

Compare Health Insurance Costs

This worksheet is a tool for comparing health insurance plans. Not all plans are alike, and it can be confusing to decide which one is best for you, your family or your employees. This worksheet gives you some good questions to ask and aspects to look at when comparing plans. Using this worksheet will help you to compare overall price, which includes all costs, not just the monthly premium.

Benefit Plan Details	Plan _____	Plan _____	Plan _____
Access Who can get it: small business, individual, self-employed?			
Co-pays Amount you pay per covered service. Some co-pays can be very high for things like Emergency Room visits. Other co-pays can be much lower for things like regular check ups.			
Prescription Drug Co-pays May be different for common & uncommon medicines.			
“General” Deductible Amount you pay for most covered services before insurance starts to pay. Co-pays do not count toward meeting your deductible.			
Mental Health Deductible Amount you pay for covered mental health services. Co-pays do not count toward meeting your deductible.			
Other Deductibles Amount you pay for specific covered services like prescriptions. Co-pays do not count toward meeting your deductible.			
Coinsurance Amount you pay for covered services after your deductible is met. It is the percent of a bill you pay for covered services like 20% or 30% while the policy pays the remaining percent.			
Out-of-pocket Limit The most you might have to pay for the deductible & coinsurance together. The plan will pay 100% of covered services after this, except for co-pays. Co-pays do not count toward meeting your out-of-pocket limit.			

OVER

Provided by: Maine Health Insurance Consumer Assistance Program
 1-800-965-7476 * www.maine cahc.org/mhicap.htm

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Benefit Plan Details	Plan _____	Plan _____	Plan _____
<p>Grandfathered Plans & policies created or purchased on or before March 23, 2010 that have not been changed in ways that would cause them to lose grandfathered status. If a plan is grandfathered, some new health care reform rules will not apply.</p>			
<p>Preventative Care Coverage Plans must cover preventative care before deductibles unless they are a grandfathered plan.</p>			
<p>Pre-Existing Condition Coverage for <u>Adults</u> If you are uninsured for at least 90 days (in most cases) before enrolling in health insurance, the plan can refuse to cover anything related to a diagnosed health condition for up to one year. Some plans will cover a pre-existing condition right away.</p>			
<p>Pre-Existing Condition Coverage for <u>Children</u> Due to passage of health care reform, health insurance plans cannot refuse to cover services related to a child’s pre-existing condition - Unless they are a grandfathered “individual” plan.</p>			
<p>Lifetime Dollar Limits for specific services The most your plan will pay in your lifetime. Maine law and federal health care reform do not allow “total” lifetime limits for most plans. However, health plans may impose lifetime limits for specific benefits that are not “essential health benefits.”</p>			
<p>Annual Dollar Limits The most your plan will pay in a year. Maine law does not allow “total” annual limits for most plans. Health care reform is phasing out annual limits for specific “essential health benefits,” which may not be less than \$750,000 in 2011.</p>			
<p>Premium Rate Amount you pay monthly or quarterly.</p>			
<p>Specific Health Benefits you know you’ll need covered such as costly medications or frequently needed services.</p>			
<p>Other Items Important to you such as a company’s complaint score, in-network vs. out-of-network costs, customer service rating or provider network.</p>			