

2020 Qualified Health Plan and Qualified Dental Plan Certification Packet

September 2019

TABLE OF CONTENTS

Summary of Individual Market..... 1

Summary of Dental Market 2

At-a-Glance..... 3

Number of Issuers by County..... 4

Rating Areas and Rate Information 5

Gold Plans 6

Silver Plans 14

Bronze Plans..... 25

Catastrophic Plans..... 38

Dental Plans..... 40

Appendix I..... 44

Appendix II..... 45

SUMMARY OF INDIVIDUAL MARKET

Overview

9 Issuers	62 Individual QHPs
33 Renewals	29 New

Gold

9 Issuers	15 Plans
9 Renewals	6 New

Silver

9 Issuers	21 Plans
15 Renewals	6 New

Bronze

9 Issuers	26 Plans
9 Renewals	17 New

Catastrophic

4 Issuers	4 Plans
2 Renewals	2 New

SUMMARY OF DENTAL MARKET

Family Dental

3 Issuers	3 Individual QDPs
2 Low	1 High
2 Renewal	1 New

Pediatric Dental

4 Issuers	4 Individual QDPs
2 Low	2 High
4 Renewals	0 New

AT-A-GLANCE

1

All counties have individual health and dental plan coverage.

2

Majority of consumers will have lower priced plans available for 2020.

3

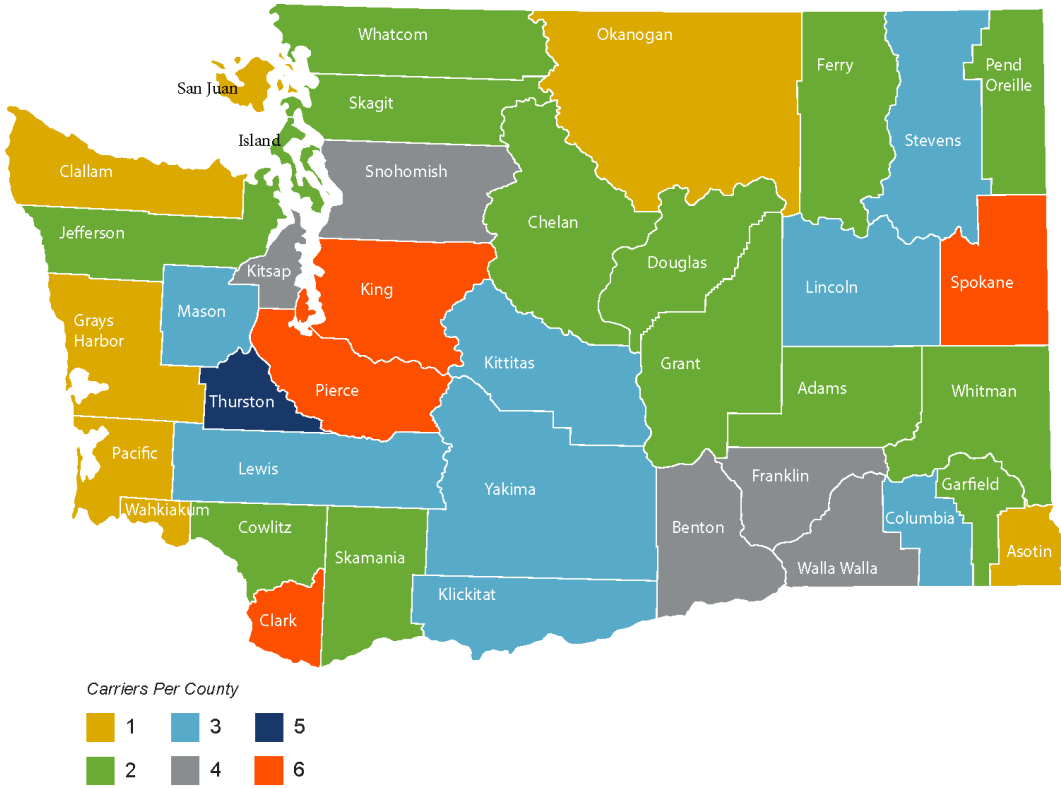
96% of Exchange consumers will have the choice of two or more issuers.

4

All issuers are offering a Bronze plan.

NUMBER OF ISSUERS BY COUNTY

2020



One Issuer:

Asotin, Clallam, Grays Harbor, Okanogan, Pacific, San Juan, Wahkiakum

Two Issuers:

Adams, Chelan, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, Pend Oreille, Skagit, Skamania, Whatcom, Whitman

Three Issuers:

Columbia, Kittitas, Klickitat, Lewis, Lincoln, Mason, Stevens, Yakima

Four Issuers:

