

# Plan Comparison Worksheet

## Current Plan

Premium	
Buyback	
Med. Deductible	
Rx Deductible	
MAX OOP	
Inpatient (max)	
OP Surgery	
OP Surgery ASC	
PCP	
Specialist	
ER Care	
Urgent Care	
MRI/CTs	
X-rays	
Diag. Procedures	
Labs	
Hearing Allowance	
Dental Allowance	
Vision Allowance	
SNF Copay per day	
Ambulance	
Rx Tier 3 Copay	
DME Coinsurance	
Outpatient therapy	
OTC	
Flex Card	

## New Plan

Premium	
Buyback	
Med. Deductible	
Rx Deductible	
MAX OOP	
Inpatient (max)	
OP Surgery	
OP Surgery ASC	
PCP	
Specialist	
ER Care	
Urgent Care	
MRI/CTs	
X-rays	
Diag. Procedures	
Labs	
Hearing Allowance	
Dental Allowance	
Vision Allowance	
SNF Copay per day	
Ambulance	
Rx Tier 3 Copay	
DME Coinsurance	
Outpatient therapy	
OTC	
Flex Card	

## Changes

Premium	
Buyback	
Med. Deductible	
Rx Deductible	
MAX OOP	
Inpatient (max)	
OP Surgery	
OP Surgery ASC	
PCP	
Specialist	
ER Care	
Urgent Care	
MRI/CTs	
X-rays	
Diag. Procedures	
Labs	
Hearing Allowance	
Dental Allowance	
Vision Allowance	
SNF Copay per day	
Ambulance	
Rx Tier 3 Copay	
DME Coinsurance	
Outpatient therapy	
OTC	
Flex Card	

### Plan Change Checklist:

- Keep my doctors
- Medications Covered
- Reviewed Benefits
- Costs are improved
- Benefits geared toward needs

### Needs:

(Ex: Dental- crown)

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### Benefits to Be Used

(before the new plan starts)

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