

Health Insurance Chart

Use this chart to gather information about insurance options.

Insurance / Policy Name:

Contact Information:

1. How much are the monthly premiums?	
2. What is the yearly deductible?	
3. What are the copayments?	
4. What is the yearly out of pocket expense?	
5. What is the lifetime medical maximum that will be paid?	
6. What is the lifetime transplant maximum that will be paid?	
7. What is the lifetime maximum for other services (for example: rehabilitation, mental health, etc.)?	
8. What are the prescription benefits?	
9. What are the copayments for each of my prescriptions?	
10. Does this policy cover Durable Medical Equipment?	
11. Does this policy have ambulance/air lift coverage?	
12. What are the benefits for a hospital stay?	
13. What are the clinic/outpatient benefits?	
14. Does this policy have any home care benefits?	
15. Do all of my medical providers (doctors/hospitals, etc.) contract with this insurance company?	

Other Notes: