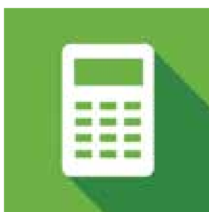
Health Plan Shopping Guide

Use this guide to help you choose a health insurance plan through the Massachusetts Health Connector.

Step 1: Know which plans you qualify for

First, you'll need to know which plans are available to you. If you applied online, you'll be able to see your plan choices after you complete your application and click the **Find a Plan** button. If you applied by paper application or by phone, you can search for plans available in your area by going to **MAhealthconnector.org** and clicking on **Browse Plans** halfway down the homepage. You can also call Customer Service.



Step 2: Compare costs

The total cost of your coverage will include your monthly premium payments and your out-of-pocket costs. In general, the lower your monthly premium, the higher your out-of-pocket costs will be when you get covered services. You can find a list of benefits included in all Health Connector plans on page 4.

Our plans are organized by metallic tiers (levels) to make plan premiums and out-of-pocket costs easier to compare. Learn more about metallic tiers on page 5.

Use our worksheet on page 3 to see how much your out-of-pocket costs might be, based on health services you think you'll need during the plan year.

Step 3: Find out whether the providers you want are in a plan's network

Once you've narrowed your plan choices down, make sure that any providers you want to use for care (such as doctors, hospitals, or health centers) are in those plans' provider networks. You can use the Find a Provider tool at **ProviderDirectory.MAhealthconnector.org** to see which plans have the providers you want. Learn more about provider networks on page 6.

Step 4: Choose your new plan and enroll!

After you've learned more about a plan's costs and checked to see if the providers you want are in its network, you will need to complete your enrollment. You can enroll online at **MAhealthconnector.org**, or call Customer Service to enroll by phone. After you choose a plan, you'll need to pay your first premium to complete enrollment. Payment is always due by the **23rd** of the month before your coverage begins.

Questions to help you get started

Answer the questions below before you start shopping for health insurance. Your answers will help you decide which health plans are best for you and your family. Your answers will also help you know how much you might have to pay in out-of-pocket costs for the year.

1. Think about how often you and anyone on your plan usually access **health care services**. Health care services are things like going to the doctor, or having an operation. Write down how many times a year you expect to:

   Visit a Primary Care Physician (PCP) ________

   Visit a specialist ________

   Have tests, like blood tests or MRIs, as part of managing a chronic condition ________

   Have a planned surgery, birth, or other procedure ________

   If you get health care services often, you may want to choose a plan with a higher monthly premium, but lower out-of-pocket costs.

2. Do you have **prescription medications** that you and anyone on your plan take regularly? If so, for each medicine write:

   Medicine 1 exact name ______________________
   The number of pills or dose that you have filled at the pharmacy each month ____________

   Medicine 2 exact name ______________________
   The number of pills or dose that you have filled at the pharmacy each month ____________

   Medicine 3 exact name ______________________
   The number of pills or dose that you have filled at the pharmacy each month ____________

   Medicine 4 exact name ______________________
   The number of pills or dose that you have filled at the pharmacy each month ____________

   Make sure that any plan you are interested in covers all of your medicines and find out what their costs will be. Call the health insurance company to find out this information before you enroll in a plan.

3. Are there any **doctors or specialists** that you or anyone on your plan will want to be able to see for appointments? If so, list those doctors here.

   ____
   ____
   ____
   ____
   ____
   ____

4. Do you have a **hospital or health center** that you or anyone on your plan will want to be able to go to if you need care? If so, what is the name of the hospital or health center?

   ____
   ____
   ____

   Before you enroll in a plan, check to make sure the providers (like doctors and hospitals) you want are in the plan's network. You can find this information with our online tool at: Providerdirectory.MAhealthconnector.org

Compare your choices

Use this chart to compare up to three plans.

Use the rest of this guide to answer questions you have while you are filling out the chart.

To fill out the chart, you'll need to look at the Summary of Benefits and Coverage (SBC) for each plan. You can find the summaries on the plans' websites, as well as **MAhealthconnector.org** on the **Plan Information** page of the website's **Learn** section.

You will also need to know if your providers are in the plans. You can find out by using the Find a Provider tool at **ProviderDirectory.MAhealthconnector.org.** You can also check the insurer's (insurance company) website or call the insurer directly.

▶ To help you figure out-of-pocket costs for the year with different plans, you can multiply the co-pays you list below for each plan by the number of visits or prescriptions that you listed on page 2.

