



**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	\$	\$	\$

<b>Pharmacy Deductible</b> (if separate)	\$	\$	\$
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**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	Option A		Option B		Option C	
	Plan Details amount (check one)	Estimated Costs	Plan Details amount (check one)	Estimated Costs	Plan Details amount (check one)	Estimated Costs
Generic	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
Specialty	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
Preferred Brand	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
Non-preferred Brand	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Subtotal of Estimated Medication Costs</b>		\$		\$		\$



**Option A**

**Option B**

**Option C**

Common Health Services	Plan Details amount (check one)	Estimated Costs	Plan Details amount (check one)	Estimated Costs	Plan Details amount (check one)	Estimated Costs
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**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.*

<b>Doctor Visit</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Specialty Visit</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Maternity Delivery &amp; Inpatient</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Prenatal &amp; Postnatal Care</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Mental Health Outpatient</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Emergency Room (ER)</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Urgent Care</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>X-ray &amp; Diagnostics</b>	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
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	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$	<input type="checkbox"/> Copay <input type="checkbox"/> Coinsurance	\$
<b>Subtotal of Estimated Costs for Health Services</b>		\$		\$		\$

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