



# Helping Consumers Choose the Best Plan

A key part of your role as an agent or broker is educating and informing your clients on all aspects of a Marketplace plan so they choose the health insurance coverage that is best for them. This resource provides agents and brokers with tips to help consumers make the best plan choices.

## Remember Aspects of Marketplace Plans

When working with consumers, you should consider all plan information, such as premiums, deductibles, and potential out-of-pocket costs. Important factors to consider include but are not limited to:

- **Premiums:** Many Marketplace consumers will have access to a range of plans with little-to-no monthly premiums because of Advance Payments of the Premium Tax Credit (APTC), one type of financial assistance consumers may receive through the Marketplace.
- **Deductibles:** Help consumers understand there are multiple types of deductibles (e.g., medical and prescription deductibles, and depending on whether the service is in or out of the plan's provider network). Be sure to discuss services and associated costs with consumers so they are aware of what could lead them to reach their deductible.
- **Out-of-Pocket Costs:** Looking at out-of-pocket costs can be a great place to start when comparing many available plans. Explain to consumers that their past and current healthcare utilization can help estimate annual out-of-pocket costs and ultimately inform the best plan choice. Consumers who expect to use their coverage more, such as consumers who are likely to require more prescriptions and doctor visits, may

benefit from selecting a plan that will cover more of their care, even if it may mean a higher monthly premium. Some Marketplace enrollees can get another kind of help: Cost-sharing Reductions (CSRs), which are generally only available by enrolling in a Silver plan. Help consumers consider total costs beyond premiums. Consumers can visit <https://www.healthcare.gov/choose-a-plan/your-total-costs/> for information on potential out-of-pocket costs and available plans and their prices.

## Help Consumers Apply for the Right Coverage

Agents and brokers help consumers enroll in the type of coverage for which they are eligible. They must not enroll consumers who are eligible for Medicaid/CHIP in a QHP with financial assistance - even if they asked you to enroll in Marketplace coverage or keep their entire family on the same QHP. If consumers are potentially eligible for Medicaid or CHIP, agents and brokers can help these consumers connect with the appropriate state agency to apply for this coverage. This is a great way for you to continue to support your clients. Even if your clients enroll in Medicaid/CHIP, they know that you are a trusted resource and can be a source of future referrals.

## Present the Metal Level That Best Suits Consumers' Needs

An important part of being an agent or broker includes helping consumers consider all plan options and enrolling them in the plan that best meets their needs. Many consumers are eligible for savings on out-of-pocket costs through the Marketplace, which can make this a complicated decision. As an agent or broker, you should help consumers consider all expenses, including premiums, deductibles, and out-of-pocket costs

before they make a decision.

There are two main types of savings for which consumers may be eligible:

### **Advanced Payments of the Premium Tax Credits (APTC)**

APTCs are tax credits consumers can use to lower their monthly premium payment for coverage through the Marketplace. Consumers' eligibility for APTC is based on their projected annual household income they attest to in their Marketplace application and may be adjusted based on Marketplace verification. Recent changes in law removed the cap on the amount of excess APTC that must be repaid to the IRS at tax filing if a consumer qualifies for less than what was estimated, for example if their income is higher than was expected. You should assist consumers with understanding that when they apply APTC to their monthly premiums, they run the risk of needing to pay the excess amount back at tax time if their circumstances change. If your consumer's income changes throughout the year, you should help them contact the Marketplace and report this change, as their premium tax credit amount may be adjusted.

### **Cost-Sharing Reductions (CSRs)**

CSRs are discounts that lower the amount consumers must pay for out-of-pocket expenses for Marketplace coverage, such as deductibles, copayments, and coinsurance. Eligibility for income-based CSRs is based on household income and requires the individual or family to enroll in a Silver plan category and be eligible for APTC.

Note: Agents and brokers should always remind consumers about the potential out-of-pocket costs of plans beyond monthly premiums, which may impact a consumer's overall expenses throughout the year. Agents and brokers should also review a consumer's previous coverage with them to better understand what they liked and did not like about their plan.

### **Use the See Plans and Prices Tool**

The HealthCare.gov see plans and prices tool allows consumers to preview plan options and their prices depending on their location and income. By entering their zip code and answering a few questions about their household members and estimated income (without providing identifiable information), consumers will be able to find health insurance plans that fit their needs. The HealthCare.gov see plans and prices tool also includes premium estimates that show savings consumers may qualify for based on the information entered. By using this tool to compare plans, you can help your consumer find the best plan for them. Consumers can access the see plans and prices tool at <https://www.healthcare.gov/see-plans/#/>.

