

Dan's Top 5 Gold plans compared for 2019

COMPANY	<u>Moda</u>	<u>Providence</u>	<u>PacificSource</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	Beacon Gold 1000	Standard Gold Plan	Standard Gold	Gold 0/20	Standard Gold
Contracted Provider Network	Beacon	Choice	Legacy Health	Kaiser & Portland Clinics	Kaiser & Portland Clinics
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>
Annual Deductible	\$1,000	\$1,000	\$1,000	\$0	\$1,000
Coinsurance % you pay after the annual deductible is met	15%	20%	20%	30%	20%
Maximum out-of-pocket for In-Network, covered services	\$6,500	\$6,850	\$6,850	\$7,250	\$6,850
Understand the out-of-pocket maximum, In-Network	*The Maximum-out-of-pocket above includes BOTH the deductible met, the coinsurance percentage you pay after the deductible, and all covered prescription drug costs for In-Network covered services in the calendar year.				
Preventative Care: Annual Exam, Well-Baby, Some tests & Labs & more	Covered in full before deductible	Covered in full before deductible	Covered in full before deductible	Covered in full before deductible	Covered in full before deductible
Primary Care Provider visit	\$15	\$20 (Requires a Medical Home Selection)	\$20	\$20	\$20
Naturopath as PCP visit	\$15	\$40 (Req. MH referral)	\$40	By PCP referral	not available
Specialist office visit	\$30	\$40 (Req. MH referral)	\$40	\$40	\$20
Urgent Care visit	\$15	\$60	\$60	\$40	\$60
Outpatient Mental health visit	\$15	\$20 (30 visit max)	\$20	\$20	\$20
Outpatient Rehabilitation	\$30	\$20 (30 visit max)	\$20	\$20	\$20
Prescription Drugs:	See Benefit Summary	See Benefit Summary	See Plan Brochure	See Benefit Summary	See Benefit Summary

Chiropractic & Acupuncture	\$15 , \$1000 annual maximum benefit	Not covered	Not covered	By PCP referral	Not covered
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MONTHLY PREMIUMS (PER PERSON) FOR 2019

<u>COMPANY</u>	<u>Moda</u>	<u>Providence</u>	<u>PacificSource</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	Beacon Gold 1000	Standard Gold	Beacon Gold	Gold 0/20	Standard Gold
<i>PREMIUM PER PERSON</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 20 & Under	\$247	\$247	\$242	\$232	\$225
21	\$389	\$389	\$379	\$366	\$354
22	\$389	\$389	\$379	\$366	\$354
23	\$389	\$389	\$379	\$366	\$354
24	\$389	\$389	\$379	\$366	\$354
25	\$391	\$390	\$381	\$367	\$356
26	\$398	\$390	\$388	\$374	\$363
27	\$408	\$407	\$397	\$383	\$371
28	\$423	\$423	\$412	\$398	\$385
29	\$435	\$435	\$424	\$409	\$396
30	\$441	\$441	\$430	\$415	\$402
31	\$451	\$451	\$439	\$424	\$411
32	\$460	\$460	\$448	\$433	\$419
33	\$466	\$466	\$454	\$438	\$424
34	\$472	\$472	\$460	\$444	\$430
35	\$475	\$475	\$463	\$447	\$433
36	\$478	\$478	\$466	\$450	\$436
37	\$482	\$481	\$469	\$453	\$439
38	\$485	\$484	\$472	\$456	\$441
39	\$491	\$491	\$478	\$462	\$447
40	\$497	\$497	\$484	\$467	\$453
41	\$506	\$506	\$494	\$476	\$461

42	\$515	\$515	\$502	\$485	\$469
43	\$528	\$528	\$514	\$496	\$481
MONTHLY PREMIUMS (PER PERSON) FOR 2019					
COMPANY	<u>Moda</u>	<u>Providence</u>	<u>PacificSource</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	Beacon Gold 1000	Standard Gold	Standard Gold	Gold 0/20	Standard Gold
<i>Non-Smoker premiums</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
44	\$543	\$543	\$530	\$511	\$495
45	\$562	\$561	\$547	\$528	\$512
46	\$583	\$583	\$569	\$549	\$531
47	\$608	\$608	\$592	\$572	\$554
48	\$636	\$636	\$620	\$598	\$579
49	\$664	\$663	\$647	\$624	\$604
50	\$695	\$694	\$677	\$653	\$633
51	\$725	\$725	\$707	\$682	\$661
52	\$759	\$759	\$740	\$714	\$692
53	\$794	\$793	\$773	\$746	\$723
54	\$830	\$830	\$809	\$781	\$756
55	\$867	\$867	\$845	\$816	\$790
56	\$907	\$907	\$884	\$853	\$826
57	\$948	\$948	\$924	\$891	\$863
58	\$991	\$991	\$966	\$932	\$903
59	\$1,013	\$1,012	\$987	\$952	\$922
60	\$1,056	\$1,055	\$1,029	\$993	\$961
61	\$1,093	\$1,093	\$1,065	\$1,028	\$995
62	\$1,118	\$1,117	\$1,089	\$1,051	\$1,018
63	\$1,148	\$1,148	\$1,119	\$1,080	\$1,046
64	\$1,167	\$1,165	\$1,137	\$1,098	\$1,062

2019 IMPORTANT CHANGES, NOTES & DISCLAIMERS:

RATES VARY BY COUNTY: The rates above are for Clackamas, Multnomah, and Washington. View the company brochure to double-check your final rate. This high level spreadsheet is for illustration purposes only.

RATES ARE HIGHER FOR Tobacco users: Moda's rates are the same for non-smoker and smokers. The other carriers have higher rates for tobacco users.

PLEASE READ THE FINE PRINT: Use these charts to compare rates, but please read the full plan brochure, and investigate the plan limitations and exclusions before you buy.

QUALIFYING FOR A TAX-CREDIT--you must use www.healthcare.gov: Please note that if you qualify for a tax credit, you must purchase your coverage through www.healthcare.gov, NOT direct with Kaiser. I can help you understand this better. Even if you don't qualify at the start of the year, your life situation may change.

FINAL RATES AND EFFECTIVE DATES ARE DETERMINED BY THE INSURANCE COMPANY Final rates & Coverage are determined by the Insurance Carrier, not by this overview. Please read full plan brochure prior to enrollment and double-check the rates. The insurance company has final say on your effective date.

THIS SPREADSHEET IS FOR ILLUSTRATION PURPOSES ONLY: This spreadsheet is a high level look only. Consult the insurance contract to verify all benefits and read the plan brochure prior to enrollment. Also consult the full benefit summary for the plan you are considering. I can email you the full summary upon request: email danneils@gmail.com

APPROACHING AGE 65? I specialize in Medicare Health Plans and can advise you. Please contact me 6 months before you turn 65 and we can discuss options.