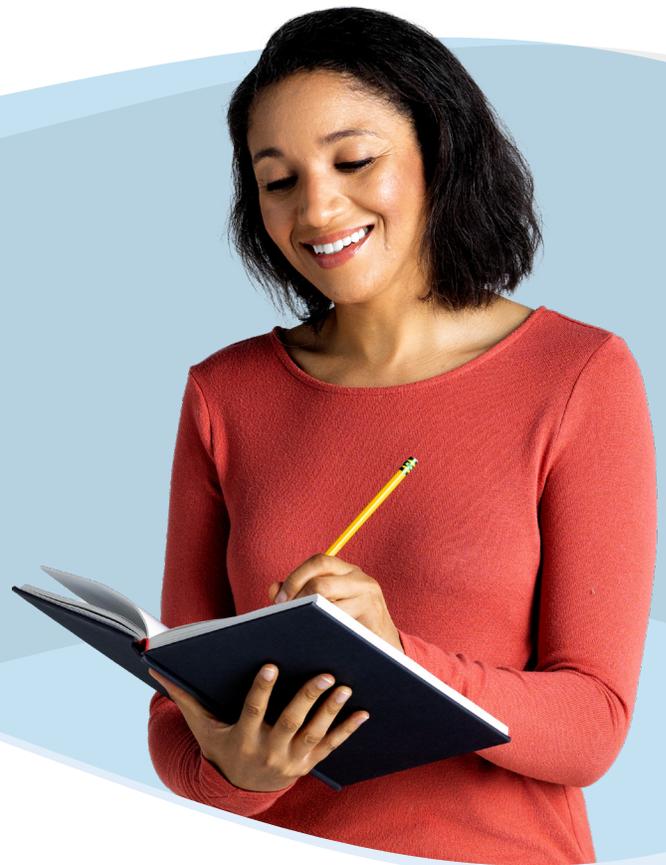


## Health Insurance Marketplace



# Questions to Ask Yourself When Choosing a Plan

The Health Insurance Marketplace® offers different plan types to meet a variety of needs and budgets. You can compare plans based on what's important to you, and choose the price and coverage that fits your needs. Ask yourself these questions as you shop for Marketplace coverage.

### Can I get help paying for Marketplace coverage?

After you fill out a Marketplace application, you'll find out if you qualify for savings. Before you apply, visit [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs) to check if you may qualify for savings based on your income. Marketplace savings include a tax credit to lower your monthly health insurance premiums and extra savings to lower the costs you pay when you use medical services.

If you've recently lost health coverage, you may be able to get low-cost, quality coverage through the Marketplace.

### What benefits do health plans cover?

All health plans in the Marketplace offer "essential health benefits," which are a set of 10 categories of services health insurance plans must cover by law. These benefits cover things like doctor visits, prescriptions, hospitalizations, pregnancy, and more.

Health plans can offer other benefits, like vision, dental, or medical management programs for a specific disease or condition. However, specific benefits may be different in each state. Even within the same state, there can be differences between plans. As you compare plans, you'll find out what benefits each plan covers. For more information on what benefits health plans cover, visit [HealthCare.gov/coverage/what-marketplace-plans-cover](https://www.healthcare.gov/coverage/what-marketplace-plans-cover).

### Where can I compare plans?

Visit [HealthCare.gov/see-plans](https://www.healthcare.gov/see-plans). After you enter your ZIP code and answer a few basic questions about your household and income, you can compare plans available in your area with estimated prices based on the savings you qualify for.

## How do I pick a plan?

When choosing a plan, it's a good idea to think about all health care costs for the year, not just the premium you pay to your insurance company each month.

How much you pay to use medical services can have a big impact on your total health care spending for the year. Review the plan's costs for:

- **Deductibles:** The amount you pay for covered services before the plan starts to pay
- **Coinsurance:** A percentage of the total cost you pay when you get a service, like 20% for a generic drug
- **Copayments:** A set amount you pay when you get a service, like \$25 per visit to the doctor

Each plan listed on [HealthCare.gov/see-plans](https://www.healthcare.gov/see-plans) displays estimated total yearly costs, which are calculated using the plan's premium (x 12 months), deductibles, and copayments/coinsurance. To start, these amounts are set to medium use of medical services. You can adjust to low or high to get a better estimate of how much your household might spend on health care in the coming year with each plan.

To compare plans faster, use **easy pricing** filters. Marketplace plans marked **easy pricing** have the same deductibles, copayments/coinsurance, and out-of-pocket maximums. They also include some benefits before you reach the deductible. You'll only pay a copayment for services like urgent care, doctor and specialist visits, and generic and preferred drugs.

