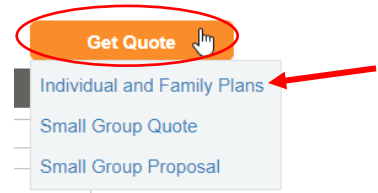


JET Insure Broker Portal Training Guide 3: Individual & Family Plan (IFP) Quoting

1. Hover over Get Quote, and select Individual and Family Plans
2. Fill out the Quote one step at a time beginning with simple demographics from the prospective member (below).



Welcome | Test Broker

Individual and Family Plans

Get Quote ▶ Eligibility Verification ▶ Choose Your Plan ▶ Enroll Now

3. Fill out the second part of the quote, which asks for zip code and enrollment event/reason

4. Select one of the qualifying life events, if outside of the Open Enrollment Period.

You will be asked to provide documentation later.

This information will be used to estimate your potential subsidy.

- You can also enter income information for the individual/family/household. If the person would qualify for a tax credit, they will be given an APTC estimate, and routed to the Marketplace to finish the application.

See if you qualify for lower costs

This information will be used to estimate your potential [subsidy](#)

Annual Household Income (\$)	Family Members Residing in the Home (#)
<input style="width: 90%;" type="text" value="20000"/>	<input style="width: 90%;" type="text" value="1"/>

- All eligible plans for the Individual/Family will populate here:

COMMON GROUND
HEALTHCARE COOPERATIVE

Welcome Test Broker

Get Quote | Eligibility Verification | **Choose Your Plan** | Enroll Now

Adjust Savings **\$420.27**

0 \$0 \$420.27

Your Quote Profile

Coverage for Primary (M39) Completed

Zip Code 53005

County Waukesha

Requested Coverage Start Date 05/01/2020

[Change Your Profile](#)

We found 6 plan(s) for you.

Sort by: Monthly Premium | Deductible | Out-of-Pocket Limit

Envision - Bronze 8150/100

[Learn More About This Plan](#)

[Plan Brochure](#)

[Summary of Benefits and Coverage](#)

[Schedule of Benefits](#)

Plan Type	EPO
Coinsurance	0%
Deductible	\$8,150
Out-of-Pocket Limit	\$8,150
Monthly Premium	\$367.35
Savings Estimate	(\$367.20)
Total Cost	\$0.15

[Enroll in this Plan](#)

Envision 6750/100

[Learn More About This Plan](#)

[Plan Brochure](#)

[Summary of Benefits and Coverage](#)

[Schedule of Benefits](#)

Plan Type	EPO
Coinsurance	0%
Deductible	\$6,750
Out-of-Pocket Limit	\$6,750
Monthly Premium	\$402.39
Savings Estimate	(\$402.23)
Total Cost	\$0.16

[Enroll in this Plan](#)

And you can compare different plan options.

We found 6 plan(s) for you.

Sort by: Monthly Premium | Deductible | Out-of-Pocket Limit

Compare **Envision - Bronze 8150/100**

[Learn More About This Plan](#)

[Plan Brochure](#)

[Summary of Benefits and Coverage](#)

[Schedule of Benefits](#)

	Envision 6750/100	Envision - Silver 6500/75	Envision - Bronze 8150/100
Monthly Premium	\$388.79	\$437.32	\$354.93
Total Cost	\$388.79	\$437.32	\$354.93
<p>Enroll in this Plan Enroll in this Plan Enroll in this Plan</p>			
Benefits	In-Network	In-Network	In-Network
Basic			
Deductible	\$6,750	\$6,500	\$8,150
Coinsurance	0%	25%	0%
Out-of-Pocket Limit	\$6,750	\$8,150	\$8,150
Costs for Medical Care			
Pediatric Eyewear	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Urgent Care	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Ambulance	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Durable Medical Equipment	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Primary Care Visit to Treat an Injury or Illness	0% Coinsurance after deductible	\$60	\$35
Specialist Visit	0% Coinsurance after deductible	\$100	0% Coinsurance after deductible
Diagnostic Services			
Imaging (CT/PET Scans, MRIs)	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
X-Rays and Diagnostic Imaging	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible

And save the quote as a PDF or email it out from here as well.

Other Services			
Habilitation Services	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Home Health Care	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Prenatal and Postnatal Care	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible
Rehabilitative Services	0% Coinsurance after deductible	25% Coinsurance after deductible	0% Coinsurance after deductible

[Back](#) [Save PDF](#) [Email PDF](#) [Download PDF](#)

If you are ready to choose a plan, please click on the Enroll in this Plan button at the top of the comparison chart.