

TABLE 1: ITEMS IN PLANS COVERAGE

	PLAN A	PLAN B	PLAN C
In-home care covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone case manager services covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each type of medication that I am taking is covered in the amount that I need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail-order medication covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special diabetes shoes covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes a limit to my out-of-pocket medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of meter test strips that I need each month covered?	_____	_____	_____
Plan covers all "essential health benefits" under the Patient Protection and Affordable Care Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lets me apply my out-of-network spending toward my maximum out-of-pocket payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All or several of my over-the-counter medications are covered with a prescription from my provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition therapy and diabetes self-management education are covered, initially and each year after?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same pharmacy I currently use is in-network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous glucose monitoring covered (equipment, training and evaluation of results)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-network providers' fees will be paid to some extent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits to specialists (ophthalmologist, podiatrist, etc.) require a referral from my primary care provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every type of insulin pump covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive notices from the health plan that my prescription medications need refilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of money that I have to pay for the following is how exactly much?	_____	_____	_____
• Annual deductible?	_____	_____	_____
• Monthly premium?	_____	_____	_____
• Copay (fixed rate paid at each doctor's visit)?	_____	_____	_____
• Co-insurance (percent of insurer's payment for medical intervention paid by patient)?	_____	_____	_____
Glucose meter of my or my doctor's choice is covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each of my providers (doctors, dietitian, hospital) is in-network in the health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>