Affordable Care Act (ACA):
General Questions to Ask When Choosing A Plan

Through Health Insurance Marketplaces, individuals will be able to compare health insurance options, select a plan, and enroll in coverage. While all plans in the Marketplace are required to offer a set of “Essential Health Benefits,” it’s important to keep in mind that specific plan benefits may be different in each state. Even within the same state, there can be small differences between plans. As you compare the various plans available through the Marketplace in your state, the following are some questions to consider before selecting one:

- How much can you afford to spend on premiums and out-of-pocket medical expenses? Knowing what you can afford to pay will help you make the best decisions.

- What health services do you (and your family) use? Do you need vision and dental plans? Do you use rehabilitative services? Do you need driving and transportation services?

- Are there specific providers, health care facilities or pharmacies that you prefer? Make a list of all of your providers (e.g. doctors, occupational therapists, physical therapists, speech language pathologists, durable medical equipment companies, pharmacies, etc.).

- What medications, therapies, and equipment will you (and your family) need over the coming year? Are catheters, wheelchairs, latex gloves, lubricants, incontinence products, and any other medical equipment or assistive technology you use covered in the plans you are considering?
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