

Benefits comparison worksheet

Employer A: _____

Employer B: _____

Benefit	Employer A	Employer B	Household choice
Health care	Premium: \$ _____	Premium: \$ _____	☐ A
	Deductible: \$ _____	Deductible: \$ _____	☐ B
	OOP max: \$ _____	OOP max: \$ _____	☐ Separate
HSA/FSA	☐ HSA	☐ HSA	☐ A
	☐ FSA	☐ FSA	☐ B
	☐ Neither	☐ Neither	☐ Both
	Employer contribution: \$ _____	Employer contribution: \$ _____	☐ Neither
Life insurance	Employer-paid: \$ _____	Employer-paid: \$ _____	☐ A
	Supplemental: \$ _____	Supplemental: \$ _____	☐ B
			☐ Both
Disability	Coverage: _____ %	Coverage: _____ %	☐ A
	Waiting period: _____	Waiting period: _____	☐ B
			☐ Both

Other questions to consider before you enroll:

- Will our elections result in any overlaps or gaps in coverage?
- How will our health care and HSA/FSA choices work together?
- Does our combined life and disability coverage reflect our household needs?
- What happens to our coverage if either of us changes jobs?

For more information visit: mariner.com

This worksheet is provided for informational and educational purposes only and is intended to help you compare benefit options based on your personal circumstances. Eligibility, coverage and coordination rules vary by employer and plan. Review the applicable plan terms and eligibility requirements before making benefit elections.

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