	Plan A	Plan B	Plan C
Name of plan			
Monthly premium			
Are the providers and hospitals you want in the plan network?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Deductible amount			
Maximum out-of-pocket (MOOP) amount			
Is dental coverage included?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there co-insurance for any services you may need?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▪ If you answered “Yes” above, how much is the co-insurance?			
How much are co-pays for visits to a Primary Care Physician (PCP)?			
How much are co-pays for visits to specialists?			
Are the prescription medications you take covered by this plan?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▪ If yes, how much is the co-pay for the prescriptions you need?			

Answers to help you choose a plan

These commonly asked questions can help you understand the different plans and costs, and help you decide which plan is right for you.

1. What benefits do the health plans cover?

All of the health plans you can choose through the Health Connector offer these **health benefits:**

- **Outpatient care** – Treatment you get without being admitted to a hospital
- **Inpatient care** – Treatment you get in the hospital
- **Emergency room treatment**
- **Prenatal/postnatal care** – Care before and after your baby is born
- **Mental health and substance use disorder services** – This includes behavioral health treatment, counseling, and psychotherapy
- **Prescription drugs**
- **Services and items to help you recover if you are injured, or have a disability or chronic condition** – This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more
- **Lab tests,** such as bloodwork or Pap smears
- **Preventive services** – Services to help keep you healthy, like counseling, screenings, vaccines, and routine eye exams
- **Pediatric services** – Services for children, including vision care

2. How do the health plans differ?

Differences between plans include:

- Which health insurance company offers the plan
- Provider networks (the doctors, hospitals, and other providers in the plan)
- Costs, including monthly premium, and out-of-pocket costs like co-pays and deductible

In **Questions to help you get started**, you wrote the names of doctors and hospitals you want in the plan you choose. Before you enroll in a plan, go to **ProviderDirectory.MAhealthconnector.org.** Use the Find a Provider tool to make sure the providers you want are in the plan's network.

Or, you can call the insurance company directly. You can also go to the plan's website and do a "provider search."

When you search or call an insurance company to ask about a provider, be sure to give the plan's full name. For example, say: "Fallon Health Select Care Platinum A" and not just "Fallon Health."

If you have a prescription and are not sure if the plan will cover the drug, you will need to call the insurance company to find out.

3. What kinds of costs do health plans have?

There are five kinds of costs in health plans:

- **Premium:** This is the cost you pay each month, whether or not you use health care services. You will pay your monthly premium bill to the Health Connector. The premium is always due by the 23rd of the month.
- **Deductible:** This is the total cost you must pay in a plan year before your plan will pay for part or all of your services.
- **Co-pay:** This is the cost you pay at the time you get certain health care services. Usually, you start to pay co-pays after you meet your deductible.
- **Co-insurance:** If a health care service has co-insurance, you pay a percentage (part) of the cost for that service. Usually, you start to pay co-insurance after you meet your deductible. It is not a fixed cost like a co-pay. The amount depends on the total cost of the service.
- **Maximum out-of-pocket cost (MOOP):** This is the most you pay in one year for health care services. Once you have paid this amount, your plan pays for all of your covered services for the rest for the year.

4. What is the difference between Platinum, Gold, Silver and Bronze health plans?

The Health Connector's plans are in tiers (levels) named after metals. The metallic tiers are Platinum, Gold, Silver and Bronze. The tiers make it easier for you to compare the plans.

Here's how it works:

- **Platinum** and **Gold** plans have the highest premiums (monthly cost) but the lowest costs (deductibles and co-pays) when you get health care services.
- **Silver** plans have lower premiums but higher costs when you get health care services.
- **Bronze** plans have the lowest premiums but the highest costs when you get health care services.

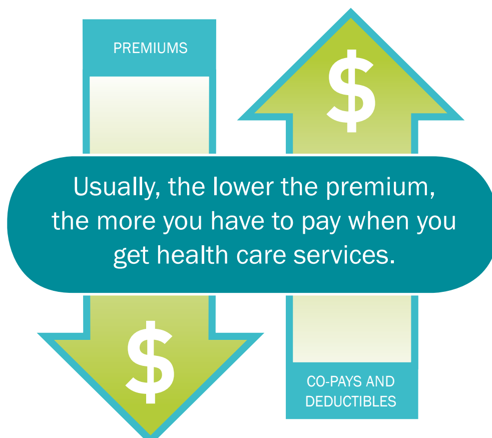
5. What is Catastrophic coverage?

Catastrophic plans are only available to certain people. To qualify, you must be less than 30 years old or have a qualifying hardship exemption from the federal government. Catastrophic plans only cover you in a major health event. They have very high deductibles. You must pay for almost all of your health care until you reach the deductible. If you enroll in a Catastrophic plan you will not be able to get help paying for your coverage, even if you would otherwise qualify.

