

HEALTH PLAN QUESTIONS (compare 2 plans at a time)

PLAN NAME	PLAN NAME	Look for answers in the <i>Summaries of Benefits and Coverage, Provider directories, Drug Formularies, and Plan brochures.</i>
HMO PPO EPO POS HDHP _____	HMO PPO EPO POS HDHP _____	Is this an HMO, PPO, EPO, POS, or HDHP plan? Another kind?
big medium small	big medium small	How large is their network of doctors and medical centers?
yes no	yes no	Can we get to all their offices and medical centers easily?
premium \$ deductible \$	premium \$ deductible \$	What is the monthly premium? How much is the deductible?
coinsurance % OOP \$	coinsurance % OOP \$	What is the Coinsurance percentage? The out-of-pocket maximum?
copays \$ %	copays \$ %	Are copays listed as fixed dollar amounts or percentages?
yes no	yes no	Does it cover the special treatments my family needs? Which are not covered?
yes no	yes no	Does it cover the prescriptions and brand names my family needs? Which are not covered?
yes no	yes no	Is there a limit to what they will pay for prescriptions or services? How much?
dental vision	dental vision	Does it cover dental? Vision?
yes no	yes no	Will we be covered if we have to go to an out-of-network emergency room?
city state country all 3	city state country all 3	Will we be covered if we need treatment while in another city? State? Country?
yes no	yes no	Can the providers share my family's records electronically? (more efficient)
yes no	yes no	Can we enroll in more than one plan? How many?
yes no online	yes no online	Is there a telephone hotline I can call at any time to ask a doctor or nurse about symptoms or problems that might need immediate attention?
yes no yes no	yes no yes no	Does the Summary of Benefits and Coverage have complicated exceptions and things I can't understand? Will the insurer explain them?