



Plan Comparison Checklist

How do you figure out which health insurance plan is best for you? Use this checklist to gather all the information you need to compare up to three plans side by side. If you have questions or would like one-on-one assistance, call CF Foundation Compass at 844-COMPASS (844-266-7277) or email compass@cff.org.

Date:

Your Information		
State:	Annual Income: \$	Premium Tax Credit <input type="checkbox"/> Eligible: <input type="checkbox"/> Ineligible
County:	Household Size:	
Zip:	<input type="checkbox"/> Family Plan <input type="checkbox"/> Individual Plan	
Reason for Comparison: <input type="checkbox"/> Turning 26 <input type="checkbox"/> Premium Cost <input type="checkbox"/> Coverage Issue <input type="checkbox"/> Involuntary Plan Loss <input type="checkbox"/> Other:		

Plan Information			
	Plan A	Plan B	Plan C
Plan Name			
Plan ID			
Type of Plan; (Marketplace*, private, employer, Medicare Advantage)			
Type of Network (HMO, PPO, POS, EPO)			
PCP Referral Required to See Specialist(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Costs			
Monthly Premium	Individual		
	Family		
Deductible	Individual		
	Family		
Out-of-Pocket Maximum	Individual		
	Family		
All Providers in Network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PCP Office Visit			
Specialist Office Visit			
Diagnostic Testing (e.g., bloodwork, PFT, imaging)			
Outpatient Facility Fee			
Hospitalization			
Mental Health			
Home Health Care			
Durable Medical Equipment			
Provider Coverage			
CF Care Center:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Doctor:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Doctor:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Doctor:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Doctor:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Laboratory:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Pharmacy:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Pharmacy:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON
Pharmacy:	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON	<input type="checkbox"/> IN <input type="checkbox"/> OON

* For more information about the Health Insurance Marketplace, visit Healthcare.gov

Prescription Drug Coverage			
	Plan A	Plan B	Plan C
Separate Deductible for Rx? How much?	<input type="checkbox"/> Yes: \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ <input type="checkbox"/> No
Can copay assistance amount be applied toward DED/OOP? **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to identify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to identify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to identify
<i>** Check the plan's member handbook or the insurance company's website. You may need to contact the company, your human resources department, or plan administrator to obtain this information.</i>			
Product Name:			
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
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Drug Restrictions (i.e., PA, QL, LD, other?)			
Product Name:			
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Drug Restrictions (i.e., PA, QL, LD, other?)			
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<input type="checkbox"/> Copay or <input type="checkbox"/> Coinsurance	\$	\$	\$
Drug Restrictions (i.e., PA, QL, LD, other?)			

Abbreviations

DED: Deductible **EPO:** Exclusive Provider Organization **HMO:** Health Maintenance Organization **IN:** In Network **LD:** Limited Distribution
OON: Out of Network **OOP:** Out-of-Pocket **PA:** Prior Authorization **PCP:** Primary Care Physician **PFT:** Pulmonary Function Test
POS: Point of Service **PPO:** Preferred Provider Organization **QL:** Quantity Limit **Rx:** Prescription **SP:** Specialty Pharmacy

Visit our website to learn more about these [common insurance terms](#).