BIO & BRAIN HEALTH INFO

Health Insurance Budget Worksheet

US coverage comparison | 2027 planning edition

Name (optional): _____ Coverage year: _____

Compare two eligible plans using actual quotes and benefit documents.

Expense or benefit	Plan A	Plan B
Plan name / network		
Monthly premium after assistance		
Annual premium (monthly x 12)		
Medical / pharmacy deductible		
Expected covered cost sharing (annual)		
Estimated noncovered expenses (annual)		
Total annual budget (premium + expenses)		
In-network out-of-pocket maximum		
High-use estimate (premium + maximum)*		

Before enrolling, confirm:

- ☐ Preferred clinicians and hospital are in network.
- ☐ Prescriptions and medical equipment are covered.
- ☐ Referral and prior authorization requirements are clear.
- ☐ Eligibility, effective date and initial payment are confirmed.

* High-use estimate excludes noncovered and many out-of-network expenses.
Do not count the deductible twice if included in estimated cost sharing.
Do not delay urgent care or change prescribed medication due to insurance costs.
Educational worksheet only; not individualized insurance, tax or medical advice.

Official guidance: HealthCare.gov/choose-a-plan/your-total-costs/