



CHOICES:

Insurance Rate Comparison Search Systems

***Small Group Health Insurance* Instructions/User Guide**

February 2018


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Introduction

With five easy steps, you will be able to view current premium information from health insurance companies offering small group health insurance in Florida. The information is based on each insurance company's current premium rates as submitted to the Florida Office of Insurance Regulation (Office). At any time during the process, you can re-start the process by clicking "here" in the sentence above the first step.

[Home](#) [Rate Tool](#) [Instructions/FAQs](#)







CHOICES: Small Group Rate Comparison Tool

The Office of Insurance Regulation (Office) developed the *CHOICES: Small Group* rate comparison tool to provide a resource for consumers (employers) interested in viewing annual premium rates for the various small employer major medical health insurance plans currently available in Florida.

With five easy-to-follow steps, consumers (employers) will be asked to select or enter specific data: Florida county, plan coverage type/level and basic employee information. The last step provides annual rate information based on the criteria entered by the consumer (employer). The information displayed consists of the available health insurance companies offering the health insurance plan and corresponding annual premium rate information, which is based on each insurance company's current effective premium rates as filed with the Office. The information can be shared with others via email or instant messaging as well as saved and printed by exporting into a .pdf format.

You can start over at any time during this process. To clear all selections, click [here](#).

1. [Select a County](#) 
2. [Select Effective Date and Exchange Type](#) 
3. [Select Coverage Type and Level](#) 
4. [Configure Employees](#) 
5. [View Rates](#)

NOTE: This website contains links to PDF documents. If you are unable to view these documents, download [Adobe Acrobat Reader](#).



Disclaimer:
This information is intended to be used for illustrative purposes only and does not constitute an endorsement or recommendation of any particular insurance company or plan by the Office. Furthermore, the Office DOES NOT imply or guarantee that a company will sell insurance at the stated premium. Please verify all premium rates with the applicable carrier. Links to insurance company websites and other resources are given as a convenience to the user. The information on these independent sites cannot be verified as accurate by the Office.

Step 2: Select Effective Date and Exchange Type

Select both the effective date and exchange type.

2. Select Effective Date and Exchange Type



Please select an effective date and exchange type

Effective Date:  **Exchange Type:** 

The effective date is the date you desire the insurance coverage to begin.

