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things to know about health insurance

1. Different health insurance plans can offer different benefits, and some can limit which doctors, hospitals, or other providers you can use.
2. You may have to pay a deductible each year before your insurance plan starts to pay for your care. For example, let's say your deductible is \$200. You have a \$1,250 emergency room visit. You pay the first \$200 to cover the deductible. You also need to pay your share for covered services.
3. You may have to pay coinsurance or a copayment when you get medical care, like a doctor visit, hospital outpatient visit, or a prescription. Coinsurance is usually a percentage amount (for example, 20% of the total cost). A copayment is usually a fixed amount (for example, \$10 or \$20 for a prescription or doctor visit).
4. Health insurance plans contract with networks of hospitals, doctors, pharmacies, and health care providers. Depending on the type of plan you have, your plan might only pay for your care when you get it from a provider in the plan's network, or you may have to pay a bigger share of the cost for a covered health care service if you get care outside of the plan's network.

Health Insurance Marketplace

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice](https://www.cms.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.



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The Value of Health Insurance

Health insurance helps pay costs when you need care

No one plans to get sick or hurt, but most people need medical care at some point. Health insurance helps pay for these costs and protects you from very high expenses.

What's health insurance?

Health insurance is a contract between you and an insurance company. You enroll in a plan, and the company agrees to pay part of your medical costs when you get sick or hurt.

There are other important benefits of health insurance. Plans available in the Health Insurance Marketplace® (and most other plans) provide free preventive care, like vaccines and check-ups. They also cover some costs for prescription drugs.

Health insurance helps you pay for care

Having health insurance can help protect you from high, unexpected medical costs.

Each insurance plan has a summary of benefits and coverage that shows what types of care, treatments, and services it covers. This includes how much the plan will pay when you get services.

What you pay for health insurance

You'll usually pay a premium every month for health coverage, and you may also have to pay a deductible each year. A deductible is the amount you pay for covered services before your health insurance plan starts to pay. The deductible may not apply to all services.

How much you pay for your premium and deductible depends on the type of coverage you have.

It's also important to know how much you have to pay when you get services.

Examples include:

- Your out-of-pocket costs (coinsurance or copayments) for services after you pay the deductible
- The total amount you'll have to pay if you get sick or hurt (the out-of-pocket maximum)

The plan with the cheapest premium may not cover many treatments and services.

If you recently lost health coverage, you may be able to get quality coverage through the Marketplace.

Visit [HealthCare.gov/
get-coverage](http://HealthCare.gov/get-coverage) to find out if you qualify to get coverage now.

Explore the Marketplace

To learn more about Marketplace coverage or your benefits and protections, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.