

GUIDE

Easy Pricing Plans (Standardized Plans)

Beginning in the 2023 coverage year, HealthCare.gov reintroduced standardized plan design options, which are labeled “easy pricing”. These plans are intended to simplify and streamline plan comparison within each metal level (bronze, silver, gold, and platinum) and to potentially simplify the plan selection process in response to the high number of ACA marketplace plans available to people in some parts of the country.

The U.S. Department of Health and Human Services sets the standardization parameters for each metal level each plan year.

Due to their standardized design, all easy pricing plans have the same cost sharing requirements within a given metal level. For example, all bronze easy pricing plans will have the same deductible, out of pocket maximum, copays, and coinsurance.

All health insurance companies offering health plans on HealthCare.gov are required to offer a standardized plan for each metal level, each plan type, and for each service area in which they offer non-standardized plans.

1 Identifying Easy Pricing Plans

A People shopping for a plan on HealthCare.gov will be able to identify an easy pricing plan by a green circular label containing a white price tag and the words “Easy pricing” directly under that plan’s name.

B People can also use the HealthCare.gov filter tool to view easy pricing plans within a given metal level. First select a metal level under “Health plan categories” then select “with easy pricing.”

A

Blue Care Network of Michigan

[Blue Cross® Preferred HMO Silver Extra](#)

 Easy pricing | Silver | HMO | Plan ID: 98185MI0550002

B


Monthly premium

Your monthly premium range is
\$287-\$734

\$ to \$

Health plan categories

This is how health plans split costs with you.

 **Easy pricing** plans have the same out-of-pocket costs and care before deductibles for some services.

- Bronze (19)
 - with easy pricing (7)
- Silver (19)
 - with easy pricing (7)
- Gold (10)
 - with easy pricing (5)

Easy Pricing Plan Example

Aetna CVS Health
Silver S: Aetna network of doctors & hospitals + \$0 MinuteClinic + \$0 CVS Health Virtual Care 24/7
 Extra savings **Easy pricing** Silver | HMO | Plan ID: 99129IL012009 | Rating: New plan - Not rated

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$56.27 /month <small>Including a \$333 tax credit was \$389.27</small>	Add yearly cost	\$5,700 <small>Individual total (health & drug combined)</small>	\$7,200 <small>Individual total</small>

You pay

Primary care	\$40 per visit from day 1	View plan details for full list of benefits, limits, and exclusions.
Specialist care	\$80 per visit from day 1	
Urgent care	\$60 per visit from day 1	
Emergency room	40% coinsurance after deductible	
Outpatient mental health	\$40 per visit from day 1	
Generic drugs	\$20	

Easy Pricing Plans | Silver 73% CSR Cook County, Chicago, IL

Deductible	\$5,700
Out-of-Pocket Maximum	\$7,200
Primary Care	\$40
Specialist Care	\$80
Urgent Care	\$60
Outpatient Mental Health	\$40
Generic Drugs	\$20

Silver S: Aetna network of doctors & hospitals + \$0 MinuteClinic + \$0 CVS Health Virtual Care 24/7, Illinois 2024

The plan above is the least expensive easy pricing silver plan available in 2024 to a single 38-year-old female nonsmoker, in Cook County, Illinois earning an estimated annual income of \$30,000. Note the “Easy pricing” label under the plan’s name and the cost sharing details (deductible, out of pocket maximum and copays and coinsurance) listed under the “You pay” section of the plan details in the lower left corner of the screen shot.

All other easy pricing silver plans available to this person will have the same deductible, out of pocket maximum, copays and coinsurance. The differences between these silver plans will be the monthly premium and the insurer’s provider network. See examples of the four lowest-premium silver easy pricing plan options available to the person in this example below.

Molina Healthcare
Silver 8 200
 Extra savings Easy pricing Silver | HMO | Plan ID: 32355IL0010010 | Rating: New plan - Not rated

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$58.03 /month <small>Including a \$333 tax credit was \$291.03</small>	Add yearly cost	\$5,700 <small>Individual total (health & drug combined)</small>	\$7,200 <small>Individual total</small>

You pay

Primary care	\$40 per visit from day 1	View plan details for full list of benefits, limits, and exclusions.
Specialist care	\$80 per visit from day 1	
Urgent care	\$60 per visit from day 1	
Emergency room	40% coinsurance after deductible	
Outpatient mental health	\$40 per visit from day 1	
Generic drugs	\$20	

Molina Healthcare: Silver 8 200, Illinois 2024

Ambetter of Illinois
Standard Silver
 Extra savings Easy pricing Silver | HMO | Plan ID: 27833IL0142074 | Rating: ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$65.29 /month <small>Including a \$333 tax credit was \$398.29</small>	Add yearly cost	\$5,700 <small>Individual total (health & drug combined)</small>	\$7,200 <small>Individual total</small>

You pay

Primary care	\$40 per visit from day 1	View plan details for full list of benefits, limits, and exclusions.
Specialist care	\$80 per visit from day 1	
Urgent care	\$60 per visit from day 1	
Emergency room	40% coinsurance after deductible	
Outpatient mental health	\$40 per visit from day 1	
Generic drugs	\$20	

