



Learn More – Module 3

Health Plan Decision Checklist

Step ONE: Estimate your Health Care Needs

First think about last year’s health care needs. Then, looking ahead, consider whether you or a covered family member will need. For example

- ◆ Routine physicals?
- ◆ Preventive screenings, like mammograms or prostate screenings
- ◆ Immunizations?
- ◆ Frequent office visits or tests for a chronic condition?
- ◆ Surgery or other procedure?
- ◆ Prescription drugs?
- ◆ Prenatal/maternity care?
- ◆ Medical equipment or supplies, such as nebulizer machines for asthma?
- ◆ Treatment for mental health/substance abuse?
- ◆ Physical, speech or rehabilitation therapy?
- ◆ Hospice or home health services?
- ◆ Other specialized treatment?
- ◆ Vision care
- ◆ Dental care

Why it matters: To find the best plan value, you must compare how each plan pays benefits for the service you’re likely to need.

Step TWO: Estimate what you’ll pay under each plan option

Premium contribution: The amount deducted from your pay to be covered under the plan, whether you use the benefits or not. To figure your premium on an annual basis, multiply your monthly contribution by 12, or your per-paycheck contribution by the number of pay periods in a year.

Premium
Contribution
(fixed)

PLUS

Deductible: The amount (if any) you must pay for health care services each year before the plan begins paying. Note: sometimes the deductible may be waived for preventive care, prescription drugs, etc.

Out-of-pocket
costs
(variable, based on

Coinsurance: The percentage of covered charges that you are responsible for paying – 10, 20%, 20% etc. The remainder is generally paid by the plan.

the health care
service)

Copayment (or copay): Some plans require you to pay a flat-dollar amount for each office visit, prescription drug, or emergency room visit. Check your plan.

EQUALS

**Your total
cost**

Why it matters: This is your money!

If you are eligible for coverage under your spouse's plan, consider that plan, too, when comparing costs. Not all companies allow working spouses to enroll, so review your spouse's enrollment materials carefully for eligibility.

Step THREE: Check other key plan features.

Choice of providers: Many plans, such as PPOs, pay higher benefits when you use in-network doctors, hospitals, labs and other facilities. Some plans, such as EPOs and HMOs, pay benefits only when you use in-network providers.

Plan limits: Some plans will cover only a certain number of therapy visits, chiropractic visits, detox treatments, fertility treatments, etc. in any one year, or in a person's lifetime.

Exclusions: Expenses for which the plan pays no benefits at all. For instance, experimental treatments are excluded under many plans.

Why it matters: These features are part of what determines which plan is the best fit for your needs.

Step FOUR: Ready to do the math?

The medical plan carrier(s) or your employer's enrollment website may offer an online tool to estimate your total costs under each plan option, so you find the best value. If not, gather your enrollment materials and use this [online cost estimator](#)

[Cost Estimator](#)