

Top 8 Bronze plans for 2021 (Non-HSA Eligible)

COMPANY NAME	<u>Providence</u>	<u>PacificSource</u>	<u>Regence</u>	<u>Regence</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>	<u>PacificSource</u>
Plan Name	Standard Bronze	Standard Bronze	Standard Bronze	8000 EPO Legacy	KP 5500/50	Connect 8550	Standard Bronze	Catastrophic (Under age 30)
Contracted Provider Network	Choice Network Req. Medical Home	Navigator Network	Legacy Health Network	Legacy Health Network	Kaiser & Portland Clinics	Connect Network Req. Medical Home	Kaiser & Portland Clinics	Navigator Network
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>	<i>Direct application only</i>
Annual Deductible	\$8,550	\$8,550	\$8,550	\$8,000	\$5,500	\$8,150	\$8,550	\$8,150
Coinsurance % you pay after the annual deductible is met	0%	0%	0%	0%	35%	0%	0%	0%
Maximum out-of-pocket In-Network for covered services	\$8,550	\$8,550	\$8,550	\$8,000	\$8,150	\$8,150	\$8,550	\$8,150
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.							
Preventative Care: 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	Covered in full before deductible	Covered in full before deductible	Covered in full before deductible
Primary Care Provider visit	\$50	\$50	\$50	Deductible then \$0	\$50	\$50 (Medical Home Required)	\$50	\$0 First 3 Primary Care visits
Specialist office visit	\$100	\$100	\$100	Deductible then \$0	Deductible then 35%	\$75 Referral Required	\$100	Deductible then \$0
Urgent Care visit	\$100 In-Network	\$100 In-Network	\$100 In-Network	Deductible then \$0	Deductible then 35%	\$75 In Network	\$100 In-Network	Deductible then \$0
Outpatient Mental health visit	\$45	\$45	\$45	Deductible then \$0	\$50 copay	\$70	\$50	Deductible then \$0
Outpatient Rehabilitation	\$50	\$50	\$50	Deductible then \$0	Deductible then 35%	Deductible then \$0	\$50	Deductible then \$0
Prescription Drugs	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary	See Benefit Summary
Chiropractic & Acupuncture	Not Covered	Not Covered	Not Covered	Not covered	Not covered	\$25 (First 3 visits)	Not Covered	\$500 Accident Rider Included

MONTHLY PREMIUMS (PER PERSON) FOR 2021

<u>COMPANY</u>	<u>Providence</u>	<u>PacificSource</u>	<u>Regence</u>	<u>Regence</u>	<u>Kaiser</u>	<u>Providence</u>	<u>Kaiser</u>	<u>PacificSource</u>
Plan Name	Standard Bronze	Standard Bronze	Standard Bronze	8000 EPO Legacy	KP 5500/50	Connect 8550	Standard Bronze	Catastrophic (Under age 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>	<u>Monthly</u>
Age 20 & Under	\$175	\$174	\$164	\$153	\$154	\$153	\$152	\$118
21	\$275	\$274	\$258	\$241	\$242	\$241	\$239	\$185
22	\$275	\$274	\$258	\$241	\$242	\$241	\$239	\$185
23	\$75	\$274	\$258	\$241	\$242	\$241	\$239	\$185
24	\$275	\$274	\$258	\$241	\$242	\$241	\$239	\$185
25	\$276	\$275	\$260	\$242	\$243	\$242	\$240	\$186
26	\$282	\$281	\$265	\$247	\$248	\$247	\$244	\$190
27	\$288	\$287	\$271	\$252	\$254	\$253	\$250	\$194
28	\$299	\$298	\$281	\$262	\$263	\$262	\$259	\$201
29	\$308	\$307	\$289	\$270	\$271	\$270	\$267	\$207
30	\$312	\$311	\$293	\$273	\$275	\$274	\$272	\$210
31	\$319	\$318	\$299	\$279	\$281	\$280	\$277	
32	\$325	\$324	\$306	\$285	\$287	\$286	\$282	Age 30
33	\$330	\$329	\$310	\$289	\$290	\$289	\$286	and under
34	\$334	\$333	\$314	\$292	\$294	\$293	\$290	only
35	\$336	\$335	\$316	\$294	\$296	\$295	\$292	
36	\$338	\$337	\$318	\$296	\$298	\$297	\$293	
37	\$341	\$339	\$320	\$298	\$300	\$299	\$295	
38	\$343	\$341	\$322	\$300	\$302	\$300	\$297	
39	\$347	\$346	\$326	\$304	\$306	\$305	\$301	
40	\$352	\$350	\$330	\$308	\$310	\$309	\$305	
41	\$358	\$357	\$336	\$313	\$315	\$314	\$311	
42	\$362	\$363	\$342	\$319	\$321	\$320	\$316	
43	\$373	\$372	\$351	\$327	\$329	\$328	\$324	

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Plan Name	Standard Bronze	Standard Bronze	Standard Bronze	8000 EPO Legacy	KP 5500/50	Connect 8550	Standard Bronze	Catastrophic (Under age 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	\$384	\$383	\$361	\$336	\$338	\$337	\$333	
45	\$397	\$396	\$373	\$348	\$350	\$349	\$345	
46	\$413	\$411	\$387	\$361	\$363	\$362	\$358	
47	\$430	\$429	\$404	\$376	\$379	\$377	\$373	
48	\$450	\$448	\$422	\$394	\$396	\$395	\$390	
49	\$469	\$468	\$441	\$411	\$413	\$412	\$407	
50	\$491	\$490	\$461	\$430	\$433	\$431	\$426	
51	\$513	\$511	\$482	\$449	\$452	\$450	\$445	
52	\$537	\$535	\$504	\$470	\$473	\$471	\$466	
53	\$561	\$539	\$527	\$491	\$494	\$492	\$487	
54	\$587	\$585	\$551	\$514	\$517	\$515	\$509	
55	\$613	\$612	\$576	\$537	\$540	\$538	\$532	
56	\$642	\$640	\$602	\$561	\$565	\$563	\$557	
57	\$670	\$668	\$629	\$586	\$590	\$588	\$581	
58	\$701	\$699	\$658	\$613	\$617	\$612	\$608	
59	\$716	\$714	\$672	\$626	\$631	\$628	\$621	
60	\$747	\$744	\$701	\$653	\$657	\$655	\$648	
61	\$773	\$774	\$725	\$676	\$681	\$678	\$670	
62	\$780	\$788	\$742	\$691	\$696	\$694	\$685	
63	\$812	\$810	\$762	\$710	\$715	\$713	\$704	
64	\$824	\$822	\$774	\$722	\$726	\$723	\$717	

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 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 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.