Benton, Franklin, Kitsap, Snohomish, Walla Walla

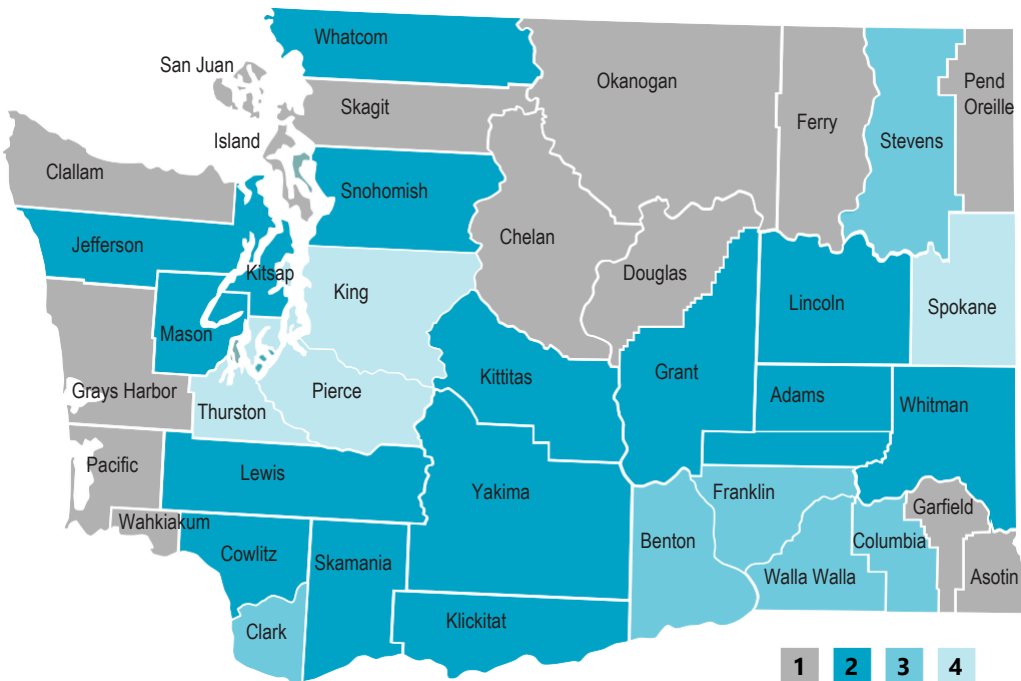
Five Issuers:

Thurston

Six Issuers:

Clark, King, Pierce, Spokane

2019



One Issuer:

Asotin, Chelan, Clallam, Douglas, Ferry, Garfield, Grays Harbor, Island, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Wahkiakum

Two Issuers:

Adams, Cowlitz, Grant, Jefferson, Klickitat, Lewis, Lincoln, Kitsap, Kittitas, Mason, Skamania, Snohomish, Whatcom, Whitman, Yakima

Three Issuers:

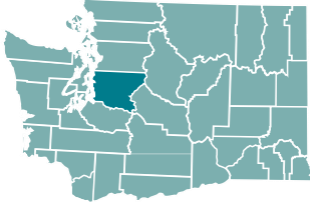
Benton, Clark, Columbia, Franklin, Stevens, Walla Walla

Four Issuers:

King, Pierce, Spokane, Thurston

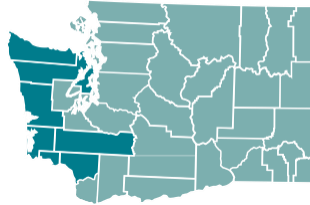
RATING AREAS AND RATE INFORMATION

Area 1



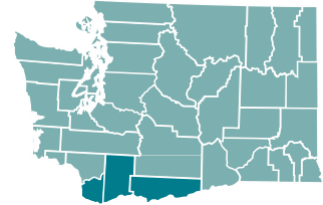
One County: King

Area 2



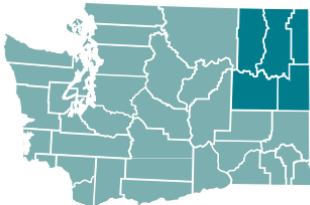
Eight Counties: Cowlitz, Clallam, Grays Harbor, Jefferson, Lewis, Kitsap, Pacific, Wahkiakum

Area 3



Three Counties: Clark, Klickitat, Skamania

Area 4



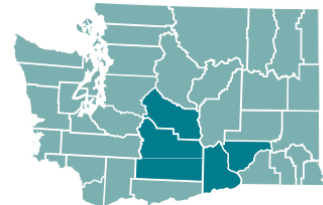
Five Counties: Ferry, Lincoln, Pend Oreille, Spokane, Stevens

Area 5



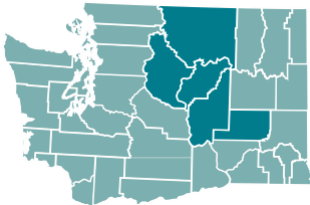
Three Counties: Mason, Pierce, Thurston

Area 6



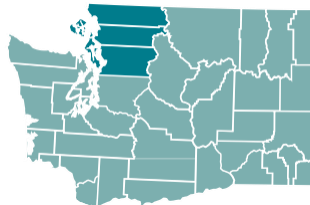
Four Counties: Benton, Franklin, Kittitas, Yakima

Area 7



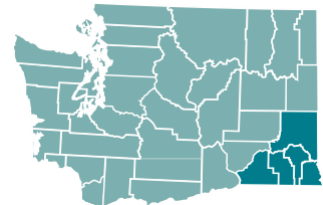
Five Counties: Adams, Chelan, Douglas, Grant, Okanogan

Area 8



Five Counties: Island, San Juan, Skagit, Snohomish, Whatcom

Area 9



Five Counties: Asotin, Columbia, Garfield, Walla Walla, Whitman

RATE INFORMATION

All rates in this document are for a 40 year-old non-smoking individual.

GOLD PLANS

BRIDGESPAN

Plan Name: Gold Essential 1200 Exchange EPO RealValue

Plan Type: EPO

Deductible: \$1,200

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at \$30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

*4 copay visits can be primary care, specialist or urgent care

Premium:
\$562 (Rating Area 3)



BRIDGESPAN

Plan Name: Gold Essential 1200 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: \$1,200

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at \$30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

*4 copay visits can be primary care, specialist or urgent care

Premium:
\$573 (Rating Area 3)



GOLD PLANS

BRIDGESPAN

Plan Name: Gold Essential 1200 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: \$1,200

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at \$30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

*4 copay visits can be primary care, specialist or urgent care

Premium:
\$514 (Rating Area 5)



BRIDGESPAN

Plan Name: Gold Essential 1200 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: \$1,200

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible; 4 visits* at \$30 copay

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

*4 copay visits can be primary care, specialist or urgent care

Premium:
\$511 (Rating Area 1)



