

Dan's Top 8 Bronze plans compared for 2020

<u>COMPANY NAME</u>	<u>Providence</u>	<u>PacificSource</u>	<u>PacificSource</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>	<u>PacificSource</u>
Plan Name	HSA 6750 Bronze	Standard Bronze	HSA 6750 Bronze	HSA 6000 Broze	KP 5000/50	Connect 8150	Bronze HSA 6900	Catastrophic (Under age 30)
Contracted Provider Network	Choice Network Req. Medical Home	Navigator Network	Navigator Network	Beacon Network	Kaiser & Portland Clinics	Connect Network Req. Medical Home	Kaiser & Portland Clinics	Navigator Network
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>	<i>Direct application only</i>
Annual Deductible	\$6,750	\$7,900	\$6,750	\$6,000	\$5,000	\$8,150	\$6,900	\$8,150
Coinsurance % you pay after the annual deductible is met	0%	0%	0%	0%	35%	0%	0%	0%
Maximum out-of-pocket In-Network for covered services	\$6,750	\$7,900	\$6,750	\$6,000	\$8,150	\$8,150	\$6,900	\$8,150
Maximum Out-Of-Pocket Explanation	*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, pap, mamm., 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	Covered in full before deductible	Covered in full before deductible
Primary Care Provider visit	Deductible then \$0	\$45	Deductible then \$0	Deductible then \$0	\$50	\$70 (Medical Home Required)	Deductible then \$0	\$0 First 3 Primary Care visits
Specialist office visit	Deductible then \$0	\$90	Deductible then \$0	Deductible then \$0	Deductible then 35%	\$100 Referral Required	Deductible then \$0	Deductible then \$0
Urgent Care visit	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 35%	\$100	Deductible then \$0	Deductible then \$0
Outpatient Mental health visit	Deductible then \$0	\$45	Deductible then \$0	Deductible then \$0	\$50 copay	\$70	Deductible then \$0	Deductible then \$0
Outpatient Rehabilitation	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 35%	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drugs	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not Covered	Not Covered	Not covered	Not covered	Not covered	\$25 (First 3 visits)	Not covered	\$500 Accident Rider Included

MONTHLY PREMIUMS (PER PERSON) FOR 2020

<u>COMPANY</u>	<u>Providence</u>	<u>PacificSource</u>	<u>PacificSource</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>	<u>PacificSource</u>
Plan Name	HSA 6750 Bronze	Standard Bronze	HSA 6750	HSA 6000	Bronze 5000/50	Connect 8150	Bronze 6900 HSA	Catastrophic
<i>PREMIUM PER PERSON</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 20 & Under	\$170	\$169	\$166	\$164	\$161	\$149	\$146	\$112
21	\$268	\$266	\$262	\$259	\$254	\$234	\$230	\$177
22	\$268	\$266	\$262	\$259	\$254	\$234	\$230	\$177
23	\$268	\$266	\$262	\$259	\$254	\$234	\$230	\$177
24	\$268	\$266	\$262	\$259	\$254	\$234	\$230	\$177
25	\$269	\$267	\$263	\$260	\$255	\$235	\$231	\$177
26	\$275	\$272	\$268	\$265	\$260	\$240	\$235	\$181
27	\$281	\$278	\$275	\$271	\$266	\$245	\$241	\$185
28	\$292	\$289	\$285	\$281	\$276	\$254	\$250	\$192
29	\$300	\$297	\$293	\$290	\$284	\$262	\$257	\$198
30	\$304	\$301	\$297	\$294	\$288	\$266	\$261	\$200
31	\$311	\$308	\$304	\$300	\$294	\$271	\$266	
32	\$317	\$314	\$310	\$306	\$300	\$277	\$272	Age 30
33	\$321	\$318	\$314	\$310	\$304	\$280	\$275	and under
34	\$326	\$322	\$318	\$314	\$308	\$284	\$279	only
35	\$328	\$325	\$320	\$316	\$310	\$286	\$281	
36	\$330	\$327	\$322	\$318	\$312	\$288	\$283	
37	\$332	\$329	\$324	\$320	\$314	\$290	\$285	
38	\$334	\$331	\$327	\$322	\$316	\$292	\$286	
39	\$339	\$335	\$331	\$327	\$320	\$295	\$290	
40	\$343	\$339	\$335	\$331	\$325	\$299	\$294	
41	\$349	\$346	\$341	\$337	\$331	\$305	\$299	
42	\$355	\$352	\$347	\$343	\$336	\$310	\$305	
43	\$364	\$360	\$356	\$351	\$345	\$317	\$312	

MONTHLY PREMIUMS (PER PERSON) FOR 2020

COMPANY	Providence	Pacific Source	PacificSource	Moda	Kaiser	Providence	Kaiser	
Plan Name	HSA 6750 Bronze	Standard Bronze	Bronze HSA 6750	HSA 6000	Bronze 5000/50	Connect 8150	Bronze 6900 HSA	
<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>	
44	\$375	\$371	\$366	\$362	\$355	\$327	\$321	
45	\$387	\$384	\$378	\$374	\$367	\$338	\$332	
46	\$402	\$398	\$393	\$388	\$381	\$351	\$345	
47	\$419	\$415	\$410	\$405	\$397	\$366	\$359	
48	\$439	\$434	\$429	\$423	\$415	\$383	\$376	
49	\$458	\$453	\$447	\$442	\$433	\$399	\$392	
50	\$479	\$474	\$468	\$462	\$454	\$418	\$410	
51	\$500	\$495	\$489	\$483	\$474	\$436	\$429	
52	\$524	\$518	\$512	\$505	\$496	\$457	\$449	
53	\$547	\$542	\$535	\$528	\$518	\$477	\$469	
54	\$573	\$567	\$560	\$553	\$542	\$499	\$491	
55	\$598	\$592	\$584	\$577	\$566	\$522	\$513	
56	\$626	\$620	\$611	\$604	\$592	\$546	\$536	
57	\$654	\$647	\$639	\$631	\$619	\$570	\$560	
58	\$684	\$677	\$668	\$659	\$647	\$596	\$586	
59	\$698	\$691	\$682	\$674	\$661	\$609	\$598	
60	\$728	\$721	\$711	\$702	\$689	\$635	\$624	
61	\$754	\$746	\$736	\$727	\$714	\$657	\$646	
62	\$771	\$763	\$753	\$744	\$730	\$672	\$660	
63	\$792	\$784	\$774	\$764	\$750	\$691	\$678	
64	\$804	\$797	\$786	\$776	\$762	\$701	\$690	

2020 IMPORTANT CHANGES, NOTES & DISCLAIMERS:

RATES VARY BY COUNTY: The rates above are for Clackamas, Multnomah, and Washington. You can view the full company brochures from my website at: www.agapeinsurance.net I have a full web page for each company.

RATES ARE HIGHER FOR SMOKERS: Moda's rates are the same for smokers. The other carriers have higher rates.

REVIEW PLAN LIMITATIONS AND EXCLUSIONS: Before making a final decision please read the company brochure and review the plans limitations and exclusions so to avoid unexpected surprises.

QUALIFYING FOR A TAX-CREDIT: If you qualify for a tax credit you must purchase your coverage through the Marketplace. Mistakenly applying direct with the carrier will nullify your chance to get a tax credit should your life situation change mid-year.

THIS SPREADSHEET IS NOT A GUARANTEE OF RATES: 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 or call me at 503.650.4325

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.