

Understanding the Differences between Platinum, Gold, Silver, and Bronze Plans



About this fact sheet

The health insurance marketplace makes it easier to compare health plans by grouping them into one of four categories. Each category is based on roughly how much health care costs plans will pay for.

1. What is the difference between the four categories of health plans (platinum, gold, silver, and bronze)?

All plans sold in the marketplace cover at least the same basic categories of health care services (learn more in Families USA's *Choosing a Health Plan that's Right for You*), but plans will pay for different amounts of your health care costs. The marketplace makes it easy to compare plans by dividing them into four categories based on how much health care each plan pays for. The categories are platinum, gold, silver, and bronze.

The type of plan you buy matters. Each plan requires you to pay a monthly fee (called a "premium"). But lower monthly premiums won't always save you money. If you pay more each month in premiums, your plan will also pay more for services (and you'll pay less out of pocket). But if you pay less each month in premiums, your plan will charge you more for services throughout the year.

Bronze plans pay for the least of your health care, so you have to pay more money during the year for services like doctor visits (but you pay less in monthly premiums). Platinum plans pay for the most of your health care (but you pay more in monthly premiums.)

For example, if you or your family need a lot of doctor visits, the most affordable plan for you might be a plan that charges you more for monthly premiums but less for all of your doctor visits.

What else will I need to pay for in addition to my monthly fees (premiums)?

Out-of-Pocket Costs





Deductible: Before your plan begins to pay for your health care costs (for example, a hospital stay), it requires you to pay a certain amount of money first—called a “deductible.” Once you have paid that amount, the plan begins to pay for many of your health care costs.

Copayments/Co-Insurance: You usually pay a part of each health care service that you receive (like seeing a doctor), even after you have paid your deductible. These payments are called copayments or co-insurance.

- **Copayments** are a set dollar amount that you pay each time you receive a service (for example, a \$20 fee for each doctor’s visit).
- **Co-insurance** is a part of the cost for a service that you must pay. For example, 20 percent co-insurance for a hospital visit means that you must pay 20 percent of the total cost of your hospital visit.

Out-of-Pocket Limit:

This is the most you could pay for care in a year, adding up your deductible, copayments, and co-insurance payments. Once you have paid that amount, your plan will pay the full cost of all of your covered health care services for the rest of the year.

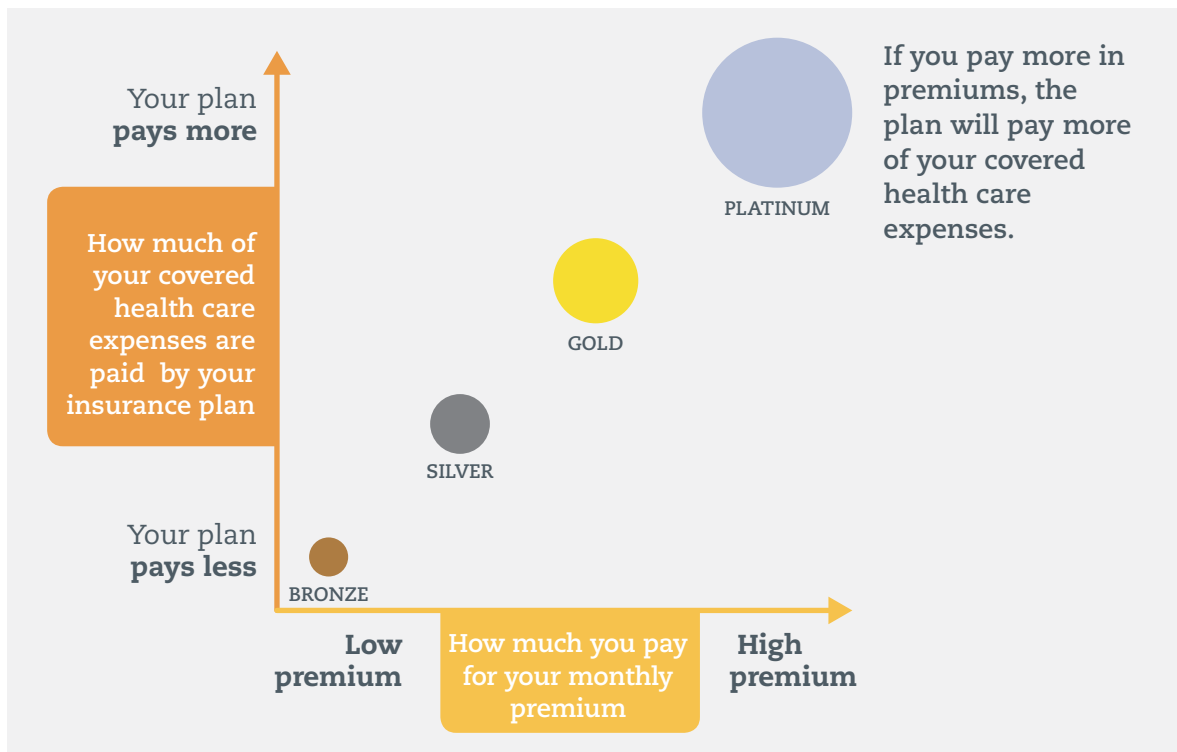
PLAN CATEGORIES	
Category	Level of Coverage
Platinum (highest monthly premiums) 	Pays for about 90% of medical care costs
Gold 	Pays for about 80% of medical care costs
Silver 	Pays for about 70% of medical care costs
Bronze (lowest monthly premiums) 	Pays for about 60% of medical care costs

Remember that each category of health plans (platinum, gold, silver, and bronze) only tells you the average amount of health care costs that the plan will pay. A plan may pay more or less of your costs, depending on how much care you need.

HEALTH INSURANCE PLANS & LEVELS OF COVERAGE

The marketplace makes it easy to compare plans by dividing them into four categories: **platinum, gold, silver, and bronze.**

The category tells you how much your premiums will cost and how much health care your plan will pay for.



2. How do I compare specific plans?

Use the categories of plans to help you compare ballpark costs. Once you choose a category, compare plans based on these factors to make sure you pick a plan that covers the health care services you need at a price you can afford:

- costs that you'll need to pay for out of your own pocket, such as monthly premiums, deductibles, copayments, and co-insurance
- costs for specific services and medicines
- which doctors and providers accept the plan's insurance
- rules about whether you need referrals from a primary care provider to see specialists

MORE INFORMATION

To learn more about how to compare plans based on their costs, benefits, and which doctors and providers you can visit, see Families USA's ***Choosing a Health Plan You Can Afford and Choosing a Health Plan that's Right for You.***

3. If I get financial assistance to help pay for my monthly health insurance premiums, can I buy a plan in any category?

You can pay for a plan in any category with the financial assistance that you receive. The amount of financial assistance that you get is based on your income and how much money you'd need to pay for a silver plan.

You will get the same amount of financial assistance no matter which plan you pick. So if you choose a more expensive plan, you will need to pay more each month. If you choose a less expensive plan, you will have to pay less each month.

4. If I get extra financial help with paying out-of-pocket costs for care, can I buy a plan in any category?

No. Most people who get extra financial help with paying out-of-pocket costs, like deductibles and copayments, must buy a silver plan to get this help. The extra financial help will allow you to pay the lower monthly premiums for a silver plan, but you will have lower out-of-pocket costs. Depending on the amount of help you qualify for, your out-of-pocket costs could be as low as what you would have to pay for care in a gold or platinum plan.

CATASTROPHIC COVERAGE

Marketplaces also sell “catastrophic” health plans. These are plans that pay for even less of your health care costs than bronze plans, but have very low monthly premiums. However, not everyone is allowed to buy these plans.