GOLD PLANS

COORDINATED CARE

Plan Name: Ambetter Secure Care 1 (2020) with 3 Free PCP Visits

Plan Type: HMO

Deductible: \$1,000 medical, \$500 drug

OOPM: \$6,350

Primary Care Visit: 20% coinsurance after deductible;
3 free primary care visits

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: \$250 copay after deductible

Generic Drugs: \$10 copay

Premium Range
Low: \$401 (Rating Area 4)
High: \$462 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

COORDINATED CARE

Plan Name: Ambetter Secure Care 5 (2020)

Plan Type: HMO

Deductible: \$1,250

OOPM: \$5,900

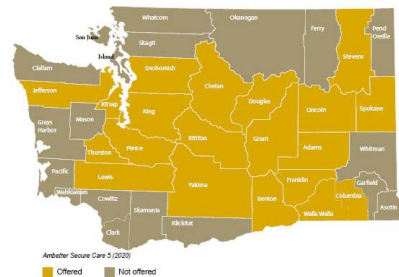
Primary Care Visit: \$15 copay

Specialist Visit: \$35 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay

Premium Range
Low: \$402 (Rating Area 4)
High: \$462 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

GOLD PLANS

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 0/20

Plan Type: EPO

Deductible: No deductible

OOPM: \$7,500

Primary Care Visit: \$20 copay

Specialist Visit: \$40 copay

Emergency Room Services: \$350 copay

Generic Drugs: \$10 copay

Premium Range
Low: \$527 (Rating Area 3)
High: \$553 (Rating Area 2)



2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Gold 1000/20

Plan Type: EPO

Deductible: \$1,000

OOPM: \$7,500

Primary Care Visit: \$20 copay

Specialist Visit: \$40 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range
Low: \$493 (Rating Area 3)
High: \$518 (Rating Area 2)



2 Counties: Clark, Cowlitz

GOLD PLANS

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Gold - 20

Plan Type: HMO

Deductible: \$1,150

OOPM: \$6,500

Primary Care Visit: \$15 copay after deductible; 5 primary care visits at \$15 copay

Specialist Visit: \$40 copay after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$456 (Rating Area 1)

High: \$524 (Rating Areas 2, 6, 8, 9)



18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

LIFEWISE

Plan Name: LifeWise Essential Gold

Plan Type: EPO

Deductible: \$1,000

OOPM: \$6,600

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$445 (Rating Area 1)

High: \$535 (Rating Area 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

GOLD PLANS

MOLINA

Plan Name: Molina Choice Gold

Plan Type: HMO

Deductible: \$2,925

OOPM: \$6,000

Primary Care Visit: \$10 copay

Specialist Visit: \$50 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$406 (Rating Area 4)

High: \$466 (Rating Area 2, 3)



14 Counties: Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens, Snohomish, Kitsap

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Gold 1500

Plan Type: PPO

Deductible: \$1,500 medical; \$0 drug

OOPM: \$5,000

Primary Care Visit: \$20 copay

Specialist Visit: \$40 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay

Premium:

\$495 (Rating Area 3, 4, 5)



3 Counties: Clark, Pierce, Spokane,

GOLD PLANS

PREMERA

Plan Name: Premera Blue Cross Preferred Gold EPO 1500

Plan Type: EPO

Deductible: \$1,500

OOPM: \$6,800

Primary Care Visit: \$15 copay; 2 free primary care visits

Specialist Visit: \$45 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range
Low: \$553 (Rating Area 6)
High: \$617 (Rating Area 3)



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum

PREMERA

Plan Name: Premera Blue Cross Preferred Gold EPO 1000

Plan Type: EPO

Deductible: \$1,000

OOPM: \$6,000

Primary Care Visit: \$15 copay; 2 free primary care visits

Specialist Visit: \$40 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium:
\$584 (Rating Area 6)



1 County: Franklin

GOLD PLANS

PROVIDENCE

Plan Name: Columbia 1500 Gold

Plan Type: EPO

Deductible: \$1,500

OOPM: \$6,000

Primary Care Visit: \$45 copay

Specialist Visit: \$65 copay

Emergency Room Services: \$250 copay after deductible

Generic Drugs: \$10 copay

Premium Range:
Low: \$500 (Rating Area 3)
High: \$547 (Rating Area 4)



6 Counties: Clark, Benton, Franklin, Spokane Thurston, Walla Walla

SILVER PLANS

BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO RealValue

Plan Type: EPO

Deductible: \$3,500

OOPM: \$6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium:
\$482 (Rating Area 3)



1 County: Klickitat

BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: \$3,500

OOPM: \$6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium:
\$492 (Rating Area 3)



1 County: Clark

SILVER PLANS

BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: \$3,500

OOPM: \$6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium:
\$441 (Rating Area 5)



BRIDGESPAN

Plan Name: Silver HDHP 3500 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: \$3,500

OOPM: \$6,900

Primary Care Visit: 20% coinsurance after the deductible

Specialist Visit: 20% coinsurance after the deductible

Emergency Room Services: 20% coinsurance after the deductible

Generic Drugs: 20% coinsurance after the deductible

Premium:
\$439 (Rating Area 1)



SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2020)

Plan Type: HMO

Deductible: \$5,650

OOPM: \$6,950

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$350 (Rating Area 4)

High: \$402 (Rating Area 7)



Ambetter Balanced Care 1 (2020)
■ Offered ■ Not offered

20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

COORDINATED CARE

Plan Name: Ambetter Balanced Care 1 (2020) + Vision

Plan Type: HMO

Deductible: \$5,650

OOPM: \$6,950

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$354 (Rating Area 4)

High: \$407 (Rating Area 7)



Ambetter Balanced Care 1 (2020) + Vision
■ Offered ■ Not offered

20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2020)

Plan Type: HMO

Deductible: \$6,500

OOPM: \$6,500

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: No charge after deductible