Ambetter of Illinois: Standard Silver, Illinois 2024

Oscar Health Plan, Inc.
Silver Classic Standard CSR 250 (Select)
 Extra savings Easy pricing Silver | HMO | Plan ID: 11574IL0020052 | Rating: New plan - Not rated

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$65.97 /month <small>Including a \$333 tax credit was \$398.97</small>	Add yearly cost	\$5,700 <small>Individual total (health & drug combined)</small>	\$7,200 <small>Individual total</small>

You pay

Primary care	\$40 per visit from day 1	View plan details for full list of benefits, limits, and exclusions.
Specialist care	\$80 per visit from day 1	
Urgent care	\$60 per visit from day 1	
Emergency room	40% coinsurance after deductible	
Outpatient mental health	\$40 per visit from day 1	
Generic drugs	\$20	

Oscar Health Plan, Inc: Silver Classic Standard CSR 250 (Select), Illinois 2024

Ambetter of Illinois
Standard Silver + Vision + Adult Dental
 Extra savings Easy pricing Silver | HMO | Plan ID: 27833IL0150073 | Rating: ★★★★★

Premium	Estimated total yearly cost	Deductible	Out-of-pocket maximum
\$77.94 /month <small>Including a \$333 tax credit was \$416.94</small>	Add yearly cost	\$5,700 <small>Individual total (health & drug combined)</small>	\$7,200 <small>Individual total</small>

You pay

Primary care	\$40 per visit from day 1	View plan details for full list of benefits, limits, and exclusions.
Specialist care	\$80 per visit from day 1	
Urgent care	\$60 per visit from day 1	
Emergency room	40% coinsurance after deductible	
Outpatient mental health	\$40 per visit from day 1	
Generic drugs	\$20	

Ambetter of Illinois: Standard Silver + Vision + Adult Dental, Illinois 2024

3

Easy Pricing Plan Cost Sharing – 2024 Plans

Table 1. Select Cost Sharing Requirements for Standardized Plans

	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Deductible	\$7,500	\$5,900	\$5,700	\$700	\$0	\$1,500	\$0
Annual Cost Sharing Limit	\$9,400	\$9,100	\$7,200	\$3,000	\$1,900	\$8,700	\$3,200
Primary Care Visit	\$50*	\$40*	\$40*	\$20*	\$0*	\$30*	\$10*
Specialist Visit	\$100*	\$80*	\$80*	\$40*	\$10*	\$60*	\$20*
Urgent Care	\$75*	\$60*	\$60*	\$30*	\$5*	\$45*	\$15*
Emergency Room	50%	40%	40%	30%	25%*	25%	\$100*
Inpatient Hospital	50%	40%	40%	30%	25%*	25%	\$350*
Generic Drugs	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	\$50	\$40*	\$40*	\$20*	\$15*	\$30*	\$10*
Specialty Drugs	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

*Benefit category not subject to the deductible.

Note: Additional cost sharing parameters apply for Mental Health & Substance Use Disorder Outpatient Office Visits, Imaging, Speech Therapy, Occupational and Physical Therapy, Laboratory Services, X-Ray/Diagnostic Imaging, Skilled Nursing Facilities, Outpatient Facility Fees, Outpatient Surgery Physician & Services, and Non-Preferred Brand Drugs. For a full list of cost sharing parameters for standardized plans, see "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024," April 27, 2023, <https://www.federalregister.gov/documents/2023/04/27/2023-08368/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2024>

Table 1 shows easy pricing plan cost sharing amounts by metal level for 2024. All easy pricing plans in a given metal level must use these cost sharing amounts. Note that many benefits categories have a copayment, not coinsurance, and many are not subject to the deductible. This can provide greater predictability for people who know they will need specific health services.

4

Using Easy Pricing Plans for Plan Selection

Easy pricing plans are not inherently better or worse than non-standardized plans. But starting plan selection with easy pricing plans within a given metal level can allow people to focus on features other than cost sharing, which can be difficult to compare "apples to apples", particularly when some services have a coinsurance rather than a set copayment amount, and plans often vary as to which services are covered without requiring the deductible to be met. By standardizing the cost sharing structure and amounts, people can compare plans based on the premium and the provider network. A person could, for example, narrow their plan options by focusing on the plans that include their preferred hospitals and doctors in-network. Once they have identified the issuer that best matches their network preferences, the easy pricing plan for that company can serve as a starting point from which to explore the other, non-standardized plans offered by that issuer.

For example, if Insurance Company A has the most appealing network for the person, they can eliminate the other companies' plans from their search, significantly reducing "choice overload" during plan comparison. At this point, Insurance Company A's easy pricing option can be used as a point of comparison to the non-standardized plan offerings, allowing the person to select the plan with the cost-sharing design that best suits their health and financial needs.

For more resources, visit www.healthreformbeyondthebasics.org