6. Which metallic tier (Platinum, Gold, Silver or Bronze) should I choose?

To choose a tier, think about how often you use health care services. You may want to pay less each month and pay more when you get care. Or you may want to pay more each month and pay less when you get care.

A **Platinum** or **Gold** plan may be best for you if:



- You have a chronic condition (like diabetes) or think you will use a lot of health care services (like going to the doctor, getting a prescription filled, or having an operation).
- You would rather pay a higher premium each month so you pay less in co-pays and co-insurance when you use health care services.

A **Silver** plan may be best for you if:

- You use some health care services and don't want to pay very high out-of-pocket costs when you get care.

A **Bronze** plan may be best for you if:

- You do not use many health care services, except for preventive care.
- You would rather pay less for your premium each month and pay more when you use health care services.
- You can afford to pay a high deductible and high out-of-pocket costs if you need care.

7. What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a way to set aside money before taxes, to use for certain medical costs. A few plans available through the Health Connector are "HSA compatible," which means that you may be able to set up an HSA if you are enrolled in one of those plans. You can usually set up an HSA at a financial institution, like a bank. To learn more about HSAs, go to IRS.gov and type "HSA" in the search tool.

8. How do I compare my choices?

Once you choose a metallic tier (Platinum, Gold, Silver or Bronze) it will be easier to compare your plan choices. If you are shopping for a plan at **MAhealthconnector.org**, you can choose up to three plans to compare online.

9. What does Limited or Smaller Network mean?

A Limited or Smaller Network is a plan with fewer providers and lower premiums than other plans offered by the same insurer (insurance company). When you shop for plans online, you will see "Network Note" appear if you are looking at one of these plans. It may be a good choice for you if it has the providers you want. Before you enroll, use the Find a Provider tool to see if your providers are in the plan.

Glossary of Terms

Below is a list of terms you will see and hear when choosing your health plan. These terms may be new to you. Learning them will help you better understand your health insurance.

Co-insurance

If a health care service has co-insurance, you pay a percentage (part) of the cost for that service. Usually, you start to pay co-insurance after you meet your deductible. It is not a fixed cost like a co-pay. The amount you pay depends on the total cost of the service.

Co-pay

A fixed price you pay when you get certain health care services. Not all services require a co-pay.

Deductible

The total amount you must pay in a plan year before your plan will pay for part or all of your services. Some services may not have a deductible. They may be free or just have a co-pay, even though you haven't met the deductible yet.

HMO

HMO stands for Health Maintenance Organization. If you choose a plan that is an HMO, you must use in-network providers in order to get your services covered. If you go to an out-of-network provider, the plan won't cover the cost of your care, except in an emergency.

If you enroll in an HMO, you will also need to choose a primary care provider (PCP). You may need to get a referral from your PCP if you need care from specialists. Most of the plans offered through the Health Connector are HMOs.

Maximum out-of-pocket cost (MOOP)

The most you pay in one year for health care services. Once you pay this, your plan pays for all of your covered services for the rest of the year. You still need to pay your premium each month.

PPO

PPO stands for Preferred Provider Organization. You will pay less if you use providers that belong to the plan's network. If you go to providers outside of a PPO's network, the plan will only cover part of the cost of your services. You may be able to see specialists without a referral from a primary care physician (PCP) if you are enrolled in a PPO.

Premium

The amount you pay each month for your health insurance. You must pay your premium every month, whether or not you use health care services. The Health Connector will send you a bill for your premium each month. The premium will always be due by the 23rd of the month.

Primary Care Physician (PCP)

The doctor who gives you health care and services, such as referrals to specialists. If you enroll in an HMO or EPO, you will need to choose a PCP.

Provider network

A provider network is a group of doctors, hospitals and other providers that works with the health plan to give you care. Each plan has a network. There are different types of networks.

- **In-network** means the provider is part of the health plan network. If you get care from an in-network provider, it will cost you less.
- **Out-of-network** means the provider is not part of the health plan network. If you get care from an out-of-network provider, your plan may not pay for those services and you could have to pay all or part of the cost yourself.

Standardized Plans

We offer standardized plans within each metallic tier (level). Standardized plans have a set of 9 major benefits with the same out-of-pocket costs, to make them easier to compare. Non-standardized plans can have varying out-of-pocket costs for all benefits and are also offered within each metallic tier. If you see the word "Standard" in a plan name, it means that the benefits are standardized and the plan may be easier to compare with other standardized plans in the same metallic tier.