### **Consider the Metal Level That Best Suits Consumers' Needs**

Another key factor in the plan selection process is helping consumers choose metal level plans that best fit their individual needs. It is important that you have conversations with your clients about their unique health care history and prior coverage; understanding what they liked and did not like about their previous plan will help you suggest the best plan option. Each metal level has different key attributes that should be thoroughly explained to consumers for their consideration. Below are reminders and key differences between each of the metal level plans:

- **Bronze:** Bronze plans generally have the lowest monthly premiums but have the highest costs associated with coverage. These plans may be a good option for consumers who want a low-cost way to protect themselves from worst-case medical scenarios. You can review the cost of things such as emergency surgeries, serious sickness or disease, or injuries that may require hospitalization with your clients to ensure they understand the potential out-of-pocket costs they may face. If your consumer was previously enrolled in a Bronze plan, you should review

these costs with them to ensure that they understand what those payments would look like if they enrolled in a different metal level, such as Silver. It is important to note that the monthly premium for a Bronze plan will be lower, but they have higher out-of-pocket costs so consumers will **pay for most routine care themselves, which could cost them more during the year** than plans in other metal levels. Starting January 1, 2026, any Bronze (or Catastrophic) plan that is available on the Exchange qualifies as a High Deductible Health Plan (HDHP) and is Health Savings Account (HSA)-eligible. For these plans, consumers can open an (HSA) and the HSA funds can be used to pay for qualified medical expenses. Identical Bronze and Catastrophic plans available off-Exchange are also HSA-eligible.

- **Silver:** Silver plans generally have **moderate monthly premiums** and out-of-pocket costs, but have unique savings opportunities for consumers eligible for **CSRs**. Silver plans are usually a good option for consumers who are willing to pay a slightly higher monthly premium to have more of their routine care covered. Silver plans are also the only way for most consumers who are eligible for CSRs to take advantage of these enhanced savings. CSRs reduce the costs of deductibles, copayments, and coinsurance for consumers with projected annual household incomes between 100% and 250% of the federal poverty level (FPL). Consumers with projected annual household income between 100% and 200% FPL get the most help, with Silver plan enrollment often covering more premium and out of pocket costs than Gold plans or even in some cases Platinum plans. CSR-eligible consumers who enroll in a Silver plan may also have a low premium after receipt of APTC. Many CSR-eligible consumers would benefit from enrolling in Silver plans.
- **Gold:** Gold plans generally have **higher monthly premiums** and low costs when consumers need care. **Deductibles for Gold plans are typically low.** These plans may be a good option for

consumers who are ineligible for CSRs, intend to use care more frequently, and willing to pay more each month to cover costs — knowing that they will pay less when seeking treatment.

- **Platinum:** Platinum plans have the **highest monthly premiums** and lowest costs for healthcare use. Deductibles are the lowest compared to other metal levels, which means that the Platinum plan will start paying its share of healthcare costs earlier than other metal levels. Because of these factors, these plans may be a good option for consumers ineligible for CSRs who **use a considerable amount of care** and are willing to pay a high monthly premium—knowing nearly all other costs will be covered.

### Catastrophic Plans

The Federally-facilitated Exchange's (FFE's) hardship exemption policy for Plan Year 2026 and future years will support a hardship exemption for those who are ineligible for APTC or CSRs due to their income, which will allow them to enroll in Catastrophic coverage regardless of age. Catastrophic plans generally have lower monthly premiums, are designed to protect consumers from very high medical costs in the event of serious illness or injury and are required to cover three primary care visits pre-deductible. Starting January 1, 2026, any Catastrophic (or Bronze) plan that is available on the Exchange qualifies as a High Deductible Health Plan (HDHP) and is Health Savings Account (HSA)-eligible.



This means consumers can open an HSA and the HSA-funds can be used to pay for qualified medical expenses. Identical Catastrophic plans available off-Exchange are also HSA-eligible.

### **Health Savings Accounts (HSAs)**

HSAs allow consumers to set aside money on a pre-tax basis to pay for things like coinsurance, copayments, deductibles, and other qualified medical expenses. Consumers that enroll in an HSA-eligible plan may pay a lower monthly premium but have a higher deductible. If a consumer combines their HSA-eligible plan with an HSA, they can pay the plan's deductible, plus other qualified medical expenses, using money they set aside in their tax-free HSA. This means that consumers that don't need many health care items may benefit from the lower monthly premium, while consumers that need more care can save by using the tax-free money in their HSA to pay for it. Additionally, HSA balances roll over year to year, so consumers can build up reserves to pay for health care items and services they may need later. You can find HSA-eligible plans on <https://www.healthcare.gov/see-plans/#/>, when filtering by "Eligible for an HSA." Read more about HSAs at <https://www.healthcare.gov/high-deductible-health-plan/>.

### **Health Reimbursement Arrangements (HRAs)**

HRAs are account-based health plans that employers can offer to their employees where they reimburse employees for premium costs and medical expenses. Employers may offer their employees an individual coverage HRA (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA). Consumers must have health coverage to use the HRA. You can learn more about HRAs and see Next Steps for HRA letters (which can help determine the affordability of an employer's ICHRA or QSEHRA offer) at <https://www.healthcare.gov/job-based-help/>.

More resources about HRAs are available at <https://www.cms.gov/marketplace/private-health-insurance/health-reimbursement-arrangements>.

Frequently Asked Questions for Agents and Brokers about HRAs are available at <https://www.agentbrokerfaq.cms.gov/s/>.