Health Insurance Choice Sheet

Use this worksheet to help you choose a health insurance plan for you and your family. Learn what you should be thinking about and write down information that will be helpful as you choose your plan.

1. To figure out what coverage you might need, first ask yourself these questions:

	Yes	No	Description
• Do my family members or I have any health conditions?	❑	❑	_____
• Am I (or my spouse) beginning to experience any health-related conditions?	❑	❑	_____
• Am I (or my spouse) physically active? — Why is this important? These answers can help you determine what type of coverage you might need	❑	❑	_____
• Do I (or my spouse) see any specialist(s) (eg, cardiologist, endocrinologist, neurologist)?	❑	❑	_____

Your answers will help you decide what features to look for in an insurance plan.

2. Consider the cost of your options to help you find health insurance you can afford.

• How much do you currently spend each month for your health insurance premium?	Amount:	
• How much, in addition to the premium cost per month, do you currently spend on health care (eg, for deductibles, copays)?	Amount:	
• How much do you currently pay for prescription medications (at the pharmacy or by mail)?	Prescription 1 Amount:	
	Prescription 2 Amount:	
	Prescription 3 Amount:	

Your answers will help you decide what costs to expect when you use your new plan.

3. Make a smart prediction about how much you might need health care in the coming year by filling in what happened to you this past year:

	Number	
	Me	My Family
• How many times did you and your family visit your primary care doctor this past year?		
• How many times did you and your family visit a specialist (eg, cardiologist, neurologist, endocrinologist) this past year?		
• How many prescription medicines did you and your family take in the past year?		

4. What doctors/hospitals do you or your family currently visit that you'd like to continue to use next year?

Doctors	Are they on your plan choices' lists? Plan A	Plan B	Plan C
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑

Hospitals	Are they on your plan choices' lists? Plan A	Plan B	Plan C
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Name:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑

5. List any prescription medicines you or your family are currently taking.

Prescriptions	Are they on your plan choices' lists? Plan A	Plan B	Plan C
Drug 1:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Drug 2:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Drug 3:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
Drug 4:	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑

6. How can I compare the plan choices I am given?

To help you choose the insurance plan that's right for you, look at the details of the plans you are considering. Focus on the differences in coverage and costs between your plan options.

Questions to Ask	Plan A		Plan B		Plan C	
What is the monthly premium?	Individual	Family	Individual	Family	Individual	Family
Multiply monthly premium amount by 12 to get the total amount for the year:						
Out-of-pocket costs:						
	Individual	Family	Individual	Family	Individual	Family
Is there a deductible?	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
How much is the deductible?						
— For your medical care?						
— For your prescription medicines?						
	Individual	Family	Individual	Family	Individual	Family
Is there coinsurance?	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
What is the coinsurance percentage:						
— For your primary care provider?						
— For specialists (eg, cardiologists, neurologists, endocrinologists)**?**						
— For your prescription medicines?						
	Individual	Family	Individual	Family	Individual	Family
Is there a copay?	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
What is the copay amount:						
— For your primary care provider?						
— For specialists (eg, cardiologists, neurologists, endocrinologists)**?**						
— For your prescription medicines?						
What is the maximum out-of-pocket amount (total of deductibles, copays, and coinsurance) **that you will have to pay each year?**						
	Individual	Family	Individual	Family	Individual	Family
Are there any annual limits for days or services covered and the amount spent?	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
How much will you have to pay for the following services out of your pocket (copays, coinsurance, deductible)**?**	Individual	Family	Individual	Family	Individual	Family
Hospital care						
Inpatient surgery						
Outpatient surgery						
Maternity care						
Well-baby care						
X-rays						
Mental health care						
Prescription medicines						
Home health care						
Nursing home care						

Questions to Ask (continued)	Plan A		Plan B		Plan C	
List services you need that are excluded, or not covered, by the plan you are considering						
Other considerations for choosing an insurance plan:	Individual	Family	Individual	Family	Individual	Family
The plan lets me choose my primary care provider	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
This plan has my primary care doctor(s) on its network list	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
This plan lets me choose the specialists I want to see	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
This plan has my specialists on its network list	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑
The hospitals on the plan's network list are close to where I live or work	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑	Yes ❑ No ❑

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