

Health Plan Comparison

If you currently have health insurance, complete Part A. If not, go to Part B.

Part A: Current Health Insurance Information	
Who is the insurance carrier?	
What type of coverage is it (HMO, POS, indemnity, other)?	
What is the monthly premium?	
How much do you pay?	
How much is paid by someone else?	
What is your yearly deductible?	
What is the maximum amount that you would be responsible for?	
What is the annual maximum benefit?	
What is the lifetime maximum benefit?	

Health Plan Comparison

If you currently have health insurance, enter the information from your current subscriber information. As you research alternative plans, compare the offered benefits and their associated costs to those you currently receive below. If you do not currently have health insurance, enter information from the **Health Usage worksheet** about how you use the health care system.

Part B: Health Plan Comparison			
<i>Services</i>	<i>Current Plan *</i>	<i>Plan A</i>	<i>Plan B</i>
Office Visits			
Primary Care			
Specialist			
Prescriptions			
Generic			
Formulary			
Non-formulary			
Chiropractic			
Eye Exams			
Eye Glasses			
Emergency Room			
Inpatient Hospital			
Home Health Care			
Mental Health, Drug or Alcohol Services			
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Home Health Care			
Hospice Care			
Other			