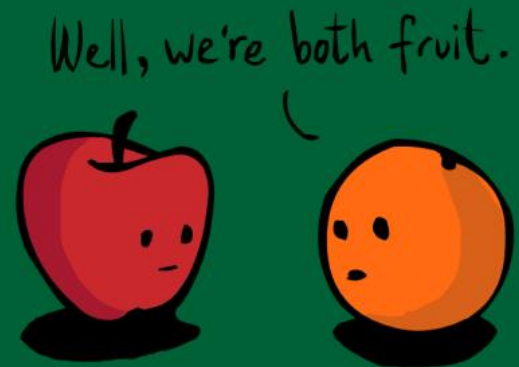


Although comparing health plans can often feel like comparing apples and oranges, there are some similarities between all health plans. Under the Affordable Care Act (ACA), Health Plans will provide, at a minimum, the following categories of services (called Essential Health Benefits):

- Ambulatory patient services
- Emergency Services
- Hospitalization
- Maternity / newborn care
- Mental health / substance abuse
- Prescription drugs
- Rehab /habilitative services and devices
- Laboratory services
- Preventive and wellness care / chronic disease management
- Pediatric services, including oral and vision care



Understanding the lingo of the health insurance industry (i.e., deductible, copayments, coinsurance, exclusions, etc.) will be important as you make comparisons.

Check out our [Health Insurance-Speak Glossary](#) for definitions of important health insurance terms.

Once you've got the lingo down, there are a number of factors to consider.

1. **Plan Category:** in the ACA Marketplace, plans are categorized based on the average portion of the total costs of healthcare that the plans cover. This takes into account monthly premiums, deductibles, copayments, coinsurance and out-of-pocket maximums.
 - **Bronze Plans:** The Health Plan pays 60% on average, and you pay about 40%. Monthly premiums are lower on these plans, but they pay less of your costs when you use medical services. **Consider a Bronze Plan if you don't expect to use medical services regularly and don't take regular prescription drugs.**
 - **Silver Plans:** The Health Plan pays 70% on average, and you pay about 30%. Monthly premiums are lower on these plans, but they pay less of your costs when you use medical services. **Consider a Silver Plan if you don't expect to use medical services regularly and don't take regular prescription drugs.** Based on household size and income, you may qualify for lower out-of-pocket costs. If you do, you can only get these savings by enrolling in a Silver Plan. If you qualify and choose a Silver Plan, you get the lower out-of-pocket costs of a Gold or Platinum Plan, but pay the premium of a Silver Plan.
 - **Gold Plans:** The Health Plan pays 80% on average, and you pay about 20%. **Consider Gold Plan if you expect a lot of doctor visits or need regular prescriptions.**



- **Platinum Plans:** The Health Plan pays 90% on average, and you pay about 10%. These plans generally have higher monthly premiums but pay more of the costs when you need care. **Consider a Platinum Plan if you expect a lot of doctor visits or need regular prescriptions.**



- **Catastrophic Plans:** The Health Plan pays less than 60% of the total average cost of care. These plans have low monthly premiums and are designed to protect you from worst-case scenarios, like serious accidents or diseases. **They are only available to people who are under 30 years old or have a hardship exemption.** Consider a Catastrophic Plan only if you don't expect to use regular medical services and don't take regular prescriptions.

2. **Monthly premiums:** This is the amount you pay your insurance company for your plan whether you use medical services or not. Prices may depend on age, the region in which you live, how many people are on the plan, and if you use tobacco products. Prices will not be affected by an individual's health needs or history.

3. **Out-of-pocket costs:** These are the costs you pay before your insurance will begin to pay its portion of total costs. This includes deductibles, copayments, coinsurance and your out-of-pocket maximum. (Remember check out our Health Insurance-Speak Glossary for definitions of these important health insurance terms!)



4. **Type of Insurance Plan & Provider Network:** Some Insurance Plans allow you to see virtually any doctor or health care facility; others limit your choices to a network of doctors and facilities; others will allow you to use providers outside the network, but require you to pay more if you do so.



- **Health Maintenance Organizations: HMO's** are insurance plans that require you to choose a Primary Care Physician (PCP). You'll have to see your PCP first and will always have to get a referral from your PCP in order to see any Specialist. There is a network of providers that you must see to receive coverage.
- **Preferred Provider Organization: PPO's** are insurance plans that have network of providers that you can see for reduced fees negotiated by the insurance company. Participants are not required to use a network provider, but you may be responsible for more of the cost if you go outside of the network. PPO's do not require referrals to see Specialists.

5. **Benefits:** As noted above, all plans sold through the ACA Marketplace provide essential health benefits and free preventive services. All plans must also cover pre-existing conditions. Some plans offer additional benefits, while others may exclude certain services or procedures. For instance, although all plans cover prescription drugs, some specific medications may not be covered, or the portion for which you are responsible may vary depending on your copayment.

The majority of the information in this document was adapted from www.healthcare.gov

To learn more about the comprehensive Health Care Plan offered through CC, go to:

<https://www.coloradocollege.edu/offices/boettcher/insurance/>