

# Washington Healthplanfinder Individual Market



**August 21, 2013**

**2014 Qualified Health Plan and Qualified Dental Plan Certification Requests**

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# Summary of Individual Market

## Overview

- ▶ 8 Issuers
- ▶ 38 QHPs
- ▶ up to 152 plans, including cost-sharing variations
- ▶ No Platinum Plans
- ▶ 8 more QHPs through Federal OPM issuing conditional certification for multi-state plans.

## Gold

- ▶ 8 Issuers
- ▶ 10 Plans
- ▶ 6 PPO
- ▶ 4 HMO

## Silver

- ▶ 8 Issuers
- ▶ 14 Plans
- ▶ 6 PPO
- ▶ 2 PPO HSA
- ▶ 5 HMO
- ▶ 1 HMO HSA

## Bronze

- ▶ 7 Issuers
- ▶ 12 Plans
- ▶ 5 PPO
- ▶ 3 PPO HSA
- ▶ 3 HMO
- ▶ 1 HMO HSA

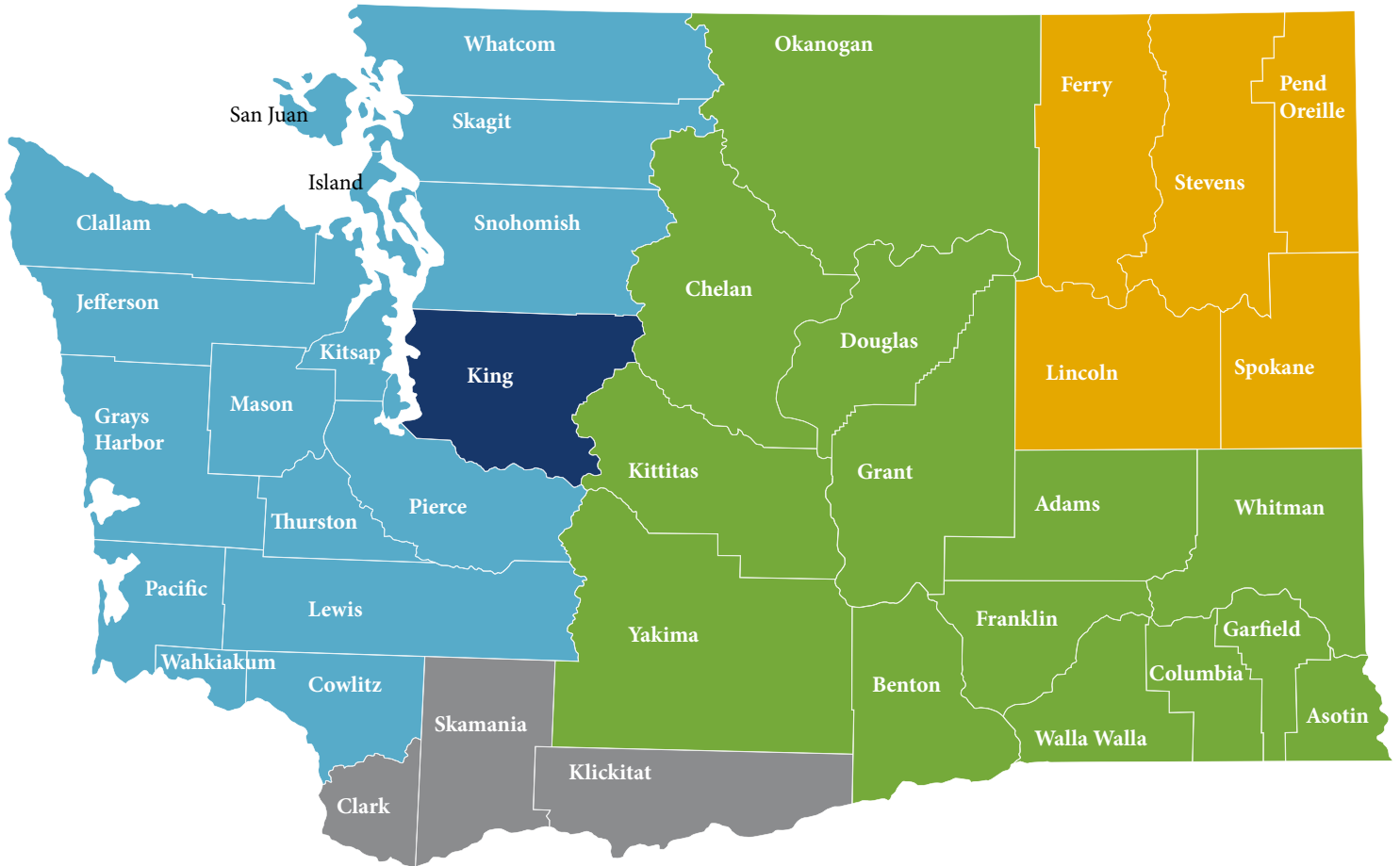
## Catastrophic

- ▶ 2 Issuers
- ▶ 2 Plans
- ▶ 2 HMO
- ▶ No statewide, Group Health and Kaiser

## Stand-Alone Pediatric Dental

- ▶ 4 Issuers
- ▶ 4 QDPs
- ▶ 3 PPO
- ▶ 1 HMP
- ▶ No High Plans
- ▶ All Low 70% AV plans

# Rating Areas

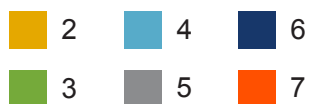


	Rating Area 1	King				
	Rating Area 2	Clallam	Cowlitz	Grays Harbor	Island	Jefferson
		Kitsap	Lewis	Mason	Pacific	Pierce
		San Juan	Skagit	Snohomish	Thurston	Wahkiakum
		Whatcom				
	Rating Area 3	Clark	Klickitat	Skamania		
	Rating Area 4	Ferry	Lincoln	Pend Oreille	Spokane	Stevens
	Rating Area 5	Adams	Asotin	Benton	Chelan	Columbia
		Douglas	Franklin	Garfield	Grant	Kittitas
		Okanogan	Walla Walla	Whitman	Yakima	

# Washington State QHP Issuers Per County



QHP Issuers Per County



# Certification Needed

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- ▶ The plans on the following pages have been submitted for certification as QHPs and QDPs for 2014.
