

Top 7 Gold plans compared for 2021

COMPANY	<u>PacificSource</u>	<u>Regence</u>	<u>Providence</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>
Plan Name	Gold 1500	Standard Gold	Standard Gold	Beacon Gold 1500	Gold 0/20	Connect 1500	Gold 1500/30
Contracted Provider Network	Navigator Network	Legacy Health Network	Choice Network	Beacon Network	Kaiser & Portland Clinics	Connect 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>	<i>Direct or Marketplace</i>	<i>Direct or Marketplace</i>
Annual Deductible	\$1,500	\$1,500	\$1,500	\$1,500	\$0	\$1,500	\$1,500
Coinsurance % you pay after the annual deductible is met	20%	30%	30%	25%	30%	20%	30%
Maximum out-of-pocket for In-Network, covered services	\$5,500	\$7,300	\$7,300	\$6,500	\$7,900	\$8,200	\$7,300
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.						
Preventative Care: 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	Covered in full before deductible
Primary Care Provider visit	\$20	\$20	\$20 (Requires a Medical Home Selection)	\$25	\$20	\$30	\$30
Specialist office visit	\$40	\$40	\$40 (Req. MH referral)	\$50	\$50	\$50	\$50
Urgent Care visit	\$20	\$60	\$60	\$25	\$40	\$50	\$60
Outpatient Mental health visit	\$20	\$20	\$20 (30 visit max)	\$25	\$20	\$30	\$30
Outpatient Rehabilitation	20% after deductible	\$20	\$20 (30 visit max)	\$50	\$50	deductible then 20%	\$50
Prescription Drugs:	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	\$20 naturopath, Ded first for Chiro & Accu	20% discount	Not covered	Not covered	\$25 per visit chiro, accup. \$50 naturopath	Chiro & Accupunt. \$25 -3 visiits	Chiro & Accupunt. \$25 -3 visiits

MONTHLY PREMIUMS (PER PERSON) FOR 2021

<u>COMPANY</u>	<u>PacificSource</u>	<u>Regence</u>	<u>Providence</u>	<u>Moda</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>
Plan Name	Gold 1500	Standard Gold	Standard Gold	Beacon Gold 1500	Gold 0/20	Connect 1500	Gold 1500/30
<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	\$261	\$260	\$253	\$242	\$223	\$220	\$207
21	\$410	\$410	\$398	\$381	\$351	\$346	\$326
22	\$410	\$410	\$398	\$381	\$351	\$346	\$326
23	\$410	\$410	\$398	\$381	\$351	\$346	\$326
24	\$410	\$410	\$398	\$381	\$351	\$346	\$326
25	\$412	\$411	\$400	\$383	\$352	\$347	\$327
26	\$420	\$420	\$408	\$391	\$359	\$354	\$334
27	\$430	\$430	\$418	\$400	\$368	\$363	\$342
28	\$446	\$446	\$433	\$415	\$381	\$376	\$354
29	\$459	\$459	\$446	\$426	\$392	\$387	\$365
30	\$466	\$465	\$452	\$433	\$398	\$393	\$370
31	\$476	\$475	\$462	\$442	\$406	\$401	\$378
32	\$485	\$485	\$471	\$451	\$415	\$409	\$386
33	\$492	\$491	\$477	\$457	\$420	\$414	\$391
34	\$498	\$498	\$484	\$463	\$426	\$420	\$396
35	\$501	\$501	\$487	\$466	\$429	\$423	\$398
36	\$505	\$504	\$490	\$469	\$431	\$426	\$401
37	\$508	\$508	\$493	\$472	\$434	\$428	\$404
38	\$511	\$511	\$496	\$475	\$437	\$431	\$406
39	\$518	\$517	\$502	\$481	\$443	\$437	\$411
40	\$524	\$524	\$509	\$487	\$448	\$442	\$417
41	\$534	\$534	\$519	\$497	\$457	\$450	\$425
42	\$544	\$543	\$528	\$505	\$465	\$458	\$432
43	\$577	\$556	\$541	\$517	\$476	\$470	\$442

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Plan Name	Gold 1500	Standard Gold	Standard Gold	Beacon Gold 1500	Gold 0/20	Connect 1500	Gold 1500/30
<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	\$573	\$573	\$557	\$544	\$490	\$483	\$456
45	\$593	\$592	\$575	\$551	\$506	\$500	\$471
46	\$615	\$615	\$598	\$572	\$526	\$519	\$489
47	\$641	\$641	\$628	\$596	\$548	\$543	\$510
48	\$671	\$670	\$651	\$624	\$573	\$566	\$533
49	\$700	\$699	\$680	\$651	\$598	\$590	\$556
50	\$733	\$732	\$712	\$681	\$626	\$618	\$582
51	\$761	\$764	\$743	\$711	\$654	\$645	\$608
52	\$801	\$800	\$778	\$744	\$685	\$675	\$636
53	\$837	\$836	\$813	\$778	\$715	\$706	\$665
54	\$876	\$875	\$851	\$814	\$749	\$739	\$696
55	\$915	\$914	\$888	\$850	\$782	\$772	\$727
56	\$957	\$956	\$929	\$890	\$818	\$807	\$761
57	\$1,000	\$999	\$971	\$929	\$855	\$843	\$795
58	\$1,046	\$1,044	\$1,015	\$972	\$894	\$882	\$831
59	\$1,068	\$1,067	\$1,037	\$993	\$913	\$901	\$849
60	\$1,114	\$1,112	\$1,081	\$1,035	\$952	\$939	\$885
61	\$1,153	\$1,151	\$1,120	\$1,072	\$985	\$972	\$916
62	\$1,179	\$1,177	\$1,145	\$1,096	\$1,007	\$992	\$937
63	\$1,211	\$1,209	\$1,176	\$1,126	\$1,035	\$1,021	\$963
64	\$1,230	\$1,229	\$1,194	\$1,143	\$1,053	\$1,037	\$978

2021 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.

RATES VARY BY COUNTY: The rates above include Clackamas, Washington, and Multnomah. If you live in a different county rates may be different

PLEASE READ THE PLAN LIMITATIONS AND EXCLUSIONS BEFORE MAKING YOUR FINAL PLAN DECISION: Use these charts to compare rates, but please read the full plan brochure to review the the plan limitations and exclusions before you buy.

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 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

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.

