

# Dan's Top 6 Gold plans compared for 2020

<u>COMPANY</u>	<u>Moda</u>	<u>PacificSource</u>	<u>Providence</u>	<u>Kaiser</u>	<u>Kaiser</u>	<u>Kaiser</u>
Plan Name	<b>Beacon Gold 1000</b>	<b>Gold 1500</b>	<b>Standard Gold</b>	<b>Standard Gold</b>	<b>Gold 0/20</b>	<b>Gold 1000/20</b>
Contracted Provider Network	Beacon Gold	Navigator Network	Choice Network	Kaiser & Portland Clinics	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>\$1,000</b>	<b>\$1,500</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$0</b>	<b>\$1,000</b>
Coinsurance % you pay after the annual deductible is met	<b>15%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>30%</b>	<b>30%</b>
Maximum out-of-pocket for In-Network, covered services	<b>\$6,500</b>	<b>\$5,000</b>	<b>\$7,300</b>	<b>\$7,300</b>	<b>\$7,500</b>	<b>\$7,500</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>\$20</b>
<b>Naturopath</b> as PCP visit	<b>\$40</b>	<b>\$20</b>	<b>\$40</b> (Req. MH referral)	not available	By PCP referral	By PCP referral
<b>Specialist</b> office visit	<b>\$40</b>	<b>\$40</b>	<b>\$40</b> (Req. MH referral)	<b>\$40</b>	<b>\$40</b>	<b>\$40</b>
<b>Urgent</b> Care visit	<b>\$60</b>	<b>\$20</b>	<b>\$60</b>	<b>\$60</b>	<b>\$40</b>	<b>\$40</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>\$20</b>
Outpatient <b>Rehabilitation</b>	<b>\$20</b>	20% after deductible	<b>\$20</b> (30 visit max)	<b>\$20</b>	<b>\$20</b>	<b>\$20</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>Kaiser</u>
Plan Name	Beacon Gold 1000	Gold 1500	Standard Gold	Standard Gold	Gold 0/20	Gold 1000/20
<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	\$231	\$223
21	\$381	\$404	\$391	\$363	\$363	\$351
22	\$381	\$404	\$391	\$363	\$363	\$351
23	\$381	\$404	\$391	\$363	\$363	\$351
24	\$381	\$404	\$391	\$363	\$363	\$351
25	\$382	\$405	\$393	\$365	\$365	\$352
26	\$390	\$413	\$401	\$372	\$372	\$359
27	\$399	\$423	\$410	\$381	\$381	\$368
28	\$414	\$439	\$425	\$395	\$395	\$381
29	\$426	\$452	\$438	\$407	\$406	\$393
30	\$432	\$458	\$444	\$412	\$412	\$398
31	\$441	\$468	\$454	\$421	\$421	\$407
32	\$450	\$478	\$463	\$430	\$430	\$415
33	\$456	\$484	\$469	\$435	\$435	\$420
34	\$462	\$490	\$475	\$441	\$441	\$426
35	\$465	\$493	\$478	\$444	\$444	\$429
36	\$468	\$497	\$481	\$447	\$447	\$432
37	\$471	\$500	\$485	\$450	\$450	\$434
38	\$474	\$503	\$488	\$453	\$453	\$437
39	\$481	\$510	\$494	\$459	\$458	\$443
40	\$487	\$516	\$500	\$464	\$464	\$448
41	\$496	\$526	\$510	\$473	\$473	\$457
42	\$505	\$535	\$519	\$482	\$481	\$465
43	\$517	\$548	\$531	\$493	\$493	\$476

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Plan Name	Beacon Gold 1000	Gold 1500	Standard Gold	Standard Gold	Gold 0/20	Gold 1000/20
<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	\$508	\$507	\$490
45	\$550	\$583	\$565	\$525	\$524	\$507
46	\$571	\$606	\$587	\$545	\$545	\$526
47	\$595	\$631	\$612	\$568	\$568	\$548
48	\$623	\$660	\$640	\$594	\$594	\$574
49	\$650	\$689	\$668	\$620	\$620	\$599
50	\$680	\$721	\$699	\$649	\$649	\$627
51	\$710	\$753	\$730	\$678	\$677	\$654
52	\$743	\$788	\$764	\$709	\$709	\$685
53	\$777	\$824	\$798	\$741	\$741	\$716
54	\$813	\$862	\$836	\$776	\$775	\$749
55	\$849	\$900	\$873	\$810	\$810	\$782
56	\$888	\$942	\$913	\$848	\$847	\$819
57	\$928	\$984	\$954	\$886	\$885	\$855
58	\$970	\$1,029	\$997	\$926	\$925	\$894
59	\$991	\$1,051	\$1,019	\$946	\$945	\$913
60	\$1,033	\$1,096	\$1,062	\$986	\$986	\$952
61	\$1,070	\$1,135	\$1,100	\$1,021	\$1,021	\$986
62	\$1,094	\$1,160	\$1,124	\$1,044	\$1,043	\$1,008
63	\$1,124	\$1,192	\$1,155	\$1,073	\$1,072	\$1,036
64	\$1,142	\$1,211	\$1,173	\$1,089	\$1,089	\$1,053

## 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.

**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 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.