DETERMINING MY COVERAGE NEEDS

What type of routine office visits will you need during the plan year?

For each person in your family who needs insurance coverage, complete the table below.

- Do not include urgent care in this table

ROUTINE OFFICE VISITS					
Family Member	Provider's Name	Preventative, Primary Care or Specialist visit	Why you see them	Number of visits last plan year	Estimated number of visits next plan year
Example: Mike	Dr. Example	Preventative	Annual Checkup	1	1

ROUTINE OFFICE VISITS					
Family Member	Provider's Name	Preventative, Primary Care or Specialist visit	Why you see them	Number of visits last plan year	Estimated number of visits next plan year
			PREVENTATIVE TOTAL		
			PRIMARY CARE TOTAL		
			SPECIALIST TOTAL		

Which prescription medications do you take?

In the table below, list any prescription medications that you or your family routinely need.

- Do not include over-the-counter medications like aspirin or cold medicine, because they are not covered by insurance.

ROUTINE MEDICATIONS				
Family Member	Medication Name	Generic or Name Brand	Refills per year?	Notes
Example: Mike	Lipitor	Name Brand	90 day supply x 4	20 mg daily

In this table, fill in any non-routine medications.

NON-ROUTINE MEDICATIONS			
Family Member	Medication Name	Generic or Name Brand	Notes
Example: Mike	Azithromycin	Generic	one time prescription for pneumonia

How many times did I/we go to **urgent care** last plan year? ______________

How many times did I/we go to the **emergency room** last plan year? ______________

What do I anticipate for next year? Urgent care: ______________ Emergency Room: ______________

What other specific coverage do I/we need?

Consider both your current needs and the needs you are anticipating over the next year. Check the box for the coverage you'll likely need. Later you can look up the coverage that various plans offer.

NEEDED?	SPECIFIC COVERAGE
	Allergy Services
	Autism Spectrum Disorders
	Bariatric Surgery
	Cardiac Rehabilitation
	Chiropractic Care
	Diagnostics (lab, x-ray, MRI, etc.)
	Durable Medical Equipment & Oxygen
	Hearing Aids
	Home Health Care
	Hospice Care
	Maternity
	Mental Health Care, Alcohol Dependency and Substance Dependency Services
	Organ Transplants
	Physical, Occupational and Speech Therapy
	Skilled Nursing Facility Care