Health Insurance Checklist

A step-by-step checklist for choosing a plan that protects your network access and total annual cost — not just your monthly premium.

Before you start

- [ ] List every doctor, hospital, clinic, and pharmacy you actually use
- [ ] List every prescription — name, dose, and monthly refill frequency
- [ ] Note any planned procedures, therapies, or specialist visits in the coming year
- [ ] Estimate expected medical spend (visits + labs + procedures + Rx)
- [ ] Gather Summary of Benefits and Coverage (SBC) for every plan option

Employer plans

- [ ] Requested SBC for each plan option from HR or the benefits portal
- [ ] Compared deductible, out-of-pocket max, and coinsurance side by side
- [ ] Checked whether an HSA-qualified HDHP is offered and if employer contributes
- [ ] Confirmed my providers are in-network under the current year's plan
- [ ] Verified prescription formulary tier for each of my medications
- [ ] Reviewed dental, vision, and dependent care FSA options

Family coverage

- [ ] Inventoried expected care for every family member
- [ ] Understand whether family deductible is aggregate or embedded
- [ ] If two employer plans available, modeled 'split family' vs 'one plan'
- [ ] Checked pediatric dental and vision inclusion
- [ ] Confirmed coverage for planned deliveries, therapies, or orthodontia
- [ ] Reviewed coordination-of-benefits rules for dependents

Network access

- [ ] Confirmed network breadth (broad, standard, or narrow)
- [ ] Verified each provider in the insurer's directory (screenshot dated)
- [ ] Confirmed specialists are in-network AND accepting new patients
- [ ] Checked whether referrals are required for specialist care
- [ ] Confirmed nearest in-network hospital for emergencies
- [ ] Requested written confirmation of network status for the plan year

Total-cost check

- [ ] Calculated annual premium (monthly × 12) for each plan
- [ ] Estimated out-of-pocket for light year (routine care only)
- [ ] Estimated out-of-pocket for heavy year (surgery / hospitalization)
- [ ] Confirmed I can pay the deductible in cash without borrowing
- [ ] Compared total annual cost, not just premium

Free help

- [ ] Located my state's SHIP counselor (shiphelp.org)
- [ ] Scheduled a free counseling session before enrolling
- [ ] Only used a broker AFTER independent SHIP review
- [ ] Saved copies of all plan documents and enrollment confirmations

Total-cost worksheet

Fill in each column for up to three plan candidates. Compare TOTAL annual cost — not premium alone.

	Plan A	Plan B	Plan C
Plan name			
Monthly premium (your share)			
Deductible			
Out-of-pocket maximum			
Coinsurance % after deductible			
In-network primary doctor? (Y/N)			
In-network hospital? (Y/N)			
All medications on formulary? (Y/N)			
Annual premium (monthly × 12)			
Estimated out-of-pocket (light year)			
Estimated out-of-pocket (heavy year)			
TOTAL annual cost (light)			
TOTAL annual cost (heavy)			

Questions to ask any counselor or broker

- Is this a broad, standard, or narrow network?
- Which local hospital systems are in-network?
- Is each of my drugs on the formulary, and what tier?
- Are my current specialists in-network AND accepting new patients?
- What is the deductible and out-of-pocket maximum?
- Does the plan qualify for an HSA?
- How does the family deductible aggregate?
- What is the coinsurance rate after deductible?

Free help — every state

SHIP (State Health Insurance Assistance Program) counselors are free and unbiased. Called SHIBA in Washington, HICAP in California, HIICAP in New York. Find your state's program at **shiphelp.org**.

This checklist is a companion to the free guide at themurraystandard.org/how-to-choose-health-insurance.