

Shopping Portal QHP Enhancements - Fact Sheet

Effective October 23, 2026, several important updates were made to the Shopping Portal that include adding clearer medical and drug cost details, splitting generic drug tiers, prioritizing unenrolled Individuals in the enrollment flow, and capturing required disenrollment reasons for reporting purposes. These changes only impact Qualified Health Plan (QHP) shopping.

Cost Detail Changes

The Shopping Portal now displays separate medical essential health benefits (EHB), drug EHB, and combined medical and drug deductible / out-of-pocket values on the **Medical Plan Details** and **Plan Compare** screens. To accommodate this change, the following new fields were added to the existing fields in the *Deductible and Out-of-Pocket Details* section on those screens:

- **Medical Individual Deductible**
- **Medical Family Deductible**
- **Drug Individual Deductible**
- **Drug Family Deductible**
- **Medical Individual Out-of-Pocket Max**
- **Medical Family Out-of-Pocket Max**
- **Drug Individual Out-of-Pocket Max**
- **Drug Family Out-of-Pocket Max**

Medical Plan Details

Please be sure to check the insurance company's provider directory for the most up-to-date information before making a final choice. Since provider networks can change often it is also a good idea to call your doctors, hospital or other providers before picking a plan. Ask if they will be participating in the health plan you are choosing before making your final decision.

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Anthem Catastrophic Pathway Transition X (+ Incentives)

Total Monthly Premium

471.70

Provider Directory
[See Provider Directory](#)

Summary Of Benefits Coverage
(Resumen de beneficios y de cobertura)
[English / Español](#)

Evidence of Coverage
N/A

Formulary
[Preferred Drug List](#)

Embedded Pediatric Dental
No

HSA/FSA
[HSA/FSA Document](#)

Wellness Program
No

Medical Loss Ratio
85%

Your pinned plan indicators will be displayed here :

Quality Rating Details

Deductible and Out of Pocket Details

	In Network
Combined Medical & Drug Individual Deductible	\$10,600
Combined Medical & Drug Family Deductible	\$10,600 per person \$21,200 per group
Medical Individual Deductible	Not applicable for individual
Medical Family Deductible	Not applicable for individual Not applicable for family
Drug Individual Deductible	Not applicable for individual
Drug Family Deductible	Not applicable for individual Not applicable for family
Combined Medical & Drug Individual Out of Pocket Max	\$10,600
Combined Medical & Drug Family Out of Pocket Max	\$10,600 per person \$21,200 per group
Medical Individual Out of Pocket Max	Not applicable for individual
Medical Family Out of Pocket Max	Not applicable for individual Not applicable for family
Drug Individual Out of Pocket Max	Not applicable for individual
Drug Family Out of Pocket Max	Not applicable for individual Not applicable for family

Please note: Only In-Network values display within the *Deductible and Out-of-Pocket Details* section on **Medical Plan Details** and **Plan Comparison** screens. If data is unavailable for any of the fields, **Not Applicable** displays instead.

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Prescription Drug Benefits Changes

The **Generic Drug** category is now split into the following two separate sub-categories on the **Medical Plan Details** and **Plan Compare** screens:

- **Generic Drugs - Preferred**
- **Generic Drugs - Retail**

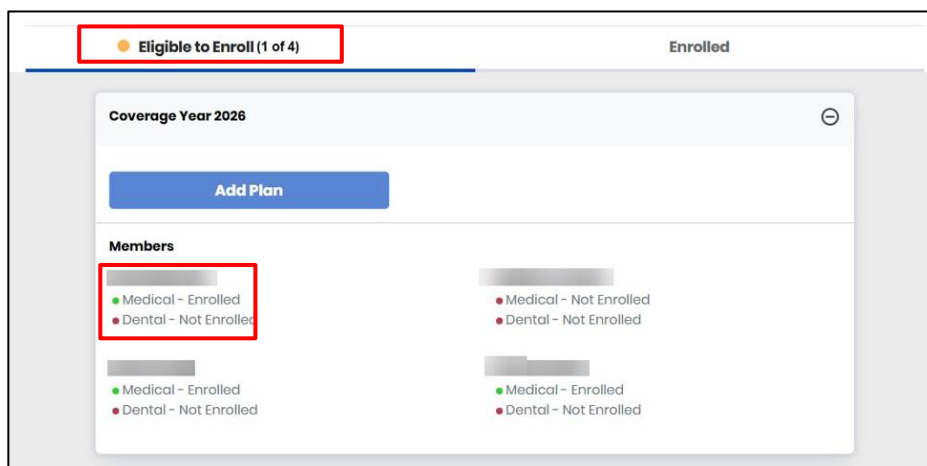
Prescription Drug Benefits	
In Network	
Generic Drugs - Preferred	\$5.00 Copay after deductible
Generic Drugs - Retail	\$30.00 Copay after deductible
Preferred Brand Drugs	45.00% Coinsurance after deductible
Non-Preferred Brand Drugs	45.00% Coinsurance after deductible
Specialty Drugs	50.00% Coinsurance after deductible

Please note: The **Preferred Brand Drugs**, **Non-Preferred Brand Drugs**, and **Specialty Drugs** fields on the **Medical Plan Details** and **Plan Compare** screens remain unchanged.

