

Coverage Comparison Checklist

What is worth comparing between two health plans, in the order that usually matters - and what looks important on a summary page but rarely changes the decision.

WHO THIS IS FOR - Anyone weighing two or more plans against each other

Work down the list and tick what you have confirmed. Anything left unticked is a question worth asking before you enrol.

Start with total cost, not the premium

The premium is the only number most comparison pages show side by side, which is why it gets more weight than it deserves. What you actually pay in a year is the premium plus what you spend before the plan starts paying in full.

- ☐ Monthly premium - after any advance premium tax credit is applied, not before.
- ☐ Annual deductible - and whether prescriptions are subject to it or carved out.
- ☐ Out-of-pocket maximum - the worst realistic year. This is the number that matters if something serious happens.
- ☐ Copays and coinsurance for the visits you actually make: primary care, specialist, urgent care, emergency.
- ☐ Whether the deductible and out-of-pocket maximum are per person, per family, or both.

Check your doctors before anything else

Network is the most common source of regret, and the hardest thing to fix after enrolment.

- ☐ Look up each doctor you intend to keep in that specific plan's directory - not the carrier's general directory. A carrier can be in-network on one plan and not another.
- ☐ Call the office and ask whether they take that exact plan by name, for the coming plan year.
- ☐ Check the hospital you would want to be admitted to, not only the physician.
- ☐ If you see a specialist regularly, confirm whether a referral is required.
- ☐ Ask what happens if you go out of network - some plan types cover it at a reduced rate, others not at all.

Then check your prescriptions

- ☐ Search each medication by name in the plan's formulary for the coming year.
- ☐ Note the tier - the same drug can sit on different tiers across plans, which changes cost materially.
- ☐ Check for prior authorisation or step-therapy requirements.
- ☐ Check whether a specific pharmacy is preferred, and whether mail order is cheaper.
- ☐ If a medication is not listed at all, ask what the exception process looks like before you enrol.

What matters less than it appears

Carrier brand recognition is a weak signal. A familiar name tells you very little about whether your particular doctor is in that particular plan's network this year.

Extras like gym memberships and wellness credits are real, but usually worth far less than a single network mismatch or a formulary tier change.

A plan being "gold" or "bronze" describes roughly how costs are split between you and the plan - not the quality of care or the size of the network.

Your notes

What this checklist does not do

- This is a comparison framework, not a recommendation. It cannot tell you which plan fits your situation.
- It does not establish eligibility for any plan, subsidy, or programme - only the Marketplace or the carrier can determine that.
- Plan designs, networks, and formularies change each plan year. Anything verified last year needs re-checking.
- Network directories are frequently out of date. Confirming with the provider's office directly is the only reliable check.

Official sources

HealthCare.gov - Health Insurance Marketplace - Centers for Medicare & Medicaid Services

<https://www.healthcare.gov/>

Florida Department of Financial Services - verify an agent licence - Florida Department of Financial Services

<https://licenseesearch.fldfs.com/>

IMPORTANT

Plan availability, pricing, and eligibility - including subsidy eligibility and medically underwritten coverage - depend on your location, household, income, and health history, and are determined by carriers and marketplaces, not by this site. Nothing here is a guarantee of coverage, acceptance, savings, or price.

This worksheet is educational. Filling it in does not apply for coverage, does not determine eligibility, and is not a quote.

QUESTIONS ABOUT YOUR OWN SITUATION

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