

# Dan's Top 6 Gold plans compared for 2020

COMPANY	<u>Moda</u>	<u>PacificSource</u>	<u>Providence</u>	<u>Kaiser</u>	<u>Kaiser</u>	<u>Providence</u>
Plan Name	<b>Beacon Gold 1000</b>	<b>Gold 1500</b>	<b>Standard Gold</b>	<b>Gold 0/20</b>	<b>Gold 1000/20</b>	<b>Connect 1500</b>
Contracted Provider Network	Beacon Gold	Navigator Network	Choice Network	Kaiser & Portland Clinics	Kaiser & Portland Clinics	Connect 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>
Annual Deductible	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$1,000</b>	<b>\$1,500</b>
Coinsurance % you pay after the annual deductible is met	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>30%</b>	<b>30%</b>	<b>20%</b>
Maximum out-of-pocket for In-Network, covered services	<b>\$6,500</b>	<b>\$5,000</b>	<b>\$7,300</b>	<b>\$7,500</b>	<b>\$7,500</b>	<b>\$6,000</b>
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.					
<b>Preventative Care:</b> 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	Covered in full before deductible
<b>Primary Care</b> Provider visit	<b>\$20</b>	<b>\$20</b>	<b>\$20</b> (Requires a Medical Home Selection)	<b>\$20</b>	<b>\$20</b>	<b>\$45</b>
<b>Naturopath</b> as PCP visit	<b>\$40</b>	<b>\$20</b>	<b>\$40</b> (Req. MH referral)	By PCP referral	By PCP referral	not available
<b>Specialist</b> office visit	<b>\$40</b>	<b>\$40</b>	<b>\$40</b> (Req. MH referral)	<b>\$40</b>	<b>\$40</b>	<b>\$65</b>
<b>Urgent</b> Care visit	<b>\$60</b>	<b>\$20</b>	<b>\$60</b>	<b>\$40</b>	<b>\$40</b>	<b>\$65</b>
Outpatient <b>Mental health</b> visit	<b>\$20</b>	<b>\$15</b>	<b>\$20</b> (30 visit max)	<b>\$20</b>	<b>\$20</b>	<b>\$45</b>
Outpatient <b>Rehabilitation</b>	<b>\$20</b>	20% after deductible	<b>\$20</b> (30 visit max)	<b>\$20</b>	<b>\$20</b>	<b>deductible first</b>
<b>Prescription Drugs:</b>	See Plan Brochure	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not covered	<b>\$20</b> , \$1000 annual maximum benefit	Not covered	See Benefit Summary	See Benefit Summary	See Benefit Summary

## MONTHLY PREMIUMS (PER PERSON) FOR 2020

<u>COMPANY</u>	<u>Moda</u>	<u>PacificSource</u>	<u>Providence</u>	<u>Kaiser</u>	<u>Kaiser</u>	<u>Providence</u>
Plan Name	Beacon Gold 1000	Gold 1500	Standard Gold	Gold 0/20	Gold 1000/20	Connect Gold 1500
<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	\$261	\$256	\$249	\$231	\$223	\$214
21	\$381	\$404	\$391	\$363	\$351	\$336
22	\$381	\$404	\$391	\$363	\$351	\$336
23	\$381	\$404	\$391	\$363	\$351	\$336
24	\$381	\$404	\$391	\$363	\$351	\$336
25	\$382	\$405	\$393	\$365	\$352	\$338
26	\$390	\$413	\$401	\$372	\$359	\$344
27	\$399	\$423	\$410	\$381	\$368	\$353
28	\$414	\$439	\$425	\$395	\$381	\$366
29	\$426	\$452	\$438	\$406	\$393	\$376
30	\$432	\$458	\$444	\$412	\$398	\$382
31	\$441	\$468	\$454	\$421	\$407	\$390
32	\$450	\$478	\$463	\$430	\$415	\$398
33	\$456	\$484	\$469	\$435	\$420	\$403
34	\$462	\$490	\$475	\$441	\$426	\$408
35	\$465	\$493	\$478	\$444	\$429	\$411
36	\$468	\$497	\$481	\$447	\$432	\$414
37	\$471	\$500	\$485	\$450	\$434	\$416
38	\$474	\$503	\$488	\$453	\$437	\$419
39	\$481	\$510	\$494	\$458	\$443	\$424
40	\$487	\$516	\$500	\$464	\$448	\$430
41	\$496	\$526	\$510	\$473	\$457	\$438
42	\$505	\$535	\$519	\$481	\$465	\$446
43	\$517	\$548	\$531	\$493	\$476	\$456

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Plan Name	Beacon Gold 1000	Gold 1500	Standard Gold	Gold 0/20	Gold 1000/20	Connect Gold 1500
<i>Non-Smoker premiums</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
44	\$532	\$564	\$547	\$507	\$490	\$470
45	\$550	\$583	\$565	\$524	\$507	\$486
46	\$571	\$606	\$587	\$545	\$526	\$505
47	\$595	\$631	\$612	\$568	\$548	\$526
48	\$623	\$660	\$640	\$594	\$574	\$550
49	\$650	\$689	\$668	\$620	\$599	\$574
50	\$680	\$721	\$699	\$649	\$627	\$601
51	\$710	\$753	\$730	\$677	\$654	\$627
52	\$743	\$788	\$764	\$709	\$685	\$657
53	\$777	\$824	\$798	\$741	\$716	\$686
54	\$813	\$862	\$836	\$775	\$749	\$718
55	\$849	\$900	\$873	\$810	\$782	\$750
56	\$888	\$942	\$913	\$847	\$819	\$785
57	\$928	\$984	\$954	\$885	\$855	\$820
58	\$970	\$1,029	\$997	\$925	\$894	\$857
59	\$991	\$1,051	\$1,019	\$945	\$913	\$876
60	\$1,033	\$1,096	\$1,062	\$986	\$952	\$913
61	\$1,070	\$1,135	\$1,100	\$1,021	\$986	\$945
62	\$1,094	\$1,160	\$1,124	\$1,043	\$1,008	\$966
63	\$1,124	\$1,192	\$1,155	\$1,072	\$1,036	\$993
64	\$1,142	\$1,211	\$1,173	\$1,089	\$1,053	\$1,008

## 2020 IMPORTANT CHANGES, NOTES & DISCLAIMERS:

**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. Note the rates above are for the Portland Metro Area only

**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](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 the carrier. 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.