

# My Health Insurance Comparison Worksheet

This worksheet will help you compare three health insurance options. Use the health insurance information provided to you by the insurance company to fill in the worksheet. Call the insurance company for more information if you can't find the answers in their written papers. Use the information you calculated in Section 1 of the *My Health Insurance Needs Worksheet* to help estimate costs in Section 1 of this worksheet.

Section 1: <u>Health Insurance Plan/ Policy Costs</u>		Option 1	Option 2	Option 3
Monthly <u>premium</u> amount		\$_____ per month x 12 months= \$_____	\$_____ per month x 12 months= \$_____	\$_____ per month x 12 months= \$_____
How much is your <u>copay</u> or <u>coinsurance</u> ?  Use the estimated number of visits from the <i>My Health Insurance Needs Worksheet</i> to complete this section.	General Office Visit:	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____
	Hospital visits:	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____
	<u>Specialists</u> :	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____
	Dental:	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____	\$_____ per visit X ____ visits = \$_____
	Total estimated costs on copay/ coinsurance (Add up your estimate for each in this section).	\$_____	\$_____	\$_____

## Important Words to Know

**Health Plan** - is a benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Health Insurance Policy**- is for people who aren't connected to job-based coverage. Individual health insurance policies are regulated under state law.

**Premium**- the amount that must be paid for your insurance policy.

**Copayment**- the amount you pay for a health service.

**Coinsurance**- your share of costs of a covered service, calculated as a %, of the allowed amount for the service. You pay this plus any deductibles you owe.

**Specialist** -A specialist is a doctor who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Prescription drug costs	Is the cost of prescriptions covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____ per prescription x _____ number of prescriptions filled	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____ per prescription x _____ number of prescriptions filled	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____ per prescription x _____ number of prescriptions filled
	Does the plan/policy cover <b>your</b> prescriptions? (Find out by checking online or by calling the company; ask about the formulary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	My total yearly estimated costs on prescriptions:	\$ _____	\$ _____	\$ _____
Vision	Total yearly estimated costs for vision	\$ _____ premium \$ _____ per visit X _____ visits <b><u>Out-of-Pocket Costs</u></b> \$ _____ lenses \$ _____ frames	\$ _____ premium \$ _____ per visit X _____ visits <b><u>Out-of-Pocket Costs</u></b> \$ _____ lenses \$ _____ frames	\$ _____ premium \$ _____ per visit X _____ visits <b><u>Out-of-Pocket Costs</u></b> \$ _____ lenses \$ _____ frames
	My estimated yearly costs for vision	\$ _____	\$ _____	\$ _____
How much is the annual <b><u>deductible</u></b> ?	Hospital Visit	\$ _____	\$ _____	\$ _____
	Medical Care:	\$ _____	\$ _____	\$ _____
	Prescriptions:	\$ _____	\$ _____	\$ _____
	My estimated yearly deductible costs	\$ _____	\$ _____	\$ _____
	What is the yearly <b><u>out-of-pocket limit</u></b> ? Does it include the deductible?	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Estimated Yearly Health Care Costs	Add up all the green boxes to calculate the total out of pocket costs for each option	\$ _____	\$ _____	\$ _____

### Important Words to Know

#### **Out-of-Pocket Costs** -

Your expenses for medical care that are not paid by your insurance policy. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered in your health insurance policy.

**Deductible**- amount you owe for covered health services before your health plan begins to pay.

**Out of Pocket Limit**—The most you pay during a policy period (usually a year) before your health insurance policy begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance policy doesn't cover. Some health insurance policies don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

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Section 2: Accessing Medical Services	Option 1	Option 2	Option 3
Do I have to take a health questionnaire to get the insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do ALL my providers (doctors, hospitals, specialists, pharmacies, etc.) take this insurance? (Look on the company's website or call)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can I choose my medical service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need <b>referrals</b> for specialists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need <b>pre-approval</b> for medical procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this insurance accept the doctor's billing or do I have to pay upfront and get the insurance company to reimburse me?	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front
If I have a <b>pre-existing condition</b> , will the health insurance plan/policy cover me? (As of January 1, 2014 all health insurance will cover pre-existing conditions with few exceptions).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of insurance plan/policy? <b>POS—Point of Service</b> —A plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. May require you to get a referral from your primary care doctor in order to see a specialist. <b>PPO— Preferred Provider Organizations</b> —A plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network but can use doctors, hospitals, and providers outside of the network for an additional cost. <b>HMO— Health Maintenance Organization</b> —A plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. May require you to live or work in its service area to be eligible for coverage. Often provide integrated care and focus on prevention and wellness. <b>EPO—Exclusive Provider Services</b> — A managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency).	<input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> EPO	<input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> EPO	<input type="checkbox"/> POS <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> EPO

## Important Words to Know

**Referral** - is a special kind of pre-approval that health plan members must obtain from their primary care physician before seeing a specialist.

**Pre-approval**- decision by your health insurer that health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called pre-authorization, prior approval or pre-certification.

**Pre-existing condition**- A condition, disability or illness (either physical or mental) that you have before you're enrolled in a health insurance plan/policy.

Section 3: Coverage	Option 1	Option 2	Option 3
<p>This plan/policy covers these services (<b>Covered essential and other services</b>):</p> <p><b>Note:</b> Include coverage for any family members. Check for services you and your family use now or expect to use, including prescriptions, maternity, mental health, etc.</p>			
<p>This plan/policy does NOT cover these services (Excluded services):</p> <p><b>Note:</b> Include coverage for any family members. Check for services you and your family use now or expect to use, including prescriptions, maternity, mental health, etc. What would be the costs associated with these services not covered by Insurance?</p>	\$	\$	\$
<p>Are any treatments or care specifically excluded?</p>			
<p>What events are considered "<b>approved emergency room visit</b>" events?</p>			
<p>Are maternity benefits covered?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is there a waiting period on maternity benefits and how long is it?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long: _____
<p>Are there any special limits or exclusions on maternity benefits?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there pre-approval requirements for hospital admission?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will you qualify for coverage under <b>COBRA</b> if your job ends?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Important Words to Know**

**Covered Essential Services**—essential benefits include: emergency services, hospitalizations, laboratory services, maternity care, mental health and substance abuse treatment, outpatient or ambulatory care, pediatric care, prescription drugs, preventive care, rehabilitative and habilitative services, vision and dental care for children.

**Approved Emergency Room visits**—types of visits that will be covered by insurance. Non-emergency use of emergency room will typically not be covered by insurance.

**COBRA**—A Federal law that may allow you to temporarily keep health coverage after your employment ends, if you lose coverage as a dependent of the covered employee, or another qualifying event. If you elect COBRA coverage, you pay 100% of the premiums, including the share the employer paid, plus a small administrative fee.

Section 4: Other Considerations	Option 1	Option 2	Option 3
If I travel, does this plan/policy cover care outside my local area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this plan/policy have <b><u>coordination of benefits</u></b> with other health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this insurance plan/policy authorized to do business in my state? (To find out, call your state's Insurance Commissioner's Office).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a high number of consumer complaints? (To find out, call your state's Insurance Commissioner's Office).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Important Words to Know

**Coordination of Benefits** - coordination of medical services between medical providers OR coordination of insurance coverage between insurers.

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