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## *Plan Preview Overview*

The Plan Preview module (<https://portal.cms.gov>) in the Health Insurance Oversight System (HIOS), 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. Users assigned a role of Submitter and/or Validator in any of the QHP modules (Issuer, Rating, and Benefits and Service Area) and State Departments of Insurance (DOIs) with HIOS State Reviewer access can access the Plan Preview module. State-based Exchange (SBE) issuers do not have access to HIOS Plan Preview.

Issuers submitting in the Health Insurance Oversight System (HIOS) can view their plan data in the Plan Preview module after their Issuer and Benefits & Service Area Modules are validated, and their Business Rules template is submitted. Issuers submitting in the System for Electronic Rates & Forms Filing (SERFF) can view their plan data in Plan Preview once all templates except for the Rates Table Template are transferred into HIOS.

The Plan Preview module consists of three pages: the Summary Page, 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.

- **Issuer Summary Page:** This is the first page of the Plan Preview module, where issuers and states can select an issuer ID to view. If the user has State Reviewer access, they will see all issuers in their state.
- **Rating Scenario Page:** After selecting an issuer on the issuer summary page, users can view available and unavailable plans based on consumer rating scenarios. 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 Update Plan Results button to view a table of all available and unavailable plans. To access the Plan Details page, the user highlights a plan in the Plan Results table by clicking it, then clicks the

View Plan button. 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.