

# Things to Think About When Choosing a Health Plan

Starting October 1, 2013, the Health Insurance Marketplace will offer different types of health plans to meet a variety of needs and budgets. You'll get a clear picture of what premiums you'd pay and what benefits and protections you'd get before you enroll. Compare plans based on what's important to you, and choose the combination of price and coverage that fits your needs and budget.

As you shop for a plan, here are some things you should know:

## All plans in the Marketplace offer the same set of essential health benefits

These are many of the benefits that people need when getting care. They cover things like doctor's visits, prescriptions, hospitalizations, pregnancy, and more.

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. This will be helpful if you have specific health care needs.

## Plans are put into 4 categories

When you compare plans in the Marketplace, they're put into 4 categories based on how you and the plan can expect to share the costs for health care:

1. Bronze
2. Silver
3. Gold
4. Platinum

The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescriptions. It also affects your total out-of-pocket costs – the total amount you'll spend for the year if you need lots of care. The categories don't reflect the quality or amount of care the plans provide.



## Balancing monthly premiums with out-of-pocket costs

As with all health plans, you'll have to pay a monthly premium. But it's also important to know how much you have to pay out-of-pocket for services when you get care.

- Premiums are usually higher for plans that pay more of your out-of-pocket medical costs when you get care. For example, if you have a Gold plan, you'll likely pay a higher premium, but may have lower costs when you go to the doctor or use another medical service.
- With a Bronze plan, you'll likely pay a lower premium, but pay a higher share of the costs when you get care.
- Platinum plans will likely have the highest monthly premiums and lowest out-of-pocket costs. The plan will pay more of the costs if you need a lot of medical care.

In general, when choosing your health plan keep this in mind: The lower the premium, the higher the out-of-pocket costs. The higher the premium, the lower the out-of-pocket costs.

## Do you expect a lot of doctor visits or need regular prescriptions?

If you do, you may want a Gold or Platinum plan. They likely have higher premiums, but you could pay lower out-of-pocket costs for each visit, prescription, or other medical service. If you don't, you may prefer a Bronze or Silver plan. Your monthly premiums will likely be lower, but you'll likely pay more of the cost when you see a doctor.

## You may be able to get lower costs on your health coverage

After you fill out a Marketplace application you'll learn if you're eligible for lower costs on your monthly premiums. Learn more about how to get lower costs in the Marketplace at [HealthCare.gov](http://HealthCare.gov).

## Specific plan information available in October 2013

Starting October 1, 2013, you'll be able to get information about all the plans available in your area in the Marketplace. Visit [HealthCare.gov](http://HealthCare.gov), or call 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

