



FAST FACTS

Understanding How to Pick a Health Plan

The tips in this fact sheet will help you pick a health plan based on the factors that are important to you.

Here are 6 things to think about when you pick a health plan:

1 Premiums

This is the monthly payment you make to the health plan, after you receive any financial help you are eligible for through the Marketplace. You pay this every month, whether you use medical care or not. Generally the higher the premium, the less you will pay out-of-pocket when you get services.

2 Out-of-pocket costs

These are costs you pay if you get medical care. Things like:

- **Deductible** - you pay this first. This is the amount you pay before your health plan begins to pay for services. Some plans have no deductible.
- **Copay** - you pay a fixed amount for each doctor visit, drug or other service, the health plan pays the rest.
- **Coinsurance** - you pay a percent of the cost, the health plan pays the rest. Not all health plans have co-insurance.
- **Out-of-pocket maximum** - the most you have to pay in a year - very important! All Marketplace health plans have an out-of-pocket maximum.

3 4 Metal Levels

Plans are organized into 4 different metal levels. These metal levels give you an idea of what you'll have to pay.

Metal Levels	Premiums	Out-of-Pocket Costs
Platinum Plans:	Highest	Lowest
Gold Plans:	Higher	Lower
*Silver Plans:	Moderate	Moderate
Bronze Plans:	Lowest	Highest

*For some people, depending on their income, the Silver level may be the best choice because financial help is available to lower out-of-pocket costs.



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4 Covered Services

Think about whether you want extra services. “Standard plans” cover the same 10 services and the out-of-pocket costs are the same. The difference between “standard plans” offered by different companies is the provider network, drug formulary and premium. “Non-Standard plans” sometimes cover extra services like dental and vision care for adults.

5 Doctors in the network

Each health plan contracts with certain doctors and hospitals. It can be expensive to use doctors and hospitals outside the network. Check to see if your doctors are in the network.

6 Drug Formulary

Check the health plan’s drug formulary, or list of covered drugs, to see if the medicines you take are covered and how much you will pay each time you get a prescription filled.

Choose a health plan by the 15th of the month for coverage starting on the 1st of the following month. Remember, most people must enroll during the annual open enrollment period.



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