



Marketplace Plan Comparison Worksheet

Applicant Name: _____ Tax Credit (monthly): _____ Date: _____

Number of people in the plan: _____ Eligible for cost-sharing reductions? No 73% 87% 94%

		Option 1 (or Current Plan)	Option 2	Option 3
Insurance company				
Health plan name				
Metal tier (Bronze, Silver, Gold, Platinum)				
Plan type (HMO, PPO, POS, EPO, or other)				
Monthly premium (after tax credit)				
Deductible (medical/drug or combined) <i>(If family deductible: aggregated or embedded?)</i>				
Out-of-Pocket Maximum (OOP Max)				
Copays/Coinsurance		Amount	Amount	Amount
		Deductible applies? (check if yes)	Deductible applies? (check if yes)	Deductible applies? (check if yes)
Primary Care Provider (PCP) visit				
Specialist visit				
Prescriptions	Generic drugs			
	Preferred brand name drugs			
	Non-preferred brand name drugs			
	Specialty drugs			
Emergency Room (ER) visit				
Inpatient hospital stay				
Other service:				
Other service:				
Other service:				
Health Care Providers	In Network/Covered?	In Network/Covered?	In Network/Covered?	
Current doctor/provider:				
Other provider or hospital:				
Current prescription drugs:				
Other Considerations				
Other consideration:				
Other consideration:				
Other consideration:				

How to use the Marketplace Plan Comparison Worksheet

The Marketplace Plan Comparison Worksheet is a tool intended for Marketplace enrollment assisters (i.e. navigators, In-Person Assisters, Certified Application Counselors) when helping consumers with the process of comparing Marketplace Qualified Health Plans and selecting the plan that best meets their needs.

The Worksheet allows you to compare up to three Marketplace Qualified Health Plans side-by-side on a number of different features. Some consumers may be returning clients who currently have a Marketplace plan and are seeking help with renewal; in these cases, it may be useful to include the client's Current Plan in the first column marked Option 1 so that the consumer can compare the 2015 options with what he or she currently has.

As you and your client review health plans on healthcare.gov or other Marketplace websites, you can write down and compare the different features of each health plan, including:

- The **insurance company name, insurance plan name, metal tier** of the plan, and **plan type** (HMO, PPO, POS, etc).
- The insurance plan's **monthly premium** (after the tax credit is applied).
- The **deductible** amount (which is the amount a consumer must pay themselves before the plan begins to start paying for services and the consumer only has to pay the copay or coinsurance). The plan may have separate values for a **medical deductible** and a **drug deductible**, or one **combined deductible**. If it is a family plan, you can note whether it is an **aggregate** or **embedded deductible**.
- The **out-of-pocket maximum** (which is the maximum amount that a consumer would be required to pay in cost-sharing expenses at in-network providers in a given year. Once a consumer reaches this amount, the plan will pay for all other in-network expenses for the rest of the year).
- **Copays** and **coinsurance** amounts for commonly used services, such visits to the **primary care provider, specialist, emergency room, inpatient hospitalization** as well as for filling a prescription for a **generic, preferred brand name, non-preferred brand name, or specialty medication**. Be sure to note whether or not the **deductible applies** to that service by checking the corresponding gray box.
- **Copay/coinsurance** information for up to three more benefits/services based on the consumer's interests and health care needs in the rows marked "**Other service.**"
- Whether or not the consumer's current **doctor(s)** or preferred **hospital** or **hospital network** are in the plan's network.
- Whether or not the consumer's **prescription medication** is covered on the plan's **formulary**, and which **drug tier** it is listed under (**generic, preferred brand name, non-preferred brand name, or specialty**).
- **Other considerations:** any other considerations that are important to the consumer, for example, whether or not each plan includes coverage for pediatric dental care or chiropractic services, or how many providers are in network near the consumer's zip code that speak the consumer's preferred language, or what the limit is on the number of visits allowed for physical therapy.

NOTE: if the plan covers out-of-network providers, you can note the out-of-network copay/coinsurance in the same box. For example: specialist visit with in-network copay of \$10 and out-of-network coinsurance of 50% could be listed as \$10/50%.