

# Worksheet

# 3

## Comparison-shopping Step 3: Calculating Total Plan Costs

Name of plan under consideration: \_\_\_\_\_

Premium: \_\_\_\_\_ \$

Deductible: \_\_\_\_\_ \$

Name of medication	Co-pay
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Total co-pay for each drug: \$ \_\_\_\_\_

Donut hole out-of-pocket expenses  
(if you think your drug cost may reach this level) \$ \_\_\_\_\_

Total cost of plan: \$ \_\_\_\_\_