

# Personal Health Experience Stat Sheet

Choosing a healthcare plan can be very confusing. There are many things to consider; two of the most important are cost and benefit design. When trying to determine your potential out-of-pocket costs, it is important to determine which benefits you (and your family, if you are all on the same policy) typically use and how often you use them. This will help you project your out-of-pocket costs for the upcoming benefit year. The easiest way to do this is to ask yourself the following questions:

## In the past 12 months I have:

1. Visited my primary care physician \_\_\_\_ time(s).
  - a) Spouse has visited his/her primary care physician \_\_\_\_ time(s).
  - b) Child(ren) have visited their primary care physician \_\_\_\_ time(s).
  
2. Been seen by a specialist \_\_\_\_ time(s).
  - a) Spouse \_\_\_\_ time(s).
  - b) Child(ren) \_\_\_\_ time(s).
  
3. Visited an ER \_\_\_\_ time(s).
  - a) Spouse \_\_\_\_ time(s).
  - b) Child(ren) \_\_\_\_ time(s).
  
4. Purchased prescriptions (including for my family) at my local pharmacy.
  - a) What was the name of the medication(s)?
  - b) Was it recurring (or maintenance) medication or was it for a one time use?
  
5. Purchased hemophilia clotting factor \_\_\_\_ times per month/year from \_\_\_\_\_  
(insert name of factor provider).
  
6. Been admitted to a hospital for an overnight stay \_\_\_\_ time(s).
  - a) Spouse \_\_\_\_ time(s).
  - b) Child(ren) \_\_\_\_ time(s).
  
7. Needed home health services (such as nursing care) \_\_\_\_ time(s).
  - a) Spouse \_\_\_\_ time(s).
  - b) Child(ren) \_\_\_\_ time(s).
  
8. Visited an urgent care center \_\_\_\_ time(s).
  - a) Spouse \_\_\_\_ time(s).
  - b) Child(ren) \_\_\_\_ time(s).

The following is a list of all doctors (including specialists) and facilities that I / my family used in the past 12 months:

Primary Care Physician(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialist(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Urgent Care Center(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab Facility: \_\_\_\_\_  
\_\_\_\_\_

Hospital Facility: \_\_\_\_\_  
\_\_\_\_\_

Ophthalmologist: \_\_\_\_\_  
\_\_\_\_\_

Dentist: \_\_\_\_\_  
\_\_\_\_\_

Retail Pharmacy: \_\_\_\_\_  
\_\_\_\_\_

Specialty Pharmacy: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_