

# Use this Insurance Comparison Chart to help you choose the insurance plan that is right for you

You may be able to edit here, download, or print to fill out by hand.

Option A

Option B

Option C

Name of Insurance Plan \_\_\_\_\_

Does the plan have a deductible? If so, how much?

Does the plan have a co-pay (\$) or co-insurance? If so, how much?

Does the plan have an out-of-pocket maximum? If so, how much?

What is the monthly insurance premium?

Is my doctor in the plan's network?

Yes

No

Yes

No

Yes

No

Check the box for the plan that's best for you.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have questions?

Reach out to an Insurance Specialist at **1.800.448.6472**

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