

Understand the basics of health insurance



What is health insurance?

In simple terms, health insurance is an agreement between you and a health insurance company. When you enroll in a health plan, the insurance company agrees to pay all or part of the cost for certain covered health care services, like preventive care, other covered medical services, and prescription drugs.



What type of health plan is best for me?

There are four common types of health insurance plans: HMO, PPO, EPO, and POS plans. The right plan for you will depend entirely on your specific financial and health care needs.

If you expect to have more care needs than just preventive services, the best type of plan for you might have lower out-of-pocket costs.

If you're healthy and don't expect to need much care outside of preventive visits, a plan with a higher deductible and a lower monthly payment could help you save money while still giving you the coverage you need.

An exclusive Florida Blue agent can explain the differences between these types of plans and help you determine which one is right for your needs and budget.



Why is it important to enroll in health insurance during the Open Enrollment Period (OEP)?

Enrolling in health insurance during OEP is important because it ensures that you have coverage for the entire year. If you miss the OEP deadline, you may not be able to enroll in a plan until the next OEP, unless you experience a qualifying life event that triggers a Special Enrollment Period (SEP).

Contact us to learn more:

Call 1-866-543-4249 or Visit [FloridaBlue.com/LearnMore](https://www.floridablue.com/LearnMore)



I've heard that the American Rescue Plan (ARP) subsidies are expiring. What does that mean for me?

The extra financial help from the American Rescue Plan Act will end in 2025, and subsidies will be reduced. This means many Americans will lose some or all of their financial help, making insurance costs more expensive. An agent can help explore the low-cost health plans still available.



What changes are coming to the Health Insurance Marketplace for 2026?

Here's what you need to know:

- **Extra financial help is ending:** Unless Congress makes a change, the extra financial help you've been getting will end in 2025, and your monthly insurance costs could go up a lot.
- **Take extra steps to keep financial help:** To keep getting financial help, you'll need to take some extra steps when you enroll in a plan, including:
 - * Filing your 2024 taxes to show your income
 - * Being prepared with all the right information to avoid delays
- **Be careful with income estimates:** If you get more financial help than you should, you'll have to pay back the extra amount before you can get help again.
- **Fewer chances to enroll:** There will be fewer chances to enroll in health insurance outside of the regular Open Enrollment Period. If you miss this window, you might have to wait until next year to get coverage.



I'm already getting help paying for my health plan — what steps should I take during OEP to keep my costs as low as possible?

To understand changes to your Advanced Premium Tax Credit (APTC) and monthly premium, you will need to update your eligibility information and select a plan by the deadline. If you don't take action, there could be changes to your APTC that impact the cost to your health care coverage.

To keep getting the most financial help possible for your health insurance, you'll need to take a few extra steps during this Open Enrollment. Here's what you need to do:

1. **File your 2024 taxes:** Make sure you've filed your taxes and reconciled your tax credit using IRS Form 8962. This is required to get a tax credit starting in January 2026.
2. **Update your eligibility information:** You'll need to provide proof of your current income, such as a paystub, W-2, or 1040.
3. **Gather required documents:** You'll need to provide (if applicable) documents that show your:
 - Household income
 - Immigration status
 - Citizenship confirmation
 - Adoption, foster care placement, or court order confirmation
4. **Select a plan by the deadline:** Choose a plan and confirm your eligibility for a tax credit by the deadline to avoid any changes to your monthly premium payment.

If you don't take these steps, your subsidy — also called an Advanced Premium Tax Credit (APTC) — could be reduced, which could result in a higher monthly premium payment. To make the process easier, consider setting up an appointment with a Florida Blue Agent. They can guide you through the steps and help you get the most out of your health insurance subsidy.

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Know the facts



Health insurance helps keep you healthy! You get checkups, vaccines, yearly bloodwork, and cancer screenings at no extra cost. Plus, it pays part of your medical bills if you get hurt or sick. The average cost of an ER visit at a Florida hospital is \$3,100¹ and cancer treatments can cost hundreds of thousands of dollars.²



If you get your health coverage through your job, your family members may qualify for a Marketplace plan with financial assistance.



Licensed health insurance agents and navigators can walk you through your options and help you enroll in a plan. Health insurance agents will not charge you a fee to help you. Work with an appointed and licensed Florida Blue agent to find the right plan for your needs and budget. Only a Florida Blue agent sells Florida Blue plans.

- Speak with an agent immediately by calling 1-866-543-4249
- Find a local agent by visiting: [FloridaBlue.com/Find-An-Agent](https://www.floridablue.com/Find-An-Agent)
- Get help in person at your nearest Florida Blue Center: [FloridaBlue.com/Center/Find-A-Center](https://www.floridablue.com/Center/Find-A-Center)

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Key terms you should know

Premium

A premium is money you pay your health insurance company regularly, usually monthly, to have your health insurance plan. Think of it like a membership fee — you'll pay this amount every month to ensure you have coverage when you need it. If you have a Marketplace plan, you may be able to lower your costs with a premium tax credit (subsidy).

