

# Dan's Top 6 Silver plans compared for 2019

COMPANY	<u>PacificSource</u>	<u>Moda</u>	<u>Providence</u>	<u>Providence</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	<b>Standard Silver</b>	<b>Beacon 3000</b>	<b>Standard Silver Plan</b>	<b>Connect 2500 Silver</b>	<b>Standard Silver Plan</b>	<b>Silver 3500/30</b>
Contracted Provider Network	Legacy Health Network	Beacon	Choice Network	Connect Network	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>	<i>Direct or Marketplace</i>
Annual Deductible	<b>\$2,850</b>	<b>\$3,000</b>	<b>\$2,850</b>	<b>\$2,500</b>	<b>\$2,850</b>	<b>\$3,500</b>
Coinsurance % you pay after the deductible is met	30%	30%	30%	30%	30%	30%
Maximum out-of-pocket for In-Network covered services	<b>\$7,900</b>	<b>\$7,900</b>	<b>\$7,900</b>	<b>\$7,900</b>	<b>\$7,900</b>	<b>\$7,750</b>
Understand the out-of-pocket maximum	*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.					
<b>Preventative Care:</b> Annual Exam, 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	Covered in full before deductible
<b>Primary Care</b> Provider visit	<b>\$40</b>	<b>\$35</b>	<b>\$40</b> (Requires Medical Home Selection)	<b>\$45</b> (Requires Medical Home Selection)	<b>\$40</b>	<b>\$30</b>
<b>Specialist</b> office visit	<b>\$80</b>	<b>\$70</b>	<b>\$80</b> (Req. MH referral)	<b>\$65</b> (Req. MH referral)	<b>\$80</b>	<b>\$65</b>
<b>Urgent</b> Care visit	<b>\$70</b>	<b>\$35</b>	<b>\$70</b>	<b>\$75</b>	<b>\$70</b>	<b>\$50</b>
Outpatient <b>Mental health</b> visit	<b>\$40</b>	<b>\$35</b>	<b>\$40</b> (30 visit max)	<b>\$25</b>	<b>\$40</b>	<b>\$30</b>
Outpatient <b>Rehabilitation</b>	<b>\$40</b>	<b>\$70</b>	<b>\$40</b> (30 visit max)	Deductible then 30%	<b>\$40</b>	Deductible then \$30
<b>Prescription Drugs:</b>	See Benefit Summary	<b>\$1000 Accident Rider Included in this Plan</b>	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not covered	<b>\$35 copay, \$1000 annual benefit</b>	Not Covered	<b>\$25</b> (First 3 visits)	discounted 20%	By PCP referral

## MONTHLY PREMIUMS (PER PERSON) FOR 2019

<u>COMPANY</u>	<u>PacificSource</u>	<u>Moda</u>	<u>Providence</u>	<u>Providence</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	Standard Silver	Beacon Silver 3000	Standard Silver	Connect 2500	Standard Silver	Silver 3500/30
<i>PREMIUM PER PERSON</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 20 & Under	\$211	\$211	\$217	\$206	\$206	\$203
21	\$333	\$333	\$342	\$324	\$324	\$319
22	\$333	\$333	\$342	\$324	\$324	\$319
23	\$333	\$350	\$342	\$324	\$324	\$319
24	\$333	\$350	\$342	\$324	\$324	\$319
25	\$334	\$351	\$343	\$325	\$325	\$321
26	\$341	\$358	\$350	\$331	\$332	\$327
27	\$349	\$367	\$358	\$339	\$340	\$335
28	\$361	\$380	\$372	\$352	\$352	\$347
29	\$372	\$391	\$383	\$362	\$363	\$357
30	\$377	\$397	\$388	\$367	\$368	\$363
31	\$385	\$405	\$396	\$375	\$376	\$370
32	\$393	\$414	\$405	\$383	\$383	\$378
33	\$398	\$419	\$410	\$388	\$388	\$383
34	\$404	\$425	\$415	\$393	\$393	\$388
35	\$406	\$427	\$418	\$395	\$396	\$390
36	\$409	\$430	\$421	\$398	\$399	\$393
37	\$412	\$433	\$423	\$401	\$401	\$395
38	\$414	\$436	\$426	\$403	\$404	\$398
39	\$420	\$441	\$432	\$408	\$409	\$403
40	\$425	\$447	\$437	\$414	\$414	\$408
41	\$433	\$455	\$445	\$421	\$422	\$416
42	\$441	\$463	\$453	\$429	\$429	\$423
43	\$451	\$475	\$464	\$439	\$440	\$433

## MONTHLY PREMIUMS (PER PERSON) FOR 2019

<b>COMPANY</b>	<b><u>PacificSource</u></b>	<b><u>Moda</u></b>	<b><u>Providence</u></b>	<b><u>Providence</u></b>	<b><u>Kaiser</u></b>	<b><u>Kaiser</u></b>
Plan Name	Standard Silver	Beacon Silver 3000	Standard Silver	Connect 2500	Standard Silver	Silver 3500/30
<i>Non-Smoker premiums</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
44	\$465	\$489	\$478	\$452	\$453	\$446
45	\$480	\$505	\$494	\$467	\$468	\$461
46	\$499	\$525	\$513	\$485	\$486	\$479
47	\$520	\$547	\$534	\$506	\$506	\$499
48	\$544	\$572	\$559	\$529	\$530	\$522
49	\$567	\$597	\$583	\$552	\$553	\$545
50	\$594	\$625	\$611	\$578	\$579	\$571
51	\$620	\$652	\$638	\$604	\$604	\$596
52	\$649	\$683	\$667	\$632	\$632	\$624
53	\$678	\$714	\$698	\$660	\$661	\$652
54	\$710	\$747	\$730	\$691	\$692	\$682
55	\$742	\$780	\$763	\$722	\$723	\$712
56	\$776	\$816	\$798	\$755	\$756	\$745
57	\$810	\$852	\$833	\$789	\$790	\$778
58	\$847	\$891	\$871	\$825	\$826	\$814
59	\$866	\$910	\$890	\$842	\$843	\$832
60	\$903	\$949	\$928	\$878	\$879	\$867
61	\$934	\$983	\$961	\$909	\$910	\$898
62	\$955	\$1,005	\$982	\$930	\$931	\$918
63	\$982	\$1,033	\$1,009	\$955	\$957	\$943
64	\$998	\$1,049	\$1,025	\$970	\$972	\$957

## 2019 IMPORTANT CHANGES, NOTES & DISCLAIMERS:

**RATES VARY BY COUNTY:** rates above are for Clackamas, Multnomah, and Washington. This overview is for illustration purposes only. Please read the company brochure to double-check your final rate.

**SMOKING RATES ARE HIGHER:** Moda is the only company where the smoker and non smoker rates are the same.

**READ MORE BEFORE SELECTING A PLAN:** Once you identify the plan you want to learn more about, please read the full plan summary, and investigate the plan limitations and exclusions so that you can limit potential surprises.

**QUALIFYING FOR A TAX-CREDIT--you must use [www.healthcare.gov](http://www.healthcare.gov):** Please note that if you qualify for a tax credit, you must purchase your coverage through [www.healthcare.gov](http://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](mailto: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.