



Health Care Plan Selection Worksheet

Use this worksheet to help your client choose the best health care plan.

Step 1: Get client's current information.

Current Prescription Medications			HIV-Related Medication?
1	Drug name		_____ Yes _____ No
2	Drug name		_____ Yes _____ No
3	Drug name		_____ Yes _____ No
4	Drug name		_____ Yes _____ No
5	Drug name		_____ Yes _____ No
6	Drug name		_____ Yes _____ No
7	Drug name		_____ Yes _____ No

Current Sources of Care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____

Is PCP also an HIV specialist? _____ Yes _____ No

Is PCP certified in specialty infectious disease? _____ Yes (If yes, specialty?) _____ No

HIV specialist (if different than PCP) _____ Clinic or hospital where seen _____

Facility (clinic/hospital) where client goes when sick _____

Mental health provider _____ Clinic or office where seen _____

Substance abuse provider _____ Clinic or office where seen _____

Other specialist(s)

1. Provider name _____ Clinic or hospital where seen _____

2. Provider name _____ Clinic or hospital where seen _____

Other services client relies on (case management, transportation, etc.)**Income Information**

Client household income as a percent of Federal Poverty Level (FPL)		
\$	Percent (%) FPL	Number of people in household
<i>Note: Federal poverty guidelines change each year. To determine the 2014 % FPL for your client's income, go to www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2014-Federal-Poverty-level-charts.pdf</i>		
With this income, can client get ADAP premium/co-pay assistance in your state? <i>Note: Availability of assistance and income level is different in each state</i>		
Premium assistance		_____ Yes _____ No
Co-pay assistance		_____ Yes _____ No
Assistance purchasing medications		_____ Yes _____ No
With this income, does client qualify for federal help with premiums? <i>See Appendix A</i>		_____ Yes _____ No
With this income, does client qualify for federal help with out-of-pocket costs? <i>See Appendix A</i>		_____ Yes _____ No

Step 2: Compare plans.

	Plan A	Plan B	Plan C
	Name:	Name:	Name:
Enter plan information.	Circle plan type: Managed care Fee-for-service	Circle plan type: Managed care Fee-for-service	Circle plan type: Managed care Fee-for-service
	Company offering plan:	Company offering plan:	Company offering plan:
Plan General Information & Cost			
Circle plan “metal”	Bronze Silver Gold Platinum	Bronze Silver Gold Platinum	Bronze Silver Gold Platinum
Is plan eligible for ADAP premium or co-pay assistance in your state?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
Monthly premium client will pay Full premium minus advance premium tax credit or other premium assistance, including ADAP assistance <i>You may want to note the amount of premium assistance provide by ADAP and the premium tax credit.</i>			
What coinsurance (percent of the cost of services) is the client responsible for? The plan may have different coinsurance percentages for different services. If so, note the percentage for each service.			

	Plan A Name:		Plan B Name:		Plan C Name:	
Out-of-pocket maximum for plan The client may have a lower maximum if s/he qualifies for cost-sharing assistance.						
Which co-pays does the plan charge for?	Primary care visits	\$	Primary care visits	\$	Primary care visits	\$
	Specialty care visits	\$	Specialty care visits	\$	Specialty care visits	\$
	Urgent care visits	\$	Urgent care visits	\$	Urgent care visits	\$
	Emergency room visits	\$	Emergency room visits	\$	Emergency room visits	\$
	Inpatient care (hospitalization)	\$	Inpatient care (hospitalization)	\$	Inpatient care (hospitalization)	\$
	Mental health visits	\$	Mental health visits	\$	Mental health visits	\$
	Substance abuse visit	\$	Substance abuse visit	\$	Substance abuse visit	\$
	Tier 1 medications	\$	Tier 1 medications	\$	Tier 1 medications	\$
	Tier 2 medications	\$	Tier 2 medications	\$	Tier 2 medications	\$
	Tier 3 medications	\$	Tier 3 medications	\$	Tier 3 medications	\$
	Tier 4 medications	\$	Tier 4 medications	\$	Tier 4 medications	\$
	Tier 5 medications	\$	Tier 5 medications	\$	Tier 5 medications	\$
Provider Network						
Are the client's providers included in plan network?	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Are plan providers located conveniently for client?	_____ Yes _____ No		_____ Yes _____ No		_____ Yes _____ No	

