## Health Insurance Checklist

How can you determine if the health insurance plan(s) being offered by your employer (or if shopping for coverage according the Affordable Care Act) is right for you? Use the following checklist to pin point your needs, if they will be covered, and for how much. Then decide which policy is best for you and your family. It's important to consider what your actually usage of the plan may be based on your health and the health of others in your household who will be covered under the same plan. For example, if you anticipate low usage, then the deductible and maximum out of pocket may not be important in your cost comparison. Keep in mind, however, that it's not always possible to predict what health expenses you may have in any given year.

|  |  |  | Print Save |  |
| :---: | :---: | :---: | :---: | :---: |
| Benefit | My Must Haves | Company \#1 | Company \#2 | Company \#3 |
| Office visits |  |  |  |  |
| Hospital care |  |  |  |  |
| Surgery ( in- and outpatient) |  |  |  |  |
| Emergency room visits |  |  |  |  |
| Medical tests, X-rays |  |  |  |  |
| Annual physicals |  |  |  |  |
| Maternity care |  |  |  |  |
| Well-baby care |  |  |  |  |
| Immunizations |  |  |  |  |
| Prescription Drugs |  |  |  |  |
| Mental health |  |  |  |  |
| Dental care |  |  |  |  |
| Orthodontics |  |  |  |  |
| Vision care, glasses, exams |  |  |  |  |
| Other not listed |  |  |  |  |
| Costs* |  |  |  |  |
| Monthly premium |  |  |  |  |
| Deductible |  |  |  |  |
| Prescription drug co-pay |  |  |  |  |
| Office visit co-pay |  |  |  |  |
| Emergency room co-pay |  |  |  |  |
| Coinsurance (\%) |  |  |  |  |
| Maximum out-of-pocket (\$) |  |  |  |  |
| Other Issues (check if important to y |  |  |  |  |
| Choice of doctors |  | - | ! | " |
| Referrals to specialists necessary | 4 | - |  |  |
| Convenient locations |  |  |  |  |
| Ease of getting appointment |  |  |  |  |
| Total checks: | 0 | 0 | 0 | 0 |