- ▶ The WAHBE Plan Management Team has determined that the following plans have met all the Board-approved QHP certification criteria.
- ▶ Board Certification is now requested to finalize the QHP and QDP process for 2014.



# Certification Criteria Status by Issuer

	Issuer Submission Form			Participation Agreement				
	Initiate Certification Request	#1 Certificate of Good Standing	#6 Accreditation	#2 & #3 Attestations (incl. User Fees and Risk Adj. Program)	#7 Marketing Materials	#9 Provider Directory	#10 Quality Improvement Strategy Form	#11 Standard Summary of Benefits
Health Issuer								
BridgeSpan	X	X	X	X	X	X	X	X
CHPW	X	X	X	X	X	X	X	X
Coordinated Care	X	X	X	X	X	X	X	X
Group Health Cooperative	X	X	X	X	X	X	X	X
Kaiser Foundation Health Plan of the Northwest	X	X	X	X	X	X	X	X
LifeWise	X	X	X	X	X	X	X	X
Molina	X	X	X	X	X	X	X	X
Premera	X	X	X	X	X	X	X	X
Dental Issuer								
Delta Dental of WA	X	X		X	X	X		X
Kaiser Northwest	X	X		X	X	X		X
LifeWise	X	X		X	X	X		X
Premera	X	X		X	X	X		X

# Certification Criteria Status by Issuer

	OIC Regulatory Process								
	#4 Market Rules	#5 Non- Discrimination	#8 Network Adequacy	#13 Std Enrollment Form	#14 Hospital Contracts	#15 Direct Primary Care w/ QHP Issuer	#16 Benefit Design Standards	#17 Rates and Service Area	#19 Benefit and Rate Data for public disclosure
Health Issuer									
BridgeSpan	X	X	X	2014	X	2014	X	X	X
CHPW	X	X	X	2014	X	2014	X	X	X
Coordinated Care	X	X	X	2014	X	2014	X	X	X
Group Health Cooperative	X	X	X	2014	X	2014	X	X	X
Kaiser Foundation Health Plan of the Northwest	X	X	X	2014	X	2014	X	X	X
LifeWise	X	X	X	2014	X	2014	X	X	X
Molina	X	X	X	2014	X	2014	X	X	X
Premera	X	X	X	2014	X	2014	X	X	X
Dental Issuer									
Delta Dental of WA		X	X				X	X	X
Kaiser Northwest		X	X				X	X	X
LifeWise		X	X				X	X	X
Premera		X	X				X	X	X