Generic Drugs: \$15 copay

Premium Range

Low: \$352 (Rating Area 4)

High: \$405 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

COORDINATED CARE

Plan Name: Ambetter Balanced Care 2 (2020) + Vision

Plan Type: HMO

Deductible: \$6,500

OOPM: \$6,500

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: No charge after deductible

Generic Drugs: \$15 copay

Premium Range

Low: \$356 (Rating Area 4)

High: \$410 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 3 (2020)

Plan Type: HMO

Deductible: \$3,350

OOPM: \$7,450

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: \$600 copay with deductible

Generic Drugs: \$25 copay

Premium Range
Low: \$359 (Rating Area 4)
High: \$412 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

COORDINATED CARE

Plan Name: Ambetter Balanced Care 3 (2020) + Vision

Plan Type: HMO

Deductible: \$3,350

OOPM: \$7,450

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: \$600 copay with deductible

Generic Drugs: \$25 copay

Premium Range
Low: \$363 (Rating Area 4)
High: \$417 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

SILVER PLANS

COORDINATED CARE

Plan Name: Ambetter Balanced Care 4 (2020)

Plan Type: HMO

Deductible: \$7,050

OOPM: \$7,050

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: No charge after deductible

Generic Drugs: \$15 copay

Premium Range
Low: \$342 (Rating Area 4)
High: \$394 (Rating Area 7)



20 Counties: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 3500/35

Plan Type: EPO

Deductible: \$3,500

OOPM: \$8,150

Primary Care Visit: \$35 copay

Specialist Visit: \$65 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: \$25 copay

Premium Range
Low: \$481 (Rating Area 3)
High: \$505 (Rating Area 2)



2 Counties: Clark, Cowlitz

SILVER PLANS

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Silver 2500/35

Plan Type: EPO

Deductible: \$2,500

OOPM: \$8,150

Primary Care Visit: \$35 copay

Specialist Visit: \$65 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: \$25 copay

Premium Range
Low: \$501 (Rating Area 3)
High: \$526 (Rating Area 2)



2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Silver - 20

Plan Type: HMO

Deductible: \$2,000

OOPM: \$7,900

Primary Care Visit: 4 primary care visits at \$20 copay; \$20 copay after deductible

Specialist Visit: \$45 copay after deductible

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range
Low: \$398 (Rating Area 1)
High: \$457 (Rating Areas 2, 6, 8, 9)



18 Counties Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

SILVER PLANS

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: VisitsPlus Silver HD - 20

Plan Type: HMO

Deductible: \$7,150

OOPM: \$7,150

Primary Care Visit: \$30 copay

Specialist Visit: \$55 copay

Emergency Room Services: No charge after deductible

Generic Drugs: \$12 copay

Premium Range

Low: \$415 (Rating Area 1)

High: \$478 (Rating Areas 2, 6, 8, 9)



18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

LIFEWISE

Plan Name: LifeWise Essential Silver High Deductible

Plan Type: EPO

Deductible: \$4,000

OOPM: \$7,500

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$10 copay

Premium Range

Low: \$412 (Rating Area 1)

High: \$495 (Rating Areas 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

SILVER PLANS

LIFEWISE

Plan Name: LifeWise Essential Silver Low Deductible

Plan Type: EPO

Deductible: \$2,500

OOPM: \$8,150

Primary Care Visit: \$30 copay

Specialist Visit: \$60 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$20 copay

Premium Range

Low: \$414 (Rating Area 1)

High: \$498 (Rating Area 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

MOLINA

Plan Name: Molina Choice Silver

Plan Type: HMO

Deductible: \$6,000 medical, \$1,500 drug

OOPM: \$8,150

Primary Care Visit: \$25 copay

Specialist Visit: \$75 copay

Emergency Room Services: 40% coinsurance after deductible

Generic Drugs: \$15 copay

Premium Range

Low: \$366 (Rating Area 4)

High: \$420 (Rating Areas 2, 3)



14 Counties: Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens, Snohomish, Kitsap

SILVER PLANS

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Silver 5000

Plan Type: PPO

Deductible: \$5,000

OOPM: \$8,150

Primary Care Visit: \$35 copay

Specialist Visit: \$70 copay

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium:
\$425 (Rating Area 3, 4, 5)



3 Counties: Clark, Pierce, Spokane,

PREMERA

Plan Name: Premera Blue Cross Preferred Silver EPO 4500

Plan Type: EPO

Deductible: \$4,500

OOPM: \$7,350

Primary Care Visit: \$30 copay; 2 free primary care visits

Specialist Visit: \$60 copay

Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$30 copay

Premium Range
Low: \$484 (Rating Area 6)
High: \$541 (Rating Area 3)



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum

SILVER PLANS

PROVIDENCE

Plan Name: Columbia 4500 Silver

Plan Type: EPO

Deductible: \$4,500

OOPM: \$8,150

Primary Care Visit: \$60 copay

Specialist Visit: \$80 copay

Emergency Room Services: \$250 copay after deductible

Generic Drugs: \$20 copay

Premium Range:
Low: \$449 (Rating Area 3)
High: \$492 (Rating Area 4)



6 Counties: Clark, Benton,
Franklin, Spokane Thurston,
Walla Walla

BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO RealValue

Plan Type: EPO

Deductible: \$6,000

OOPM: \$6,900

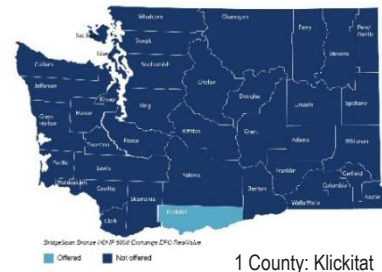
Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium:
\$342 (Rating Area 3)



BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: \$6,000

OOPM: \$6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium:
\$348 (Rating Area 3)



BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: \$6,000

OOPM: \$6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium:
\$313 (Rating Area 5)



1 County: Pierce

BRIDGESPAN

Plan Name: Bronze HDHP 6000 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: \$6,000

OOPM: \$6,900

Primary Care Visit: 50% coinsurance after deductible

Specialist Visit: 50% coinsurance after deductible

Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium:
\$311 (Rating Area 1)



1 County: King

BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO RealValue

Plan Type: EPO

Deductible: \$7,500

OOPM: \$8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at \$60 copay

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: \$15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium:
\$333 (Rating Area 3)



1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: \$7,500

OOPM: \$8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at \$60 copay

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: \$15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium:
\$340 (Rating Area 3)



1 County: Clark

BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: \$7,500

OOPM: \$8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at \$60 copay

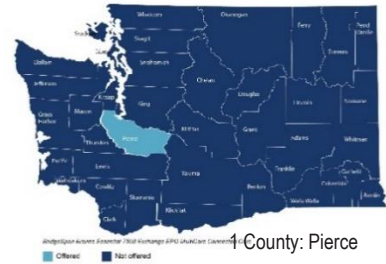
Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: \$15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium:
\$305 (Rating Area 5)



BRIDGESPAN

Plan Name: Bronze Essential 7500 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: \$7,500

OOPM: \$8,150

Primary Care Visit: 10% coinsurance after deductible; 3 visits* at \$60 copay

Specialist Visit: 10% coinsurance after deductible

Emergency Room Services: 10% coinsurance after deductible

Generic Drugs: \$15 copay

*3 copay visits can be primary care, specialist or urgent care

Premium:
\$303 (Rating Area 1)



BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO RealValue

Plan Type: EPO

Deductible: \$8,000

Premium:
\$319 (Rating Area 3)

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Klickitat

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO PeaceHealth

Plan Type: EPO

Deductible: \$8,000

Premium:
\$325 (Rating Area 3)

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Clark

BRONZE PLANS

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care

Plan Type: EPO

Deductible: \$8,000

Premium:
\$291 (Rating Area 5)

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: Pierce

BRIDGESPAN

Plan Name: Bronze Care on Demand 8000 Exchange EPO UW Medicine

Plan Type: EPO

Deductible: \$8,000

Premium:
\$290 (Rating Area 1)

OOPM: \$8,150

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$15 copay



1 County: King

BRONZE PLANS

COORDINATED CARE

Plan Name: Ambetter Essential Care 2 (2020)

Plan Type: HMO

Deductible: \$6,750

OOPM: \$6,750

Primary Care Visit: No charge after deductible

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range
Low: \$300 (Rating Area 1)
High: \$303 (Rating Area 5)



3 Counties: King, Pierce, Thurston

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Bronze 6000/30% H.S.A.

Plan Type: EPO

Deductible: \$6,000

OOPM: \$6,900

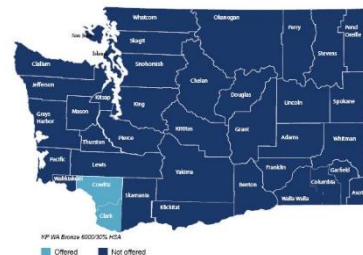
Primary Care Visit: 30% coinsurance after deductible

Specialist Visit: 30% coinsurance after deductible

Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: \$20 copay after deductible

Premium Range
Low: \$324 (Rating Area 3)
High: \$341 (Rating Area 2)



2 Counties: Clark; Cowlitz

BRONZE PLANS

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP Bronze 6500/50

Plan Type: EPO

Deductible: \$5,000

OOPM: \$8,150

Primary Care Visit: \$50 copay

Specialist Visit: 50% coinsurance after deductible

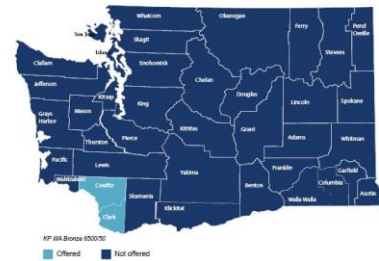
Emergency Room Services: 50% coinsurance after deductible

Generic Drugs: 50% coinsurance after deductible

Premium Range

Low: \$338 (Rating Area 3)

High: \$355 (Rating Area 2)



2 Counties: Clark; Cowlitz

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Bronze 5000/50

Plan Type: EPO

Deductible: \$5,000

OOPM: \$8,150

Primary Care Visit: \$50 copay

Specialist Visit: 35% coinsurance after deductible

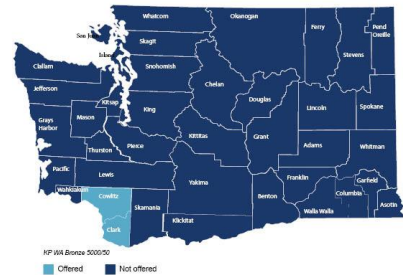
Emergency Room Services: 35% coinsurance after deductible

Generic Drugs: \$30 copay after deductible

Premium Range

Low: \$354 (Rating Area 3)

High: \$372 (Rating Area 2)



2 Counties: Clark; Cowlitz

BRONZE PLANS

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Core Bronze HSA – 20

Type: HMO

Deductible: \$5,000

OOPM: \$6,750

Primary Care Visit: 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

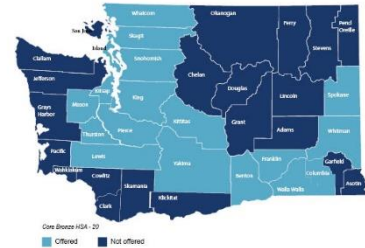
Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: 20% coinsurance after deductible

Premium Range

Low: \$305 (Rating Area 1)

High: \$350 (Rating Areas 2, 6, 8, 9)