Enrollment Management Module (EMM) Home Page Changes

To prioritize those Individuals who are not enrolled in an active QHP, the **Eligible to Enroll** tab label displays on the **EMM Home Page** and includes a prominent, color-coded status indicator to assist users in identifying when eligible members of their household may not be enrolled in coverage.

The **Eligible to Enroll** tab includes a list of all eligible **Members** in the household and indicates if those Individuals are **Enrolled** or **Not Enrolled** for both Medical and Dental plans.



Please note: The colors on the **Eligible to Enroll** tab label indicate the following:

- **Red** = no Individuals enrolled
- **Orange** = some Individuals enrolled
- **Green** = all Individuals enrolled

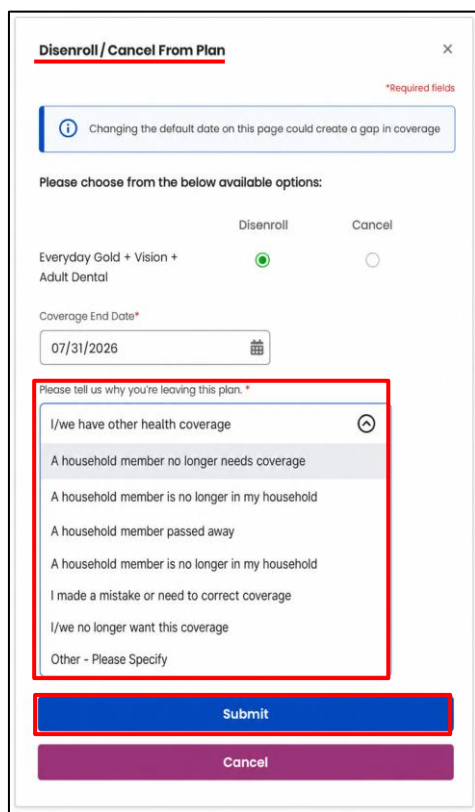
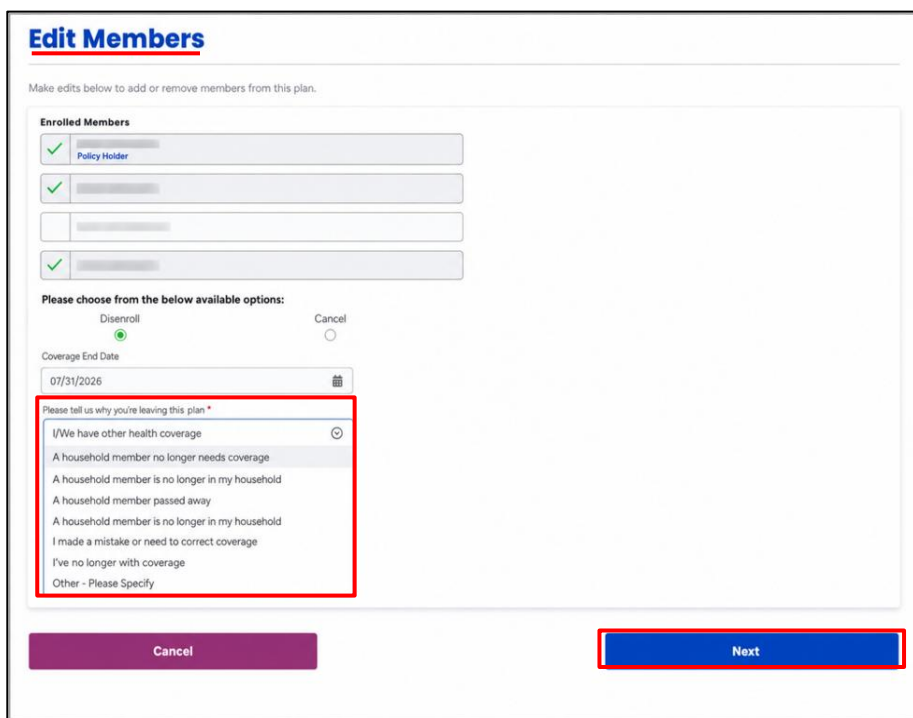
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Disenrollment Changes

The Shopping Portal must now collect a mandatory disenrollment reason when a user disenrolls or cancels coverage for an enrolled Individual. When canceling or disenrolling on the **Disenroll / Cancel From Plan** pop-up screen or the **Edit Member** screen, the following reasons are provided for the question **Please tell us why you're leaving this plan**:

- I/we have other health coverage
- A household member no longer needs coverage
- A household member is no longer in my household
- A household member passed away
- I/we are switching plans
- I/we no longer want this coverage
- I made a mistake or need to correct coverage
- Other

Users should select a reason from the drop-down list above and then click **Submit** (on the **Disenroll / Cancel From Plan** pop-up screen) or **Next** (on the **Edit Members** screen) to proceed.

Please note: The **Comments** field on the **Disenroll / Cancel From Plan** pop-up screen and **Edit Members** screen is mandatory if **Other** is selected for **Please tell us why you're leaving this plan**.

