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| **Drug Plan Comparison Worksheet for Clients with Insulin** | | | | | | |
| **Step 1:** | **New client:** Enter all drugs except any insulin | List Insulin removed in this section: | | | | |
| **Name** | | **Dosage** | | **Frequency** |
| **Existing Client:** Review and update drug list, write down insulin drugs or print drug list; remove insulin drugs |  | |  | |  |
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| **Step 2:** | Select or update pharmacies |  | | | | |
| **Step 3:** | Review Plan Details and record Estimated Drug and premium cost  without insulin for the lowest cost plan(s) | **Plan 1** | **Plan 2** | | **Plan 3** | |
| **Step 4** | Add $420 for each insulin drug to the total estimated cost |  |  | |  | |
| **Step 5** | Total Estimated annual cost including insulin |  |  | |  | |
| **Step 6** | Enter insulin drugs to comparison to see if they are covered by the plan |  |  | |  | |
| **Step 7** | Print to PDF the Plan Details that include the insulin products |  |  | |  | |

Note: Do not include the Shingrix vaccine as it will not display as $0 cost share.