

## Dan's Select Moda plans for 2017

<b>COMPANY</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda</b>
Plan Name	<b>Be Integrated</b>	<b>Be Protected</b>	<b>Standard Gold</b>	<b>Be Prepared</b>	<b>Be Steady</b>	<b>Standard Silver</b>	<b>Standard Bronze</b>
Type of Coverage	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Network Name	Beacon	Beacon	Beacon	Beacon	Beacon	Beacon	Beacon
Provider lookup link	<b>Visit my website:</b>	<b>Visit my website:</b>	<b>Visit my website:</b>	<b>Visit my website:</b>	<b>Visit my website:</b>	<b>Visit my website:</b>	<b>Visit my website:</b>
Plan Brochure link	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>	<a href="http://agapeinsurance.net">agapeinsurance.net</a>
Where to Purchase	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>
Annual Deductible	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$2,250</b>	<b>\$3,650</b>	<b>\$2,500</b>	<b>\$7,150</b>
Co-insurance after Ded.	20%	15%	20%	30%	30%	30%	0%
Maximum Out of Pocket*	<b>\$5,500</b>	<b>\$5,500</b>	<b>\$6,850</b>	<b>\$7,150</b>	<b>\$7,000</b>	<b>\$6,850</b>	<b>\$7,150</b>
<b>*Note: The Annual Out of pocket maximum includes both your deductible met for in-network medical services &amp; covered prescription drugs</b>							
Primary Care Copay*	\$20	\$15	\$20	\$30	25%	\$35	\$70
Video Visits with doctor	eDoc email	eDoc email	eDoc email	eDoc email	eDoc email	eDoc email	eDoc email
Specialist Copay*	\$40	\$15	\$40	\$30	25%	\$70	\$115
Mental Health Copay*	\$20	\$15	\$20	\$30	25%	\$35	\$70
Urgent Care Copay*	\$60	\$15	\$60	\$30	25%	\$70	\$100
Prescription Drugs: Generic, Preferred, Name*	\$10/40%/50%	\$10/40%/50%	\$10/\$30/50%	\$20/40%/50%	\$20/40%/50%	\$15/\$50/50%	\$35/ded/ded
Chiropractic & Acupuncture*	no	\$15/\$1000 max	not covered	\$30/\$1000 max	25%/\$1000 max	not covered	no
Deductible waived for X-ray & Lab work*	no	no	no	no	no	no	no
Accident Rider*	no	First \$1000	no	first \$1000	first \$1000	no	no

**Note: All the illustrated coverage with copays prior to the deductible assume you are using In-Network Providers.**

## MONTHLY PREMIUMS FOR 2017 \*READ NOTES BELOW

<u>COMPANY</u>	<u>Moda</u>	<u>Moda</u>	<u>Moda</u>	<u>Moda</u>	<u>Moda</u>	<u>Moda</u>	<u>Moda</u>
Plan Name	Be Integrated	Be Protected	Standard Gold	Be Prepared	Be Steady	Standard Silver	Standard Bronze
	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 20 & Under	\$218	\$216	\$214	\$201	\$182	\$196	\$175
21	\$344	\$340	\$337	\$317	\$302	\$309	\$275
22	\$344	\$340	\$337	\$317	\$302	\$309	\$275
23	\$344	\$340	\$337	\$317	\$302	\$309	\$275
24	\$344	\$340	\$337	\$317	\$302	\$309	\$275
25	\$345	\$342	\$338	\$318	\$303	\$310	\$276
26	\$352	\$348	\$345	\$324	\$309	\$317	\$282
27	\$360	\$357	\$353	\$332	\$306	\$324	\$288
28	\$374	\$370	\$366	\$344	\$328	\$336	\$299
29	\$385	\$381	\$377	\$354	\$338	\$346	\$308
30	\$390	\$386	\$382	\$359	\$343	\$351	\$312
31	\$399	\$394	\$390	\$367	\$350	\$358	\$319
32	\$407	\$403	\$399	\$374	\$357	\$366	\$326
33	\$412	\$408	\$404	\$379	\$362	\$370	\$330
34	\$418	\$413	\$409	\$384	\$366	\$375	\$334
35	\$420	\$416	\$412	\$387	\$369	\$378	\$336
36	\$423	\$419	\$414	\$389	\$371	\$380	\$338
37	\$426	\$421	\$417	\$392	\$374	\$383	\$341
38	\$429	\$424	\$420	\$394	\$376	\$385	\$343
39	\$434	\$429	\$425	\$400	\$381	\$390	\$347

**NOTES:** \*Rates below are non-smoking rates for Multnomah, Washington & Clackamas Counties. \*Smoking rates can be 50% higher.

\*The rates are for individuals in Oregon only. \*If you qualify for a tax credit, your premium will be lower, but you must purchase through the Marketplace

Final rates are determined by the Insurance Carrier. Please read full plan brochure prior to enrollment and double-check the rates.

**Disclaimer: This spreadsheet is a high level look only. Consult the insurance contract to verify all benefits and read the plan brochure prior to enrollment**

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Plan Name	Be Integrated	Be Protected	Standard Gold	Be Prepared	Be Steady	Standard Silver	Standard Bronze
<i>Non-Smoker premiums</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 40	\$440	\$435	\$431	\$405	\$386	\$395	\$352
41	\$448	\$443	\$439	\$412	\$393	\$403	\$358
42	\$456	\$451	\$446	\$419	\$400	\$410	\$365
43	\$467	\$462	\$457	\$430	\$410	\$420	\$373
44	\$481	\$475	\$471	\$442	\$422	\$432	\$384
45	\$497	\$491	\$486	\$457	\$436	\$447	\$397
46	\$516	\$510	\$505	\$475	\$453	\$464	\$413
47	\$538	\$532	\$527	\$495	\$472	\$483	\$430
48	\$562	\$556	\$551	\$518	\$493	\$506	\$450
49	\$587	\$581	\$575	\$540	\$515	\$528	\$469
50	\$614	\$608	\$602	\$565	\$539	\$552	\$491
51	\$642	\$635	\$628	\$590	\$563	\$577	\$513
52	\$671	\$664	\$658	\$618	\$589	\$604	\$537
53	\$702	\$694	\$687	\$646	\$616	\$631	\$561
54	\$734	\$727	\$719	\$676	\$644	\$660	\$587
55	\$767	\$759	\$751	\$706	\$673	\$690	\$614
56	\$802	\$794	\$786	\$739	\$704	\$721	\$642
57	\$838	\$829	\$821	\$771	\$735	\$754	\$671
58	\$876	\$867	\$858	\$807	\$769	\$788	\$701
59	\$895	\$886	\$877	\$824	\$786	\$805	\$716
60	\$934	\$924	\$914	\$859	\$819	\$839	\$747
61	\$967	\$956	\$947	\$890	\$848	\$869	\$773
62	\$988	\$978	\$968	\$909	\$867	\$888	\$791
63	\$1,015	\$1,005	\$995	\$934	\$891	\$913	\$812
64	\$1,032	\$1,020	\$1,011	\$950	\$905	\$927	\$825

When you are 6 months from age 65, please contact me as I can prepare you for Medicare and discuss plan options

**\*Note: All the illustrated coverage with copays prior to the deductible assume you are using In-Network Providers.**