



Shopping for Health Insurance Plans

How many health insurance plans can I choose from?

It depends on the county you live in as some insurance companies offer coverage only in certain areas. In some counties, you could have a choice of up to four different insurance companies.

Plans are available at certain metal levels (Gold, Silver, Expanded Bronze, Bronze). All plans cover the same services, but some plans have higher premiums and lower out-of-pocket costs. Generally speaking, the higher the monthly premium, the lower you can expect to pay out of pocket.

What is covered?

Because of the Affordable Care Act, all essential health benefits are covered, and there are no caps on how much is covered during a year or lifetime. Depending on the plan, some care and services may be covered at varying dollar amounts. Sometimes you will pay a flat fee and other times you will have to meet a deductible first.

Coinsurance – Your share of a covered healthcare service cost, calculated as a percentage (e.g., 20%) of the allowed amount. This is typically paid **AFTER** meeting a deductible.

For example, if your plan's negotiated amount for a specialist visit is \$185.00 and your coinsurance is 20%:

- *If you have already met the yearly deductible, you pay \$37.00, and insurance covers the rest.*
- *If you have not already met the yearly deductible, you pay \$185.00*

Copayment – A fixed fee (e.g., \$25) you pay for a covered service, usually at the time of care. The amount varies by service type but is typically **BEFORE** meeting a deductible.

For example, if your plan's allowed cost for a doctor visit is \$185.00 and your copay is \$25.00:

- *If you have already met the yearly deductible, you pay \$25.00 only.*



Deductible – The amount you must pay for covered healthcare services before your plan starts covering certain costs, during the plan year. Some plans have a single overall deductible, while others have separate deductibles for specific services such as medical and pharmacy.

- For example, if your deductible is \$4,000, your plan won't pay (co-insurance) for certain covered services until you've spent \$4,000 on eligible expenses.
- This amount resets at the end of the plan year (December 31)
- There can be separate individual and family deductibles meaning that if the family deductible is met by one family member, the rest of the covered household will benefit

Out-of-Pocket Maximum – The maximum you pay in a coverage period-the plan year for covered services. Once reached, your plan typically covers 100% of allowed costs. This limit excludes premiums, balance-billed charges, and non-covered services. Some plans may not count all expenses, like some copays or out-of-network costs, toward this limit.

- For example, if your deductible is \$4,000 and your Out-of-Pocket Maximum is \$5,000 and you have a major surgery, you will pay the \$5,000 and the insurance plan will pay the rest. You will then also then not pay for covered services for the rest of the plan year.
- Note: This limit applies to the plan year, not 12 months (if you enroll by Special Enrollment mid-year, this amount only applies until the end of this year).

What if I have questions?

Individual insurance companies are the source of truth for information such as what services are covered by copayments or coinsurance and billing. They must provide you with a lengthy document called an Evidence of Coverage as well as other documents such as brochures, handbooks, or summaries.

Plan Type	Issuer	Phone	Website
Qualified Health	Ambetter	833-705-2175	Ambetter
Qualified Health	Anthem	855-738-6671	Anthem
Qualified Health	CareSource	833-230-2009	CareSource
Qualified Health	Molina	888-466-4477	Molina
Dental	Anthem	855-769-1464	Anthem
Dental	BEST Life	877-205-8767	Best Life
Dental	Paramount	800-462-3589	Paramount





kynect.ky.gov
1-855-459-6328 (TTY) 1-855-326-4654

