

Health Plan Cost Comparison Worksheet



The National Education Association has prepared materials to help you make sense of your various health plan choices and to assist you in making the most informed decisions when selecting or changing plans. Fill out this worksheet to compare the premiums, deductibles, copayment, coinsurance, and prescription drug costs among your plan options so you have the best comparison of your plan expenses.

Note: The ACA requires that plan sponsors provide employees with a side-by-side cost and benefit comparison of their plan offerings. This is called the Summary of Benefits and Coverage (SBC).

	PLAN 1	PLAN 2
Premiums Amount deducted each pay period to pay for coverage	\$ ____	\$ ____
Deductibles The amount you must pay before services are covered		
General Deductibles Annual, per person, family, etc.	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
Specific services deductibles E.g., Prescription drugs	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
Hospital inpatient, outpatient, ER deductibles	In-network: \$ ____ Out-of-Network: \$ ____	In-network: \$ ____ Out-of-Network: \$ ____
Out-of-Pocket Limits Amount you pay for covered benefits	Per individual: \$ ____ Per family: \$ ____ In-Network: \$ ____ Out-of-Network: \$ ____ Per specific service(s) (e.g. prescription drugs): \$ ____	Per individual: \$ ____ Per family: \$ ____ In-Network: \$ ____ Out-of-Network: \$ ____ Per specific service(s) (e.g. prescription drugs): \$ ____
Copayments or coinsurance per office visit/service A portion of the covered charge determined as either a fixed dollar amount (a copayment) or a percentage of the costs (coinsurance)		
Primary care provider	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
Specialty provider	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
Laboratory	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
Radiology/imaging	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
Other	In-Network \$ or % ____ Out-of-Network \$ or % ____	In-Network \$ or % ____ Out-of-Network \$ or % ____
Prescription drug copayments and/or coinsurance **	Tier 1 \$ or % ____ Tier 2 \$ or % ____ Tier 3 \$ or % ____ Tier 4 \$ or % ____ Tier 5 \$ or % ____	Tier 1 \$ or % ____ Tier 2 \$ or % ____ Tier 3 \$ or % ____ Tier 4 \$ or % ____ Tier 5 \$ or % ____

**Prescription drug tier categories, in general (but not always), refer to the following: Tier 1 preferred generic drugs and the least expensive; Tier 2 generic drugs that cost more than the generic drugs in Tier 1; Tier 3 preferred brand name drugs that do not have a generic equivalent; Tier 4 non-preferred drugs that are higher-priced brand name and generic drugs that are not on a preferred list; Tier 5 drugs are the specialty drugs, the most expensive drugs, that treat complex conditions such as cancer, multiple sclerosis, and rheumatoid arthritis.