

Health Coverage Plan Comparison Tool

As you are shopping for health insurance, use this tool to help you compare health insurance plans.

	<u>Plan 1</u>	<u>Plan 2</u>
Name of Plan		
Name of Insurance Company		
Type of Plan (i.e. individual ACA-compliant, short-term limited duration, hospital indemnity)		
Metal level (if an ACA-compliant plan)		

Plan costs

Monthly Premium Amount	\$ _____ per month	\$ _____ per month
Am I eligible for any premium subsidies with this plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much is the annual deductible?	Hospital visits: \$ _____ per year	\$ _____ per year
	Medical care: \$ _____ per year	\$ _____ per year
	Prescriptions: \$ _____ per year	\$ _____ per year
	Total: \$ _____	\$ _____
How much is the copay or coinsurance?	Office visits: \$ _____ per visit	\$ _____ per visit
	Hospital visits: \$ _____ per stay/day	\$ _____ per stay/day
	Prescriptions: \$ _____ per Rx fill	\$ _____ per Rx fill
Prescription drug costs	Are prescriptions covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the plan cover my prescriptions? Find out by checking online or by calling the insurance company) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the yearly limit on my out-of-pocket costs? (Does it include the deductible?) \$ _____	\$ _____

Things to consider

How long does coverage under this plan last?	_____	_____
Do I have to take a health questionnaire to get the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all my providers (doctors, hospitals, specialists, pharmacies, etc.) take this plan? (Look on the insurance company's website or call)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need referrals for specialists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this plan accept provider billing or do I have to pay upfront and get the plan to reimburse me?	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front
Does this policy cover pre-existing conditions? If not and I have a pre-existing condition, how long will I have to wait for coverage?	_____	_____
Are there annual dollar limits (a maximum amount the plan will pay) on benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, which benefits? _____	If so, which benefits? _____
Is there a lifetime dollar limit on coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage

This plan covers these services (Covered services) that are important to me:
Note: Include coverage for any family members. Check for services you and your family use now or plan to use, including prescriptions, maternity, etc.

This plan does NOT cover these services (Excluded services) that are important to me:
Note: Include coverage for any family members. Check for services you and your family use now or plan to use, including prescriptions, maternity, etc.

Are there limits on the number of visits for types of care?

Other Considerations

If I travel outside the state or country, do I have coverage?

Yes No

Yes No

Is the insurance company authorized to do business in Virginia? (To find out, go to:
www.scc.virginia.gov/boi/ConsumerInquiry/default.aspx or call 1-877-310-6560)

Yes No

Yes No

Questions?

Call our Consumer Hotline at
1-877-310-6560

www.scc.virginia.gov/boi/index.aspx

State Corporation Commission
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