18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Flex Bronze - 20

Type: HMO

Deductible: \$5,500

OOPM: \$7,150

Primary Care: 3 primary care visits at \$40 copay; 20% coinsurance after deductible

Specialist Visit: 20% coinsurance after deductible

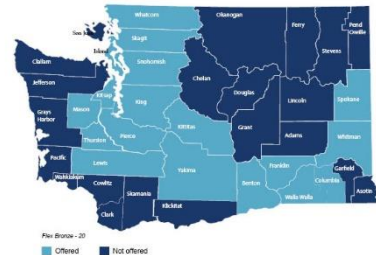
Emergency Room Services: 20% coinsurance after deductible

Generic Drugs: \$25 copay

Premium Range

Low: \$310 (Rating Area 1)

High: \$357 (Rating Areas 2, 6, 8, 9)



18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

BRONZE PLANS

LIFEWISE

Plan Name: LifeWise Essential Bronze

Plan Type: EPO

Deductible: \$6,350

OOPM: \$8,150

Primary Care Visit: \$30 copay

Specialist Visit: 30% coinsurance after deductible

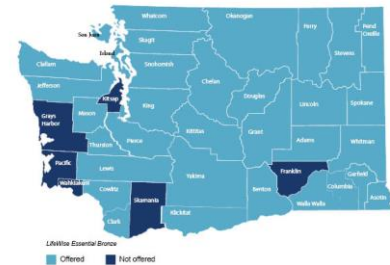
Emergency Room Services: \$250 copay with deductible; 30% coinsurance after deductible

Generic Drugs: \$20 copay

Premium Range

Low: \$307 (Rating Area 1)

High: \$369 (Rating Areas 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

LIFEWISE

Plan Name: LifeWise Essential Bronze HSA

Plan Type: EPO

Deductible: \$5,000

OOPM: \$6,600

Primary Care Visit: 30% coinsurance after deductible

Specialist Visit: 30% coinsurance after deductible

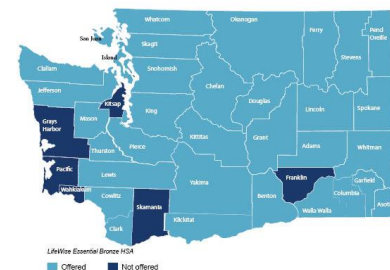
Emergency Room Services: 30% coinsurance after deductible

Generic Drugs: 30% coinsurance after deductible

Premium Range

Low: \$311 (Rating Area 1)

High: \$373 (Rating Areas 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

BRONZE PLANS

MOLINA

Plan Name: Core Care Bronze 1

Plan Type: HMO

Deductible: \$6,800

OOPM: \$8,150

Primary Care Visit: \$35 copay

Specialist Visit: \$85 copay after deductible

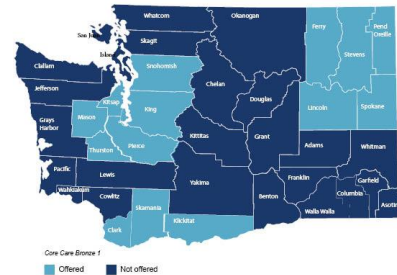
Emergency Room Services: 40% coinsurance after deductible

Generic Drugs: \$32 copay

Premium Range

Low: \$285 (Rating Area 4)

High: \$327 (Rating Area 2,3)



14 Counties: Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens, Snohomish, Kitsap

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Bronze HSA 6750

Plan Type: PPO

Deductible: \$6,750

OOPM: \$6,750

Primary Care Visit: No charge after deductible

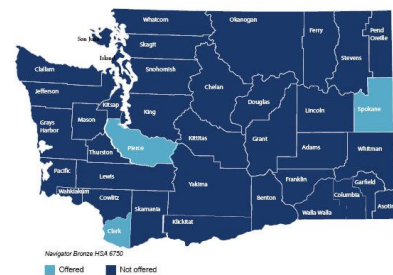
Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium:

\$322 (Rating Area 3, 4, 5)



3 Counties: Clark, Pierce, Spokane

BRONZE PLANS

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Bronze 7000

Plan Type: PPO

Deductible: \$7,000

OOPM: \$8,150

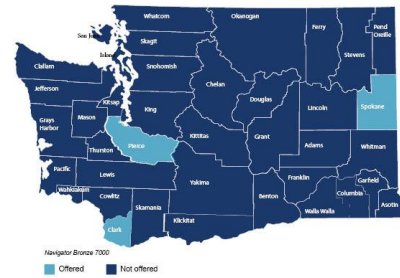
Primary Care Visit: \$35 copay

Specialist Visit: 40% coinsurance after deductible

Emergency Room Services: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium:
\$330 (Rating Area 3, 4, 5)



3 Counties: Clark, Pierce, Spokane

PREMERA

Plan Name: Premera Blue Cross Preferred Bronze HSA EPO 5250

Plan Type: EPO

Deductible: \$5,250

OOPM: \$6,700

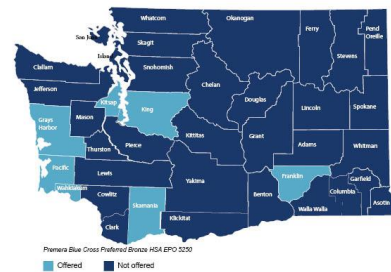
Primary Care Visit: 40% coinsurance after deductible

Specialist Visit: 40% coinsurance after deductible

Emergency Room Services: 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range
Low: \$382 (Rating Area 6)
High: \$427 (Rating Areas 3)



