Choosing a High-Quality Marketplace Health Plan

Health Insurance Marketplace plans have different premiums and out-of-pocket costs, and the quality of service and benefits they provide may differ too. When choosing a health plan, it's important to understand and consider these differences. To help you decide what plan is right for you, the Marketplace is displaying "quality ratings" calculated using information provided by health plans each year. These quality ratings are based on enrollee experience and the quality of health care services. All health plan ratings are calculated the same way, using the same information sources.

How are health plans rated?

Star ratings in the Marketplace give you a snapshot of how each health plan's quality compares to that of other Marketplace plans in your state and across the country. Star ratings give objective information on how health plans perform in the Marketplace. Since every plan offered through the Marketplace is rated the same way, it's easy to compare their quality.

When you compare plans on HealthCare.gov, you'll see an overall "star rating" from 1 – 5 stars. This rating is based on 3 categories: member experience, medical care, and plan administration. Each of these categories also has its own star rating between 1 – 5 stars.

A star rating of 3 means that a health plan is considered on average with other Marketplace plans across the country. A star rating **higher than 3** means that the plan performed better than average compared to other Marketplace plans in a given year. A star rating **lower than 3** means that a plan's performance was below average compared to other Marketplace plans in a given year.

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 that health plans provide or changes to how the ratings are calculated.

Note: Ratings are calculated on a 5-year scale and may change from year to year. Due to the coronavirus disease 2019 (COVID-19) emergency, ratings for 2021 are based on data provided in 2019. 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 health plan quality topics are included in the star ratings?

The star ratings will provide information on different quality topics, including:

- **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 plans' 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 members get from different providers
  - How well the plan provides access to needed information

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

Not always. Many people assume that higher quality—for any product or service—has to cost more. Just like other products that you buy, a higher price doesn't always mean better quality. By having star ratings available for Marketplace plans, you'll be able to choose a plan based on the issues you care about most. Look for more information about health plan quality on HealthCare.gov.

You have the right to get Marketplace 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/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.