Questions to Ask Yourself When Choosing a Plan

The Health Insurance Marketplace offers different plan types to meet a variety of needs and budgets. Most people qualify for financial help to make health coverage affordable. Compare plans based on what's important to you, and choose the combination of 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?

You may qualify for financial help to lower the cost of your coverage. Most people who enroll in a health plan on HealthCare.gov can find low premium plans for $50–$100 a month with financial help. After you fill out a Marketplace application, you'll learn if you're eligible for financial help to lower the cost of your monthly premiums and care. This financial help will also apply to your child's dental coverage, whether it's a part of your health plan or a stand-alone dental plan.

Learn more about how to get lower costs in the Marketplace at HealthCare.gov/lower-costs.

What benefits do health plans cover?

All health plans in the Marketplace offer the same set of "essential health benefits." These benefits cover things like doctor's 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 small differences between plans. As you compare plans, you'll see what benefits each plan covers.

How do I find a plan that fits my budget and meets my needs?

When choosing a plan, it's a good idea to think about your total health care costs, not just the premium you pay to your insurance company every month. Other out-of-pocket costs, like coinsurance or a copayment, can have a big impact on your total health care spending.

To pick a plan based on your total costs of care, you'll need to estimate how much care you're likely to use for the year ahead. When you compare plans in the Marketplace, you can choose each family member's expected medical use as low, medium, or high. When you view plans, you'll see an estimate of your total costs—including monthly premiums and all out-of-pocket costs—based on your household's expected use of care.

Marketplace plans are put into 5 categories: Bronze, Silver, Gold, Platinum, and Catastrophic. **These categories are based on how you and the health plan share the total costs of your care.**

Generally, plan categories with higher premiums (Gold and Platinum) pay more of your total costs of care. Categories with lower premiums (Bronze and Silver) pay less of your total costs. See the exception about Silver plans below.

Note: If you're under 30, you can enroll in a catastrophic plan whether you have an exemption or not. If you're 30 or older, you can enroll only if you qualify for a hardship exemption (this includes affordability exemptions). To learn more about hardship exemptions, visit HealthCare.gov/health-coverage-exemptions/hardship-exemptions.

Here's how you find a plan category that works for you:

- **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 pay more of your costs when you need care.
- **If you don't expect to use regular medical services and don't take regular prescriptions:** you may want a Silver, Bronze, or Catastrophic plan. These plans cost you less per month, but pay less of your costs when you need care.
- **If you qualify for extra savings on out-of-pocket costs:** your best value may be a Silver plan. If you qualify for a "cost-sharing reduction" (HealthCare.gov/lower-costs/save-on-out-of-pocket-costs/) based on your income, you can have a lower deductible and pay lower out-of-pocket costs (including copayments (HealthCare.gov/glossary/co-payment/) and coinsurance (HealthCare.gov/glossary/co-insurance/) when you get care—but only if you enroll in a Silver plan.

How does dental coverage work in the Marketplace?

After you complete your Marketplace application and get your results, you can view health plans that include dental coverage. Dental coverage is offered as part of some health plans, but not all of them. If you decide you want dental coverage and your plan doesn't offer it, you can enroll in a separate stand-alone dental plan at the same time you enroll in a health plan. Some dental plans only cover children and others cover families. You should review the plan details to make sure the benefits you want are included in the plan.

Children's dental coverage in the Marketplace is an essential health benefit. This means that if your child is 18 or younger, dental coverage must be available as part of a health plan or as a stand-alone dental plan.

Will my doctor and prescription drugs be covered?

Before you compare plans in the Marketplace, you'll have the option to enter your doctors, medical facilities, and prescription drugs. When you view plans, you'll see if the doctors, medical facilities, and prescription drugs you entered are covered by each plan.

What's the health plan's quality rating?

You'll be able to compare health plans in the Marketplace using a 5-star quality rating for each plan in the Marketplace. Under the 5-star quality rating system, plans are rated on a scale of 1-5. 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 quality ratings, visit Marketplace.cms.gov/outreach-and-education/choosing-a-high-quality-plan.pdf.

Questions? Help is available.

- Visit HealthCare.gov/choose-a-plan for more information.
- Find someone in your area to help you at Localhelp.HealthCare.gov.
- Contact the Marketplace Call Center at **1-800-318-2596**. TTY users can call 1-855-889-4325.

You have the right to get Marketplace 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/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.