

Understanding ACA “Metal” Plans



The Metal Groupings

The Affordable Care Act (ACA) health plans are put into 4 groups to make it easier for you to compare plans and understand costs. The table below shows the **average costs** you and your insurance company will pay for each of the 4 groups.

Metal Group	Insurance Company Pays	You Pay
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

All plans in a specific metal category must cover the same basic services, regardless of the insurance company offering the plan. Some companies may cover additional services in a metal group, so it's important to compare all plans in that group to see what makes sense for you.

A Snapshot of the Metal Plans

The chart below provides an overview of the costs associated with each metal group. Use it to understand the pros and cons of each type of plan.

Type of Plan	Monthly Premium	Deductible	Your Costs	Why You Might Want to Choose This Type of Plan
Bronze	Lowest	Very high if you need care	Highest costs when you get care	You want protection in case of serious medical issues, but you don't want to pay a lot each month.
Silver	Moderate	Usually lower than bronze plans	Moderate when you get care	You want to pay a slightly higher monthly premium to have more routine care covered. <i>You must select a silver plan if you qualify for cost savings.</i>
Gold	High	Usually low	Lower costs when you get care	You want to pay a higher premium each month to have more of your care costs covered. If you use a lot of services or medicines, this might be right for you.
Platinum	Highest	Low	Lowest costs when you get care	You use a lot of services or medicines and are willing to pay a very high premium each month, knowing that most of your other costs will be covered.

Consider Your Total Healthcare Costs

To pick the best plan, you should think about your total healthcare costs. Here are a few things to consider.

Out-of-Pocket Costs

You have to pay a monthly premium for coverage, as well as other costs. They are:

Deductible	The amount you have to spend each year for covered services before your insurance company starts paying for services.
Copayments and coinsurance	Payments you make each time you seek care, even after you have met your yearly deductible.
Out-of-pocket maximum	The most you have to spend for covered services in a year. After you reach your out-of-pocket maximum, your plan will pay for all your covered services.

American Exchange has a complete list of health insurance terms to help you understand your coverage. Call 1.888.995.1674 and ask for a free copy.

How Much You Spend on Healthcare

While you may think you can save money if you pick a plan with a lower monthly premium, like a bronze plan, that may not be true. You need to think about what you and your family spent last year on healthcare, including your medicines.

If you enroll online, you can choose each family member's use of medical services – low, medium, or high. This will help you get a more realistic view of how much each plan type would actually cost you. American Exchange's ACA-certified, licensed brokers can help you compare costs and enroll you in a plan that's right for you and your family. Call 1.888.995.1674.



Consider Your Healthcare Providers

If you like the doctors and other healthcare providers you see, make sure they are in the network of the health plan you're looking at. Don't forget to look at the pharmacy formulary to see if the medicines you're taking are covered.

Take time to understand what each plan type will really cost you before enrolling in a healthcare plan.

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