



Health Coverage Comparison Worksheet

Write down plan features side by side — no ratings, no rankings.

Use this worksheet to write down the features of up to three health coverage options side by side. It is a note-taking tool only: it does not score, rank, or rate options, and it does not select a plan for you. The decision remains yours.

Where to find the information: each plan's Summary of Benefits and Coverage (SBC), provider directory, drug list (formulary), and other plan documents.

Feature	Plan A	Plan B	Plan C
Plan name / type (HMO, PPO, EPO, other)			
Monthly premium			
Yearly premium (monthly × 12)			
Deductible (individual / family)			
Separate prescription deductible?			
Out-of-pocket maximum (individual / family)			
Primary care visit: copay or coinsurance			
Specialist visit: copay or coinsurance			
Urgent care / emergency room cost-sharing			
Coinsurance after deductible			
My doctors in-network with this specific plan?			
My hospital / pharmacy in-network?			
Out-of-network care covered? At what cost?			
My medications on the drug list? Cost-sharing?			
Referrals required for specialists?			
Services or medications needing prior authorization			
My expected use of care this year			
Other notes / questions to verify			



Reminders

- Look at premiums together with deductibles, copays, coinsurance, and the out-of-pocket maximum.
- Confirm network status for your specific plan, not just the insurance company.
- Verify every number in the official plan documents.

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