## What are the different health plan categories?

Marketplace plans are put into 4 categories: Bronze, Silver, Gold, and Platinum. Catastrophic plans are a 5th health plan category that are available to some people. **These health plan categories are based on how you and your plan split the costs of your health care. They have nothing to do with the quality of care you'd get.**

Generally, plan categories with higher premiums (Gold and Platinum) have lower deductibles. Categories with lower premiums (Bronze and Silver) have higher deductibles.

## What are Health Savings Accounts?

One way to manage your health care expenses is to enroll in a High Deductible Health Plan and open a Health Savings Account. This is a type of savings account that allows you to set aside money from your paycheck (before taxes are deducted). The amount you contribute can then be used to help pay for certain medical costs, which also helps lower your taxable income when you file your federal income taxes.

Bronze and Catastrophic health plans now work with Health Savings Accounts to help you pay your share of costs for health care. Learn more at [HealthCare.gov/hsa-options](https://www.healthcare.gov/hsa-options).

## Which health plan category will work for me?

- **If you expect a lot of doctor visits or need regular prescriptions,** you may want a Gold or Platinum plan. These plans generally have higher monthly premiums but lower deductibles.
- **If you don't expect to use regular medical services and don't take regular prescriptions,** you may want a Silver or Bronze plan. These plans cost you less per month, but have higher deductibles, so you'll pay more before the plan starts to pay.

**If you qualify for extra savings on out-of-pocket costs, you must pick a Silver plan to get the extra savings.** If you qualify for a "cost-sharing reduction" based on your income, you can save money on out-of-pocket costs when you get care, like deductibles and copayments—but only if you enroll in a Silver plan. To check if you may qualify to save, visit [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs).

Members of federally recognized Tribes or Alaska Native Claims Settlement Act (ANCSA) shareholders can receive additional savings in any plan category, not just Silver. Get details at [HealthCare.gov/american-indians-alaska-natives](https://www.healthcare.gov/american-indians-alaska-natives).

## What are Catastrophic health plans?

Catastrophic health plans have low monthly premiums and very high deductibles. They may be an affordable way to protect yourself from worst-case scenarios, like getting seriously sick or injured. But you pay most routine medical expenses yourself.

### Who can get a Catastrophic plan

- People under 30 years
- People over 30 years who don't qualify for savings on a Marketplace plan
- Others who qualify for a hardship exemption or affordability exemption (based on Marketplace or job-based insurance being unaffordable)

To find out if you qualify for a Catastrophic plan, make sure to ask the Marketplace to check for savings when you submit or update your application. Catastrophic plans might not be available in all areas. Be sure to compare Marketplace plans available to you to find one that meets your needs and budget.

## Can I get dental coverage in the Marketplace?

Some health plans offer dental coverage, but not all of them. If you want dental coverage and your plan doesn't offer it, you can enroll in a separate dental plan at the same time you enroll in a health plan.

Before you enroll, get details from the insurance company about waiting periods. Separate dental plans can have waiting periods before they start to cover services for adults.

Some dental plans only cover children and others cover families. You should review the plan details to make sure the plan includes the benefits you want.

All dental plans must offer dental coverage to children age 18 or younger. If you qualify for savings and enroll in a Marketplace health plan that doesn't include dental coverage for children, any unused savings will apply to a separate dental plan for your child.

## Will my current doctor and prescription drugs be covered?

When you compare plans in the Marketplace, you'll have the option to enter your doctors, medical facilities, and prescription drugs. When you review plans, you'll find out if each plan covers the doctors, medical facilities, and prescription drugs you entered.

## What's the health plan's quality rating?

Compare health plans in the Marketplace using the quality rating (or "star" rating) for each plan. Plans are rated on a scale of 1–5. These ratings give you an objective snapshot of how each plan's quality compares to that of other Marketplace plans in your state and across the country. Five stars means the plan has the highest quality. In some cases, star ratings may not be available, like when plans are new or have low enrollment. The lack of a star rating doesn't mean the plans have a low quality rating. For more information about star ratings, visit [HealthCare.gov/quality-ratings](https://www.healthcare.gov/quality-ratings).

## Questions? Help is available.

- Visit [HealthCare.gov/choose-a-plan](https://www.healthcare.gov/choose-a-plan) for more information or [HealthCare.gov/see-plans](https://www.healthcare.gov/see-plans) to browse plans and prices before applying.
- Find someone in your area to help you at [HealthCare.gov/find-assistance](https://www.healthcare.gov/find-assistance).

## How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596.

TTY users can call 1-855-889-4325.

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