

## Health Insurance Plan Cost Comparison Worksheet

Healthcare Plans (put each plan name offered in separate column for this comparison)			
<b>Plan Name(s)</b>			
Plan type (EPO, HMO, PPO, POS)			
Does the plan(s) require you to choose a primary care physician (PCP)?	Yes / No	Yes / No	Yes / No
If so, is your <i>current</i> PCP in-network?	Yes / No	Yes / No	Yes / No
<b>Annual Premium</b>	\$	\$	\$
<b>Financial (deductible/coinsurance/annual limits)</b>			
<b>Annual Deductible (In-Network):</b>			
Individual	\$	\$	\$
Family	\$	\$	\$
<b>Annual Deductible (Out-of-Network):</b>			
Individual	\$	\$	\$
Family	\$	\$	\$
Is the deductible included in the out-of-pocket maximum?	Yes / No	Yes / No	Yes / No
Are any services covered before the deductible is met?	Yes / No	Yes / No	Yes / No
Co-insurance (i.e. 80% plan pays/20 % OOP, 70/30)	%	%	%
<b>Annual Out-of-Pocket Maximum:</b>			
Individual	\$	\$	\$
Family	\$	\$	\$
Does the plan(s) have annual limits? <sup>1</sup>	Yes / No	Yes / No	Yes / No
If so, what are the limits?	\$	\$	\$
<b>Preventive Care<sup>2</sup></b>			
Annual physical exam copays and/or co-insurance	\$	\$	\$
Annual routine pediatric care copays and/or co-insurance	\$	\$	\$
Annual immunizations <sup>3</sup> copays and/or co-insurance	\$	\$	\$
<b>Major Medical</b>			
Do you have a copy of the plan's provider list?	Yes / No	Yes / No	Yes / No

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<b>Plan Comparison (continued)</b>			
<b>In-Network</b>			
<b>Please note:</b> cost shares may vary when using out-of-network providers			
If permitted, indicate plan's percentage of cost for out-of-network services	%	%	%
<b>Outpatient Care</b> (ongoing co-pays after deductible is met)			
Annual physician's office visit co-pays	\$	\$	\$
Annual specialist's office visit co-pays	\$	\$	\$
Annual surgical expense	\$	\$	\$
Annual Laboratory services expense	\$	\$	\$
<b>Hospital Care Charges</b> (inpatient services)			
Annual physician's and surgeon's services expense	\$	\$	\$
Semi-private room and board copay and/or co-insurance	\$	\$	\$
Annual prescription drugs and medications expenses	\$	\$	\$
<b>Emergency Care<sup>4</sup></b>			
Emergency room copay and/or co-insurance	\$	\$	\$
Urgent care center copay and/or co-insurance	\$	\$	\$
<b>Maternity Care</b>			
Annual prenatal and postnatal care co-pays	\$	\$	\$
Hospital services expense (mother and child)	\$	\$	\$
<b>Substance Abuse</b>			
Inpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
Outpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
<b>Mental Health<sup>5</sup></b>			
Inpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
Outpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$

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**Plan Comparison (continued)**

<b>Pharmacy Benefit</b> (do you have a copy of the plan's drug formulary list?)	Yes / No	Yes / No	Yes / No
Yearly deductible (pharmacy)	\$	\$	\$
Co-pay Tier 1 (generics)	\$	\$	\$
Co-pay Tier 2 (brand/preferred)	\$	\$	\$
Co-pay Tier 3 (brand/non-preferred)	\$	\$	\$
Coinsurance Tier 4 (specialty tier) % of cost share or co-pay dollar amount	\$ or %	\$ or %	\$ or %
If your plan(s) has a specialty tier with coinsurance is there maximum OOP cost for each prescription?	Yes / No	Yes / No	Yes / No
Is there a yearly out-of-pocket maximum?	Yes / No	Yes / No	Yes / No
Is immunoglobulin covered under the pharmacy benefit?	Yes / No	Yes / No	Yes / No
Do you have more than one choice of pharmacy provider?	Yes / No	Yes / No	Yes / No
<b>Other (if offered)</b>			
Chiropractic copays and/or co-insurance	\$	\$	\$
Short-term rehabilitation: inpatient copays and/or co-insurance	\$	\$	\$
Short-term rehabilitation: outpatient copays and/or co-insurance	\$	\$	\$
Skilled nursing facility (SNF) annual expense (Is immunoglobulin covered while inpatient?)	\$	\$	\$
Home healthcare annual expense	\$	\$	\$
Hospice care: inpatient annual expense	\$	\$	\$
Hospice care: outpatient annual expense	\$	\$	\$
Durable medical equipment (DME) annual expense	\$	\$	\$
<b>Total Estimated Annual Cost per Plan</b>	\$	\$	\$

<sup>1</sup> For any plan issued after 9/23/12, the annual limit can be no less than \$2 million, unless the plan receives a waiver from the rule. For any plan issued after 01/01/14, annual dollar limits are prohibited.

<sup>2</sup> For a complete list of preventive services for which there is no co-pay allowed under the ACA, go to: [www.healthcare.gov](http://www.healthcare.gov).

<sup>3</sup> The ACA bans co-pays for recommended vaccines for adults and children.

<sup>4</sup> For group plans and individual policies created or issued after 3/23/2010, the ACA bans higher co-pays or coinsurance for out-of-network ER services.

<sup>5</sup> The Mental Health Parity and Addiction Equity Act prohibits plans from imposing higher deductibles or co-pays or tighter limits on visits than are allowed for medical services in the plan.