Health Insurance Shopping Comparison Worksheet

Matt M. Rosendale

CSI

Commissioner of Securities & Insurance

406.444.2040 • www.csimt.gov

There is more to shopping for health insurance 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, however, 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.

This worksheet will help you compare health insurance policies and find the policy that best meets your needs. The worksheet has three parts:

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

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

3. Compare the costs. Think about the out-of-pocket costs you may have to pay as well as the monthly premiums.

PART 1 - Information that is important to me

Who will this health insurance cover? (Check one)   Just me   My and my spouse/partner   Me and my family

A list of my health conditions (and for family members the policy will cover). These are called pre-existing conditions.

For the health conditions listed above, list the health care services or prescription drugs regularly used or needed.

Do you or your family have a family doctor or hospital you prefer to use?

Doctor(s): _____

Hospital: _____

PART 2- Comparing Health Insurance Policies

Ask these questions when you're talking to an insurance company or your agent. Jot this information down as you're reviewing policy information, like a Summary of Benefits and Coverage document (SBC).

Comparison of Policies	Policy 1:		Policy 2:		Policy 3:	
Name of Plan						
Name of Insurance Company						
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 - when does coverage start?						
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 company? Or do I have to pay up front and get reimbursed?	Yes	No	Yes	No	Yes	No
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 services (an annual maximum out-of-pocket)?	Yes	No	Yes	No	Yes	No
	Maximum:		Maximum:		Maximum:	

What does this policy cover?	Policy 1: Covered?	Policy 1: Out-of-pocket cost/Limits on services	Policy 2: Covered?	Policy 2: Out-of-pocket cost/Limits on services	Policy 3: Covered?	Policy 3: 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	
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 Coverage	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?	Yes　No	Yes　No	Yes　No
What copays or other out-of-pocket costs will I pay for prescription drugs?	$	$	$
Tier 1 (Generic)	$	$	$
Tier 2 (Preferred Brand)	$	$	$
Tier 3 (Non-Preferred Brand)	$	$	$
Tier 4 (Specialty Drugs)	$	$	$
Mail Order	$	$	$

PART 3- Comparing the Costs

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

What will I have to pay out-of-pocket, in addition to premiums?	Policy 1:		Policy 2:		Policy 3:	
Deductible: In Network	$		$		$	
Deductible: Out-of-Network	$		$		$	
Separate deductible for certain services (for example, drugs). Services this applies to: _____	$		$		$	
Coinsurance percentage		%		%		%
Does this policy have any limits on the coverage?						
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						
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