

## Top 5 HDHP/HSA Eligible plans for 2021

<u>COMPANY NAME</u>	<u>Providence</u>	<u>Moda</u>	<u>PacificSource</u>	<u>Regence</u>	<u>Kaiser</u>
Plan Name	HSA 7000	Beacon HSA6900	HSA6900	HDHP5700	HSA 6900
Contracted Provider Network	Choice Network Req. Medical Home	Beacon HSA6900	Navigator	Legacy Health Network	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>
Annual Deductible	<b>\$7,000</b>	<b>\$6,900</b>	<b>\$6,900</b>	<b>\$5,700</b>	<b>\$6,900</b>
Coinsurance % you pay after the annual deductible is met	0%	0%	0%	0%	0%
Maximum out-of-pocket In-Network for covered services	<b>\$7,000</b>	<b>\$6,900</b>	<b>\$6,900</b>	<b>\$6,900</b>	<b>\$6,900</b>
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.				
<b>Preventative Care:</b> 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
<b>Primary Care</b> Provider visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Specialist</b> office visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Urgent</b> Care visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient <b>Mental health</b> visit	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient <b>Rehabilitation</b>	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
<b>Prescription Drugs</b>	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Chiropractic & Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

## MONTHLY PREMIUMS (PER PERSON) FOR 2021

<u>COMPANY</u>	<u>Providence</u>	<u>Moda</u>	<u>PacificSource</u>	<u>Regence</u>	<u>Kaiser</u>
Plan Name	HSA 7000	Beacon HSA6900	HSA6900	HDHP5700	HSA 6900
<i>PREMIUM PER PERSON</i>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Age 20 & Under	\$176	\$180	\$176	\$164	\$152
21	\$277	\$283	\$277	\$258	\$240
22	\$277	\$283	\$277	\$258	\$240
23	\$277	\$283	\$277	\$258	\$240
24	\$277	\$283	\$277	\$258	\$240
25	\$278	\$284	\$279	\$259	\$241
26	\$283	\$290	\$284	\$264	\$245
27	\$290	\$297	\$291	\$270	\$251
28	\$301	\$308	\$302	\$280	\$261
29	\$310	\$317	\$310	\$288	\$268
30	\$314	\$322	\$315	\$293	\$272
31	\$321	\$328	\$322	\$299	\$278
32	\$327	\$335	\$328	\$305	\$284
33	\$331	\$339	\$333	\$309	\$287
34	\$336	\$344	\$337	\$313	\$291
35	\$338	\$346	\$339	\$315	\$293
36	\$340	\$349	\$341	\$317	\$295
37	\$343	\$351	\$343	\$319	\$297
38	\$345	\$353	\$346	\$321	\$299
39	\$349	\$358	\$350	\$325	\$302
40	\$354	\$362	\$355	\$329	\$306
41	\$360	\$367	\$361	\$336	\$312
42	\$367	\$375	\$368	\$342	\$318
43	\$375	\$385	\$377	\$350	\$325

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Plan Name	<b>HSA 7000</b>	<b>Beacon HSA6900</b>	<b>HSA6900</b>	<b>HDHP5700</b>	<b>HSA 6900</b>
<i>Non-Smoker premiums</i>	<b><u>Monthly</u></b>	<b><u>Monthly</u></b>	<b><u>Monthly</u></b>	<b><u>Monthly</u></b>	<b><u>Monthly</u></b>
44	\$386	\$396	\$388	\$360	\$335
45	\$400	\$409	\$401	\$372	\$346
46	\$415	\$425	\$416	\$387	\$360
47	\$432	\$441	\$434	\$403	\$376
48	\$452	\$463	\$454	\$421	\$392
49	\$472	\$483	\$473	\$440	\$408
50	\$494	\$506	\$496	\$460	\$428
51	\$516	\$528	\$517	\$481	\$447
52	\$540	\$553	\$542	\$503	\$469
53	\$564	\$578	\$566	\$526	\$489
54	\$591	\$605	\$592	\$550	\$512
55	\$617	\$632	\$619	\$575	\$534
56	\$646	\$661	\$647	\$601	\$559
57	\$674	\$690	\$676	\$608	\$584
58	\$705	\$722	\$707	\$656	\$611
59	\$720	\$738	\$722	\$671	\$624
60	\$751	\$769	\$753	\$699	\$650
61	\$778	\$796	\$780	\$724	\$674
62	\$795	\$814	\$791	\$740	\$689
63	\$817	\$836	\$819	\$760	\$708
64	\$829	\$849	\$831	\$773	\$720

## 2021 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](http://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](mailto: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.