

# HEALTH PLANS COMPARISON WORK SHEET

You may find this work sheet useful when comparing plans or options within a plan. Because it is intended only as a guide, do not restrict your questions to the ones listed. You may find it helpful to make a copy of these pages so that you will have additional work sheets on which to enter your data.

	Plan or Plan Option 1	Plan or Plan Option 2	Plan or Plan Option 3
MONTHLY PREMIUM			
DEDUCTIBLES			
Individual/Annual			
Family/Annual			
INPATIENT DEDUCTIBLE			
ANNUAL OUT OF POCKET MAXIMUM			
Individual			
Family			
LIFETIME MAXIMUM			
INPATIENT SERVICES			
Covered			
Co-Pay			
PHYSICIANS			
Primary Care			
Covered			
Co-Pay			
Specialist			
Covered			
Co-Pay			
EMERGENCY ROOM			
Covered			
Co-Pay			
URGENT CARE			
Covered			
Co-Pay			
MENTAL HEALTH AND SUBSTANCE ABUSE			
Inpatient			
Outpatient			

	Plan or Plan Option 1	Plan or Plan Option 2	Plan or Plan Option 3
<b>PREVENTIVE CARE</b>			
Well Baby			
Covered			
Co-Pay			
Adult Physical Exam			
Covered			
Co-Pay			
Routine Gyn Exam			
Covered			
Co-Pay			
Routine Eye Exam			
Covered			
Co-Pay			
Routine Mammogram			
Covered			
Co-Pay			
<b>OUTPATIENT</b>			
Surgery			
Covered			
Co-Pay			
Diagnostic Lab and X-Ray			
Covered			
Co-Pay			
Physical Therapy			
Covered			
Co-Pay			
<b>DURABLE MEDICAL EQUIPMENT</b>			
Covered			
Co-Pay			
<b>PRESCRIPTIONS</b>			
Brand			
Generic			
Mail-order Drugs			
Oral Contraceptives			