



Plan Preview Overview

Plan Preview is a tool in the Marketplace Plan Management System (MPMS) module (<https://portal.cms.gov>) in the Health Insurance Oversight System (HIOS), that enables issuers and states to preview their plan benefit displays and confirm that accurate plan data will display on HealthCare.gov.

All Federally-facilitated Exchange (FFE), State performing plan management functions (SPE), State-based Exchange on the Federal platform (SBE-FP) issuers and stand-alone dental plans (SADP) who apply for QHP certification have access to Plan Preview. All issuer and states with a role in MPMS can automatically access the Plan Preview tab in MPMS. State-based Exchange (SBE) issuers do not have access to Plan Preview.

Issuers and states will be able to view plans in Plan Preview within one business day of all QHP Application groups (with the exception of the Plan Rates and Issuer URL groups) reaching a status of “Submitted – Under Review,” “No Action Required,” or “Corrections Required.”

Plan Preview consists of two pages: the Rating Scenario Page, and the Plan Details Page, which closely mimics the consumer display on HealthCare.gov. Plan Preview displays Individual and Small Business Health Options Program (SHOP) plans.

- **Rating Scenario Page:** After selecting an issuer on the issuer summary page, users can view available and unavailable plans based on consumer rating scenarios. Users input different scenarios to verify that rates, business rules, and cost sharing display correctly to consumers before plan data is reviewed by CMS.

Scenarios can consist of a primary subscriber with up to five dependents. Dependents may be identified as either a Spouse, Life Partner, Child, Brother or Sister, Ward, Stepson or Stepdaughter, Grandson or Granddaughter, Nephew or Niece, Collateral Dependent, Ex-Spouse, Foster Child, Sponsored Dependent, Other Relationship or Other Relative. The scenario can contain, at most, one spouse or one life partner. If the user adds a spouse or life partner to the enrollment group, they can add up to four additional dependents, for a total of five dependents.

Once the user completes the scenario, they can click the Show Plan Results button to view a table of all available and unavailable plans. To access the Plan Details page, the user clicks the Plan Card hyperlink. The corresponding Plan Details page will load in a new tab on the browser.

- Plan Details Page: This page shows details about each of the plans such as plan marketing name, deductibles, out-of-pocket maximums, policies for specific benefits, limits, and exclusions. The page also shows the scenario information.

There are two tabs on the plan details page. The Consumer View tab displays the benefit cost sharing similar to what a consumer would see on HealthCare.gov. The Data Validation tab displays the benefit, cost share, and any limits and exclusions in a table to allow for efficient testing in the system.