# BridgeSpan Health Company

# BridgeSpan Health Company

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
BridgeSpan Exchange Gold	\$298.02 - \$315.43	\$340.37 - \$360.25	\$722.82 - \$765.05	\$1000	Gold	*See Below
BridgeSpan Exchange Silver	\$257.89 - \$272.96	\$294.53 - \$311.74	\$625.48 - \$662.03	\$3000	Silver	*See Below
BridgeSpan Exchange Bronze HSA	\$204.11 - \$216.03	\$233.11 - \$246.73	\$495.03 - \$523.96	\$5000	Bronze	*See Below

\*Counties Covered: King, Kitsap, Pierce, Skagit, Snohomish, Spokane, Thurston

# BridgeSpan Exchange Gold:

\$1,000	Annual Deductible
\$3,300	Annual Out of Pocket Maximum
20% coinsurance	Office Visit Cost Share
20% coinsurance	Specialty Visit Cost Share
\$10 Generic 30% Brand (Tier 1) 50% Brand (Tier 2)	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for in-network primary care office visits and generic pharmacy.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$298.02 - \$315.43	\$340.37 - \$360.25	\$722.82 - \$765.05
Rating Area 1	\$303.89	\$347.07	\$737.04
Rating Area 2	\$315.43	\$360.25	\$765.05
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$298.02	\$340.37	\$722.82
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$342.73 - \$362.75	\$391.42 - \$414.29	\$831.24 - \$879.81
Rating Area 1	\$349.47	\$399.13	\$847.60
Rating Area 2	\$362.75	\$414.29	\$879.81
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$342.73	\$391.42	\$831.24
Rating Area 5	N/A	N/A	N/A

# BridgeSpan Exchange Silver:

\$3,000	Annual Deductible
\$4,900	Annual Out of Pocket Maximum
20% coinsurance	Office Visit Cost Share
20% coinsurance	Specialty Visit Cost Share
\$10 Generic 30% Brand (Tier 1) 50% Brand (Tier 2)	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for in-network primary care office visits and generic pharmacy.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$257.89 - \$272.96	\$294.53 - \$311.74	\$625.48 - \$662.03
Rating Area 1	\$262.97	\$300.33	\$637.79
Rating Area 2	\$272.96	\$311.74	\$662.03
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$257.89	\$294.53	\$625.48
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$296.57 - \$313.90	\$338.71 - \$358.50	\$719.30 - \$761.33
Rating Area 1	\$302.41	\$345.38	\$733.46
Rating Area 2	\$313.90	\$358.50	\$761.33
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$296.57	\$338.71	\$719.30
Rating Area 5	N/A	N/A	N/A

# BridgeSpan Exchange Bronze HSA:

\$5,000	Annual Deductible
\$6,250	Annual Out of Pocket Maximum
30% coinsurance	Office Visit Cost Share
30% coinsurance	Specialty Visit Cost Share
25% Generic 35% Brand (Tier 1) 50% Brand (Tier 2)	Pharmacy Cost Share
30% coinsurance	Hospital Cost Share
30% coinsurance	Emergency Cost Share

## Notable Features:

Mail Order Drugs discounted to 20% Generic/30% Brand (Tier 1)/40% Brand (Tier 2). Integrated health savings account available with HealthEquity. As an HSA plan, the \$5,000 Annual Deductible and \$6,250 Annual Out of Pocket Maximum are for single subscribers only. Families have a \$10,000 Family Deductible and \$12,500 Family Out of Pocket Maximum.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$204.11 - \$216.03	\$233.11 - \$246.73	\$495.03 - \$523.96
Rating Area 1	\$208.12	\$237.70	\$504.78
Rating Area 2	\$216.03	\$246.73	\$523.96
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$204.11	\$233.11	\$495.03
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$234.72 - \$248.44	\$268.07 - \$283.74	\$569.29 - \$602.55
Rating Area 1	\$239.34	\$273.35	\$580.49
Rating Area 2	\$248.44	\$283.74	\$602.55
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$234.72	\$268.07	\$569.29
Rating Area 5	N/A	N/A	N/A



