

Step 1- visit: <http://bit.ly/view-rates> You will land on the page below. It is not necessary to “Login”. Simply proceed with entering your information below.



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Individual Quoting

1 Applicant Information

Enter Your Information

Please Note: Open Enrollment begins November 1. Please come back then to view our 2017 plans and rates. If you still need 2016 coverage, you must have a **Qualifying Event** that creates a Special Election Period.

Applicant Information

Zip Code

County

- choose -



Choose Effective Date

01/01/2017



Applicant Last (Optional)

Phone Number (Optional)

You may ignore the “Note” above. This is language from the web host, but preview rates are available for your review, just not to apply.

Start Here-

**Enter Zip Code &
Choose Effective
Date 01/01/2017**



Step 2 - Scroll down and complete the intake information.

Zip Code: 43017
County: Franklin

Choose Effective Date: 01/01/2017

Applicant Last (Optional): Vazquez

Phone Number (Optional): () - -

Email Address (Optional):

Quote Child Only Plan ?

Relationship: Self
First Name (Optional): Test
Gender: Female
Date of Birth: 09/03/1977
Tobacco: No

Add Dependents +

Broker Information

Name: Byrne Matt
NPN: 15288826

Contact 😊

NOTE: Entering your last name will help us find you in the system for later review. Please be sure to at least fill in your correct last name. Thank you!

If you get stuck, this will give you our contact information to get in touch with us during business hours.

Once finished, click next.



Next

Step 3 - Select Medical coverage. IF you want to see if you qualify for tax credits, click “yes” (the next slide will discuss this). *If you do not want tax credits, click “no”.* When done, click “NEXT” to proceed to the next step.

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Vazquez, Test

1 Applicant Information 2 Select Lines

What Would You Like To Quote?

Select All

Medical

Estimate Premium Subsidy?

Do you qualify for discounts
(Advanced Premium Tax Credits)?

Visit:

<http://bit.ly/mhqclientresources>



Next

⊘ If you do not want tax credits (premium discounts), continue to Step 5. ⊘

If you selected yes on Step 2, this is Step 4 (with subsidy). The information from Step 2 is auto-filled. Now, enter estimated household income for 2017; the number of people in household (on your taxes in 2017); number of people that need insurance in 2017.

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1 Applicant Information 2 Select Lines 3 Subsidy Estimate

Premium Subsidy Estimator ▶

Skip

1	Enter Your Zip Code	<input type="text" value="43017"/>
2	County	<input type="text" value="Franklin"/> ▼
3	Enter annual household income	<input type="text" value="\$ 0"/>
4	Number of people in your household	<input type="text" value="1"/> ▼
5	Number of people taking coverage	<input type="text" value="1"/> ▼
	Age	<input type="text" value="39"/> ▼
		<input type="text" value="Applicant"/> ▼
6	Affordable Employer Medical Coverage Available?	<input type="text" value="No"/> ▼

[Click Here](#) to determine affordability.

Calculate

★ If you are self-employed, it is important to speak with your accountant on what you should claim. If you are a W2 employee, use your gross income (+ add any family members that have taxable income, and on your taxes in 2017) to gain estimated annual household income.

⊘ If you have employer coverage available, by law you must take that coverage, unless it is unaffordable. Check this tool to find out!



↘ Click calculate to get your results; then click NEXT.

Step 5- After clicking next, you will arrive to all plan options available in your area and what will be available on November 1st to enroll into. During your policy review, we will discuss plan design, coverage variances, carrier policies, etc. of this year's coverages.

Note: We do not have access to Caresource for enrollment; please consult the carrier direct.

Proceed to TIPS on the next page regarding reviewing plan designs/features.



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Vazquez, Test

1 Applicant Information 2 Select Lines 3 Medical Plans

Medical Plans Effective January 01, 2017

Back To Select Lines

Go To Summary

28 Medical Plans displayed

Agent: Matt Byrne NPN: 15288826

Narrow Results By

Compare Plans



Sort By:

Lowest to Highest



NT = Non-Tobacco, T = Tobacco

Market HMO 7150 - OhioHealth

On Exchange Plan | Adult and Child | 99969OH0080026

Plan Type: HMO | Network: N/A



MedMutual

Quick View of In-Network Benefits

? Single Deductible

\$7,150

Additional Information

Your Monthly Cost

Subscriber (39 NT) \$241.24

TIPS when reviewing rates during Step 5:

RESOURCES

- Subsidy Calculator
- Tax Penalty Estimator

Click the orange button to drop down options to filter the plans-carrier; plan type (PPO vs HMO); 'metal' level (bronze; silver; gold).

- 1 Applicant Information
- 2 Select Lines
- 3 Medical Plans

Medical Plans Effective January 01, 2017

The buttons to the right will not work until 11/1/16.

Back To Select Lines

Go To Summary

28 Medical Plans displayed

Agent: Matt Byrne NPN: 15288826

Narrow Results By

Compare Plans



Compare up to 4 plans side-by-side!
Select this button first, then plans.

Sort By:

Lowest to Highest

NT = Non-Tobacco, T = Tobacco

Market HMO 7150 - OhioHealth

On Exchange Plan | Adult and Child | 99969OH0080026

Plan Type: HMO | Network: N/A



B

MedMutual

Quick View of In-Network Benefits

Single Deductible	\$7,150
Single Max Out-of-Pocket	\$7,150
Coinsurance	0%
Primary Care Visit	\$50 and 0.00% Coinsurance after deductible
Generic Drugs	0.00% Coinsurance after deductible

Additional Information



Summary



Lookup Provider



Lookup Rx



Plan Details

Want to know if your doctor or hospital is within the plan you like? Click the "lookup" buttons to find out.

Select this plan

Want to know what all a plan covers? The Plan Details button gives a full summary of benefits!