



CASE# - XXXXXX DATE XX/XX/XXXX

MEMBER	MEMBERSHIP ID#	NEEDS ASSESSMENT SUMMARY
XXXXXX	XXXXXX	<ul style="list-style-type: none"> • Family of 5 (2 Adults & 3 Children) • Independent Contractor (Consultant) • Premium was going to increase from \$1,850.00/mo. (\$22,200.00/yr.) • Searching for lower cost offering with same coverage • Healthy family that had never met their deductible in the over 10 years.

TRACKING CODE	SERVICE LINES	ESTIMATED POYNTS	ENDPOYNTS
1.00	Members Needs Assessment	2	2
16.00	Health Insurance Consultation & Benefit Review (Cost)	2	2

SUMMARY

Healthcare Insurance Plan for Family of 5.
 Current Plan: Premium = \$1,850.00 / Deductible = \$2,500.00 / Co-Payments = 50%
 Current Plan Increase: Premium = \$3,100.00 / Deductible = \$2,500.00 / Co-Payments = 50%
 New Plan: Premium = \$900 / Deductible = \$5,000.00 / Co-Payments = 40%
 Savings in premium = \$11,400.00

Member chose a short term plan (full PPO) that would cover the family. Member was going to take the premium savings and set up a HAS (Health Savings Account) to cover the OOP (Out of Pocket) expenses. Member has used their HEALTHPOYNT membership in the past to find lower cost providers and negotiate the cost of medical services.

TOTAL POYNT DEDUCTION	4
COMPLETION DATE	XXXXXX