Choosing a High-Quality Marketplace Health Plan

Health Insurance Marketplace® plans have different premiums and out-of-pocket costs. The quality of service and benefits they provide may differ too. When you're choosing a health plan, it's important to understand and consider these differences. To help you decide what plan is right for you, the Marketplace displays "quality ratings" calculated using information health plans provide each year. These quality ratings are based on members’ experiences and the quality of health care services. All health plan ratings are calculated the same way using the same information sources.

How are health plans rated?

Star ratings give you an objective snapshot of how each health plan’s quality compares to that of other Marketplace plans in your state and across the country. Since all Marketplace plan ratings are calculated the same way, it’s easier to compare their quality.

When you compare plans on HealthCare.gov, you’ll see an overall “star rating” from 1 – 5 stars.

<table>
<thead>
<tr>
<th>Star Rating</th>
<th>Performance (compared to other Marketplace plans across the country in a given year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 stars</td>
<td>On Average</td>
</tr>
<tr>
<td>More than 3 stars</td>
<td>Above Average</td>
</tr>
<tr>
<td>Less than 3 stars</td>
<td>Below Average</td>
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</tbody>
</table>

A star rating isn’t a complete picture of the types of services and care a health plan provides. Each year, ratings may change because of information that health plans provide or changes to how the ratings are calculated.

Note: Ratings are calculated on a 5-star scale and may change from year to year. Ratings for the 2023 Open Enrollment Period are based on data provided in 2022 and may have changed from previous years due to the COVID-19 public health emergency. In some cases — like when plans are new or have low enrollment — ratings aren't available. This doesn't mean the plans are low quality.
What are star ratings based on?

A health plan's overall rating is based on 3 categories, each with its own star rating:

- **Member Experience**
  - How easy it is to get the care you need, when you need it
  - How other plan members rate their doctors and the care they get

- **Medical Care**
  - How well the doctors, hospitals, and others in the plan's network improve or maintain member health through appropriate screenings, vaccines, and other basic health services
  - How informed and up-to-date your doctors are about your health care status, blood tests, and X-ray results

- **Plan Administration**
  - If the plan coordinates the care that members get from different providers
  - How well the plan provides access to information members need

Will I get higher quality health care if I pay more for a health plan?

Not always. Many people assume that higher quality — for any product or service — has to cost more. Just like other products that you buy, a higher price doesn't always mean better quality. With star ratings, you can choose a plan based on the issues you care about most. Look for more information about health plan quality on HealthCare.gov.

HOW CAN I LEARN MORE?

To learn more about coverage through the Marketplace 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.