Appendix A *Show Me My Health Plans (SMHP)* Screenshots

Welcome to Show Me My Health Plans!

There are many health insurance plans in the Affordable Care Act Marketplace. It can be hard to choose which one is best for you.

This guide will help you:

1. Learn about your health care plan options,
2. Think about what matters most to you, and
3. Choose a health care plan that works for you.

This tool was developed by researchers at Washington University in St Louis with collaborators at the University of Michigan. If you have any questions, please contact 314-747-1968 and leave a detailed message.

Knowledge Component (Sample Page)

Copayment, or Copay

To share the cost of your care, some plans have copayments.

- These are also called copays.
- Copays are a fixed dollar amount you pay each time you get care.
- The amount of a copay is different for different kinds of care.

People who need a lot of care may want to look for plans with low copays for the services they need.
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Interactive Learning (Sample Page)

Question 1: The monthly bill someone pays to have health insurance is called the premium.

- Yes
- No
- Unsure

Good job, you were right! The monthly bill you pay to have health insurance is called the premium.

Preference Rating Page (Sample Page)

Now, on this scale of 1 to 5, please tell us how important different parts of the plans were to your decision. “1” is not important and “5” is very important. There is no right or wrong answer—just let us know what was important to you as you looked over the information.

Cost of the health insurance premium

A premium is the amount of money a person pays to have health insurance. Usually people pay a premium each month to have health insurance, but sometimes people pay the full amount one time for the entire year.

1  2  3  4  5
Not important  Very important
Preference Sorting (Follows Rating Page)

|   | Preference Sorting (Follows Rating Page) |
|---|------------------------------------------|
|   | Please rank the following in order of importance. Things that are most important to you should go at the top. **Click and drag the boxes** to change the order: |
| 1. | Cost of premium |
| 2. | Cost of deductible |
| 3. | Cost of out-of-pocket maximum |
| 4. | Cost of doctor visits |
| 5. | Cost of prescription pills or medicines |
| 6. | Fixed costs for tests and care |
| 7. | Choice of doctors, including out-of-network |
| 8. | Cost of out-of-network care |
| 9. | Formulary, or the list of medications covered by a plan |
| 10. | Quality of doctors |
| 11. | Cost of emergency care |
| 12. | Cost of hospital stay |
Plan Display Page. Plans are sorted lowest to highest cost, but three “good fit” plans are displayed first. The features they rank as most important to their choice are displayed in the first four rows to allow for comparison across plans. Consumers can see more features of each plan by expanding each view using the + sign at the bottom of each plan card. Users can star plans they would like to save to view later.

Below is a sample plan display page for a hypothetical, never-married, 31-year-old woman, living in St. Louis City, covering herself. Her household income is $21,000. She has two chronic health conditions. She had 46 different options in 2016; the blue plan list on the left side is truncated.
### Appendix B Post-Exposure Knowledge Items Answered Correctly

| Question                                                                 | SMHP (n=164) | Healthcare.gov (n=163) |
|-------------------------------------------------------------------------|--------------|------------------------|
| Q1 The monthly bill someone pays to have health insurance is called the premium. (T) | 157 (95.7%)  | 136 (83.4%)            |
| Q2 Your monthly premium counts towards your deductible. (F)             | 114 (69.5%)  | 59 (36.2%)             |
| Q3 Urgent care is care you need right away for an illness or injury that is serious but not life threatening. (T) | 156 (95.1%)  | 143 (87.7%)            |
| Q4 “In-network” doctors and hospitals are those that are closest to your home. (F) | 126 (76.8%)  | 87 (53.4%)             |
| Q5 There is no copayment for preventive care if you see a doctor that is part of your plan’s network. (T) | 116 (70.7%)  | 60 (36.8%)             |
| Q6 Some insurance plans have a deductible, which means that they charge less for services. (F) | 88 (53.7%)   | 62 (38.0%)             |
| Q7 If a plan covers a percent of the bill, and you pay the rest, that is called co-insurance. (T) | 106 (64.6%)  | 83 (50.9%)             |
| Q8 Generic prescription drugs cost more than brand name drugs in health insurance plans. (F) | 152 (92.7%)  | 134 (82.2%)            |

SMHP, Show Me My Health Plans.