Health insurance comparison worksheet

If you're trying to decide on the health insurance plan that's best for you, this worksheet will help you compare options. Use the information provided by each insurance company to fill in the worksheet. When you're finished, take a look at all the information you've filled in to make the best decision for you. Please keep in mind that you may need to meet your deductible before these costs apply.

Section 1
Health insurance plan/policy costs

	Example	Option 1	Option 2	Option 3
Company name	ABC Health			
Phone number	(555) 555-1234			
Monthly premium amount	$ 800 per month x 12 months = $ 9600	$ _____ per month x 12 months = $ 0	$ _____ per month x 12 months = $ 0	$ _____ per month x 12 months = $ 0
General office visit co-pay/ coinsurance	$ 50 per visit x 6 visits = $ 300	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0
Hospital visits co-pay/coinsurance	$ 100 per visit x 2 visits = $ 200	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0
Specialists co-pay/coinsurance	$ 75 per visit x 2 visits = $ 150	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0
Dental co-pay/coinsurance	$ 0 per visit x _____ visits = $ Not covered	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0	$ _____ per visit x _____ visits = $ 0
Total estimated costs on co-pay/coinsurance (Add up your estimate for each in this section.)	$ 10,250	$ 0	$ 0	$ 0

	Example	Option 1	Option 2	Option 3
Cost of prescription medicines and diabetes supplies				
Is the cost of prescription medicines covered?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, what is the yearly prescription cost? (Could be co-pay/coinsurance)	$ 50 per prescription X 5 number of prescriptions filled = $ 250 x 12 months = $ 3,000	$ _____ per prescription X _____ number of prescriptions filled = $ 0 x 12 months = $ 0	$ _____ per prescription X _____ number of prescriptions filled = $ 0 x 12 months = $ 0	$ _____ per prescription X _____ number of prescriptions filled = $ 0 x 12 months = $ 0
Does the plan/policy cover the prescriptions you need?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the plan/policy cover the cost of diabetes supplies (for injections, testing, etc)?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
My estimated yearly prescription costs	$ 3000 ⊕	$ 0 ⊕	$ 0 ⊕	$ 0 ⊕
Eye care				
Total yearly estimated costs for eye care	$ 50 per visit X 2 visits Out-of-pocket costs $ 150 lenses $ 100 frame	$ _____ per visit X _____ visits Out-of-pocket costs $ _____ lenses $ _____ frames	$ _____ per visit X _____ visits Out-of-pocket costs $ _____ lenses $ _____ frames	$ _____ per visit X _____ visits Out-of-pocket costs $ _____ lenses $ _____ frames
My estimated yearly eye care costs	$ 350 ⊕	$ 0 ⊕	$ 0 ⊕	$ 0 ⊕
⊕ **Total estimated yearly health care costs** (Add up boxes to calculate the total out-of-pocket costs for each option)	$ 13,600	$ 0	$ 0	$ 0

	Example	Option 1	Option 2	Option 3
Annual deductibles Many plans come with a deductible that you may need to meet. This example assumes you've met your deductible. Remember to include the cost of the deductible as you look at each plan.				
Is there an annual deductible to meet before benefits take effect?	$ 2,000	$	$	$
Is there a separate annual deductible for prescriptions?	$ 300	$	$	$
My estimated yearly deductible costs (add all lines above)	$ 2,300	$ 0	$ 0	$ 0
What is the yearly out-of-pocket limit? Does it include the deductible?	$ 5,000 ☒ Yes ☐ No	$ ☐ Yes ☐ No	$ ☐ Yes ☐ No	$ ☐ Yes ☐ No

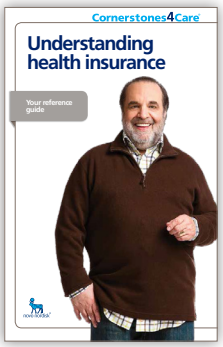
Section 2
Accessing medical services

Do I have to complete a health questionnaire to get the insurance?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do all my providers accept this insurance?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are all my providers in network?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do I need referrals for specialists?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do I need preauthorization for medical procedures?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does this insurance accept the provider's billing?	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If No, do I have to pay at time of service and get the insurance company to reimburse me?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

	Example	Option 1	Option 2	Option 3
Section 3 **Coverage**				
What services does the plan/policy cover (for example, emergency services, hospitalization, laboratory services, prescription medicines, eye care coverage, dental care)?	*Emergency care, hospitalization, prescription medicines, eye care*			
Are any treatments or care excluded?	☒ Yes ☐ No *Dental*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
How are covered services paid for (must I first meet a deductible, which services apply to the deductible, which services require me to pay a co-pay or coinsurance)?				

Section 4
Preferred option (Notes)

Option 1	Option 2	Option 3



For more information, please ask your health care team for the ***Understanding Health Insurance*** booklet, or visit **Cornerstones4Care.com**.

Something to remember

Be sure to review your plan at least once a year. Many insurance plans change their coverage benefits and premium costs each year. Also, check to make sure that your preferred health care providers are still in your plan and that the premium is still affordable.