

# How to Choose the Right Health Plan on the Exchange as a Patient with COPD

Chris is a 55-year-old living with chronic obstructive pulmonary disease (COPD). Since COPD usually worsens over time, finding the right health plan is essential. Chris is shopping for a plan through the health insurance exchange. Thanks to the American Rescue Plan, new legislation passed in March 2021, plan costs are now lower.



Chris has 2–3 COPD episodes per year and has been to the hospital for an overnight stay once in the past year.

Chris will need to see multiple providers throughout the year...

**2–3** Episodes/Year



**8** Visits



General Practitioner

**2** Visits



Specialist

...and will have a three-day hospital stay in the middle of the year.

**3** Days



Chris takes these medications to control his COPD



Statin



Aspirin



Beta Blocker



2 COPD-Specific Inhalers



Nitroglycerine



Bronchodilator

After hospitalization, Chris also takes



Antibiotic



Prednisone

How will Chris choose the best coverage? →

Chris qualifies for cost-sharing reduction (CSR) subsidies. CSRs lower the amount enrollees have to pay for a plan's deductible, coinsurance, and copays. Chris compares a silver plan with reduced cost sharing and a bronze plan with premium subsidies at 150% of the federal poverty level (FPL).

	Bronze	Silver CSR
Monthly Premium	\$0	\$22
Total Yearly Premium Spending	\$0	\$264
Total Yearly Out-Of-Pocket Spending	\$8,400	\$2,100
Total Yearly Spending	<b>\$8,400</b>	<b>\$2,364</b>

### Lesson



Even though the bronze plan has no premium, Chris should pick the **silver CSR** plan. Total yearly spending for this plan was much lower than the bronze plan.

Next, let's imagine that Chris' income is a little too high to qualify for CSRs but does qualify for a premium subsidy (FPL 250%)\*.



Now, let's look at the total yearly cost of the same plans.

	Bronze	Silver	Gold	Platinum
Monthly Premium	\$0	\$132	\$195	\$751
Deductible	\$7,200	\$5,500	\$2,000	\$0
Maximum Out-Of-Pocket (MOOP)	\$8,400	\$7,000	\$4,700	\$2,000
Total Yearly Spending	<b>\$8,400</b>	<b>\$8,584</b>	<b>\$7,040</b>	<b>\$11,012</b>

Chris has a lot to consider! Premiums are paid each month to be enrolled in a health insurance plan. Deductibles are paid for covered services before the plan begins to pay. The maximum out-of-pocket (MOOP) limit is the cap on out-of-pocket costs paid by the patient for covered services in one year. There are so many options it can be hard to know what's best.

The four metal categories are based on how patients and the plan split the costs of health care. In Chris's scenario, the **gold** plan has the lowest total yearly spending. Gold plans typically have high monthly premiums paired with low cost sharing, spreading his costs out over the year.

Here's a look at which month Chris will reach the deductible and MOOP with those same plans:

**Bronze**

Deductible & MOOP  
**July**

**Silver**

Deductible & MOOP  
**July**

**Gold**

Deductible  
**July**

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MOOP  
**October**

**Platinum**

N/A\*  
**January**

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MOOP  
**July**

\*No deductible.

### Lesson



Patients with COPD who have high-cost health needs, like Chris, are likely to reach the MOOP. Adding the total premiums to the MOOP should give these patients an estimate of total yearly costs. The American Rescue Plan Act increased premium subsidies, so your total costs may be lower.

### Bottom Line:

When shopping for a health plan, do not shop **solely** based on premiums. Consider factors that can affect total yearly out-of-pocket costs such as deductibles, copays and coinsurance amounts, whether doctors are in-network, and coverage for medications.