

HEALTH INSURANCE SHOPPING TOOL

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. But, 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, maybe when you least expect it.

This three-part tool will help you compare health insurance policies and find the policy that best meets your needs.

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

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

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

PART 1 - INFORMATION THAT IS IMPORTANT TO ME

Who will this health insurance cover? (Circle one)	Just me	Me and my spouse/partner	Me and my family (including dependent children)
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A list of my health conditions (and those of family members the policy will cover). These are called pre-existing conditions.

List the health care services or prescription drugs regularly used or needed.

Do you or your family have a doctor(s) you regularly see? Do you have a hospital that you prefer to use?

Doctor(s): _____

Hospital: _____

PART 2 - COMPARING HEALTH INSURANCE POLICIES

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

	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 - or, how long before coverage starts?	Yes No	Yes No	Yes No
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 (an annual maximum out-of-pocket)?	Yes No Maximum:	Yes No Maximum:	Yes No Maximum:

WHAT DOES THIS POLICY COVER?

Ask if these services are covered AND what you'll pay out-of-pocket. The out-of-pocket amounts you'll pay will be either co-pays (a dollar amount) or a coinsurance amount (a percentage of the cost, after the deductible is met). Some policies may also limit the number of covered visits or limit how much will be paid for each type of visit. So make sure you also ask about any limits.

	Policy 1:		Policy 2:		Policy 3:	
	Covered?	Out-of-pocket cost/ Limits on services	Covered?	Out-of-pocket cost/ Limits on services	Covered?	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	

WHAT DOES THIS POLICY COVER?

	Policy 1:		Policy 2:		Policy 3:	
	Covered?	Out-of-pocket cost/ Limits on services	Covered?	Out-of-pocket cost/ Limits on services	Covered?	Out-of-pocket cost/ Limits on services
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	

WHAT DOES THIS POLICY COVER?

	Policy 1:		Policy 2:		Policy 3:	
	Yes	No	Yes	No	Yes	No
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 will I have to pay out-of-pocket for prescription drugs? (Hint: You may have to pay different amounts (like a co-pay) for different types of drugs.)	Yes	No	Yes	No	Yes	No
Example: Generics	\$		\$		\$	
Brand Name	\$		\$		\$	
Mail Order	\$		\$		\$	
Specialty Drugs	\$		\$		\$	
Other: _____	\$		\$		\$	

PART 3 - COMPARING THE COSTS

WHAT WILL I HAVE TO PAY OUT-OF-POCKET, IN ADDITION TO PREMIUMS?

	Policy 1:	Policy 2:	Policy 3:
Deductible			
In-Network	\$	\$	\$
Out-of-Network	\$	\$	\$
Separate deductible for certain services (for example, drugs). Services this applies to: _____	\$	\$	\$

DOES THIS POLICY HAVE ANY LIMITS ON THE COVERAGE?

	Policy 1:	Policy 2:	Policy 3:
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

	Policy 1:	Policy 2:	Policy 3:
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

Are you confused or want more information about what a word or term means?
You can use the [Healthcare.gov Glossary](https://www.healthcare.gov/glossary/) to help.

