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# HEALTH PLAN COMPARISON

| WHO IS COVERED | PLAN YEAR | ENROLLMENT DEADLINE | SOURCE (EMPLOYER, MARKETPLACE, MEDICARE) |
|---|---|---|---|
| | | | |

| Feature | Plan A | Plan B | Plan C |
|---|---|---|---|
| Plan type (HMO, PPO, EPO, HDHP) | | | |
| Metal tier / network | | | |
| Monthly premium (your share) | | | |
| Annual premium (x12) | | | |
| Deductible: individual / family | | | |
| Out-of-pocket maximum: individual / family | | | |
| Primary care visit copay / coinsurance | | | |
| Specialist visit | | | |
| Urgent care / emergency room | | | |
| Generic / brand / specialty drugs | | | |
| Hospital stay (per admission or %) | | | |
| Mental health visit | | | |
| Maternity / pediatric dental / vision | | | |
| HSA or FSA eligible, employer contribution | | | |
| My doctors in network? (list below) | | | |
| My prescriptions covered? (list below) | | | |
| Referrals needed for specialists? | | | |
| Telehealth included? | | | |

Plan names / carriers (A, B, C)

Decision and why

**QUESTIONS TO ASK HR OR THE INSURER**