

Top 7 Silver plans compared for 2021

COMPANY	<u>Providence</u>	<u>PacificSource</u>	<u>Kaiser</u>	<u>Moda</u>	<u>Regence</u>	<u>Kaiser</u>	<u>Providence</u>
Plan Name	Standard Silver Plan	Standard Silver Plan	Standard Silver Plan	Beacon 3500	Alliance Silver 3500	Silver 4500/40	Connect 4500 Silver
Contracted Provider Network	Choice Network (Req. Medical Home)	Navigator Network	Kaiser & Portland Clinics	Beacon Network	Legacy Health Network	Kaiser & Portland Clinics	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	\$3,650	\$3,650	\$3,650	\$3,500	\$3,500	\$4,500	\$4,500
Coinsurance % you pay after the deductible is met	30%	30%	30%	35%	30%	30%	35%
Maximum out-of-pocket for In-Network covered services	\$8,550	\$8,550	\$8,550	\$8,000	\$8,550	\$8,550	\$8,550
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)	\$40	\$40	\$35	\$15	\$40	\$40 (Requires Medical Home Selection)
Specialist office visit	\$80 (Req. MH referral)	\$80	\$80	\$70	\$80	\$65	\$60 (Req. MH referral)
Urgent Care visit	\$70	\$70	\$70	\$35	\$80	\$50	\$60
Outpatient Mental health visit	\$40	\$40	\$40	\$35	Deductible then 30%	\$40	\$60
Outpatient Rehabilitation	\$40	\$40	\$40	\$70	Deductible then \$30	\$40	Deductible then 35%
Prescription Drugs:	See Benefit Summary	See Benefit Summary	See Benefit Summary	\$1000 Accident Rider Included	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not Covered	Not covered	20% discount	Chiropractic, Acupuncture \$35, Naturopath	Not covered	\$35 for 3 visits Chiro & Acu	\$25 (First 3 visits)

MONTHLY PREMIUMS (PER PERSON) FOR 2021

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Plan Name	<u>Standard Silver Plan</u>	<u>Standard Silver Plan</u>	<u>Standard Silver Plan</u>	<u>Beacon 3500</u>	<u>Alliance Silver 3500</u>	<u>Silver 4500/40</u>	<u>Connect 4500 Silver</u>
<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	\$223	\$228	\$211	\$208	\$214	\$202	\$200
21	\$351	\$360	\$333	\$327	\$338	\$317	\$314
22	\$351	\$360	\$333	\$327	\$338	\$317	\$314
23	\$351	\$360	\$333	\$327	\$338	\$317	\$314
24	\$351	\$360	\$333	\$327	\$338	\$317	\$314
25	\$353	\$361	\$334	\$328	\$339	\$319	\$316
26	\$360	\$368	\$341	\$335	\$346	\$325	\$322
27	\$368	\$377	\$349	\$343	\$354	\$333	\$330
28	\$382	\$391	\$362	\$355	\$367	\$345	\$342
29	\$393	\$402	\$372	\$366	\$378	\$355	\$351
30	\$399	\$408	\$378	\$371	\$383	\$360	\$357
31	\$407	\$417	\$386	\$379	\$391	\$368	\$364
32	\$416	\$426	\$394	\$387	\$399	\$375	\$372
33	\$421	\$431	\$399	\$392	\$403	\$380	\$377
34	\$427	\$437	\$404	\$397	\$410	\$385	\$382
35	\$430	\$440	\$407	\$400	\$412	\$388	\$384
36	\$432	\$442	\$409	\$402	\$415	\$390	\$387
37	\$435	\$445	\$412	\$405	\$418	\$393	\$389
38	\$438	\$448	\$415	\$407	\$420	\$395	\$392
39	\$440	\$454	\$420	\$413	\$426	\$400	\$397
40	\$449	\$460	\$425	\$418	\$431	\$406	\$402
41	\$458	\$468	\$433	\$426	\$439	\$413	\$409
42	\$466	\$477	\$441	\$433	\$447	\$420	\$417
43	\$477	\$488	\$452	\$444	\$458	\$431	\$427

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Plan Name	Standard Silver Plan	Standard Silver Plan	Standard Silver Plan	Beacon 3500	Alliance Silver 3500	Silver 4500/40	Connect 4500 Silver
<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	\$491	\$502	\$465	\$457	\$471	\$433	\$439
45	\$508	\$519	\$480	\$472	\$487	\$458	\$454
46	\$527	\$540	\$499	\$491	\$506	\$476	\$472
47	\$549	\$562	\$520	\$511	\$527	\$496	\$492
48	\$575	\$588	\$544	\$535	\$552	\$519	\$514
49	\$600	\$614	\$568	\$558	\$576	\$541	\$536
50	\$618	\$642	\$594	\$584	\$603	\$567	\$562
51	\$656	\$671	\$621	\$610	\$629	\$592	\$587
52	\$686	\$702	\$649	\$638	\$659	\$619	\$614
53	\$717	\$734	\$679	\$667	\$688	\$647	\$642
54	\$750	\$768	\$710	\$698	\$720	\$678	\$671
55	\$784	\$802	\$742	\$729	\$752	\$708	\$701
56	\$820	\$839	\$776	\$763	\$787	\$740	\$734
57	\$854	\$844	\$811	\$797	\$822	\$773	\$766
58	\$896	\$916	\$848	\$833	\$860	\$809	\$801
59	\$915	\$936	\$866	\$851	\$878	\$826	\$819
60	\$954	\$976	\$903	\$888	\$915	\$861	\$853
61	\$988	\$1,011	\$935	\$919	\$948	\$892	\$884
62	\$1,010	\$1,033	\$956	\$940	\$969	\$912	\$903
63	\$1,038	\$1,062	\$982	\$965	\$996	\$937	\$928
64	\$1,053	\$1,071	\$999	\$981	\$1,011	\$951	\$942

2021 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.