

Health Plan Cost Comparison Worksheet

Healthcare Plans (put each plan name offered in separate column for this comparison)			
Plan Name(s)			
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
Annual Premium	\$	\$	\$
Financial (deductible/coinsurance/annual limits)			
Annual Deductible (In-Network): Individual Family	\$ \$	\$ \$	\$ \$
Annual Deductible (Out-of-Network): 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)	%	%	%
Annual Out-of-Pocket Maximum: Individual Family	\$ \$	\$ \$	\$ \$
Does the plan(s) have annual limits? ¹	Yes / No	Yes / No	Yes / No
If so, what are the limits?	\$	\$	\$
Preventive Care²			
Annual physical exam copays and/or co-insurance	\$	\$	\$
Annual routine pediatric care copays and/or co-insurance	\$	\$	\$
Annual immunizations ³ copays and/or co-insurance	\$	\$	\$
Major Medical			
Do you have a copy of the plan's provider list?	Yes / No	Yes / No	Yes / No

(Worksheet continued on next page)

Plan Comparison (continued from page 11)			
In-Network			
Please note: cost shares may vary when using out-of-network providers			
If permitted, indicate plan's percentage of cost for out-of-network services	%	%	%
Outpatient Care (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	\$	\$	\$
Hospital Care Charges (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	\$	\$	\$
Emergency Care ⁴			
Emergency room copay and/or co-insurance	\$	\$	\$
Urgent care center copay and/or co-insurance	\$	\$	\$
Maternity Care			
Annual prenatal and postnatal care co-pays	\$	\$	\$
Hospital services expense (mother and child)	\$	\$	\$
Substance Abuse			
Inpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
Outpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
Mental Health ⁵			
Inpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$
Outpatient: _____ visits allowed per calendar year Annual copay and/or co-insurance	\$	\$	\$

(Worksheet continued on next page)

Plan Comparison (continued from page 12)			
Pharmacy Benefit (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
Other (if offered)			
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	\$	\$	\$
Total Estimated Annual Cost per Plan	\$	\$	\$

¹ 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.

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

³ The ACA bans co-pays for recommended vaccines for adults and children.

⁴ 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.

⁵ 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.