Comparing Types of Health Plans

	Licensed, Regulated Insurance	Guaranteed Issue	Minimum Essential Coverage	Essential Health Benefits Covered	Meets Network Adequacy	Protection for Unpaid Claims	Protection from Insurer's Financial Insolvency
Qualified Health Plans	✓	✓	✓	✓	✓	✓	✓
Primary Care Concierge or Direct Primary Care Arrangements						✓	✓
Short-Term, Limited Duration Plans	✓					✓	✓
Health Sharing Ministries							

- **Qualified Health Plans (QHPs)** are plans available to individuals and their families, meet stringent state and federal requirements, and offer comprehensive insurance coverage. When accessed through a health insurance marketplace, they may also be accompanied by financial assistance to help pay for premium and out-of-pocket costs.
- **Primary Care Concierge (also called "Direct Primary Care Arrangements")** involve paying a monthly subscription fee to a doctor or group of doctors in return for access to office visits with little to no waiting.
- **Short-Term, Limited Duration (STLD) plans** are meant to function as stop-gap coverage. These plans are offered from insurers for up to three months only and are meant to cover periods when people are between health insurance options, such as moving from one job to another.

  The maximum enrollment term is 90 days, after which coverage must end. You can purchase another plan from another insurer, but amounts you paid toward deductible or out-of-pocket maximums will not be carried over.
- **Health Sharing Ministries** are non-profit organizations that pool money from members to pay for medical care. Members make monthly contributions to a group account and are then reimbursed for care from that account.

Licensed, Regulated Insurance	If you have a problem with a plan that is licensed and regulated, the state can help you resolve it.
Guaranteed Issue	If a plan does not have guaranteed issue, they are not required to let you enroll and they can deny or terminate your enrollment for any reason.
Minimum Essential Coverage	If your plan is not considered minimum essential coverage and is terminated or ends, you will not be eligible for a Special Enrollment Period to enroll in a Marketplace plan.
Essential Health Benefits	Plans are required to cover a set of benefits, but may be subject to the health plan's deductibles, copayments and coinsurance. Learn more about essential health benefits at orhim.info/covered-benefits. Plans that do not include these benefits may have a varying list of covered services or may limit services that align with the plan's values. The covered services may be limited to contracted providers and may not include hospital or prescription drug coverage.
Meets Network Adequacy	Plans without these requirements are not required to have providers in a particular area, and they are not required to cover specific provider types, like behavioral health providers or obstetricians/gynecologists (OB/GYNs).
Protection for Unpaid Claims	If there is no protection and a plan does not pay a claim, even for a covered service, you will owe the full amount to the provider.
Protection from Insurer's Financial Insolvency	Protected plans are required to hold certain amounts of money in reserve or be insured – if the money runs out, they are still required to cover claims.

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