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NETWORK AND FORMULARY CHECK

HOUSEHOLD	PLAN A	PLAN B	PLAN C

Doctors, hospitals and facilities we use

Provider	Who sees them	Specialty	A	B	C	Notes (tier, new patients)
			☐	☐	☐	
			☐	☐	☐	
			☐	☐	☐	
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			☐	☐	☐	

Prescriptions

Medication (generic name)	Who	Monthly qty	Plan A tier / cost	Plan B tier / cost	Plan C tier / cost

CHECKED FOR EACH PLAN

- ☐ Provider directory searched; office called to confirm
- ☐ Formulary checked for each drug (prior authorization, step therapy)
- ☐ Preferred pharmacy in network, mail order available
- ☐ Nearest in-network hospital and urgent care identified
- ☐ Out-of-network coverage and balance billing rules understood
- ☐ Telehealth provider and cost noted