



How does your Current Health Plan Compare to the School's Student Health Plan?

Complete this worksheet to help you make the “Best” decision for your Healthcare needs.

General Provisions	Current Health Plan	Student Health Plan
Name of Plan		
Plan Type <ul style="list-style-type: none"> • HMO (Limited Provider Network) • PPO (Higher Benefits In-Network) • Indemnity (Can go to any licensed provider) 	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Indemnity	
Annual Premium (Individual/Family)	Individual: \$ Family: \$	Individual: \$ Family: \$
Annual Deductible Individual: (In/Out) Family: (In/Out)	\$ /\$ \$ /\$	\$ /\$ \$ /\$
Co-Insurance Share (i.e., Plan pays 80%, insured person pays 20%.) Individual: (In/Out) Family: (In/Out)	%/ %/ %	%/ %/ %
Annual Out-of-Pocket Maximum Individual: (In/Out) Family: (In/Out)	\$ /\$ \$ /\$	\$ /\$ \$ /\$
Service Area (National & International)		Worldwide Coverage
Preferred Provider Network (National or Regional)	<input type="checkbox"/> National <input type="checkbox"/> Regional	National
Travel Assistance, Medical Evacuation & Repatriation Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes
Annual Pharmacy Deductible	\$	\$
Co-pay Rx Tier 1 (Generics)	\$	\$
Co-pay Rx Tier 2 (Brand/Preferred)	\$	\$
Co-pay Rx Tier 3 (Brand/Non-Preferred)	\$	\$

