

# Health Plan Cost Comparison Worksheet

The National Education Association has prepared materials to help you make sense of your various health plan choices and to assist you in making the most informed decisions when selecting or changing plans. **Fill out this worksheet to compare the premiums, deductibles, copayment, coinsurance, and prescription drug costs among your plan options so you have the best comparison of your plan expenses.**

Note: The ACA requires that plan sponsors provide employees with a side-by-side cost and benefit comparison of their plan offerings. This is called the Summary of Benefits and Coverage (SBC). Utilize the SBC provided with your plan information to help complete the worksheet below.

	PLAN 1	PLAN 2
<b>Premiums</b> Amount deducted each pay period to pay for coverage	\$ ____	\$ ____
<b>Deductibles</b> The amount you must pay before services are covered		
<b>General Deductibles</b> Annual, per person, family, etc.	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
<b>Specific services deductibles</b> E.g., Prescription drugs	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
<b>Hospital inpatient, outpatient, ER deductibles</b>	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
<b>Out-of-Pocket Limits</b> The plan's cap on the amount you must pay, after the deductible is met, before the plan covers most or all of your covered benefits.		
	Per individual: \$ ____ Per family: \$ ____ In-Network: \$ ____ Out-of-Network: \$ ____ Per specific service(s) (e.g. prescription drugs): \$ ____	Per individual: \$ ____ Per family: \$ ____ In-Network: \$ ____ Out-of-Network: \$ ____ Per specific service(s) (e.g. prescription drugs): \$ ____
<b>Copayments or coinsurance per office visit/service</b> A portion of the covered charge, generally after you have met your required deductible, determined as either a fixed dollar amount (a copayment) or a percentage of the costs (coinsurance)		
<b>Primary care provider</b>	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
<b>Specialty provider</b>	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
<b>Laboratory</b>	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
<b>Radiology/imaging</b>	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
<b>Other</b>	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
<b>Prescription drug copayments and/or coinsurance **</b>	Tier 1 \$ or % ____ Tier 2 \$ or % ____ Tier 3 \$ or % ____ Tier 4 \$ or % ____ Tier 5 \$ or % ____	Tier 1 \$ or % ____ Tier 2 \$ or % ____ Tier 3 \$ or % ____ Tier 4 \$ or % ____ Tier 5 \$ or % ____

\*\*Prescription drug tier categories, in general (but not always), refer to the following: Tier 1 preferred generic drugs and the least expensive; Tier 2 generic drugs that cost more than the generic drugs in Tier 1; Tier 3 preferred brand name drugs that do not have a generic equivalent; Tier 4 non-preferred drugs that are higher-priced brand name and generic drugs that are not on a preferred list; Tier 5 drugs are the specialty drugs, the most expensive drugs, that treat complex conditions such as cancer, multiple sclerosis, and rheumatoid arthritis.