

About this Checklist

This checklist is designed to help you compare plans within the health insurance marketplace while taking into account your health needs, specifically those related to epilepsy. The checklist can be a helpful guide while navigating the health insurance marketplace online, with a navigator, or with another individual certified to help you select a health plan. It is also a helpful tool to use with your health care provider. Keep in mind that this checklist may not include everything that can help you so make sure to ask your health care provider or other individual certified to help you review health plans what else you may need. For additional resources or more information about the Affordable Care Act please visit www.epilepsy.com/ACA.

If you have any questions please call the official government helpline at 1-800-318-2596 (TTY: 1-855-889-4325) for assistance 24 hours a day, 7 days a week. If you want specific information about your state health insurance marketplace, please visit www.healthcare.gov/marketplace/individual.

Preliminary Questions

Is the marketplace is right for you? Do you have the information and documents you need to review and select a plan? Do you qualify for financial assistance to purchase a plan in the marketplace? Find out by answering the questions below.

- Do you already have coverage through an employer or a government insurance program (for example Medicare, Medicaid, CHIP, or TRICARE?). If yes, then you do not have to make any changes to your current insurance coverage.
- Do you know your Social Security Number?
- Do you have the employer and income information for the members of your household who need coverage (for example, a pay stub or W-2 form)?
- Do you have the policy numbers for your current health insurance plans (if any)?

Determining Your Plan Level

Marketplace plans fall into four categories: bronze, silver, gold, and platinum. What is the right level for you and your family? Find out by answering the questions below. Always fully discuss your options with a navigator or other individual certified to help you review health plans.

- Are your health care needs and costs low? Do you have savings you could use for unexpected health costs?

If so, a bronze or silver plan may work for you.

- Are your health care needs and costs moderate? Are you concerned about your ability to pay for unexpected medical costs out of pocket?

If so, a silver or gold plan may work for you.

- Do you have a chronic condition or high health care costs and needs? Are you concerned that you may not be able to pay for unexpected health costs?

If so, a gold or platinum plan may work for you.

- Do you anticipate qualifying for a subsidy or tax premium credit, based on your income? If so, you should review silver plans, because federal assistance, available for silver plans only, should translate into lower premiums and cost sharing.

Instructions

Make sure you fill in this table and all following tables for each plan you are considering so that you can clearly and easily tell which insurance plan may be best for your needs and your budget.

Your Personal Care

Your current health care needs, from specialists you see to the medicines you take, should guide your plan selection. Fill out the following table to identify your current care program and needs, and refer back to this table when comparing and selecting plans.

		Are they covered?	
		In-network	Out-of-network
Who is your Primary care doctor?			
Who are your Specialists? <i>Include all your doctors who aren't your Primary care. Don't forget your neurologist and epileptologist if you have one</i>			
What is your preferred hospital?			
What other places do you get care? <i>For example, an urgent care center near your home</i>			
Your medicines are: <i>Make sure to include all your medicines</i> <ul style="list-style-type: none"> • <i>Prescription Drugs received at pharmacy or via mail order pharmacy</i> • <i>Other Medicines you may receive in the hospital or in your doctor's office</i> 			

Your Services

Each plan covers doctor and hospital visits, medicines and other services differently. Your current and expected needs should guide your plan selection. Use the chart below to compare how the services and treatments you may need would be covered when comparing and selecting plans.

	Covered?	Do you need a referral or pre-authorization?	What is your co-pay / coinsurance?		What are the limits or maximums?
			In-network	Out-of-network	
Primary Care Visits	Yes / No	Yes / No			
Specialist Visits	Yes / No	Yes / No			
Hospital Care	Yes / No	Yes / No			
Emergency room or urgent care	Yes / No	Yes / No			
Prescription medicines List all your medicines and make sure to figure out their tier and cost.					
	Yes / No	Yes / No			
	Yes / No	Yes / No			
	Yes / No	Yes / No			
	Yes / No	Yes / No			
	Yes / No	Yes / No			
Second opinion	Yes / No	Yes / No			
Clinical trials Can you participate in trials that may be helpful?	Yes / No	Yes / No			
Surgery Will you need surgery in the next year?	Yes / No	Yes / No			
Mental health services (ex. Distress screening, psychotherapy)	Yes / No	Yes / No			
Imaging (ex. MRI, CT Scan, EEG)	Yes / No	Yes / No			
Home Health Care	Yes / No	Yes / No			

Your Costs

Premiums, co-pays and coinsurance amounts differ based on plan levels. An accurate estimate of your total health care costs takes into account not just premiums but the cost of services and treatments based on your health care needs. This is why higher metal level plans may be a better fit for individuals with chronic conditions and high health care needs. . Use the chart below to compare total costs associated with each plan level when reviewing and selecting plans.

Plan name	
Type of plan	PLATINUM GOLD SILVER BRONZE CATASTROPHIC
Number of people in your household <i>(include both adults and children)</i>	
Total household income per year	\$
How much is the premium?	<i>Per month: \$</i>
	<i>Per year: \$</i>
How much is the deductible?	<i>Per year: \$</i>
How much are the co-pays?	<i>Primary care visits: \$</i>
	<i>Specialist visits: \$</i>
	<i>Prescription drugs: \$</i>
	<i>Hospital visits: \$</i>
	<i>Urgent care: \$</i>
	<i>Emergency room: \$</i>
	<i>Other: \$</i>
	<i>Other: \$</i>
How much is the coinsurance?	\$ or %
What is the maximum out-of-pocket expense? <i>(does not include premium)</i>	<i>Per individual per year: \$</i>
	<i>Per family per year: \$</i>
Do you qualify for a reduction in maximum out-of-pocket costs? <i>(silver plans only)</i>	
Can you get a tax credit for the premium?	<i>Amount per year: \$</i>
Are there any other costs?	