# Group Health Cooperative

# Group Health Cooperative

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
<b>Core Gold Plan</b>	\$293.41- \$318.27	\$335.10- \$363.49	\$711.62- \$771.92	\$750	Gold	*See Below
<b>Core Silver Plan</b>	\$234.94 - \$254.85	\$268.33 - \$291.06	\$569.82 - \$618.10	\$1,500	Silver	*See Below
<b>Core Bronze Plan</b>	\$177.96 - \$193.04	\$203.25 - \$220.47	\$431.62 - \$468.19	\$5,000	Bronze	*See Below
<b>Core Basics Plus</b>	\$186.82 - \$202.65	\$213.37 - \$231.45	\$453.11 - \$491.50	\$6350	Catastrophic	*See Below

\*Counties Covered: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima

# Group Health Cooperative

## Core Gold:

\$750	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$10 copay	Office Visit Cost Share
\$15 copay	Specialty Visit Cost Share
\$10 Generic/ 20% Brand	Pharmacy Cost Share
10% coinsurance	Hospital Cost Share
\$100 copay and 10% coinsurance	Emergency Cost Share

### Notable Features:

Deductible does not apply to Generic Pharmacy.  
Mail Order Drugs discounted to \$5 Generic/15% Brand.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$293.41 - \$318.27	\$335.10 - \$363.49	\$711.62 - \$771.92
Rating Area 1	\$306.91	\$350.52	\$744.37
Rating Area 2	\$318.27	\$363.49	\$771.92
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$293.41	\$335.10	\$711.62
Rating Area 5	\$308.14	\$351.92	\$747.35

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$352.09 - \$381.92	\$402.12 - \$436.19	\$853.95 - \$926.30
Rating Area 1	\$368.29	\$420.62	\$893.25
Rating Area 2	\$381.92	\$436.19	\$926.30
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$352.09	\$402.12	\$853.95
Rating Area 5	\$369.77	\$422.31	\$896.82



# Group Health Cooperative Core Silver:

\$1,500	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$20 copay	Office Visit Cost Share
\$30 copay	Specialty Visit Cost Share
\$10 Generic/ 40% Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$150 copay and 20% coinsurance	Emergency Cost Share

### Notable Features:

Deductible does not apply to Generic Pharmacy.  
Mail Order Drugs discounted to \$5 Generic/35% Brand.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$234.94 - \$254.85	\$268.33 - \$291.06	\$569.82 - \$618.10
Rating Area 1	\$245.76	\$280.67	\$596.05
Rating Area 2	\$254.85	\$291.06	\$618.10
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$234.94	\$268.33	\$569.82
Rating Area 5	\$246.74	\$281.80	\$598.43

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$281.93 - \$305.82	\$321.99 - \$349.27	\$683.79 - \$741.72
Rating Area 1	\$294.91	\$336.81	\$715.26
Rating Area 2	\$305.82	\$349.27	\$741.72
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$281.93	\$321.99	\$683.79
Rating Area 5	\$296.09	\$338.16	\$718.12

# Group Health Cooperative

## Core Bronze:

\$5,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$40 copay	Office Visit Cost Share
\$60 copay	Specialty Visit Cost Share
40% Generic/ 40% Brand	Pharmacy Cost Share
40% coinsurance	Hospital Cost Share
\$200 copay and 40% coinsurance	Emergency Cost Share

### Notable Features:

Mail Order Drugs discounted to 35% Generic/Brand.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$177.96 - \$193.04	\$203.25 - \$220.47	\$431.62 - \$468.19
Rating Area 1	\$186.15	\$212.60	\$451.48
Rating Area 2	\$193.04	\$220.47	\$468.19
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$177.96	\$203.25	\$431.62
Rating Area 5	\$186.89	\$213.45	\$453.29

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$213.55 - \$231.64	\$243.89 - \$264.56	\$517.94 - \$561.83
Rating Area 1	\$223.38	\$255.12	\$541.78
Rating Area 2	\$231.64	\$264.56	\$561.83
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$213.55	\$243.89	\$517.94
Rating Area 5	\$224.27	\$256.14	\$543.95

# Group Health Cooperative Core Basics Plus:

\$6,350	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
No charge after deductible	Office Visit Cost Share
No charge after deductible	Specialty Visit Cost Share
No charge after deductible	Pharmacy Cost Share
No charge after deductible	Hospital Cost Share
No charge after deductible	Emergency Cost Share