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum

BRONZE PLANS

PREMERA

Plan Name: Premera Blue Cross Preferred Bronze EPO 6350

Plan Type: EPO

Deductible: \$6,350

OOPM: \$7,850

Primary Care Visit: \$50 copay; 2 free primary care visits

Specialist Visit: 40% coinsurance after deductible

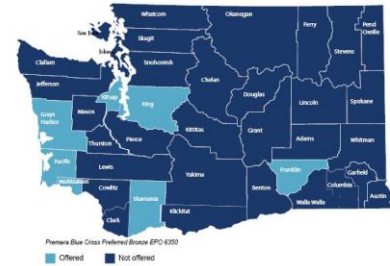
Emergency Room Services: \$250 copay with deductible; 40% coinsurance after deductible

Generic Drugs: 40% coinsurance after deductible

Premium Range

Low: \$378 (Rating Area 6)

High: \$422 (Rating Area 3)



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum

PROVIDENCE

Plan Name: Columbia 8150 Bronze

Plan Type: EPO

Deductible: \$8,150

OOPM: \$8,150

Primary Care Visit: \$70 copay

Specialist Visit: \$100 copay

Emergency Room Services: No charge after deductible

Generic Drugs: \$35 copay

Premium Range:

Low: \$348 (Rating Area 3)

High: \$381 (Rating Area 4)



6 Counties: Clark, Benton, Franklin, Spokane Thurston, Walla Walla

CATASTROPHIC HEALTH PLANS

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

Plan Name: KP WA Catastrophic 8150/0

Plan Type: EPO

Deductible: \$8,150

OOPM: \$8,150

Primary Care Visit: \$0 copay with deductible; 3 no charge primary care visits

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range

Low: \$334 (Rating Area 3)

High: \$351 (Rating Area 2)



2 Counties: Clark, Cowlitz

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

Plan Name: Core Basic Plus Catastrophic - 20

Plan Type: HMO

Deductible: \$8,150

OOPM: \$8,150

Primary Care Visit: No charge after deductible; 3 no charge primary care visits

Specialist Visit: No charge after deductible

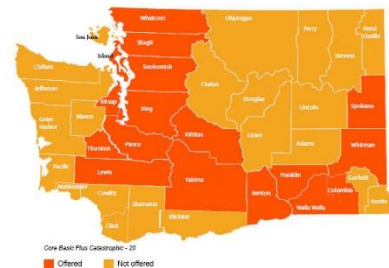
Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range

Low: \$249 (Rating Area 1)

High: \$286 (Rating Area 2, 6, 8, 9)



18 Counties: Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, Thurston, Whatcom, Walla Walla, Whitman, Yakima

CATASTROPHIC HEALTH PLANS

LIFEWISE

Plan Name: LifeWise Essential Catastrophic

Plan Type: EPO

Deductible: \$8,150

OOPM: \$8,150

Primary Care Visit: No charge after deductible; 3 visits at \$30 copay

Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium Range

Low: \$257 (Rating Area 1)

High: \$309 (Rating Area 3)



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

PACIFICSOURCE HEALTH PLANS

Plan Name: Navigator Catastrophic

Plan Type: HMO

Deductible: \$8,150

OOPM: \$8,150

Primary Care Visit: No charge after deductible; 3 free primary care visits

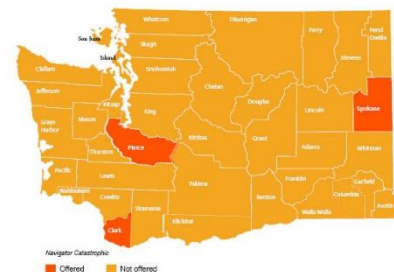
Specialist Visit: No charge after deductible

Emergency Room Services: No charge after deductible

Generic Drugs: No charge after deductible

Premium:

\$220 (Rating Area 3, 4, 5)



3 Counties: Clark, Pierce, Spokane

FAMILY DENTAL PLANS

DELTA DENTAL

Plan Name: Delta Dental Individual AND Family – Washington Family Plan (QDP)

Coverage: High

Plan Type: PPO

Deductible: \$85/ child; \$50/ adult

Annual Benefit Limit: Unlimited for child; \$1,000/ adult

OOPM: \$350/child; \$700/2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 50% coinsurance after deductible/adult; 30% coinsurance after deductible/child

X-rays: No Charge

Monthly Premium

Prem-child: **\$44.84**

Prem-adult: **\$36.69**



All Washington Counties

DENTEGRA DENTAL

Plan Name: Dentegra Dental PPO Family Basic Plan

Coverage: Low

Plan Type: PPO

Deductible: \$75/ child; \$50/ adult

Annual Benefit Limit: Unlimited for child; \$1,000/ adult

OOPM: \$350/child; 700/2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 50% coinsurance after deductible/adult

X-rays: No Charge

Monthly Premium

Prem-child: **\$25.66**

Prem-adult: **\$21.79**



12 Counties: Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom

FAMILY DENTAL PLANS

LIFEWISE

Plan Name: LifeWise Family Dental Plan

Coverage: Low

Plan Type: EPO

Deductible: \$65/ child; \$0/ adult

Annual Benefit Limit: Unlimited

OOPM: \$350/child; 700/2+ children

Dental Cleaning: No charge /adult; 10% coinsurance after deductible/child

Filling (Amalgam): 40% coinsurance after deductible/adult; 20% coinsurance after deductible/child

