ADMIN ARCADE

# OPEN ENROLLMENT WORKSHEET

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Life admin for people who hate it

Compare up to 3 health plans side by side, **with the whole year's cost added up, not just the monthly bill.**
Work the five steps in order and check each one off for a ticket.

## THE FIVE STEPS

Check the box when you finish a step

| | | | | | |
|---|---|---|---|---|---|
| ☐ **1 FIND YOUR DEADLINE** Pick your plan source in the red box | ☐ **2 GET EACH PLAN'S PAPERS** See "Where to find the numbers" | ☐ **3 CHECK DOCTORS, DRUGS, PHARMACY** Last three rows of the grid | ☐ **4 ADD UP THE YEAR** Fill the least and most rows | ☐ **5 SIGN UP AND SAVE PROOF** Fill the "I signed up" box | **TICKETS EARNED** ____ / 5 — 1 per step you finish |

## STEP 1: FIND YOUR DEADLINE

Check where your plan comes from. Sign up before the last day.

☐ **Work or union plan**
Your employer or union sets the dates. Watch for the email or packet.
**My deadline:** _____

☐ **My state's own marketplace**
Dates vary by state. Check your state's site.
**My deadline:** _____

☐ **HealthCare.gov**
Open **Nov 1, 2026 to Jan 15, 2027.** Sign up by **Dec 15** for coverage starting Jan 1.

☐ **Medicare**
Open **Oct 15 to Dec 7, 2026.** Changes start Jan 1. On Medicare Advantage? Also **Jan 1 to Mar 31.**

## COMPARE THE PLANS

One column per plan. Write each number from the plan's own papers.

| WHAT TO WRITE<br>Each row, for every plan | PLAN A | PLAN B | PLAN C |
|---|---|---|---|
| **PLAN NAME**<br>As the plan's papers print it | | | |
| **PLAN TYPE**<br>HMO, PPO, EPO, POS or other | | | |
| **MONTHLY PREMIUM**<br>Your share, what comes out each month | $ | $ | $ |
| **YEARLY PREMIUM**<br>Monthly premium × 12 | $ | $ | $ |
| **DEDUCTIBLE**<br>What you pay before the plan starts paying | $ | $ | $ |
| **OUT-OF-POCKET MAX**<br>In network. The most you pay for care in a year. Original Medicare has none, so leave it blank | $ | $ | $ |
| **EMPLOYER HSA OR HRA MONEY**<br>What your employer puts in, if any. None? Write 0 | $ | $ | $ |
| **LEAST I'D PAY THIS YEAR**<br>Yearly premium − employer money | $ | $ | $ |
| **MOST I'D PAY THIS YEAR**<br>In network: yearly premium + out-of-pocket max − employer money | $ | $ | $ |
| **MY DOCTORS IN NETWORK?**<br>Circle one in each column | YES NO NOT SURE | YES NO NOT SURE | YES NO NOT SURE |
| **MY PRESCRIPTIONS COVERED?**<br>Circle one in each column | YES NO NOT SURE | YES NO NOT SURE | YES NO NOT SURE |
| **MY PHARMACY IN NETWORK?**<br>Circle one in each column | YES NO NOT SURE | YES NO NOT SURE | YES NO NOT SURE |

**Heads up:** premiums don't count toward the out-of-pocket max. Care outside the network might not count either.

## WHERE TO FIND THE NUMBERS

**Work or union plan:** the Summary of Benefits and Coverage (SBC). Ask for it for any plan option.

**HealthCare.gov or your state:** each plan's details page.

**Medicare:** your Annual Notice of Change, plus Medicare Plan Finder at medicare.gov/plan-compare.

## I SIGNED UP

PLAN I PICKED _____

DATE I SIGNED UP _____

CONFIRMATION NUMBER _____

COVERAGE STARTS _____

**Not insurance, financial or legal advice. I'm not a licensed agent or broker.** Check every number against your plan's own papers. Dates are for 2027 coverage and can change. · adminarcade.com