### Notable Features:

Deductible does not apply to any combination of first 3 primary care visits per calendar year. Only Catastrophic Plan in the Exchange.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$186.82 - \$202.65	\$213.37 - \$231.45	\$453.11 - \$491.50
Rating Area 1	\$195.42	\$223.19	\$473.97
Rating Area 2	\$202.65	\$231.45	\$491.50
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$186.82	\$213.37	\$453.11
Rating Area 5	\$196.20	\$224.08	\$475.86

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$224.19 - \$243.18	\$256.04 - \$277.73	\$543.74 - \$589.81
Rating Area 1	\$234.50	\$267.82	\$568.76
Rating Area 2	\$243.18	\$277.73	\$589.81
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$224.19	\$256.04	\$543.74
Rating Area 5	\$235.44	\$268.90	\$571.04



# LifeWise Health Plan of Washington

# LifeWise Health Plan of Washington

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
Essential Gold 1000	\$287.69- \$320.52	\$328.56- \$366.06	\$697.75 - \$777.38	\$1000	Gold	All Counties
Essential Gold 1500	\$280.01 - \$311.96	\$319.79 \$356.29	\$679.12 - \$756.63	\$1500	Gold	All Counties
Essential Silver 2000	\$258.41 - \$287.90	\$295.12 - \$328.81	\$626.74 - \$698.26	\$2000	Silver	All Counties
Essential Silver 2500 HSA	\$227.86 - \$253.87	\$260.24 - \$289.94	\$552.66 - \$615.73	\$2500	Silver	All Counties
Essential Silver 3000	\$245.68 - \$273.72	\$280.59 - 312.62	\$595.88 - \$663.88	\$3000	Silver	All Counties
Essential Bronze 5250 HSA	\$182.17 - \$202.97	\$208.06 - \$231.81	\$441.84 - \$492.27	\$5250	Bronze	All Counties
Essential Bronze 5500	\$204.59 - \$227.94	\$233.66 - \$260.32	\$496.20 - \$552.83	\$5500	Bronze	All Counties
Essential Bronze 6350	\$191.23 - 213.05	\$218.40 - \$243.33	\$463.80 - \$516.74	\$6350	Bronze	All Counties

# LifeWise Essential Gold 1000:

\$1,000	Annual Deductible
\$4,500	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$30 copay	Specialty Visit Cost Share
\$10 Generic/ \$40 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$287.69 - \$320.52	\$328.56 - \$366.06	\$697.75 - \$777.38
Rating Area 1	\$312.70	\$357.13	\$758.42
Rating Area 2	\$320.52	\$366.06	\$777.38
Rating Area 3	\$320.52	\$366.06	\$777.38
Rating Area 4	\$287.69	\$328.56	\$697.75
Rating Area 5	\$312.70	\$357.13	\$758.42

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$309.26 - \$344.56	\$353.21 - \$393.52	\$750.08 - \$835.69
Rating Area 1	\$336.16	\$383.92	\$815.30
Rating Area 2	\$344.56	\$393.52	\$835.69
Rating Area 3	\$344.56	\$393.52	\$835.69
Rating Area 4	\$309.26	\$353.21	\$750.08
Rating Area 5	\$336.16	\$383.92	\$815.30

# LifeWise Essential Gold 1500:

\$1,500	Annual Deductible
\$4,500	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$30 copay	Specialty Visit Cost Share
\$10 Generic/ \$35 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Pharmacy not subject to Annual Deductible. Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$280.01 - \$311.96	\$319.79 - \$356.29	\$679.12 - \$756.63
Rating Area 1	\$304.35	\$347.60	\$738.18
Rating Area 2	\$311.96	\$356.29	\$756.63
Rating Area 3	\$311.96	\$356.29	\$756.63
Rating Area 4	\$280.01	\$319.79	\$679.12
Rating Area 5	\$304.35	\$347.60	\$738.18

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$301.01 - \$335.36	\$343.78 - \$383.01	\$730.06 - \$813.38
Rating Area 1	\$327.18	\$373.67	\$793.54
Rating Area 2	\$335.36	\$383.01	\$813.38
Rating Area 3	\$335.36	\$383.01	\$813.38
Rating Area 4	\$301.01	\$343.78	\$730.06
Rating Area 5	\$327.18	\$373.67	\$793.54

