Health Plan Cost Comparison Worksheet

Plan Name			
Plan type (EPO, HDHP, HMO, PPO, POS)			
Does the plan require you to choose a primary care physician (PCP)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If so, is your current PCP in network?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Annual Premium	$	$	$
Financial (deductible/coinsurance/annual limits)			
Deductible (in network): Individual Family	 $ $	 $ $	 $ $
Deductible (out-of-network): Individual Family	 $ $	 $ $	 $ $
Is the deductible embedded or non-embedded (sometimes called aggregate)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are any services (other than preventative) covered before the deductible is met?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Coinsurance (i.e. 80/20, 70/30)	%	%	%
Maximum out of pocket (MOOP): Individual Family	$ $	$ $	$ $
Are there any services or costs not included in the maximum out-of-pocket?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If so, what are they?	$	$	$
Preventive Care[2]			
Physical exam	$	$	$
Routine pediatric care	$	$	$
Immunizations[3]	$	$	$
Major Medical			
Do you have a copy of the plan's provider list?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Plan Name			
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			
Physician office co-pay	$	$	$
Specialist co-pay	$	$	$
Surgery	$	$	$
Laboratory services	$	$	$
Hospital Care (Inpatient services)			
Physician's and surgeon's services	$	$	$
Semi-private room and board	$	$	$

All drugs and medications	$	$	$
Emergency Care[4]			
Emergency room	$	$	$
Urgent care center	$	$	$
Maternity Care			
Prenatal and postnatal care (per visit)	$	$	$
Hospital services (mother and child)	$	$	$
Substance Abuse			
Inpatient: ____ visits allowed per calendar year	$	$	$
Outpatient: ____ visits allowed per calendar year	$	$	$
Mental Health[5]			
Inpatient: ____ visits allowed per calendar year			
Outpatient: ____ visits allowed per calendar year			
Pharmacy Benefit (Do you have a copy of the plan's drug formulary?)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Yearly deductible (Note: the plan may have separate deductible for drugs)	$	$	$
Co-pay Tier 1 (generics)	$	$	$
Co-pay Tier 2 (brand/preferred)	$	$	$
Co-pay Tier 3 (brand/non-preferred)	$	$	$
Are there any restrictions on obtaining drugs (e.g., fail first or prior authorization)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Coinsurance Tier 4 (specialty tier) % cost share or co-pay	$ or %	$ or %	$ or %
If your plan has a specialty tier with coinsurance is there a per prescription maximum?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there a yearly maximum out of pocket?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Is clotting factor 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
Do you have more than one choice of pharmacy provider?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other (if offered; note where there are any limits on number of covered visits or days)			
Chiropractic	$	$	$
Short-term rehabilitation: inpatient	$	$	$
Short-term rehabilitation: outpatient	$	$	$
Skilled nursing facility (SNF) (Is clotting factor covered while inpatient?)	$	$	$
Home healthcare	$	$	$
Hospice care: inpatient	$	$	$
Hospice care: outpatient	$	$	$
Durable medical equipment (DME)	$	$	$
TOTAL ESTIMATED COST			

[2] For a list of preventive services that must be covered without cost-sharing under the ACA, go to: http://www.healthcare.gov. Only those that are recommended for you by your doctor will be covered without cost-sharing. Note that this requirement doesn't apply to grandfathered plans.

[3] The ACA bans cost-sharing for recommended vaccines for adults and children under the preventive services requirement.

[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. The ACA prohibits insurers from charging out-of-network cost sharing for emergency services, regardless of whether you use an in-network or out-of-network ER. Note, however, that the prohibition does not apply to grandfathered plans and doesn't protect enrollees from balance billing.

[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.