Personal Health Experience Status Sheet

When researching plans that best meet your needs, consider the following questions to project your out-of-pocket health costs for the upcoming year.

In the past 12 months:

I visited m	ny primary can	re physician	_times.
 My 	spouse visite	d his/her primary o	care
ph	ysician	_times.	
 My 	child(ren) vis	ited their primary o	care
ph	ysician	_times.	
l caw a cn	ecialist	times	
·			
• Sp	ouse:	times.	
• Ch	ild(ren):	times.	
I visited a	n ER or urgen	t care center	
times.			
• Sp	ouse:	times.	
• Ch	ild(ren):	times.	
I purchas	ed(#)	prescriptions (incl	uding
for my fai	mily) at my ph	narmacy.	

I purchased ______ (#) specialty medications
through a specialty pharmacy or medical benefit.

• Name(s) of servicing pharmacy(ies):

I was admitted to the hospital for an overnight stay _____ times.

• Spouse: _____ times.

• Child(ren): _____ times.

I needed home health services (such as nursing care) _____ times.

I required rehabilitation services (such as physical therapy or pulmonary rehab) _____ times.

I required oxygen therapy _____ times.



Health Plan Cost Comparison Worksheet

You can find information to record here on the health plan's Summary of Benefits and Coverage document available on the insurance company's website. If you do not have Internet access or cannot find the information, call the insurer directly and ask them to explain or mail benefits and coverage information to you.

Health care plans	(Put name of	each plan offe	red in se	eparate d	column.)						
Name of plan		1)		2)			3)				
Plan type (EPO, HMO, PPO, POS)											
Coverage tier (Platinum, Gold, Silver, Bronze)											
Is your current primary care physician (PCP) in network?			☐ Yes ☐ No			□ Ye			□ Ye		
Premiums											
List premium amount and whether it is due monthly, annually, quarterly or every pay period.			\$			\$			\$		
Financial											
Health deductible:	Individual Family		\$			\$			\$		
Out-of-pocket limit:	Individual Family		\$			\$			\$		
Is anything covered before deductible (note: preventive services may be covered before the deductible)? If yes, what is covered?		☐ Yes	□ No		☐ Ye	s 🗆 No		☐ Ye	es 🗆 No		
Preventative care marketplace) must covolong as a network provided Most other health plan applicable deductibles.	er the following ider delivers the types also co	ng list of preven nese services: h ver certain prev	itive care ttps://w entive se	e service ww.heal ervices a	s withou thcare.g t little or	it char ov/wh no co	ging you a at-are-my st to you,	copayn -preven even pri	nent o itive-c	r coinsura are-benef	ince, as iits/.
Outpatient care c	osts (Ongoir	ng costs after d	eductibl	le is met	.) \$=cop	ау; со	insurance	=%			
Physician office visit		\$	or	%	\$	or	%	\$	or	%	
Specialist office visit		\$	or	%	\$	or	%	\$	or	%	
Surgery		\$	or	%	\$	or	%	\$	or	%	
Emergency room visit		\$	or	%	\$	or	%	\$	or	%	
Urgent care center visit		\$	or	%	\$	or	%	\$	or	%	
Nursing visit	(#) visits all	owed per year	\$	or	%	\$	or	%	\$	or	%
Other costs											
Hospital care (In-patient services)			\$	or	%	\$	or	%	\$	or	%
Maternity care (In-pt for mother and child)			\$	or	%	\$	or	%	\$	or	%

