

# CHOOSE YOUR PLAN.

## COMPARISON

### WORKSHEET

#### Considerations

1. Review the plan types being offered to you to help with understanding your options.
2. Refer to our decision checklist at **Cigna.com**.
3. Review your claims and services used in previous years to refresh your memory.
4. Use the information you've gathered to complete the worksheet below.

PLAN COMPARISON	Plan A	Plan B	Plan C
<b>Plan costs (per month)</b>			
Plan cost for covered person(s)			
Minus expected incentives (nonsmoker, etc., if included with your plan)			
Plus your additional contributions (Example: Health Savings Account)			
Any other costs			
Total fixed costs			
<b>Coverage for anticipated costs</b>			
Prescription drugs, if you have Cigna Pharmacy (check coverage)			
Planned surgery			
Other planned expenses (these may include services such as mental health services, maternity care, physical therapy, etc.)			
Other planned expenses			
Total planned expenses			
<b>Cost coverage overview</b>			
Deductible (In-network)			
Copay or coinsurance for primary care provider visit – In-network – Out-of-network			
Out-of-pocket maximum			
Specialist office visits			
Emergency room			
Other services you expect to use			
<b>Features to consider</b>			
Health plan network coverage ( check to see if your provider is in-network: <a href="https://hcpdirectory.cigna.com/web/public/providers">https://hcpdirectory.cigna.com/web/public/providers</a> )			
Pharmacy network (See link directly above and click on "Hospital, Pharmacy or Facility")			
Health Coaching			
24/7 Customer service			
Preventive care coverage			
Digital tools			

Together, all the way.®



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