

# USE THIS INSURANCE COMPARISON CHART TO HELP YOU CHOOSE THE INSURANCE PLAN THAT IS RIGHT FOR YOU

You may be able to edit here, download, or print to fill out by hand.

Option A

Option B

Option C

Name of Insurance Plan \_\_\_\_\_

Does the plan have a deductible? If so, how much?      \$      \$      \$

Does the plan have a co-pay (\$) or co-insurance? If so, how much?      \$      \$      \$

Does the plan have an out-of-pocket maximum? If so, how much?      \$      \$      \$

What is the monthly insurance premium?      \$      \$      \$

Is my doctor in the plan’s network?      Yes ☐ No ☐      Yes ☐ No ☐      Yes ☐ No ☐

Check the box for the plan that’s best for you.      ☐      ☐      ☐

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have questions?  
Reach out to an Insurance Specialist at **1.866.759.7494**

**Legal Notices/Privacy Policy. Copyright 2021, AbbVie Inc., North Chicago, Illinois, U.S.A.** If you have any questions about AbbVie’s SKYRIZI.com website that have not been answered, [click here](#). This website and the information contained herein is intended for use by US residents only, is provided for informational purposes only and is not intended to replace a discussion with a healthcare provider. All decisions regarding patient care must be made with a healthcare provider and consider the unique characteristics of each patient.