Deductible

Most plans have an annual deductible — a set dollar amount you must pay toward your costs of covered services before insurance starts to pay. After you've paid this amount, you'll pay a smaller portion of the costs of your care (a copay or coinsurance) until you reach your out-of-pocket maximum.

Copay

A copay is a flat fee you pay for covered medical care and prescription drugs, usually before you meet your deductible. Often, you'll have different copays for different types of care and sometimes prescriptions. Some plans require your deductible to be paid first before you pay copays. Some plans have \$0 copays for certain services, like office visits. You could be eligible for reduced copays on your plan, based on your income.

Coinsurance

Coinsurance is the part or percentage of covered medical or prescription drug costs you pay, usually after you meet your deductible.

Out-of-pocket maximum

Good news! There's a limit to what you could have to pay for care and prescriptions. Your out-of-pocket maximum is the most you'll pay in a plan year for covered medical and prescription drug costs. Once you reach this amount, your health plan pays 100% of all covered services for the rest of the plan year.

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Types of plans

HMO: Health Maintenance Organization

Health maintenance organization plans, or HMO plans, offer a wide range of health care services through a specific, local network of participating health care providers, hospitals and facilities. Generally speaking, you must have an in-network primary care physician with an HMO plan. Not only is your in-network primary care physician your main point of contact for your health care needs, but they also need to provide you with referrals should you need to see an in-network specialist.

PPO: Preferred Provider Organization

Preferred provider organization plans, or PPO plans networks tend to be larger, so you have more doctors and hospitals to choose from. While you're able to see out-of-network providers with a PPO plan, you may pay higher out-of-pocket costs than you would with in-network providers. With a PPO plan, you're not required to have a primary care doctor and can see specialists without a referral.

EPO: Exclusive Provider Organization

Exclusive provider organization plans, or EPO plans, are like HMO plans in that they have a specific network of providers that members must use, except in the case of an emergency. Outside of emergencies, if you go out-of-network, you will pay more. However, like with PPO plans, most EPO plans don't require you to have an in-network primary care physician and you do not need a referral from a primary care physician to see a specialist.

POS: Point of Service

Point of Service plans, or POS plans, are like a combination of HMO plans and PPO plans. An in-network primary care doctor is required however, you do not need a referral to specialists. Like with a PPO plan, you are able to see out-of-network specialists for a higher out-of-pocket cost.

More than just medical coverage

- Embedded adult dental and vision coverage on some health plans
- Pediatric dental and vision on most health plans
- Standalone dental plans available

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Which health plan category is right for you?



BRONZE

- **Lowest** monthly premium
- **Highest** costs when you need care
- Bronze plan deductibles can be thousands of dollars a year
- **Good choice if:** You want a low-cost way to protect yourself from worst-case medical scenarios, like serious sickness or injury. Your monthly premium will be low, but you'll have to pay for most routine care yourself



SILVER

- **Moderate** monthly premium
- **Moderate** costs when you need care
- Silver plan deductibles are usually lower than those of Bronze plans
- **Good choice if:** You qualify for cost-sharing reductions — or, if not, if you're willing to pay a slightly higher monthly premium than Bronze to have more of your routine care covered



GOLD

- **Higher** monthly premium
- **Lower** costs when you need care
- Gold plan deductibles are usually low
- **Good choice if:** You're willing to pay more each month to have more costs covered when you get medical treatment. If you use a lot of care, a Gold plan could be a good value



PLATINUM

- **Highest** monthly premium
- **Lowest** costs when you get care
- Platinum plan deductibles are very low, meaning your plan starts paying its share earlier than for other categories of plans
- **Good choice if:** You usually use a lot of care and are willing to pay a high monthly premium, knowing nearly all other costs will be covered

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The Florida Blue difference



Earn rewards toward health care costs.⁴



As a Florida Blue member, you can save up to 50% on healthy lifestyle products with Blue365, a health and wellness discount program.³ Enjoy year-round savings on gym memberships, fitness gear, eye wear, healthy travel, and more.



Adult dental coverage and vision benefits included on select plans.



Local Florida Blue Centers with in-person fitness and wellness classes, customer support, and community resources to help with transportation, food, finances, and more.



Wide network with thousands of doctors, hospitals, and specialists to choose from.



Plus, you get an exclusive Florida Blue agent to work with — no obligation. Our agents are specially trained and are the only agents who can show you the savings and perks offered by Florida Blue.

Get ready!
Marketplace Open Enrollment begins November 1.
Get any of your Florida Blue insurance questions answered
only by an exclusive Florida Blue agent.

Let's find your health solution!

Call 1-866-543-4249

FloridaBlue.com/LearnMore

Florida Blue 
Your Health Solutions Partner

¹<https://www.debt.org/medical/emergency-room-urgent-care-costs>

²<https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/>

³Blue365® offers access to savings on items that Florida Blue members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Florida Blue or any applicable federal health care program. Blue Cross and Blue Shield Association (BCBSA) and Florida Blue may receive payments from Blue365 vendors. Neither BCBSA nor Florida Blue recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to FloridaBlue.com/disclaimer/blue365.

⁴Reward amounts available for individual ACA members 18 years or older. Excess amounts may be redeemed subject to the reward program's terms and conditions.

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