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 retail pharmacy.
   a) What was the name of the medication(s)?_______________________
   _______________________
   b) Was it recurring (or maintenance) medication or was it a one time use?____
   _______________________

5. Utilized a manufacturer copay assistance card to cover the costs of my specialty medication?
6. Purchased hemophilia clotting factor _____ times per month/year from ________ (insert name of factor/specialty pharmacy provider).

7. Been admitted to a hospital for an overnight stay _____ time(s).
   a) Spouse _____ time(s).
   b) Child(ren) _____ time(s).

8. Needed home health services (such as nursing care) _____ time(s).
   a) Spouse _____ time(s).
   b) Child(ren) _____ time(s).

9. Visited an urgent care center _____ time(s).
   a) Spouse _____ time(s).
   b) Child(ren) _____ time(s).

10. Used rehabilitative or rehabilitative services _____ 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:
________________________