# Health Insurance Shopping Tool

If you are shopping for health coverage, you may use this shopping tool to help gather information about the options that are available to you. There is more to shopping for a health insurance policy or plan[1] than just finding the lowest premium.   What you pay each month for health insurance (the premium) is important, but it's also important to understand what the policy will cover.  A policy with a lower monthly premium seems like a better deal.  But, a lower monthly premium could also mean you'll have less coverage -- or that you'll pay more out-of-pocket for your health care, maybe when you least expect it.

This three-part tool will help you compare health insurance policies and find the policy that best meets your needs.

**Part 1:  Identify your current health care needs - doctors, services, and prescription drugs.  Keep these in  mind as you compare health insurance policies.**

**Part 2:  Compare health insurance policies.  One of these might be your current health insurance policy.**

**Part 3:  Compare the costs.  Think about the out-of-pocket costs you may have to pay when you need care as well as the monthly premiums.**

| Part 1 - Information that is important to me | | |
|---|---|---|
| Who will this health insurance cover? (Check or circle one) | Just me | Me and my  spouse/partner | Me and my family (including dependent children) |

A list of my health conditions (and those of family members the policy will cover).  **These are called <u>pre-existing conditions</u>**.



List the health care services or prescription drugs regularly used or needed.



Do you or your family have a doctor(s) you regularly see?  Do you have a hospital that you prefer to use?

Doctor(s): _____

Hospital: _____

[1] The term "policy"  as used in this document includes both health insurance policies issued by insurance companies, and health plans issued by HMOs or a nonprofit health service plan.

# Part 2 - Comparing health insurance policies

Ask these questions when you're talking to an insurance carrier, your insurance producer (agent or broker) or navigator.  Or, jot this reviewing policy information, like a Summary of Benefits and Coverage document (SBC).

|  | Policy 1: | Policy 2: | Policy 3: |
|---|---|---|---|
| Name of Plan |  |  |  |
| Name of Insurance Carrier |  |  |  |
| How long does coverage under this policy last? |  |  |  |
| Does this policy cover pre-existing conditions? (see your list above) | yes/no | yes/no | yes/no |
| Is there a waiting period for any health condition - or, how long before coverage starts? |  |  |  |
| If I develop a health condition, can this policy be cancelled or not renewed, even if I've paid my premiums? | yes/no | yes/no | yes/no |
| Will my doctor or hospital directly bill the insurance carrier?  Or do I have to pay up front and get reimbursed? |  |  |  |
| Does the policy require that I use a specific network of doctors or hospitals? | yes/no | yes/no | yes/no |
| Are my doctor and hospital in this plan's network? | yes/no | yes/no | yes/no |
| Is there a point where I no longer have to pay anything out-of-pocket for health care (an annual maximum out-of-pocket)? | yes/no<br>Maximum: | yes/no<br>Maximum: | yes/no<br>Maximum: |

## What does this policy cover?

Ask if these services are covered AND what you'll pay out-of-pocket. The out-of-pocket amounts you'll pay will be either co-pays (a dollar amount) or a coinsurance amount (a percentage of the cost, after the deductible is met).  Some policies may also limit the number of covered visits or limit how much will be paid for each type of visit.  So make sure you also ask about any limits. Refer to Part 3 for help comparing other costs.

|  | Policy 1: | | Policy 2: | | Policy 3: | |
|---|---|---|---|---|---|---|
|  | Covered? | Out-of-pocket cost/Limits on services | Covered? | Out-of-pocket cost/Limits on services | Covered? | Out-of-pocket cost/Limits on services |
| Physician Office Visit | yes/no |  | yes/no |  | yes/no |  |
| Specialist Office Visit | yes/no |  | yes/no |  | yes/no |  |
| Preventive Care (physicals and wellness visits, immunizations) | yes/no |  | yes/no |  | yes/no |  |
| Urgent Care | yes/no |  | yes/no |  | yes/no |  |

|  | Policy 1: | | Policy 2: | | Policy 3: | |
| --- | --- | --- | --- | --- | --- | --- |
|  | Covered? | Out-of-pocket cost/Limits on services | Covered? | Out-of-pocket cost/Limits on services | Covered? | Out-of-pocket cost/Limits on services |
| Hospital Emergency Room Care | yes/no |  | yes/no |  | yes/no |  |
| Hospital Inpatient Care | yes/no |  | yes/no |  | yes/no |  |
| Outpatient Services | yes/no |  | yes/no |  | yes/no |  |
| Laboratory Services | yes/no |  | yes/no |  | yes/no |  |
| Maternity Care | yes/no |  | yes/no |  | yes/no |  |
| Mental Health and Substance Use Disorder - Inpatient | yes/no |  | yes/no |  | yes/no |  |
| Mental Health and Substance Use Disorder - Outpatient | yes/no |  | yes/no |  | yes/no |  |
| Chiropractic, Physical, Occupational or Speech Therapy | yes/no |  | yes/no |  | yes/no |  |

## Prescription drugs

|  | Policy 1: | Policy 2: | Policy 3: |
| --- | --- | --- | --- |
| Does this policy cover prescription drugs? | yes/no | yes/no | yes/no |
| Does this policy cover the drugs I use *and* are there any limits or requirements for approval before I fill a prescription? |  |  |  |
| What will I have to pay out-of-pocket for prescription drugs? (Note: You may have to pay different amounts (like a co-pay) for different types of drugs. ) |  |  |  |
| Example: Generics | $ | $ | $ |
| Brand Name | $ | $ | $ |
| Mail Order | $ | $ | $ |
| Specialty Drugs | $ | $ | $ |
| Other: _____ | $ | $ | $ |

# Part 3 - Comparing the costs

## What will I have to pay out-of-pocket, in addition to premiums?

This section does not include the amounts of co-insurance or copayments.  Refer back to Part 2 of this document for those amounts.

| | Policy 1: | Policy 2: | Policy 3: |
|---|---|---|---|
| Deductible | | | |
|    In-Network | $ | $ | $ |
|    Out-of-Network | $ | $ | $ |
| Separate deductible for certain services (for example, drugs).  Services this applies to: _____ | $ | $ | $ |

## Does this policy have any limits on the coverage?

| | Policy 1: | Policy 2: | Policy 3: |
|---|---|---|---|
| Annual limit on coverage; I pay all costs after this amount each year | $ | $ | $ |
| Lifetime limit on coverage; I pay all costs after this amount | $ | $ | $ |

## Premium information

| | Policy 1: | Policy 2: | Policy 3: |
|---|---|---|---|
| How much will I pay for coverage each month? | $ | $ | $ |
| Are there any other fees like application or membership fees? | $ | $ | $ |
| Will I pay more because I have a pre-existing condition? | yes/no | yes/no | yes/no |
| Will I receive financial help with the out-of-pocket costs? | yes/no | yes/no | yes/no |
| Am I eligible for any premium subsidies with this policy? | yes/no | yes/no | yes/no |

This worksheet is provided for informational purposes only. Depending upon the policy or the insured's health needs, there may be other issues you want to consider.  If you have questions about a particular policy or plan, you should contact your insurance producer (agent or broker), navigator or the carrier.

Additional Notes:

For more information, contact us at:

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