

Health Insurance Plans That Fit Your Budget

Applying is free, easy & confidential.

Kentuckians can find quality healthcare coverage at HealthCare.gov. See your coverage options, all in one place, with one application. You can compare a variety of health insurance plans for cost and coverage. HealthCare.gov helps you find out if you are eligible for help with monthly insurance payments or out-of-pocket costs.

Find the plan that is right for you.

When you compare health insurance plans on HealthCare.gov, the plans are put into “metal” levels. The levels are based on how you and the plan can expect to share the costs of care.

In Kentucky, the levels are Bronze, Silver, and Gold. The metal levels do not reflect the quality or amount of care the plans provide. The level you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescription medications. It also affects your total out-of-pocket costs — the total amount you will spend for the year if you need lots of care.

Balancing monthly premiums with out-of-pocket costs.

As with all health plans, you will have to pay a monthly premium. But it is also important to know how much you have to pay out-of-pocket for services when you get care.

In general, when choosing your health plan, keep this in mind: the lower the premium, the higher the out-of-pocket costs when you need care, and the higher the premium, the lower the out-of-pocket costs when you need care.

Think about the healthcare needs of your household when considering which health insurance plan to buy. Do you expect a lot of doctor visits or need regular prescriptions?

- If you do, you may want a Gold plan.
- If you don't, you may prefer a Bronze or Silver plan. But keep in mind that if you get in a serious accident or have an unexpected health problem, Bronze and Silver plans will require you to pay more of the costs.

If you get special discounts, you may want a Silver plan.

These special discounts will save you money on your out-of-pocket costs like your deductible, your co-payment and your co-insurance. But, they can only be used if you have a Silver plan. Eligibility is based on income.

Get the health benefits you need.

Health insurance plans may also be called Qualified Health Plans or QHPs. All plans must offer the same 10 core benefits. These core benefits are also called essential health benefits and include:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight care)
- Maternity and Newborn Care (both before and after birth)
- Pediatric Care, Including Dental and Vision Care (but adult dental and vision coverage aren't essential health benefits)
- Prescriptions
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Mental Health Care and Substance Abuse (this includes counseling and psychotherapy)
- Laboratory services
- Preventive and wellness services and chronic disease management

Plans must cover preventative care at no extra cost to you, including flu and pneumonia shots and routine vaccinations. Plans must also cover most cancer screenings, such as mammograms and colonoscopies.

Can I get a minimum coverage plan?

HealthCare.gov also offers “catastrophic” plans to people under 30 years old or individuals who receive a hardship exemption. A catastrophic health plan is minimum coverage designed to provide an emergency safety net for unexpected medical costs. Preventative services would be covered at no cost before the deductible.

Help is available at HealthCare.gov or by calling 1-800-318-2596.

The federal call center is open 24 hours a day/7 days a week.