The Health Insurance Marketplace® offers different plan types to meet a variety of needs and budgets. Most people qualify for savings to make health coverage affordable. 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?**

When you enroll in a health plan on HealthCare.gov, you can find low premium plans if you qualify for savings. You can browse plans and get estimated prices. After you fill out a Marketplace application, you’ll find out if you qualify for savings.

Visit HealthCare.gov/lower-costs to check if you may qualify for savings in the Marketplace based on your income.

**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 under the Affordable Care Act (ACA). 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 differences between plans. As you compare plans, you’ll see what benefits each plan covers. For more information on what benefits health plans cover, visit HealthCare.gov/coverage/what-marketplace-plans-cover/.
How do I pick a plan?

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.

Your out-of-pocket costs can have a big impact on your total health care spending. 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%
- **Copayments**: a set amount you pay when you get a service, like $25

To pick a plan based on your total health care costs, you’ll need to estimate how much medical care you’re likely to use in the year ahead. When you compare plans in the Marketplace, you can choose how much medical care you expect each family member to 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 how much medical care you expect your household to use.

Within health plan categories, some plans have easy pricing. These plans have the same out-of-pocket cost within their health plan category for deductibles, out-of-pocket maximums, copayments, and coinsurance. 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 plan levels or 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.

- **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” 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 see if you may qualify to save, visit HealthCare.gov/lowercosts.

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

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.

If you’re under 30, you can enroll in a Catastrophic plan. If you’re 30 or older, you can enroll in this plan category only if you qualify for a hardship or affordability exemption. To learn more about exemptions, visit HealthCare.gov/health-coverage-exemptions/forms-how-to-apply/.

Which 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.
What's the health plan’s quality rating?

Compare health plans in the Marketplace using the quality rating for each plan. 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 or HealthCare.gov/see-plans to browse plans and prices before applying.
- 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.

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. 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 plans must offer dental coverage to children age 18 or younger. If you qualify for savings and enroll in a Marketplace health plan, any leftover savings will apply to your child’s dental coverage, whether it’s part of your health plan or a separate dental plan.

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 view plans, you’ll see if each plan covers the doctors, medical facilities, and prescription drugs you entered.

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, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.