



HEALTH INSURANCE

# Shopping Tool

## Prepared by the National Association of Insurance Commissioners

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There is more to shopping than just finding the lowest premium. What you pay each month for health insurance (the premium) is important, but you also need to understand what the policy covers. A policy with a lower premium seems like a better deal. But, a lower premium could mean less coverage—or that you will pay more out-of-pocket for your health care.

**This three-part tool will help you compare health insurance policies and find the policy that best meets your needs.**

### **STEP 1**

Identify your current health care needs—doctors, services, and prescription drugs. Keep these in mind as you compare policies.

### **STEP 2**

Compare health insurance policies. See how they measure up against your current policy.

### **STEP 3**

Compare costs. Think about the out-of-pocket costs you may have to pay as well as the monthly premium.

## STEP 1: IDENTIFY YOUR CURRENT NEEDS

Who will this health insurance cover? (Circle one.)

Just me

Me and my spouse/partner

Me and my family  
(incl. dependent children)

List my health conditions and those of my family members the policy will cover. *These are considered pre-existing conditions.*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the health care services or prescription drugs regularly used if needed.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do I or family members have doctor(s) that I or they regularly see? Do I have a hospital I prefer to use?

Doctors (primary care, specialist, etc.):

_____	_____	_____
_____	_____	_____

Facilities (hospitals clinics, etc.):

_____	_____	_____
_____	_____	_____

## STEP 2: COMPARE HEALTH INSURANCE POLICIES

Ask these questions when you're talking to an insurance company, agent, or navigator. You can jot down this information as you are reviewing policy information, like Summary of Benefits and Coverage (SBC) document.

	POLICY 1	POLICY 2	POLICY 3
Name of Plan:			
Name of Insurance Company:			
Does the policy require that I use a specific network of doctors and hospitals?			
If so, are my doctors and hospital in the network?	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
How long does coverage under this policy last?			
Will my doctor or hospital directly bill the insurance company? Or do I have to pay upfront and get reimbursed?			
Is there a point where I no longer have to pay anything out-of-pocket for health care (an annual maximum out-of-pocket)?	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
	<b>MAXIMUM:</b>	<b>MAXIMUM:</b>	<b>MAXIMUM:</b>
Does this policy cover pre-existing conditions? (See your list.)	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
How long before coverage starts? Is there a waiting period for any health conditions?			
In the event I develop a health condition, can this policy be cancelled or not renewed, even if I paid my premiums?	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>

**WHAT DOES THIS POLICY COVER:** Ask which services are covered and what you'll pay out-of-pocket. The out-of-pocket amounts you'll pay will be either co-pays (a dollar amount) or a coinsurance amount (a percentage of the cost, after the deductible is met). Some policies may limit the number of covered visits or limit how much will be paid for each type of visit. Make sure you also ask about any limits.

	<b>POLICY 1</b>		<b>POLICY 2</b>		<b>POLICY 3</b>	
	COVERED?	OUT-OF-POCKET COST/LIMITS ON SERVICES	COVERED?	OUT-OF-POCKET COST/LIMITS ON SERVICES	COVERED?	OUT-OF-POCKET COST/LIMITS ON SERVICES
Physician/Primary Care Office Visit	YES or NO		YES or NO		YES or NO	
Specialist Office Visit	YES or NO		YES or NO		YES or NO	
Preventative Care (Physicals, Wellness Visits, Immunizations)	YES or NO		YES or NO		YES or NO	
Urgent Care	YES or NO		YES or NO		YES or NO	
Hospital Emergency Room Care	YES or NO		YES or NO		YES or NO	
Hospital Inpatient Care	YES or NO		YES or NO		YES or NO	
Outpatient Services	YES or NO		YES or NO		YES or NO	
Labaratory Services	YES or NO		YES or NO		YES or NO	
Maternity Care	YES or NO		YES or NO		YES or NO	
Mental Health and Substance Abuse - Inpatient	YES or NO		YES or NO		YES or NO	
Mental Health and Substance Abuse - Outpatient	YES or NO		YES or NO		YES or NO	
Chiropractic, Physical, Occupational or Speech Therapy	YES or NO		YES or NO		YES or NO	

**PRESCRIPTION DRUGS**

	<b>POLICY 1</b>	<b>POLICY 2</b>	<b>POLICY 3</b>
Does this plan cover prescription drugs?	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
Does this policy cover the drugs I use? Are there any limits or requirements for approval before I fill a prescription?	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
Will I have to pay out-of-pocket for prescription drugs? <i>You may have to pay different amounts (i.e. co-pay) for different types of drugs.</i>	<b>YES or NO</b>	<b>YES or NO</b>	<b>YES or NO</b>
List out your prescription drugs, including generic, brand name, mail order, and specialty drugs, and the associated costs:			
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
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_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$

### STEP 3: COMPARING THE COSTS

#### What will I have to pay out-of-pocket, in addition to premiums?

	POLICY 1	POLICY 2	POLICY 3
Deductible			
In-Network:	\$	\$	\$
Out-of-Network:	\$	\$	\$
<i>Separate deductible for certain services (for example, drugs).</i>			
Services this applies to:	\$	\$	\$
_____			
_____			

#### Does this policy have any limits on the coverage?

	POLICY 1	POLICY 2	POLICY 3
Annual limit on coverage. <i>I pay all costs after this amount each year.</i>	\$	\$	\$
Lifetime limit on coverage. <i>I pay all costs after this amount.</i>	\$	\$	\$

#### Premium Information

	POLICY 1	POLICY 2	POLICY 3
How much will I pay for coverage each month?	\$	\$	\$
Are there any other fees like application or membership fees?	\$	\$	\$
Will I pay more because I have pre-existing conditions?	YES or NO	YES or NO	YES or NO
Will I receive financial help with the out-of-pocket costs?	YES or NO	YES or NO	YES or NO
Am I eligible for any premium subsidies with this policy?	YES or NO	YES or NO	YES or NO