



# PLAN COST AND COVERAGE

This sheet will help you decide which plan provides the coverage you need at a cost you can afford. Answer the questions to compare each plan's cost and coverage. Often the answers to these questions are in the fine print at the back of the health insurer's marketing brochure.

FREQUENTLY ASKED QUESTIONS	EXPLANATION OF COMMONLY USED HEALTH PLAN TERMS	PLAN NAME(S)		
<p>What are the different costs that I must pay for this health plan?</p> <p>(TIP: Plans may not charge all 4 costs.)</p>	<p><b>Premium:</b> a monthly payment you make to purchase and maintain a health plan. You pay this amount even if you do not use services under this plan.</p> <p><b>Copayment:</b> additional fee you pay the doctor, hospital, or pharmacy at the time you receive services.</p> <p><b>Coinsurance:</b> a percentage of the charge for a service (after the copayment) that you must pay for services you receive. A 20% coinsurance rate means you pay 20% of the charge. The plan pays the remaining 80%.</p> <p><b>Deductible:</b> an amount that you must pay for services you use before the insurer begins to pay for services under this plan. This amount does not include the premium.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>_____ %</p> <p>\$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>_____ %</p> <p>\$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>_____ %</p> <p>\$ _____</p>
Is there a cap on my total expenses each year?	The <b>out-of-pocket cap</b> is the most you will pay annually. Caps typically do not include copayments you make.	\$ _____	\$ _____	\$ _____
Is this plan a permanent or temporary policy?	Temporary policies are not <b>guaranteed renewable</b> . Renewability ensures you have no gaps in coverage.	Permanent or Temporary	Permanent or Temporary	Permanent or Temporary
Are there dollar limits in this plan on my overall health insurance coverage?	Plans limit the amount of money they will pay on a lifetime or illness basis, even if your own expenses are greater than this limit. These limits are called <b>maximums</b> . If Yes, write amounts.	Yes or No Lifetime: \$ _____ Illness: \$ _____	Yes or No Lifetime: \$ _____ Illness: \$ _____	Yes or No, Lifetime: \$ _____ Illness: \$ _____
Do I need to use the doctors on the plan's list?	Some plans require you to use a <b>primary-care doctor</b> from a list of doctors in their <b>network</b> . If you do not use a network doctor, you will likely pay higher copays and coinsurance or you may pay the entire cost of the service.	Yes or No	Yes or No	Yes or No
Do I need a referral from my primary-care doctor to see a specialist?	Some plans require you to get permission from a network primary-care doctor to see a specialist. This permission is called a <b>referral</b> or <b>pre-authorization</b> .	Yes or No	Yes or No	Yes or No
Does this plan exclude conditions?	Plans may not cover certain medical conditions that you have. If Yes, write the excluded condition.	Yes or No Condition? _____	Yes or No Condition? _____	Yes or No Condition? _____
How long must I wait before I receive coverage under this plan?	Plans may require a <b>waiting period</b> before coverage begins for a health condition you had prior to joining this plan (a <b>preexisting condition</b> ). If Yes, write how long the waiting period.	Yes or No How Long? _____	Yes or No How Long? _____	Yes or No How Long? _____



# 25 BENEFITS QUESTIONS TO ASK ABOUT EACH HEALTH PLAN

This form will help you decide if this plan has the benefits you need. Answer each question for each health plan you may buy. Use a separate sheet for each plan. Check “Yes” or “No” and list any limitation on the benefit in the “Details” column. Often the answers to these questions can be found in the fine print at the back of the health insurer’s marketing brochure. Many “No” answers or benefit limitations may mean the plan is not right for you.

PLAN NAME:	Yes	No	Details
1. Does the plan cover the costs of a doctor visit even if you are not sick?			
2. Does the plan cover the costs of immunizations (shots) ?			
3. Does the plan cover the costs of tests (mammograms/colorectal cancer tests/PAP smears)?			
4. Does the plan apply the coinsurance to the providers’ actual price for the service?			
TIP: If you pay coinsurance, find out if the coinsurance rate is applied to the provider’s actual charge or to what the insurer calls a “usual, customary, or reasonable” (UCR) or negotiated price for the service. If the provider’s price is higher than the UCR price, you may have to pay the difference between the two prices, in addition to the coinsurance.			
5. Does the plan cover the cost of eye exams? If so, how often?			
6. Does the plan cover the cost of eyeglasses and contact lenses? If so, how often?			
7. Does the plan cover mental health visits?			
8. Does the plan limit the number of mental health visits per year? If so, how many?			
9. Do the mental health visits have to be within a specified time period? If so, how often?			
10. Does the plan cover the costs of acupuncture or chiropractic treatment? If so, how often?			
11. Does the plan cover the costs of dental checkups and treatment? If so, how often?			
12. Does the plan cover the costs of maternity care?			
TIP: If you have a single person’s health plan, purchase a “family” plan before the baby is born so that the baby is covered by your insurance after birth.			
13. Does the plan cover the cost of prescription drugs?			
14. Is there a separate prescription drug deductible? If so, what is it?			
15. Does the plan limit what events or accidents qualify as emergencies?			
TIP: Some plans define the term “emergency” as a life-threatening condition that cannot be treated by your doctor. Using this definition, the plan may deny emergency-room treatment for a broken arm because it is not life threatening. See how this plan defines a “medical emergency,” an “accidental injury,” and treatments that are “medically necessary.” The plan may not provide the same coverage under all three circumstances.			
16. Does the plan allow you to choose your hospital if you need surgery?			
17. Does the plan cover the cost of physical therapy if you need to recuperate?			
18. Does the plan limit the number of office physical therapy visits per accident?			
19. Must the physical therapy visits be within a specified time period following the accident?			
20. Does the plan pay for a second opinion?			
21. Does the plan cover experimental or investigational treatments?			
22. Is there an appeals process available if the plan refuses to pay for a treatment?			
TIP: For each medical condition (e.g., allergies, asthma, diabetes, high cholesterol, or high blood pressure) that you, or a family member covered by this plan have, answer the next 3 questions			
23. Does the plan limits the number of doctor visits to treat this condition per year? If so, how many?			
24. Does the plan make you wait a specific number of days before seeing the doctor again about the same condition? If so, how many?			
25. Does the plan cover expenses for supplies, such test strips and inhalers?			