

Tips for Shopping for 2017 Covered California Health Plans

Covered California is the *only place* where you can get help paying your health insurance premiums in California. In some cases, you can also get help from Covered California 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 Covered California from November 1, 2016 through January 31, 2017.
- If you already have a Covered California health plan, you can choose a new Covered California plan or renew your existing health plan from October 3, 2016 through January 31, 2017. There are several reasons to consider changing health plans, including rising premiums, coverage that does not meet your current needs, or dissatisfaction with your company.

In most cases, Covered California plan benefits are very similar no matter what plan you buy. But, there are a few important differences among the plans:

- **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.”

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

In choosing your 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 Covered California 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 (a regular doctor visit in a Bronze plan will cost you \$75). Platinum plans usually have the highest monthly premium, but the lowest costs to use (a regular doctor visit in a Platinum Plan will cost you only \$15).

TIP: For more 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*, available at ConsumersUnion.org/CalHealthInsuranceHelp.

The Type of Plan: What kind of plan am I joining – HMO, PPO, 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 types of plans offered through Covered California. A plan may be an HMO (Health Maintenance Organization), a PPO (Preferred Provider Organization), 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** 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.

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 the network.

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

Provider Network: Is my doctor or hospital in this plan's Covered California 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 Covered California network for 2017.

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

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

Covered California posts the quality ratings for each of the health plans 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).

TIP: To learn more about networks and how they work in Covered California, see Consumers Union Fact Sheet: *Is My Doctor in a Covered California Plan? Why "Networks" Matter*, available at ConsumersUnion.org/CalHealthInsuranceHelp.

The quality ratings are based on a star system, from 1 to 4 stars – 1 is the lowest quality, and 4 is the highest quality. You can find the stars on the Covered California website when you are shopping for plans.

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