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## NEEDED INFORMATION

IN ADDITION TO INFORMATION ABOUT YOUR FIRM AND EMPLOYEES, OR YOU AS AN INDIVIDUAL OR FAMILY, YOU WILL NEED THE FOLLOWING INFORMATION TO COMPLETE YOUR ANALYSIS OF MEDICAL PLAN COSTS AND BENEFITS:

GET THIS INFORMATION FOR AS MANY PLANS AS YOU WANT TO COMPARE, 10; 20; 30; ETC.

- INSURANCE COMPANY NAME
- PLAN NAME
- COPAYMENT AMOUNT
- HSA/HRA AMOUNT PAID BY AN EMPLOYER
- MAXIMUM OUT-OF-POCKET COSTS
- DEDUCTIBLE (WHICH IS ALWAYS LESS THAN THE MAXIMUM OUT-OF-POCKET COSTS)
- MONTHLY PREMIUMS PAID BY THE EMPLOYER AND EMPLOYEE.  
IF NO EMPLOYER IS INVOLVED, YOU ONLY NEED THE MONTHLY PREMIUM PAID BY THE INSURED(S).

YOU WILL ALSO NEED TO ESTIMATE UP TO FOUR CLAIM AMOUNTS. AN ESTIMATED CLAIM AMOUNT IS THE TOTAL AMOUNT PAID TO PROVIDERS, DURING A FULL YEAR, BY YOU AND THE INSURER. YOUR PAYMENT MIGHT BE \$800, THE INSURER MIGHT HAVE PAID \$7,255. THE CLAIM AMOUNT IS \$8,055. SELECT ANY AMOUNTS THAT APPEAR TO BE REASONABLE TO YOU.