



Option A

Option B

Option C

General Plan Details

Premium *Think of this as your monthly membership fee – the amount you must pay the insurance company, on-time each month or you may lose coverage.*

Monthly Premium

\$

\$

\$

Annual Premium

\$

\$

\$

Deductible *For most plans, you will pay a copay at the time of service OR be billed 100% of the full allowed amount until you've paid this amount. Copays do NOT count towards your deductible.*

Individual

\$

\$

\$

Family

\$

\$

\$

Pharmacy Deductible
(if separate)

\$

\$

\$

Coinsurance for Services *After you've met your deductible, you'll start splitting the bills with the insurance company. This is the general percentage you'll pay.*

Medical Services

\$

\$

\$

Prescription Drugs

\$

\$

\$

Out-of-Pocket Maximum/Limit *After you pay this amount for covered services and prescriptions, including copays but NOT premiums, your health insurance company pays 100% of the bills for covered benefits until the end of December.*

Individual

\$

\$

\$

Family

\$

\$

\$

Pharmacy / Medications

Plan Details
amount (circle one)

Estimated Costs

Plan Details
amount (circle one)

Estimated Costs

Plan Details
amount (circle one)

Estimated Costs

Generic

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Specialty

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Preferred Brand

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Non-preferred Brand

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Copay
Coinsurance

\$

Subtotal of Estimated Medication Costs

\$

\$

\$

	Option A		Option B		Option C	
Common Health Services	Plan Details	Estimated Costs	Plan Details	Estimated Costs	Plan Details	Estimated Costs
	amount (circle one)		amount (circle one)		amount (circle one)	
Free Preventive Care Don't wait until you are sick to use your health insurance! All plans cover many services to keep you healthy – check-ups, vaccinations, screenings for breast cancer, cholesterol, diabetes, and more – before you meet the deductible AND at no additional cost to you.						
Doctor Visit	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Speciality Visit	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Maternity Delivery & Inpatient	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Prenatal & Postnatal Care	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Mental Health Outpatient	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Emergency Room (ER)	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Urgent Care	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
X-ray & Diagnostics	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
	Copay Coinsurance	\$	Copay Coinsurance	\$	Copay Coinsurance	\$
Subtotal of Estimated Costs for Health Services		\$		\$		\$

	Notes	Notes	Notes
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