



Health Insurance Basics

Are you shopping for health insurance, but aren't sure where to start? This guide will help you make the right choice for your health needs and budget.

Discover the Co-Op Difference

There's a plan for everyone at Mountain Health Co-Op. We welcome individuals, families, and businesses of all sizes.

At the Co-Op, our members have a voice and help set a direction by sitting on our board of directors.

We believe in people before profits. We listen to our members and work to make it easier to understand their coverage.

Discover the Co-Op difference today.



855-485-7080

Ask about our plans or get help enrolling



View our plans online:
mountainhealth.coop/plans



We offer a line of Signature Benefits*, including...

- 24/7 telehealth
- hundreds of prescriptions for \$0 out-of-pocket
- \$100 dental exam reward
- \$60 vision exam reward
- a \$0 mental health visit
- 100% covered preventive care (when completed by an in-network provider)



Learn more about our Signature Benefits. Scan here or visit mountainhealth.coop/benefits

*Signature Benefits are included in Group and Individual Plans only. Exclusions may apply.

Key Terms

Premium

Monthly payment to keep your plan active.

Copay

A fixed fee you pay for doctor visits or prescriptions.

Preventive Care

Services like checkups and vaccines, often with no out-of-pocket cost.

Open Enrollment

The window of time each year to sign up for or change plans that spans November 1 - December 15.

In-network

Doctors and hospitals that work with your plan, accept the health plan reimbursement amount, and protects you from unexpected expenses

Deductible

The amount you will pay for your care, before your responsibility is reduced by the coinsurance shared with your health plan

Coinsurance

Percentage of costs you pay after meeting your deductible.

Out-of-network

Doctors and hospitals not in your plan and not required to accept the plans reimbursement amount. They can bill you for the difference between their charge, and your plans reimbursement amount. Resulting in unexpected expenses above your deductible and out-of-pocket maximum.

Out-of-pocket Maximum

The most you'll pay for your care in a calendar year when care includes covered services with in-network providers, and not including monthly premium costs.

For a comprehensive glossary of health insurance terms, visit healthcare.gov/glossary/

What are your health needs?

Knowing your healthcare needs is an important part of choosing the right plan for you. Make sure you know...

✔ Would I prefer lower monthly premiums and higher out-of-pocket costs when I receive healthcare?

✔ What is my budget for a monthly premium? What is my budget for what I can afford to pay for out-of-pocket costs?

✔ Do any family members who will be enrolled under my plan have health conditions I need to consider when reviewing my plan options?

✔ Would I rather pay a higher monthly premium in exchange for lower out-of-pocket costs when I get healthcare?

✔ *Do I have any ongoing medical conditions or health concerns that need medical specialists or prescription medications?

✔ Am I anticipating any changes to my employment, residence, or family this year that might impact my expenses or plan?

*If you have ongoing conditions or concerns, check the provider network of plans you are considering. Make sure your doctors are included. Also confirm if any medications you take are covered by the plan's formulary, or list of covered prescriptions.



Questions to Ask When Shopping for Health Insurance

Choosing the right plan means knowing what fits your needs and budget. Ask these questions:

What does the plan cover?

Check if it includes doctor visits, hospital stays, prescriptions, and preventive care. Also compare any signature benefits that go beyond the basics.

Are my doctors in-network?

In-network providers cost less. Confirm your doctor and hospital are included.

What's the out-of-pocket maximum?

The most you'll pay for your care in a calendar year when care includes covered services with in-network providers, and not including monthly premium costs.

How much will I pay?

Look at the premium (monthly cost), deductible (amount you pay before coverage starts), and copays (fees for visits). Consider the maximum out-of-pocket (MOOP) for your plan of choice each year and decide if you can afford to pay this much on top of your monthly premium.

Do you qualify for a Premium Tax Credit (PTC*)?

The premium tax credit is an income-based credit that can help lower what you pay toward your monthly premium.

Are my prescriptions covered?

Check the formulary (or list of medications covered) for the plan to confirm and check if they have a list of \$0 prescriptions available.

Does it fit my health needs and budget?

Ensure the plan covers care for the conditions you have and the frequency of care that you need. If you need an idea of how much specific care could cost, you can check the cost estimator on their website.

*The PTC is based on income. An insurance agent or online insurance platform (like [healthcare.gov](https://www.healthcare.gov)) can tell you if you qualify and help navigate your options with this information.

