

Tips for Shopping for 2016 State Marketplace Health Plans

State Marketplaces, sometimes known as “Exchanges,” are the *only places* where you can get help paying your health insurance premiums. In some cases, you can also get help from your state’s Marketplace to lower how much you pay when you go to the doctor or buy medicine.

- If you don’t already have a health plan, you can buy one at your state’s Marketplace from November 1, 2015 through January 31, 2016.
- If you already have a Marketplace health plan, it is time to renew. When you renew, you can stay in the same plan or shop for a different Marketplace plan.

There are many things you will want to look at before buying a Marketplace plan. Some of the things that are most important to consider and understand about the differences between the plans are:

- **The premium;**
- **The level of coverage, or metal tier;**
- **The type of plan;**
- **The provider network; and**
- **The quality ratings.**

When you are shopping for a plan, pay special attention to each of these issues.

Premiums: How much does it cost each month to buy a health plan?

Each month you pay your health plan a set amount of money. In return, you get health insurance coverage. Known as “premiums,” you pay these monthly costs whether you use services or not. When you buy a health plan, the monthly cost will stay the same for the year (usually January through December).

For low- and moderate-income families, the federal government can help lower the monthly premiums you pay. If you qualify for this kind of help, the federal government will pay part of your premium for you. This kind of financial help is known as “premium tax credits.”

TIP: To learn more about tax credits, see Consumers Union’s [Health Insurance & Tax Credits: What to do at Tax Time](#).

Metal Tiers: What will it cost me to use health care services in this plan?

In choosing your Marketplace health plan, it is important to look at the total cost of health care, not just the premiums. You should look at how much you might have to pay when you use your health care services. Sometimes people choose a health plan because of a low premium, but end up with high bills when they go to the doctor or have to buy medicine.

When you look at your state’s Marketplace plan choices, you will see four main levels of coverage, known as “metal tiers” – Bronze, Silver, Gold, and Platinum (there are also “catastrophic plans,” but they are only available to people 30 years of age or younger, with a few exceptions).

Bronze plans usually have the lowest monthly premium, but the highest costs to use (for example, a primary care doctor visit in a Bronze plan might cost you \$70). Platinum plans usually have the highest monthly premium, but the lowest costs to use (for example, a primary care doctor visit in a Platinum Plan might cost you only \$20).

TIP: For more detailed information about metal tiers and what to look for, see Consumers Union’s fact sheet, [Bronze, Silver, Gold, or Platinum: How to Choose the Right Level of Coverage](#).

The Type of Plan: What kind of plan am I joining – HMO, PPO, POS, or EPO?

When comparing plans, an important thing to note is the plan type. The plan type determines how much freedom you have in choosing your doctor. There are three main types of plans offered through your state’s Marketplace. A plan may be an HMO (Health Maintenance Organization), a PPO (Preferred Provider Organization), a POS (Point of Service), or an EPO (Exclusive Provider Organization).

- In an **HMO**, there is a set network of providers who are employed by or contracted with the health plan. An HMO will usually not cover out-of-network providers, except in rare circumstances. Referrals have to come through your primary care doctor.
- A **PPO** or a **POS** includes a network of contracted in-network providers, but you may use out-of-network providers at a higher cost.
- An **EPO** includes a network of contracted in-network providers. It does not allow you to use out-of-network doctors and hospitals (if you do, you'll have to pay the full costs). But, you can see anyone who is in the network without needing a referral from your primary care doctor.

TIP: Not all Marketplace plan types are offered by all insurance companies. The plan types are different depending on where you live in your state.

It is important that you understand how the in-network system works, so that you don't get stuck with the high costs of going out-of-network.

Provider Network: Is my doctor or hospital in this plan's Marketplace network?

If there are specific doctors or hospitals you want, check to be sure your doctors are in the plan's network. You will need to go to the plan's online directory. It is not always easy to be sure your doctors are in the plan's network. You may have to do some research to find out. We recommend you:

- Go to the plan's online provider directory and search for your provider/s;
- Be sure the providers are listed as "accepting new patients;"
- Call the plan to confirm each of your providers is in the network; and
- Confirm directly with the doctor's business office to be sure s/he is in the plan's Marketplace plan network for 2015.

Keep notes with the date you made the call, who you spoke with, and what they say.

TIP: To learn more about networks and how they work, see Consumers Union Fact Sheet: [Is My Doctor in a Plan? Why 'Networks' Matter](#)

Quality Ratings: What is this plan's care and customer service like?

All health plans have quality ratings for each of the health products on its website. These ratings are based on customer satisfaction surveys. They are based on information gathered from an independent organization, the National Committee for Quality Assurance (NCQA).

Because Marketplace plans are new to the market, there has not been enough time to get customer satisfaction surveys for Marketplace plans. In 2016, updated quality ratings should be available for all Marketplace plans. In the meantime, you can go to the health plan's website and look at the quality ratings for some of the other products they offer.

Additional Shopping Tools

- Bronze, Silver, Gold or Platinum: How to Choose the Right Level of Coverage
- Cost-sharing: What's the Difference between "Co-Insurance" and "Co-Payment"?
- Is My Doctor in a Plan? Why "Networks" Matter
- [How to Report Your Income when you Apply for Financial Help from in 2016](#)
- [Health Insurance and Tax Credits: What to do at Tax Time](#)
- [Premium Tax Credits and "Tax Reconciliation"](#)

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