

# Health benefits & coverage

## What Marketplace health insurance plans cover

All plans offered in the Marketplace cover these **10 essential health benefits**:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- [Emergency services](#)
- Hospitalization (like surgery and overnight stays)
- [Pregnancy, maternity, and newborn care](#) (both before and after birth)
- [Mental health and substance use disorder services](#), including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- [Preventive and wellness services](#) and chronic disease management
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)

## Additional benefits

Plans must also include the following benefits:

- [Birth control coverage](#)
- [Breastfeeding coverage](#)

Essential health benefits are **minimum requirements** for all Marketplace plans. Specific services covered in each broad benefit category can vary based on your state's requirements. Plans may offer additional benefits, including:

- [Dental coverage](#)
- [Vision coverage](#)
- Medical management programs (for specific needs like weight management, back pain, and diabetes)

When comparing plans, you'll see exactly what each plan offers.

# More answers

- ⊕ Are the benefits the same in each state?
- ⊕ What if I need a specific treatment that's not on this list?
- ⊕ Do all types of Marketplace plans cover essential health benefits?
- ⊕ Do I have to pay deductibles and copayments for essential health benefits?
- ⊕ Do I get these benefits if my company is self-insured?
- ⊕ Are abortion services covered by Marketplace plans?
- ⊕ Do I get these benefits if I have a grandfathered plan?

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