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* |  |