

Evaluating Health Insurance Choices Worksheet

This two-page worksheet helps you evaluate the types of health-care coverage available. Gather as much information on each policy as you can, and then use this worksheet as a checklist to compare key features as well as premiums.

Do you need more copies of this worksheet? You can download it online at www.healthinsuranceinfo.net/nefe .

Health Insurer: _____	phone: _____
Plan Name: _____	web site: _____
Annual deductible: \$ _____	Annual out-of-pocket limit: \$ _____
Monthly premium: \$ _____	Lifetime limit: \$ _____
	Limit
	Disease/Condition
	\$ _____
	\$ _____
	\$ _____
	\$ _____

	Covered?	Annual Deductible Applies?	Out-of-pocket Max. Applies?	Cost Sharing		Special Limits	
				In-network	Out-of- network	Number of Days, Visits, etc.	\$ Covered
INPATIENT FACILITIES							
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
INPATIENT PROFESSIONAL SERVICES							
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lab and Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUTPATIENT FACILITIES							
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ambulatory surgical center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

	Covered?	Annual Deductible Applies?	Out-of-pocket Max. Applies?	Cost Sharing		Special Limits	
				In-network	Out-of-network	Number of Days, Visits, etc.	\$ Covered
OUTPATIENT PROFESSIONAL SERVICES							
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lab and Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PREVENTIVE CARE							
Checkups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Screening (Mammogram, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PRESCRIPTION DRUGS							
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brand name (on formulary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brand name (off formulary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
MENTAL HEALTH/CHEMICAL DEPENDENCY							
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Rehabilitation care (physical, speech, occupational therapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Medical equip. & supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				