2. Select Effective Date and Exchange Type

Please select an effective date and exchange type

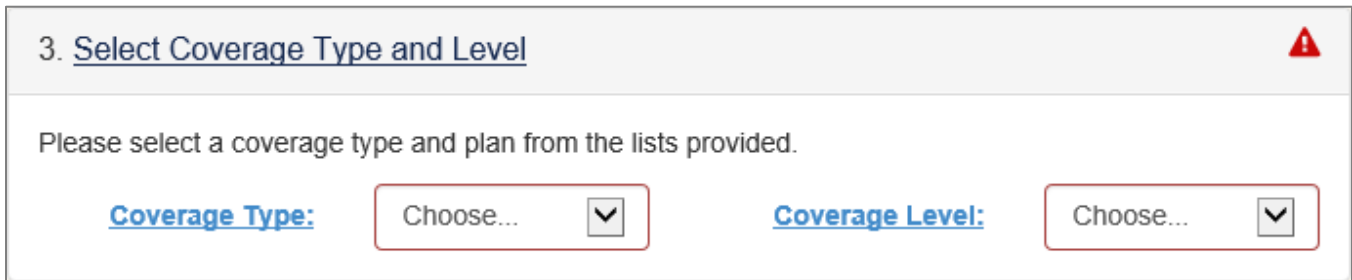
Effective Date:  **Exchange Type:** 

- Choose...
- On
- Off

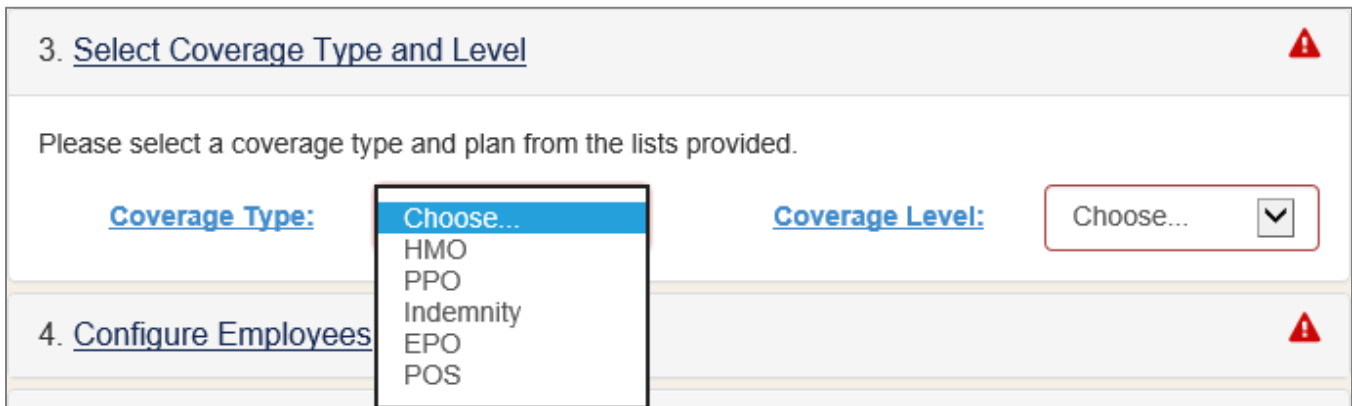
There are two types of exchanges to choose from in the drop down box. Placing your cursor over “Exchange Type” in blue will show another box with brief explanations of each.

Step 3: Select Coverage Type and Level

Select both the type of coverage and the level of coverage.



There are five types of coverage to choose from in the drop down box. Placing your cursor over “Coverage Type” in blue will show another box with brief explanations of each.



The information below describes how each health plan is structured.

Types of Coverage:

- **Health Maintenance Organization (HMO)** - An HMO is a health insurance plan that limits coverage to only the providers within their network. HMOs generally do not cover out-of-network services except in an emergency. You will receive most of your health care from a primary care physician that you have selected and services from specialists will often require a referral from your primary care physician. HMOs may also require you live or work within a service area to be eligible for coverage. This type of health insurance plan often provides integrated care and focuses on prevention and wellness.
- **Preferred Provider Organization (PPO)** - A PPO is a health insurance plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the

network for an additional cost such as higher deductibles, co-payments and co-insurance as well as being subject to balance billing by the provider.


- **Exclusive Provider Organization (EPO)** - An EPO is a health insurance plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network except in an emergency. Like HMOs, services outside of the network will not be covered. The EPO is part of a PPO in which you select a provider to serve as your primary care physician, who serves as a gatekeeper in approving the maximum level of benefits you are entitled to.
- **Indemnity** - An Indemnity plan, unlike an HMO, PPO or EPO, generally allows you to choose any doctor or hospital that you wish when seeking health care services. Indemnity plans are considered fee-for-service health insurance plans. This means that as long as your services are eligible under your policy, you will be charged a fee based on your plan's fee schedule.
- **Point of Service (POS)** - A POS plan is an HMO plan that includes an out-of-network rider attached to the contract. You can choose, at the time of service, to seek services in network or out-of-network. You will be subject to a higher deductible and higher co-insurance amounts if you use doctors, hospitals, and other health care providers that do not belong to the plan's network.

Levels of Coverage:

There are four levels of coverage to choose from. The information below explains what you can expect as far as levels of coverage, the percentages each plan will pay, and your out-of-pocket costs. Placing your cursor over “Coverage Level” in blue will show another box with brief explanations of each.

3. [Select Coverage Type and Level](#)

Please select a coverage type and plan from the lists provided.

[Coverage Type:](#) 


[Coverage Level:](#)
Platinum
Gold
Silver
Bronze

4. [Configure Employees](#)

- **Platinum Plans:** The Platinum Plan will pay 90% of the health care service, leaving you with an out-of-pocket cost of 10% after the deductible.
- **Gold Plans:** The Gold Plan will pay 80% of the health care service, leaving you with an out-of-pocket cost of 20% after the deductible.
- **Silver Plans:** The Silver Plan will pay 70% of the health care service, leaving you with an out-of-pocket cost of 30% after the deductible.
- **Bronze Plans:** The Bronze Plan will pay 60% of the health care service, leaving you with an out-of-pocket cost of 40% after the deductible.

