

Compare your current plan with up to two others, line by line, before you choose.

Coverage type: ☐ Medicare ☐ Employer / COBRA ☐ Marketplace (ACA) ☐ Medicaid / Medi-Cal

	Current plan	Option A	Option B
Plan name and ID number			
Company and member phone			
Plan type			
HMO, PPO, EPO, Medigap, Part D...			
Monthly premium			
Yearly deductible			
medical / drugs			
Out-of-pocket maximum			
in-network / out-of-network			
Referrals needed for specialists?			
Out-of-network care covered?			
Coverage when traveling?			
Star or quality rating			

The cheapest monthly premium is not always the cheapest plan. A low premium can come with a high deductible, higher copays, or a drug list that leaves out your medicines. Fill in the whole sheet, then compare the total yearly cost in section 8.¹

List every doctor, specialist, therapist, and clinic you see. In each plan column write **Y** (in network), **N** (not in network), or **?** (still checking).

[illegible]

3 Your medications

Include every prescription, inhaler, injection, and infusion. For each plan write if it is covered, its tier, and your cost per fill. Mark **PA** if it needs prior authorization, **ST** for step therapy, **QL** for quantity limits.

[illegible]

TRU-TIP • Check the drug list for next year, not this year

Plans can change their drug list (formulary), tiers, and rules every January. Look up each medicine in the plan's list for the new year, or use Medicare Plan Finder, and ask your pharmacist what it will cost at the pharmacy you actually use.²

4 Hospitals, pharmacies, and facilities

Write Y, N, or ? for each plan. Include anywhere you go for care, not just doctors.

Place	Name	Current plan	Option A	Option B
Hospital I would use				
Second-choice hospital				
Urgent care				
Pharmacy (and mail order)				
Lab and imaging center				
Infusion, dialysis, or cancer center				
Rehab, skilled nursing, or home health				
Medical equipment supplier				

5 Before you switch, confirm

- ☐ I called each doctor's office and asked if they take this exact plan next year.

☐ Any approval I have now (prior authorization) will be honored, or I know how to ask again.

☐ I know how my old plan ends, and that I will not have a gap in coverage.

☐ I checked every medicine on the new drug list, and asked about a transition fill if one is not covered.

☐ I know if this plan covers me when I travel or live part of the year somewhere else.

☐ I asked about the extras I care about: dental, vision, hearing, rides.

6 What you pay for the services you use

Write the copay (\$) or coinsurance (%) from each plan's Summary of Benefits. Leave blank any service you do not use.

Service	Current plan	Option A	Option B
Primary care visit			
Specialist visit			
Urgent care / emergency room			
Hospital stay per day or per stay			
Outpatient surgery or procedure			
Lab work / MRI, CT, PET scans			
Physical, occupational, or speech therapy			
Mental health visit			
Telehealth / ambulance			
Medical equipment (oxygen, CPAP, walker...)			

7 Extras and rules

	Current plan	Option A	Option B
Dental / vision / hearing			
Rides, meals, or over-the-counter allowance			
Services that need prior authorization			

8 Estimate your total yearly cost

	Current plan	Option A	Option B
Premiums for the year monthly premium × 12			
Expected copays and drug costs from sections 3 and 6			
Estimated total for the year			
Worst case premiums × 12 + out-of-pocket maximum			

9 My decision

PLAN I CHOSE	DATE ENROLLED	CONFIRMATION NUMBER

WHY I CHOSE IT, AND ANYTHING I STILL NEED TO CHECK

Want to go further? *Knowing the System* and the Healthcare Planning Workbook by Chuck Kinney walk you through every coverage decision, with an Open Enrollment Command Center, appeals trackers, and Medicare planning pages. Free tools: chuckkinney.com/free

Be Proactive. Not Reactive.