X-rays: 10% coinsurance after deductible; no charge for adult

Monthly Premium

Prem-child: **\$28.77**

Prem-adult: **\$35.66**



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

PEDIATRIC DENTAL PLANS

DELTA DENTAL

Plan Name: Delta Dental Individual – Washington Kids Plan

Coverage: High

Plan Type: PPO

Deductible: \$85

Annual Benefit Limit: Unlimited

OOPM: \$350/child; \$700/2+ pediatric enrollees

Dental Cleaning: No charge

Filling (Amalgam): 30% coinsurance after deductible

X-rays: No Charge

Monthly Premium
Premium - child
\$44.28



All Washington Counties

KAISER FOUNDATION OF THE NORTHWEST

Plan Name: KP WA Pediatric Dental 100

Coverage: High

Plan Type: EPO

Deductible: \$50

Annual Benefit Limit: Unlimited

OOPM: \$350/child; 700/2+ children

Dental Cleaning: No charge

Filling (Amalgam): 20% coinsurance after deductible

X-rays: No Charge

Monthly Premium
Premium- Child
\$28.17



2 Counties: Clark, Cowlitz

PEDIATRIC DENTAL PLANS

LIFEWISE

Plan Name: LifeWise Individual Pediatric Dental Plan

Coverage: Low

Plan Type: PPO

Deductible: \$65

Annual Benefit Limit: Unlimited

OOPM: \$350/child; \$700/2+ children

Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 20% coinsurance after deductible

X-rays: 10% coinsurance after deductible

Monthly Premium

Premium-child:
\$28.35



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

PREMERA

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low

Plan Type: PPO

Deductible: \$65

Annual Benefit Limit: Unlimited

OOPM: \$350/child; \$700/2+ children

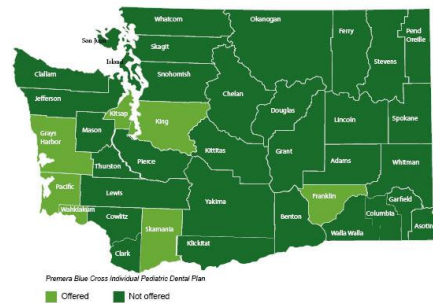
Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 20% coinsurance after deductible

X-rays: 10% coinsurance after deductible

Monthly Premium

Premium-Child
\$28.35



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum

APPENDIX I

All plans listed have met the 19 certification criteria.

INDIVIDUAL MARKET

BridgeSpan

Gold Essential 1200 Exchange EPO RealValue
Gold Essential 1200 Exchange EPO PeaceHealth
Gold Essential 1200 Exchange EPO MultiCare Connected Care
Gold Essential 1200 Exchange EPO UW Medicine
Silver HDHP 3500 Exchange EPO RealValue
Silver HDHP 3500 Exchange EPO PeaceHealth
Silver HDHP 3500 Exchange EPO MultiCare Connected Care
Silver HDHP 3500 Exchange EPO UW Medicine
Bronze HDHP 6000 Exchange EPO RealValue
Bronze HDHP 6000 Exchange EPO PeaceHealth
Bronze HDHP 6000 Exchange EPO MultiCare Connected Care
Bronze HDHP 6000 Exchange EPO UW Medicine
Bronze Essential 7500 Exchange EPO RealValue
Bronze Essential 7500 Exchange EPO PeaceHealth
Bronze Essential 7500 Exchange EPO MultiCare Connected Care
Bronze Essential 7500 Exchange EPO UW Medicine
Bronze Care on Demand 8000 Exchange EPO RealValue
Bronze Care on Demand 8000 Exchange EPO PeaceHealth
Bronze Care on Demand 8000 Exchange EPO MultiCare Connected Care
Bronze Care on Demand 8000 Exchange EPO UW Medicine

Coordinated Care

Ambetter Secure Care 1 (2020) with 3 Free PCP Visits
Ambetter Secure Care 5 (2020)
Ambetter Balanced Care 1 (2020)
Ambetter Balanced Care 1 (2020) + Vision Ambetter
Balanced Care 2 (2020)
Ambetter Balanced Care 2 (2020) + Vision Ambetter
Balanced Care 3 (2020)
Ambetter Balanced Care 3 (2020) + Vision Ambetter
Balanced Care 4 (2020)
Ambetter Essential Care 2 (2020)

Kaiser Foundation Health Plan of the Northwest

KP WA Gold 0/20
KP WA Gold 1000/20
KP WA Silver 3500/35 KP
WA Silver 2500/35 KP
Bronze 6500/50
KP WA Bronze 6000/30% HSA
KP WA Bronze 5000/50
KP WA Catastrophic 8150/0

Kaiser Foundation Health Plan of Washington

Flex Gold - 20 Flex
Silver - 20
VisitsPlus Silver HD - 20 Flex
Bronze - 20
Core Bronze HSA - 20
Core Basic Plus Catastrophic - 20

INDIVIDUAL MARKET

LifeWise Health Plan of Washington

LifeWise Essential Gold
LifeWise Essential Silver High Deductible
LifeWise Essential Silver Low Deductible
LifeWise Essential Bronze
LifeWise Essential Bronze HSA
LifeWise Essential Catastrophic

Molina Healthcare of Washington Molina

Choice Gold
Molina Choice Silver
Core Care Bronze 1

PacificSource Health Plans

Navigator Gold 1500
Navigator Silver 5000
Navigator Bronze HSA 6750
Navigator Bronze 7000
Navigator Catastrophic

Premera Blue Cross

Premera Blue Cross Preferred Gold EPO 1500
Premera Blue Cross Preferred Gold EPO 1000
Premera Blue Cross Preferred Silver EPO 4500
Premera Blue Cross Preferred Bronze HSA EPO 5250
Premera Blue Cross Preferred Bronze EPO 6350

Providence

Columbia 1500 Gold
Columbia 4500 Silver
Columbia 8150 Bronze

APPENDIX II

All plans listed have met the 10 certification criteria.

DENTAL

Delta

Delta Dental Individual - Washington Kids Plan
Delta Dental Individual and Family - Washington Family Plan
(QDP)

Dentegra

Dentegra Dental PPO Family Basic Plan

Kaiser Foundation Health Plan of the Northwest

KP WA Pediatric Dental 100

LifeWise Health Plan of Washington

LifeWise Individual Pediatric Dental Plan
LifeWise Family Dental Plan

Premera Blue Cross

Premera Blue Cross Individual Pediatric Dental Plan



washington

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