

Check the network. Then check the prescriptions.

A blank review checklist for comparing a proposed medical plan with current coverage. Use placeholders for employee-specific questions. Do not record employee names or diagnoses.

Current plan / exact network: _____

Proposed plan / exact network: _____

Effective date / date checked: _____

Person responsible for follow-up: _____

1. Confirm the right plan and network

- ☐ Use the full plan name and exact network/product name, not just the carrier name.
- ☐ Check the provider at the specific practice address and hospital/facility location.
- ☐ Check important specialists, hospitals, clinics and behavioral-health access separately.
- ☐ Check whether new patients, referrals or authorizations affect access.
- ☐ Record the carrier source, check date and unresolved discrepancy. A directory search is not a coverage guarantee.

Provider / facility review log

Provider or facility No patient name	Location + exact proposed network	Source / date Who confirmed?	Status + next step
			☐ Confirmed ☐ Needs follow-up ☐ Not listed
			☐ Confirmed ☐ Needs follow-up ☐ Not listed
			☐ Confirmed ☐ Needs follow-up ☐ Not listed

If sources disagree, resolve the question with the carrier and provider before relying on the comparison. Employee-specific questions should use an agreed private channel.

2. Review prescription access and employee cost

- ☐ Check the exact drug, strength and form against the applicable plan-year drug list.
- ☐ Record the tier, deductible treatment, copay/coinsurance and any prior authorization, step therapy or quantity limit.
- ☐ Check required pharmacy, specialty-pharmacy and refill arrangements.
- ☐ Check both coverage and employee cost; a formulary listing alone does not answer every condition.
- ☐ Record who will resolve open questions. Do not promise a medication will remain covered indefinitely.

Medication placeholder Strength / form	Drug-list source Plan year / check date	Conditions + cost-sharing question	Status / next step
			☐ Checked ☐ Needs follow-up
			☐ Checked ☐ Needs follow-up
			☐ Checked ☐ Needs follow-up

Decision record

Questions resolved by / date: _____

Questions still open / owner: _____

What changes for employees? _____

Decision / next review date: _____

Use the SBC, plan documents, directories and drug list together. Out-of-network or excluded costs may not count toward the stated out-of-pocket limit.

Reading: Benefit Experts network and prescription audit · SBC explanation

Benefit Experts · 206.556.2993 · benefit-experts.com/contact/

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