

How does your Current Health Plan Compare to the School's Student Health Plan?

Complete this worksheet to help you make the "Best" decision for your Healthcare needs.

General Provisions	Current Health Plan		Student Health Plan	
Name of Plan				
Plan Type				
HMO (Limited Provider Network)	ПНМО		ПНМО	
• PPO (Higher Benefits In-Network)	☐ PPO		☐ PPO	
• Indemnity (Can go to any licensed provider)	☐ Indemnity		☐ Indemnity	
Travel Assistance, Medical Evacuation &	☐ No		☐ No	
Repatriation Coverage	Yes		Yes	
Service Area Coverage	☐ National	Worldwide		
(National & International)	Local Only	Other		
Preferred Provider Network	☐ National	Regional		
(National or Regional)	Other			
Annual Premium				
Individual:	\$		\$	
Family (If applicable):	\$		\$	
Annual Pharmacy Deductible:	\$		\$	
Co-pay Rx Tier 1 (Generics):	\$		\$	
Co-pay Rx Tier 2 (Brand/Preferred):	\$		\$	
Co-pay Rx Tier 3 (Brand/Non-Preferred):	\$		\$	
Network Type	In Network	Out of Network	In Network	Out of Network
Annual Deductible				
Individual:	\$	\$	\$	\$
Family (If applicable):	\$	\$	\$	\$
Coinsurance Share				
(i.e., Plan pays 80%, insured person pays 20%.)				
Individual:	%	%	%	%
Family (If applicable):	%	%	%	0/0
Annual Out-of-Pocket Maximum				
Individual:	\$	\$	\$	\$
Family (If applicable):	\$	\$	\$	\$
Comments Section:				



For more information or to enroll in a Student Health Insurance Plan, please visit www.gallagherstudent.com /