

10 TIPS FOR FINDING YOUR BEST PLAN FOR PREGNANCY

If you are planning to get pregnant or are pregnant, you likely know it's important to have health insurance and a plan that supports you. Your health care needs are unique, so why should picking a plan be any different? Our 10 Tips are designed to be used side-by-side with CoverME.gov's [Plan Comparison Tool](#). Choose the plan that's right for you and your wallet!

STEP 1: THINK ABOUT YOUR HEALTH CARE NEEDS

Are you pregnant, planning to get pregnant, or currently postpartum? Do you expect needing more than routine pregnancy-related care (e.g. high-risk pregnancy or specialist care)? Do you have any ongoing medical conditions that require regular doctor visits, testing, or medications? Do you need mental health support or lactation services? Do you anticipate any planned procedures, surgeries, or significant healthcare expenses in the next year? Will your baby or other family members have ongoing healthcare needs that could increase medical costs?

STEP 2: THINK ABOUT YOUR BUDGET

When choosing a health insurance plan, it's important to consider both your monthly costs and what you may need to pay for prenatal care, delivery, and other medical services. Plans with higher monthly payments (premiums) usually cover more of your medical expenses, while plans with lower premiums often require you to pay more out of pocket. Consider whether you prefer lower monthly payments with the possibility of higher medical bills later, or higher monthly payments that can make healthcare costs more predictable for your family's budget. It's also important to think about whether you could afford to pay the full deductible if you had an unexpected medical emergency.

STEP 3: OPEN UP THE PLAN COMPARISON TOOL

Go to [CoverME.gov/shop/compare-plans-find-providers](https://www.coverme.gov/shop/compare-plans-find-providers).

Click "Compare Plans" to start using the tool and find plans that support your reproductive and maternal health.

STEP 4: RATE YOUR HEALTH & EXPECTED PROCEDURES

Don't worry: the information you give us is private. It'll only be used while you're using the tool, and will not be saved. The health rating you pick helps estimate your costs for medical care and what types of plans might make the most sense for your health needs. Be sure to check the list of expected procedures to see if any, such as childbirth, are applicable. If you are pregnant, be sure to check that box under, "Additional Factors." Then, select, "Continue."

STEP 5: INCLUDE YOUR INCOME

Enter your best guess for your yearly taxable income. We use this number to see if you qualify for financial assistance and, if so, how much per month. It's best to overestimate your income because underestimations can lead to you needing to pay back some or all of the financial savings during tax time. In addition, if you are having your first child, you may qualify for child-related tax credits for the first time. This could impact your tax return, and makes it especially important to estimate your income as accurately as possible. We keep this information private, too. See <https://www.healthcare.gov/income-and-household-information/income/> for more information.

STEP 6: CHECK IF YOUR DOCTORS, HOSPITALS, OR PRESCRIPTIONS ARE COVERED

Type in the names of the doctors, nearby hospitals, and prescription drugs that you want your plan to cover. Make sure to include your prenatal provider and the hospital where you plan to deliver your baby, if applicable. The more detail you add, the more personalized your plan search will be. Remember that many preventive services such as prenatal visits, maternal depression screenings, and more are covered 100% pre-deductible with an in-network provider. You'll see a dot next to the doctors, hospitals, and prescription drugs. If you see a green or orange dot, it's in-network. Orange dots mean tier 2 (which typically costs more when you receive care). A red dot means that provider, hospital, or drug is not covered under that plan (which typically means you are responsible for most, if not, all of the bill).

STEP 7: FILTER, FILTER, FILTER!

While browsing plans, use the filters on the left side of the page. If you included must-have doctors, hospitals, or prescription drugs in Step 6, turn on those filters. Look at Metal Level too: **Bronze** and **Silver** plans usually cost less per month and have higher out-of-pocket costs. **Gold** and **Platinum** plans cost more monthly, but out-of-pocket costs are usually lower.

STEP 8: COMPARE PLANS SIDE-BY-SIDE

Choose up to 3 plans at a time to compare their features. This includes estimated monthly premiums, deductibles, and out-of-pocket limits. You'll also see cost information for office visits, specialists, urgent care, and prescription drugs.



CoverME.gov's Plan Comparison Tool uses the information you provide, including your filters, to list plans in order of their "balanced cost." This means we show you plans that give you the most coverage compared to their costs first.

STEP 9: MORE DETAILS, PLEASE

Click "View Plan Details" for more information about any plan. This is where you'll see a Summary of Plan and Benefits (Summary of Benefits and Coverage), and the Details of Coverage and Cost.

STEP 10*: TALK TO A BROKER OR NAVIGATOR

***OPTIONAL,
BUT GREAT!**

It's normal to feel overwhelmed with insurance information. Experts can help you review your options, choose a plan, and understand what your plan covers. Find a free, certified expert with [CoverME.gov's Find Local Help Tool](#).

QUESTIONS?

CoverME.gov is here to support Mainers.

Call our Consumer Assistance Center:

1-866-636-0355 TTY: 711

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