



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				
Annual Premium (Monthly x 12)				
Individual:	\$		\$	
Family (If applicable):	\$		\$	
Plan Type				
• HMO (Limited Provider Network)	<input type="checkbox"/> HMO		<input type="checkbox"/> HMO	
• PPO (Higher Benefits In-Network)	<input type="checkbox"/> PPO		<input type="checkbox"/> PPO	
• Indemnity (Can go to any licensed provider)	<input type="checkbox"/> Indemnity		<input type="checkbox"/> Indemnity	
Service Area Coverage (National & International)	<input type="checkbox"/> National <input type="checkbox"/> Local Only	<input type="checkbox"/> Worldwide <input type="checkbox"/> Other	<input type="checkbox"/> National <input type="checkbox"/> Local Only	<input type="checkbox"/> Worldwide <input type="checkbox"/> Other
Preferred Provider Network (National or Regional)	<input type="checkbox"/> National <input type="checkbox"/> Other	<input type="checkbox"/> Regional	<input type="checkbox"/> National <input type="checkbox"/> Other	<input type="checkbox"/> Regional
Travel Assistance, Medical Evacuation & Repatriation Coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible				
Individual:	\$	\$	\$	\$
Family (If applicable):	\$	\$	\$	\$
Coinsurance Share (i.e., Plan pays 80%, insured person pays 20%.)				
Individual:	%	%	%	%
Family (If applicable):	%	%	%	%
Annual Pharmacy Deductible:	\$	\$	\$	\$
Co-pay Rx Tier 1 (Generics):	\$	\$	\$	
Co-pay Rx Tier 2 (Brand/Preferred):	\$	\$	\$	
Co-pay Rx Tier 3 (Brand/Non-Preferred):	\$	\$	\$	
Annual Out-of-Pocket Maximum				
Individual:	\$	\$	\$	\$
Family (If applicable):	\$	\$	\$	\$
Comments Section:				

