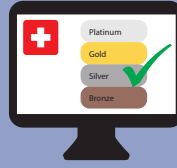


# HEALTH INSURANCE MARKETPLACE

also known as: Obamacare, healthcare.gov, the Marketplace

# GETTING STARTED



HealthCare.gov

## 1. Choose a plan with **premiums** that you can afford every month.

A **premium** is the **monthly** payment you make to the insurance company for your health care policy.



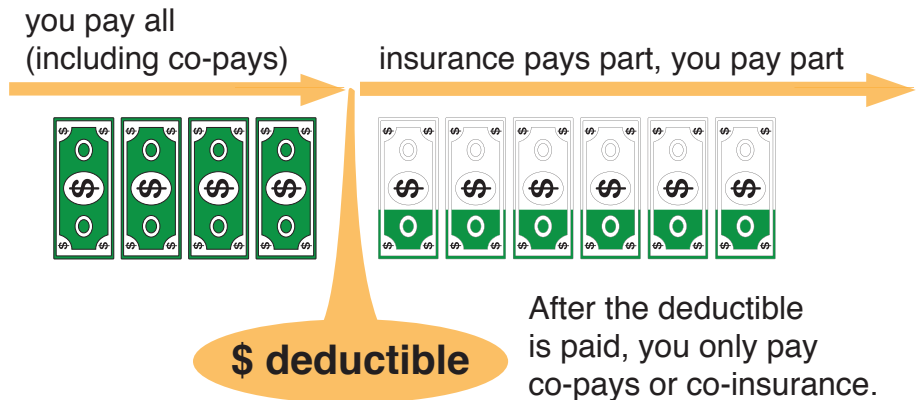
## 2. Find a plan that will help you pay the **out-of-pocket costs**.

**Out-of-pocket costs** are NOT included in your monthly premium. This is the amount you must pay during a year for your health care in addition to your premium. This includes any **deductible**, **co-pay**, **co-insurance**, or extra costs for services.



### Deductible:

The amount you need to pay before the insurance company will start to pay its part.



### Co-pay:

The fixed amount you pay for a service.

#### Example:



**\$20**  
co-pay



you pay \$20



Insurance  
pays \$80

### Co-insurance:

The percentage you pay for a service.

#### Example:



**30%**  
co-insurance



covering  
**Wisconsin**  
Connect to Care, Engage in Health

[www.coveringwi.org](http://www.coveringwi.org)

## Compare yearly costs for 3 plans:

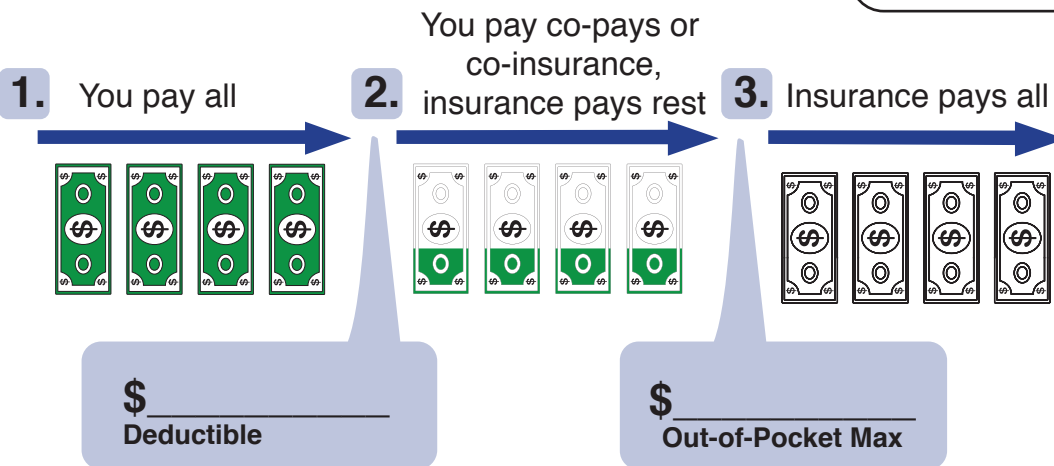
Plan _____	Plan _____	Plan _____
Premium: \$ _____ (x 12 = \$ _____) (per month) (per year)	Premium: \$ _____ (x 12 = \$ _____) (per month) (per year)	Premium: \$ _____ (x 12 = \$ _____) (per month) (per year)
+	+	+
Out-of-pocket max: \$ _____	Out-of-pocket max: \$ _____	Out-of-pocket max: \$ _____
= Possible yearly cost: \$ _____	= Possible yearly cost: \$ _____	= Possible yearly cost: \$ _____
Other costs (Cost-Sharing)		
Deductible: \$ _____	Deductible: \$ _____	Deductible: \$ _____
Doctor Visits: \$ _____	Doctor Visits: \$ _____	Doctor Visits: \$ _____
Specialists: \$ _____	Specialists: \$ _____	Specialists: \$ _____
Prescription Drugs: \$ _____	Prescription Drugs: \$ _____	Prescription Drugs: \$ _____
Urgent Care: \$ _____	Urgent Care: \$ _____	Urgent Care: \$ _____
Emergency Room: \$ _____	Emergency Room: \$ _____	Emergency Room: \$ _____

Plan: \_\_\_\_\_



**Monthly Premium**

Pay \$ \_\_\_\_\_ /month



### Plan co-pays or co-insurance:

- Doctor visits/Mental Health Visits \_\_\_\_\_
- Specialists \_\_\_\_\_
- Generic Drugs \_\_\_\_\_

- (ER) Emergency Room \_\_\_\_\_
- Urgent Care \_\_\_\_\_
- Hospital Stay \_\_\_\_\_