	Plan A Name:	Plan B Name:	Plan C Name:
Are clients allowed to see out-of-network providers? If yes, what does the client have to do to get approval?	____ Yes ____ No <i>If yes, note approval process:</i>	____ Yes ____ No <i>If yes, note approval process:</i>	____ Yes ____ No <i>If yes, note approval process:</i>
Do out-of-network visits cost more?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Does the plan consider the client's HIV provider to be a primary care provider or a specialist?	____ Primary care provider ____ Specialist	____ Primary care provider ____ Specialist	____ Primary care provider ____ Specialist
If specialist , would the client need a referral from a primary care provider to see their HIV specialist?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Would the client require a referral to access other needed services? Mental health, substance abuse, other specialists	____ Yes ____ No <i>If yes, note which services:</i>	____ Yes ____ No <i>If yes, note which services:</i>	____ Yes ____ No <i>If yes, note which services:</i>
Pharmacy			
Does the plan allow use of ADAP's pharmacy/ pharmacies?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Does the plan's drug formulary include drugs on the state's ADAP formulary? Plans must include at least one drug in each class of core ART medications for ADAP to help with costs.	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No

	Plan A			Plan B			Plan C		
	Name:			Name:			Name:		
Are the client's current non-HIV drugs covered by the plan?	_____ Yes _____ No			_____ Yes _____ No			_____ Yes _____ No		
How often are prescriptions filled?									
Are there restrictions on drug coverage? For example: prior authorization, step therapy, required use of specialty or mail-order pharmacy.	_____ Yes _____ No			_____ Yes _____ No			_____ Yes _____ No		
Access to Additional Services									
What other needed services are covered by the plan? <i>Check all that apply.</i>	Mental/behavioral health			Mental/behavioral health			Mental/behavioral health		
	Substance abuse			Substance abuse			Substance abuse		
	Vision			Vision			Vision		
	Oral health/dental			Oral health/dental			Oral health/dental		
	Chiropractic care			Chiropractic care			Chiropractic care		
	Laboratory services			Laboratory services			Laboratory services		
	X-ray/imaging services			X-ray/imaging services			X-ray/imaging services		
	Durable medical equipment			Durable medical equipment			Durable medical equipment		
	Home health services			Home health services			Home health services		
	Other _____			Other _____			Other _____		
Does the plan limit the number of visits for specific services?	Mental health	Yes	No	Mental health	Yes	No	Mental health	Yes	No
	Substance abuse	Yes	No	Substance abuse	Yes	No	Substance abuse	Yes	No
	Dental	Yes	No	Dental	Yes	No	Dental	Yes	No
	Other	Yes	No	Other	Yes	No	Other	Yes	No

Adapted from:

- Harvard Law School Center for Health Law & Policy Innovation's Marketplace Health Plans Assessment Workbook
<http://www.hivhealthreform.org/wp-content/uploads/2013/10/HLP-Market-Place-Health-Plan-Assesment-Tool-updated-10.23.pdf>
- HIV Health Reform's Passport to Health Care
<http://www.hivhealthreform.org/wp-content/uploads/2013/10/ACA-Passport-how-I-get-my-care.pdf>
- NASTAD's Health Reform Issue Brief: Plan Assessment Tools for Insurance
http://www.nastad.org/Docs/045101_HCA-Brief-Plan%20Assessment-10.25.13.pdf

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Appendix A

Quick Check Chart: Do I qualify to save on health insurance coverage?

To learn if you qualify for lower costs on health coverage, find your estimated 2014 household income and household size on the chart below.

Choose the column for your household size.* The column on the left shows income levels that qualify for lower costs on premiums and out-of-pocket costs for private health insurance, and for low-cost health care through Medicaid.

		Number of people in your household					
		1	2	3	4	5	6
Private Marketplace Health Plans	You may qualify for lower premiums on a Marketplace insurance plan if your yearly income is between... <i>See next row if your income is at the lower end of this range</i>	\$11,490 - \$45,960	\$15,510 - \$62,040	\$19,530 - \$78,120	\$23,550 - \$94,200	\$27,570 - \$110,280	\$31,590 - \$126,360
	You may qualify for lower premiums AND out-of-pocket costs for Marketplace insurance if your yearly income is between...	\$11,490 - \$28,725	\$15,510 - \$38,775	\$19,530 - \$48,825	\$23,550 - \$58,875	\$27,570 - \$68,925	\$31,590 - \$78,975
Medicaid Coverage	If your state is expanding Medicaid in 2014: You may qualify for Medicaid coverage if your yearly income is below...	\$16,105	21,707	\$27,310	\$32,913	\$38,516	\$44,119
	If your state isn't expanding Medicaid: You may not qualify for any Marketplace savings programs if your yearly income is below...	\$11,490	\$15,510	\$19,530	\$23,550	\$27,570	\$31,590
*Include in your household everyone you will claim as a dependent on your tax return and any children who live with you. For additional information and instructions on calculating income, see: https://www.healthcare.gov/how-can-i-save-money-on-marketplace-coverage-chart/ . Adapted from Healthcare.gov							