Pre-natal and post-natal care			or	%	\$	or	%	\$	or	%
Substance abuse (in-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Substance abuse (out-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Mental health (in-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Mental health (out-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Chiropractic	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Hospice care (in-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Hospice care (out-pt)	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Palliative care	(#) visits allowed per year	\$	or	%	\$	or	%	\$	or	%
Durable medical equipmer	t	\$	or	%	\$	or	%	\$	or	%
Other:		\$	or	%	\$	or	%	\$	or	%
Are your preferred pr	oviders in network? (Obtain a	copy of	the plan	's pr	ovider lis	t and ch	neck	with the	e provid	er.)
Preferred hospital		☐ Yes	□ No		☐ Yes	□ No		☐ Yes	□ No	
Pharmacy		☐ Yes	□ No		☐ Yes	□ No		☐ Yes	□No	
Specialty pharmacy		☐ Yes	□ No		☐ Yes	□ No		☐ Yes	□No	
Home health company		☐ Yes	□No		☐ Yes	□ No		☐ Yes	□No	
Pulmonary therapy rehab f	acility	☐ Yes	□No		☐ Yes	□ No		☐ Yes	□No	
Physical therapy rehab faci	lity	☐ Yes	□No		☐ Yes	□ No		☐ Yes	□No	
Skilled nursing facility		☐ Yes	□No		☐ Yes	□No		☐ Yes	□No	
Primary care and spe	cialist coverage (Obtain a copy	of the p	lan's pro	ovide	er list and	d check	with	the pro	vider.)	
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		Imnetw	VOIN:		1			l in netw	OIK:	
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				%	1		%			%
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Pharmacy benefit costs										
Annual deductible: Individua	l: \$			\$			\$			
Family	/: \$			\$			\$			
Tier 1 (Preferred generics)	\$	or	%	\$	or	%	\$	or	%	
Tier 2 (Non-preferred generics)	\$	or	%	\$	or	%	\$	or	%	
Tier 3 (Preferred brand)	\$	or	%	\$	or	%	\$	or	%	
Tier 4 (Non-preferred brand)	\$	or	%	\$	or	%	\$	or	%	
Tier 5 (Specialty)	\$	or	%	\$	or	%	\$	or	%	
Is there an annual pharmacy maximum out of pocket?	☐ Yes	□ No		☐ Yes	□No		☐ Yes	□No		
Is there a preferred specialty pharmacy?	☐ Yes	□ No		☐ Yes	□ No		☐ Yes	□ No		
If so, who is the specialty pharmacy?										
Is mail order covered?	☐ Yes	□ No		☐ Yes	□ No		☐ Yes	□ No		
Medication coverage (Don't forget to include upcoming changes to your drug treatment in your plan search. It is important to confirm your plan will still provide needed coverage after any changes.)										
PA = Prior Authorization, QL = Quantity Limit, ST	= Step Ti	herapy (C	ircle al	that ap	oly for e	ach me	dication	.)		
Drug name:		mulary?			mulary?			mulary?		
Current dose:		☐ Yes ☐ No PA QL ST			☐ Yes ☐ No PA QL ST			☐ Yes ☐ No PA QL ST		
Current quantity:	_ Tier: _						Tier: _			
Drug name:		mulary?		On for	mulary?			mulary? □ No		
Current dose:	– PA G			PA Q			PA Q			
Current quantity:	_ Tier: _			Tier:			Tier: _			
Drug name:		mulary?		On for	mulary?			mulary? □ No		
Current dose:				PA Q			PA Q			
Current quantity:	_ Tier: _			Tier: _			Tier: _			
Drug name:	I	mulary?			mulary?			mulary?		
Current dose:	– PA G	□ No NL ST		PA Q	□ No L ST		PA Q	□ No L ST		
Current quantity:	_ Tier: _			Tier:			Tier: _			
Drug name:		mulary?		I	mulary?			mulary?		
Current dose:	– PA G	□ No L ST		PA Q	□ No L ST		PA Q	□ No L ST		
Current quantity:	I			Tier:			Tier: _			
Drug name:	I	mulary?		1	mulary?		1	mulary?		
Current dose:	− PA G	□ No L ST		PA Q	□ No L ST		PA Q	□ No L ST		
Current quantity:	_ Tier: _			Tier:			Tier: _			
Drug name:	I	mulary?		1	mulary?		1	mulary?		
Current dose:	⊢ LLI Yes - PA G	□ No L ST		□ Yes PA Q	□ No L ST		⊔ Yes PA Q	□ No L ST		
Current quantity:							I			

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