NATIONAL HEMOPHILIA FOUNDATION

for all bleeding and clotting disorders

Health Plan Cost Comparison Worksheet

Plan Name			
Plan Type (EPO, HMO, PPO, POS)			
Does the plan require you to choose Primary care physican (PCP)	Yes No	Yes No	Yes No
Monthly Premium	$	$	$
Financial (deductible/coinsurance/annual limits			
Deductible Ind/Family	$ $	$ $	$ $
Co-Insurance (i.e. 80/20, 70/30)	$	$	$
Maximum out of pocket single/family	$	$	$
Does the plan have annual limits?	Yes No	Yes No	Yes No
If so, what is the limit?	$	$	$
Preventive Care			
Physical exam	$	$	$
Routine pediatric care	$	$	$
Immunizations	$	$	$
Major Medical (Do you have a copy of the plan's provider list?)	Yes No	Yes No	Yes No
In- Network			
(Please note cost shares may vary when using Out of Network providers)			
Outpatient Care			
Physician office co-pay	$	$	$
Specialist co-pay	$	$	$
Surgery**	$	$	$
Laboratory services	$	$	$

Hospital Care (Inpatient services)			
Physician's and surgeon's services	$	$	$
Semi-private room and board	$	$	$
All drugs & medications	$	$	$
Emergency Care			
Emergency room	$	$	$
Urgent care center	$	$	$
Maternity Care			
Pre-natal and post-natal care (per visit)	$	$	$
Hospital services (mother & child)	$	$	$
Substance Abuse			
Inpatient - ___ visits allowed per calendar year	$	$	$
Outpatient ___ visits allowed per calendar year	$	$	$
Mental Health			
Inpatient - _____ visits allowed per calendar year			
Outpatient ____ visits allowed per calendar year			
Pharmacy Benefit (do you have a copy of the plan's drug formulary list)	Yes No	Yes No	Yes No
Yearly deductible (pharmacy)	$	$	$
Co-pay Tier 1 (generics)	$	$	$
Co-pay Tier 2 (Formulary/brand)	$	$	$
Co-pay Tier 3 (Non-Formulary)	$	$	$
Co-insurance Tier 4 (Specialty Tier) - % cost share	%	%	%
IF your plan has a specialty tier with co-insurance is there a per prescription maximum? Is there a yearly maximum out of pocket	Yes $_____ No	Yes $_____ No	Yes $_____ No
Is clotting factor covered under the pharmacy benefit?	Yes No	Yes No	Yes No
Do you have more than one choice of pharmacy provider	Yes No	Yes No	Yes No
Other (if offered)			

Chiropractic	$	$	$
Short term rehabilitation -inpatient	$	$	$
Short term rehabilitation - outpatient	$	$	$
Skilled nursing facility (SNF) (Is clotting factor is covered while inpatient?)	$	$	$
Home health care	$	$	$
Hospice care - Inpatient	$	$	$
Hospice care - outpatient	$	$	$
Durable medical equipment	$	$	$
Total Estimated Cost			