Health Insurance 101 Worksheet

Use this worksheet to get organized before shopping for health insurance. Fill in each section so you can compare plans with confidence.

1. Personal Information

Name: _____ Age: _____
Household Size: _____ Dependents: _____

2. Current Coverage

Do you have insurance now? Yes / No Type: Employer / Marketplace / Medicaid / Medicare / Other
When does it end (if expiring)? _____

3. Healthcare Needs

Doctors/specialists you need covered: _____
Medications you take regularly: _____
Expected services this year (surgery, maternity, mental health, etc.): _____

4. Budget

Monthly budget: $_____ Emergency bill (deductible) you could afford: $_____
Preferred balance: Lower monthly cost / Lower out-of-pocket

5. Plan Comparison

Plan Name	Monthly Premium	Deductible	Doctor Network	Rx Coverage	Notes
_____	$____	$____	Wide/Limited	Yes/No	_____
_____	$____	$____	Wide/Limited	Yes/No	_____

6. Questions to Ask

- Are my doctors in-network?
- Does this plan cover my medications?
- What's the max out-of-pocket cost?
- Is preventive care free?
- Does this plan qualify for government help or discounts?