

Marketplace
Health Plan

Health Insurance Marketplace® plans have different premiums and out-of-pocket costs. The quality of services and benefits plans offer may differ, too.

Health Insurance Marketplace® plans have different premiums and out-of-pocket costs. The quality of services and benefits plans offer may differ, too. When you're choosing a health plan, it's important to understand and consider these differences. The Marketplace displays quality ratings (or "star" ratings) to help you. These ratings give you an objective snapshot of how each health plan's quality compares to other Marketplace plans in your state and across the country.

How are health plans rated?

Star ratings are calculated the same way from the same sources, using information that health plans provide each year.

When you compare plans on **HealthCare.gov**, you'll find an overall "star rating" from 1 – 5 stars.

Star Rating ★	Performance (compared to other Marketplace plans across the country each year)
5 stars	Highest performing health plans
3 to 4 stars	Majority of health plans nationwide
1 to 2 stars	Lowest performing health plans

A star rating isn't a complete picture of the types of services and care a health plan provides. Each year, ratings may change because of information plans provide or rating calculation changes.

Note: Star ratings may change from year to year. Ratings for this year are based on data from last year. In some cases — like when plans are new or have low enrollment — ratings aren't available. This doesn't mean the plans are low quality.

What are star ratings based on?

A health plan's overall rating is based on the quality of health care services and member's experiences with their health plan. You'll find this overall rating for the health plan and additional ratings for each of these 3 categories:

Member Experience

- How easy it is to get the care you need, when you need it
- How other plan members rate their doctors and the care they get

Medical Care

- How well the doctors, hospitals, and others in the plan's network improve or maintain member health through appropriate screenings, vaccines, and other basic health services
- How informed and up to date your doctors are about your health care status, blood tests, and X-ray results

Plan Administration

- If the plan coordinates the care that members get from different providers
- How well the plan provides access to information members need

Will I get higher quality health care if I pay more for a health plan?

Not always. Just like other products you buy, a higher price doesn't always mean better quality. With star ratings, you can choose a plan based on the issues you care about most. Find more information about health plan quality on HealthCare.gov/quality-ratings.

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

You have the right to get your information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit CMS.gov/About-CMS/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice or call 1-800-318-2596. TTY users can call 1-855-889-4325.



CMS Product No. 11897
September 2024
This product was produced at U.S. taxpaver expense.