Updating Your Information

If you receive the Premium Tax Credit (PTC), it's important to keep your Marketplace account up to date. Changes in income, family size, health coverage, or even your address can change the amount you qualify for. Reporting these changes right away helps you get the right savings and avoid owing money back at tax time.

Metal Levels

Individual and Group options are usually classified as Gold, Silver, or Bronze, with an occasional Platinum. Those labels indicate differences in your monthly premium and out-of-pocket costs.

If your premium is low, your deductible may be high. In contrast, if your premium is high, your deductible may be low. Be sure to weigh this with your healthcare needs and budget when you're shopping for a plan.

Metal Level	Plan Pays:	You Pay:	Deductible is generally:
Bronze	60%	40%	High
Silver	70%	30%	Moderate
Gold	80%	20%	Low
Platinum	90%	10%	Low

Chart courtesy of healthcare.gov

When can I enroll in a plan?

Open Enrollment is the time each year when you can sign up for or change your health insurance plan.

If you're buying your own coverage, you can enroll in a plan for the upcoming year between November 1 and December 15.

Certain life changes may qualify you for a Special Enrollment Period.

If you've recently had a change in marital status, employment, or residence, you may be able to sign up for a health plan outside of the regular Open Enrollment period.

You can work with an agent, an unbiased nonprofit, or you can shop for coverage yourself on healthcare.gov during Open Enrollment or a Special Enrollment period.



Individual vs. Group Coverage

Individual Plans

If you are shopping for and purchasing health insurance on your own, you are shopping for an Individual plan. It can be purchased for you or your whole family. Individual plans are great options for self-employed people or people without an employer-sponsored plan.

If you're looking for an Individual plan, Mountain Health Co-Op offers a variety of plans to choose from! Get started today.



855-485-7080

Ask about our plans or get help enrolling



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mountainhealth.coop/plans

Group Plans

If you enroll in a health plan offered by your employer, this is a Group plan. Group plans often have limited plan options to choose from based on the employer.

Premium Tax Credit (PTC)

Depending on your income and household information, you may qualify for a Premium Tax Credit (PTC). The Premium Tax Credit lowers your monthly health insurance premium when you buy a plan through the Marketplace (healthcare.gov).

If you work with an insurance agent, they can help you determine if you qualify for the PTC and enroll in a plan.

Depending on the amount you qualify for, your PTC might cover the full cost of a plan at one metal level, or help lower the cost of a plan at another level. Consider your budget, health needs, and the credit amount when deciding whether to pay the full premium or share the cost of a different plan.

To find out if you qualify for the PTC, work with an agent or log into your account on healthcare.gov.

Catastrophic Coverage

Catastrophic coverage plans are designed to protect you from big medical bills after serious accidents or illnesses. You'll get free preventive care and three primary care visits a year—even before you meet your deductible. But you'll pay most other costs out of pocket until you hit a high deductible—then the plan covers the rest.

These plans are mainly for people under 30 or those with a hardship exemption. If you're healthy and just want coverage for major emergencies, this could be a good fit. Visit yourhealthidaho.org or talk to an insurance agent to see if you qualify.

Medicare & Medicaid: What's the difference?

Medicare

Medicare is coverage for people 65+ or with certain disabilities, run by the federal government. You must qualify for this coverage.



Learn More about Medicare

medicare.gov
888-706-1535

Medicaid

Medicaid is free or low-cost health coverage for low-income individuals or families. It is funded by states and the federal government, and you must qualify through your state to enroll through its Medicaid program.



Idaho Department of Health & Welfare

healthandwelfare.idaho.gov
877-456-1233



Need help choosing a plan?

There are free, unbiased nonprofit organizations that can help you understand your options. They can...

- Walk you through shopping for a plan on the federal Marketplace,
- Help with state programs for children's health insurance,
- Guide you through Medicaid coverage.

Their job is to support you—not to sell you anything.



Your Health Idaho
yourhealthidaho.org
855-944-3246



Talk to an Insurance Agent

Insurance agents can help you free of charge. They are available to explain your options in simple terms, compare plans to match your needs and budget, answer questions, and handle paperwork.

Looking for the right insurance agent is important. Remember to...

Ask for Recommendations

Check with friends, family, or your doctor for trusted agents.

Look Online

Search for licensed agents in your area or search the state insurance websites.

Check Credentials

Ensure they're licensed and experienced with health insurance.

Meet Them

Choose an agent who listens, explains clearly, and understands your needs.

