

Dan's Top 7 Silver plans compared for 2020

COMPANY	<u>Providence</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Kaiser</u>	<u>PacificSource</u>	<u>Providence</u>	<u>Providence</u>
Plan Name	Standard Silver Plan	Beacon 3000	Standard Silver Plan	Silver 3500/35	Standard Silver Plan	Connect 1500 Gold	Connect 4500 Silver
Contracted Provider Network	Choice Network (Req. Medical Home)	Beacon Network	Kaiser & Portland Clinics	Kaiser & Portland Clinics	Navigator Network	Connect Network	Connect Network (Req. Medical Home)
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	\$3,550	\$3,000	\$3,550	\$3,500	\$3,550	\$1,500	\$4,500
Coinsurance % you pay after the deductible is met	30%	35%	30%	30%	30%	20%	35%
Maximum out-of-pocket for In-Network covered services	\$8,150	\$7,900	\$8,150	\$8,150	\$8,150	\$6,000	\$8,150
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.						
Preventative Care: Annual Exam, Some tests & Labs	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	\$40 (Requires Medical Home Selection)	\$35	\$40	\$35	\$40	\$45 (Requires Medical Home Selection)	\$60 (Requires Medical Home Selection)
Specialist office visit	\$80 (Req. MH referral)	\$70	\$80	\$65	\$80	\$65 (Req. MH referral)	\$80 (Req. MH referral)
Urgent Care visit	\$70	\$35	\$70	\$50	\$70	\$65	\$80
Outpatient Mental health visit	\$40	\$35	\$40	\$35	\$40	\$45	\$60
Outpatient Rehabilitation	\$40	\$70	\$40	Deductible then \$30	\$40	Deductible then 20%	Deductible then 35%
Prescription Drugs:	See Benefit Summary	\$1000 Accident Rider Included	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not Covered	\$35 copay, \$1000 annual benefit	discounted 20%	By PCP referral	Not covered	\$25 (First 3 visits)	\$25 (First 3 visits)

MONTHLY PREMIUMS (PER PERSON) FOR 2020

<u>COMPANY</u>	<u>Providence</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Kaiser</u>	<u>PacificSource</u>	<u>Providence</u>	<u>Providence</u>
Plan Name	Standard Silver	Beacon Silver 3000	Standard Silver	Silver 3500/30	Standard Silver	Connect 1500	Connect 4500
<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>
Age 20 & Under	\$221	\$220	\$219	\$218	\$217	\$214	\$197
21	\$349	\$347	\$345	\$343	\$341	\$336	\$311
22	\$349	\$347	\$345	\$343	\$341	\$336	\$311
23	\$349	\$347	\$345	\$343	\$341	\$336	\$311
24	\$349	\$347	\$345	\$343	\$341	\$336	\$311
25	\$350	\$348	\$346	\$344	\$343	\$338	\$312
26	\$357	\$355	\$353	\$351	\$350	\$344	\$318
27	\$365	\$363	\$361	\$359	\$358	\$353	\$325
28	\$379	\$377	\$375	\$373	\$371	\$366	\$338
29	\$390	\$388	\$386	\$384	\$382	\$376	\$348
30	\$396	\$394	\$391	\$389	\$388	\$382	\$352
31	\$404	\$402	\$400	\$397	\$396	\$390	\$360
32	\$412	\$410	\$408	\$406	\$404	\$398	\$367
33	\$418	\$415	\$413	\$411	\$409	\$403	\$372
34	\$423	\$421	\$419	\$416	\$415	\$408	\$377
35	\$426	\$424	\$421	\$419	\$417	\$411	\$379
36	\$429	\$427	\$424	\$422	\$420	\$414	\$382
37	\$432	\$429	\$427	\$425	\$423	\$416	\$364
38	\$434	\$432	\$430	\$427	\$425	\$419	\$387
39	\$440	\$438	\$435	\$433	\$431	\$424	\$392
40	\$445	\$443	\$441	\$438	\$436	\$430	\$397
41	\$454	\$452	\$449	\$447	\$445	\$438	\$404
42	\$462	\$460	\$457	\$454	\$452	\$446	\$411
43	\$473	\$471	\$468	\$465	\$463	\$456	\$421

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Plan Name	Standard Silver	Beacon Silver 3000	Standard Silver	Silver 3500/30	Standard Silver	Connect 1500	Connect 4500
<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	\$487	\$484	\$482	\$479	\$477	\$470	\$434
45	\$503	\$501	\$498	\$495	\$493	\$486	\$448
46	\$523	\$520	\$517	\$514	\$512	\$505	\$466
47	\$545	\$542	\$539	\$536	\$534	\$526	\$485
48	\$570	\$567	\$564	\$561	\$558	\$550	\$508
49	\$595	\$592	\$588	\$585	\$583	\$574	\$530
50	\$623	\$619	\$616	\$613	\$610	\$601	\$555
51	\$650	\$647	\$643	\$640	\$637	\$627	\$579
52	\$680	\$677	\$673	\$669	\$667	\$657	\$606
53	\$711	\$707	\$704	\$700	\$697	\$686	\$634
54	\$744	\$740	\$736	\$732	\$729	\$718	\$663
55	\$777	\$773	\$769	\$765	\$761	\$750	\$693
56	\$813	\$809	\$805	\$800	\$797	\$785	\$725
57	\$849	\$845	\$840	\$836	\$832	\$820	\$757
58	\$888	\$884	\$879	\$874	\$870	\$857	\$791
59	\$907	\$903	\$898	\$893	\$889	\$876	\$808
60	\$946	\$941	\$936	\$931	\$927	\$913	\$843
61	\$979	\$975	\$969	\$964	\$960	\$945	\$873
62	\$1,001	\$996	\$991	\$985	\$981	\$966	\$892
63	\$1,029	\$1,024	\$1,018	\$1,012	\$1,008	\$993	\$917
64	\$1,045	\$1,040	\$1,035	\$1,029	\$1,023	\$1,008	\$931

2020 IMPORTANT CHANGES, NOTES & DISCLAIMERS:

RATES VARY BY COUNTY: 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.

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

READ THE PLAN LIMITATIONS AND EXCLUSION BEFORE YOU MAKE A DECISION: Once you identify the plan you want to learn more about, please read the Company brochure and review the plan limitations and exclusions so that you can limit potential surprises.

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 the company website. 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.