Assignment 5.1 Worksheet

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| **Metric** | **Results** |
| **Locations for In-Network Care**  *Geographic boundaries: nationwide or state/community. If state or community list location* |  |
| **Out of Network Service Coverage**  *Non-Emergency and Emergency* |  |
| **Major Coverage Inclusions**  *e.g. Dental, Vision, X-ray* |  |
| **Coverage Exclusions**  *e.g. Pregnancy, Vision, Dental* |  |
| **Annual Premium**  *Individual/Family* |  |
| **Annual Deductibles**  *Individual/Family* |  |
| **Required Copays**  *Primary Care Visit, Specialist Visit* |  |
| **Inpatient Hospital**  *Coverage, Copay and/or Coinsurance* |  |
| **Emergency Room**  *Coverage, Copay and/or Coinsurance* |  |
| **Out of Pocket Maximum** |  |
| **Prescription Coverage**  *Generic Prescription costs, Premium or Brand Prescription Costs* |  |
| **Health Insurance Plan Ratings**  *For Consumer Satisfaction, Prevention and Treatment by NCQA.*  <http://healthinsuranceratings.ncqa.org/>  *Be Prepared to try a few versions of titles to find the plan* |  |