



Marketplace Plan Comparison Worksheet

Applicant Name: _____ Tax Credit (monthly): _____

Number of people in the plan: _____ CSR eligible? (circle one): No 73% 87% 94%

	Option 1	Option 2	Option 3	Option 4
Insurance Company				
Health Plan Name				
Metal Tier <i>(bronze, silver, gold, platinum)</i>				
Plan Type	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> other	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> other	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> other	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> other
Monthly Premium <i>(after tax credit)</i>				
Cost Sharing				
Deductible				
Out-of-Pocket Maximum				
PCP Visit Co-Pay				
Specialist Visit Co-Pay				
Generic Drugs Co-Pay				
Brand Name Drugs Co-Pay				
Emergency Room Co-Pay				
Inpatient Hospital Co-Pay				
Co-pay, Other Service:				
Co-pay, Other Service:				
Health Care Providers				
Your doctor:				
Other doctor or hospital:				
Your prescription drugs:				
Other				
Other Considerations:				
Other Considerations:				
Other Considerations:				



Important things to consider when picking a health plan:

- How much can you afford to pay towards a **monthly premium** (what is your price range)?
- How much of the monthly **tax credit** would you like to use (what percentage or dollar amount would you like to set)?
- What level of **deductible** are you comfortable with? The deductible is the amount you owe for medical services before the health plan pays for services.
- What amount of **out-of-pocket maximum** are you comfortable with? This is the most you would pay in a year. Once you've spent this much, the plan pays all costs for in-network services.
- How much in **co-pays** are you comfortable paying every time you:
 - » Visit your **primary care doctor**?
 - » Visit a **specialist**?
 - » Buy a **generic** or **brand name prescription drug**?
 - » Go to the **hospital**?
 - » Go to the **ER**?
- How important is it that your **current doctor(s)** are in network?
- How important is it that your **current prescription drug(s)** (medicines) are covered?
- How important is it to have a **lots of doctors and hospitals** in the health plan's network? Remember, if you use a doctor or hospital not in the network, it will be more expensive.
- Do you have a preference for an **HMO**, a **PPO**, or a **POS** type of plan? Do you want to be able to see out-of-network doctors?
- Are there any **benefits or services** that you need that may have different limits in each plan?
- Do you want to buy **one plan** for your whole family or **separate plans** for each person?

Health Plan Selected: _____

Health Plan Phone #: _____ **Monthly Premium:** _____

Coverage Start Date: _____ **First Premium must be paid by:** _____