Step 4: Configure Employees

Provide basic employee information.


4. [Configure Employees](#) 

Enter the number of employees up to 50. Once all employees are displayed, configure each one entering the number of adults, children and their corresponding ages.

of Employees:


You will be asked to enter the number of employees between 2 and 50, and then click on the green “Create” button.

Once your employees are displayed, you will be asked to enter the number of adults and children, their corresponding ages, and whether or not they are tobacco users.


4. [Configure Employees](#) 2 Employees 

Enter the number of employees up to 50. Once all employees are displayed, configure each one entering the number of adults, children and their corresponding ages.

of Employees:

[Employee 1](#) 

Number of Adults: **Number of Children:**

[Employee 2](#) 

Once you have completed the fourth step, check to see if each step has a green check mark on the right hand side of the page. If so, click on the “View Rates” button.

Step 5: View Rates

Review your results.

Total Group Premium:

The information displayed includes the available health insurance companies offering the health insurance plan you selected and corresponding annual group premium rate information.

The information is broken down as the minimum rate, the average rate, and the maximum rate of all available plans. It also provides the option to “view” the insurance company’s website.

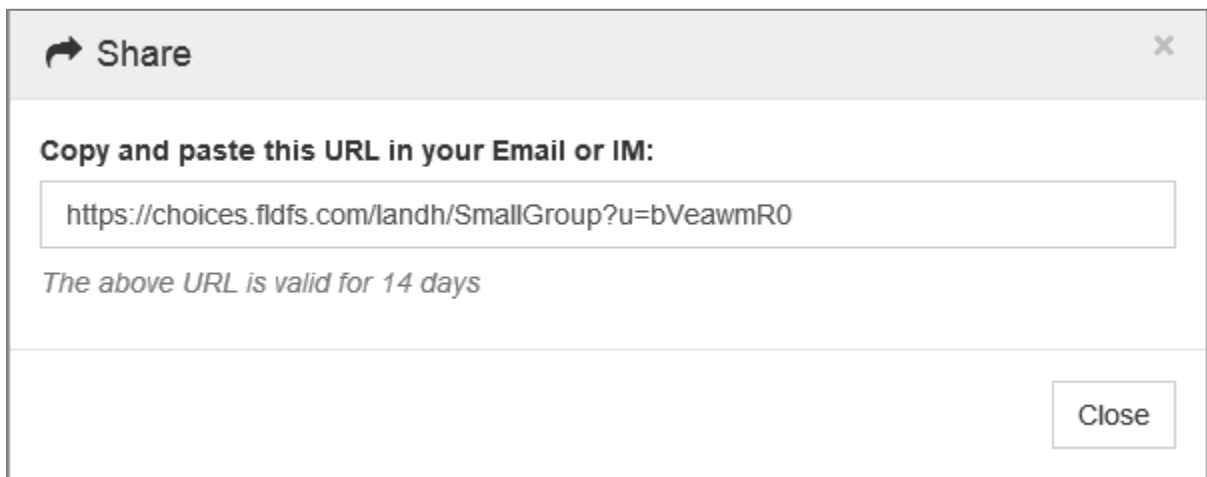
Premium by Employee:

Click on the “Premium by Employee” tab to view total annual premium rate information with a breakdown summary of the rate costs for each individual employee.

Options to Share/Export Information:

There are two options available for either sharing or exporting the summary information presented in the “View Rates” section.

Share Option: The “Share” icon option allows users to copy and paste the URL provided in the selection box as either an email or Instant Message (IM) for distribution. The URL is available for 14 days from the original shared date.



Export Option: The information can also be exported into a PDF document for printing or to save. Depending on the browser, options to “Open” or “Save” the document will appear.

Disclaimer:

This information presented in CHOICES – Small Group Health is intended for illustrative purposes only and does not constitute an endorsement or recommendation of any particular insurance company or plan by the Office. Furthermore, the Office DOES NOT imply or guarantee that a company will sell insurance at the stated premium. Please verify all premium rates with the applicable carrier. Links to insurance company websites and other resources are given as a convenience to the user. The information on these independent sites cannot be verified as accurate by the Office.