget needs.
4. **[Share My Story](#)**. Allows patients to share their experiences navigating the marketplace and provide input on the successes and challenges of health care coverage expansion. This feedback will help improve the health insurance marketplace over time.

Estimate My Costs and other resources located at PuttingPatientsFirst.net are designed to illustrate how out-of-pocket spending can change based on plan selection and should not be used to estimate actual costs. The following methodology and assumptions were used to calculate annual out-of-pocket spending in the Estimate My Costs and Explore My Options features.

Plan Selection

- Marketplace plans were chosen from among plans available in the largest zip code in the largest city in each state.
- To the extent possible, three bronze, three silver, two gold, and two platinum plans were chosen for each state. Actual plans included were determined by availability of plan detail and price.
- Multiple carriers from each market were included, where possible.

Premiums

- Premiums displayed are based on actual marketplace premiums for non-tobacco users in the Centers for Medicare and Medicaid Services (CMS) rating region corresponding to the largest zip code in the largest city in each state.
- Premiums were adjusted using the Department of Health and Human Services (HHS) Default Standard Age Curve.
- Premiums do not take into account potential eligibility for the advance premium tax credit.

Plan Design Data

- Plan design data were collected primarily from Summary of Benefits and Coverage (SBC) documents posted on the websites of carriers, web brokers, and exchanges. For a limited number of plans, benefit design information was collected using information from exchange websites, rather than SBC documents.
- Utilization management techniques such as visit limits, prior authorization, and step therapy are not included in the estimates.

Cost Estimations

- Out-of-pocket spending estimates are based solely on the health care service utilization entered. Estimates do not take into account any medical or drug utilization that is not entered by the individual.
- All estimates assume in-network utilization of medical services and use of an in-network retail pharmacy for medications.
- Out-of-pocket spending levels do not take into account potential eligibility for cost-sharing reductions.
- For the purposes of calculating medical spending before a deductible and for calculating coinsurance amounts, the cost of medical services was estimated using the Medical Expenditure Panel Survey (MEPS) for 2011.
- Annual drug costs are estimated based on the drugs entered by the individual, along with data the individual enters on the quantity of each drug used and frequency that prescriptions are filled at the pharmacy. The cost of each medication was calculated from the Average Wholesale Price (AWP) for each drug, obtained from the Medi-Span Drug Database.
- Formulary tier placement is not based on marketplace exchange plan formularies. Instead, Medicare Part D tier placement is used as a proxy for marketplace exchange formulary design.