

Health Insurance Coverage Review Checklist

Use this checklist during an annual enrollment or renewal period and whenever something meaningful changes in your life, work, family, costs, providers, prescriptions, or plan. Work from the current documents for the exact plan. The checklist organizes the review; it does not determine which plan is best for you.

Start with the trigger

- ☐ Annual enrollment or renewal is approaching.
- ☐ I started or left a job, lost coverage, or became self-employed.
- ☐ My household changed through marriage, divorce, birth, adoption, death, or a dependent aging out.
- ☐ I moved or expect to move to a new ZIP code, county, state, or service area.
- ☐ My income or household information changed in a way that may affect eligibility or savings.
- ☐ I am approaching age 65, retirement, or another Medicare decision point.
- ☐ My premium, deductible, out-of-pocket limit, employer contribution, or other cost changed.
- ☐ A doctor, facility, pharmacy, or prescription changed.
- ☐ My expected healthcare use changed.
- ☐ I do not clearly understand what the current plan covers or what I may pay.

Gather current documents

- ☐ Summary of Benefits and Coverage for the current plan and each available alternative.
- ☐ Plan brochure, Summary Plan Description, Evidence of Coverage, or other detailed plan document that applies.
- ☐ Current premium-rate sheet for every coverage tier under consideration.
- ☐ Exact plan-specific provider directory and prescription formulary.
- ☐ Current list of doctors, specialists, facilities, pharmacies, and prescriptions.
- ☐ Recent plan-change notices and employer contribution information.
- ☐ Current coverage end date, enrollment deadline, and new effective date.

Compare cost and financial fit

Review item	Current plan	Alternative or next year	Questions
Monthly or per-paycheck premium			
Individual and family deductible			
Individual and family out-of-pocket maximum			
Primary care specialist urgent and hospital cost			
Prescription cost structure			
Employer HSA or HRA contribution			
Out-of-network coverage and exposure			

Verify providers and facilities

- ☐ Primary-care physician is in network for the exact plan.
- ☐ Regular specialists and behavioral-health providers are in network.
- ☐ Preferred hospital, urgent-care center, laboratory, and imaging facility are in network.
- ☐ Preferred retail or specialty pharmacy participates.
- ☐ Any provider relationship important to the decision has been confirmed with the plan and provider.

Review prescriptions

Medication	Covered	Tier or cost	Rule or pharmacy question

- ☐ I checked prior authorization, step therapy, quantity limits, and refill rules when relevant.
- ☐ I know which pharmacy network applies.
- ☐ I recorded who to contact if a medication is not listed or a rule is unclear.

Review benefits and plan rules

- ☐ Referral and prior authorization rules are clear.
- ☐ Emergency and urgent care rules are clear.
- ☐ Maternity, behavioral health, rehabilitation, durable medical equipment, or other expected benefits have been reviewed when relevant.
- ☐ Out-of-area, travel, or dependent coverage fits the household's needs.
- ☐ HSA eligibility or other account rules have been checked when relevant.

Confirm timing and eligibility

- ☐ Enrollment or change deadline is recorded.
- ☐ Current coverage end date is confirmed.
- ☐ New coverage effective date is confirmed.
- ☐ Required documentation is identified.
- ☐ I will not cancel current coverage before confirming the next coverage start date.
- ☐ I know whom to contact immediately if the dates may create a coverage gap.

Record the decision

Decision prompt	Notes
What changed	
What still fits	
What no longer fits	
Questions that could change the decision	
Who will answer each question	
Decision and date	
Documents saved	

Next step If the tradeoffs remain unclear, bring the current plan documents, alternative options, provider and prescription questions, and relevant dates to a licensed National Benefit Plans professional.

Educational disclaimer This checklist is for general educational purposes only and is not legal, tax, medical, or personalized insurance advice. Coverage options, eligibility, costs, networks, prescriptions, benefits, and timing vary by plan and situation.