# LifeWise Essential Silver 2000:

\$2,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$15 Generic/ \$50 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$258.41 - \$287.90	\$295.12 - \$328.81	\$626.74 - \$698.26
Rating Area 1	\$280.88	\$320.79	\$681.23
Rating Area 2	\$287.90	\$328.81	\$698.26
Rating Area 3	\$287.90	\$328.81	\$698.26
Rating Area 4	\$258.41	\$295.12	\$626.74
Rating Area 5	\$280.88	\$320.79	\$681.23

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$277.79 - \$309.49	\$317.26 - \$353.47	\$673.74 - \$750.63
Rating Area 1	\$301.94	\$344.85	\$732.33
Rating Area 2	\$309.49	\$353.47	\$750.63
Rating Area 3	\$309.49	\$353.47	\$750.63
Rating Area 4	\$277.79	\$317.26	\$673.74
Rating Area 5	\$301.94	\$344.85	\$732.33



# LifeWise Essential Silver 2500 HSA:

\$2,500	Annual Deductible
\$4,100	Annual Out of Pocket Maximum
20% coinsurance	Office Visit Cost Share
20% coinsurance	Specialty Visit Cost Share
20% coinsurance	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
20% coinsurance	Emergency Cost Share

## Notable Features:

As an HSA plan, the \$2,500 Annual Deductible is for single subscribers only. Families have a \$5,000 Annual Family Deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$227.86 - \$253.87	\$260.24 - \$289.94	\$552.66 - \$615.73
Rating Area 1	\$247.68	\$282.87	\$600.71
Rating Area 2	\$253.87	\$289.94	\$615.73
Rating Area 3	\$253.87	\$289.94	\$615.73
Rating Area 4	\$227.86	\$260.24	\$552.66
Rating Area 5	\$247.68	\$282.87	\$600.71

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$244.95 - \$272.91	\$279.76 - \$311.69	\$594.10 - \$661.91
Rating Area 1	\$266.25	\$304.09	\$645.77
Rating Area 2	\$272.91	\$311.69	\$661.91
Rating Area 3	\$272.91	\$311.69	\$661.91
Rating Area 4	\$244.95	\$279.76	\$594.10
Rating Area 5	\$266.25	\$304.09	\$645.77

# LifeWise Essential Silver 3000:

\$3,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$10 Generic/ \$50 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$245.68 - \$273.72	\$280.59 - 312.62	\$595.88 - \$663.88
Rating Area 1	\$267.05	\$304.99	\$647.69
Rating Area 2	\$273.72	\$312.62	\$663.88
Rating Area 3	\$273.72	\$312.62	\$663.88
Rating Area 4	\$245.68	\$280.59	\$595.88
Rating Area 5	\$267.05	\$304.99	\$647.69

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$264.11 - \$294.25	\$301.64 - \$336.06	\$640.57 - \$713.68
Rating Area 1	\$287.08	\$327.87	\$696.27
Rating Area 2	\$294.25	\$336.06	\$713.68
Rating Area 3	\$294.25	\$336.06	\$713.68
Rating Area 4	\$264.11	\$301.64	\$640.57
Rating Area 5	\$287.08	\$327.87	\$696.27

# LifeWise Essential Bronze 5250 HSA :

\$5,250	Annual Deductible
\$5,250	Annual Out of Pocket Maximum
0% coinsurance	Office Visit Cost Share
0% coinsurance	Specialty Visit Cost Share
0% coinsurance	Pharmacy Cost Share
0% coinsurance	Hospital Cost Share
0% coinsurance	Emergency Cost Share

## Notable Features:

As an HSA plan, the \$5,250 Annual Deductible is for single subscribers only. Families have a \$10,500 Annual Family Deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$182.17 - \$202.97	\$208.06 - \$231.81	\$441.84 - \$492.27
Rating Area 1	\$198.02	\$226.15	\$480.26
Rating Area 2	\$202.97	\$231.81	\$492.27
Rating Area 3	\$202.97	\$231.81	\$492.27
Rating Area 4	\$182.17	\$208.06	\$441.84
Rating Area 5	\$198.02	\$226.15	\$480.26

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$195.84 - \$218.19	\$223.66 - \$249.19	\$474.98 - \$529.19
Rating Area 1	\$212.87	\$243.11	\$516.28
Rating Area 2	\$218.19	\$249.19	\$529.19
Rating Area 3	\$218.19	\$249.19	\$529.19
Rating Area 4	\$195.84	\$223.66	\$474.98
Rating Area 5	\$212.87	\$243.11	\$516.28

# LifeWise Essential Bronze 5500 :

\$5,500	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$25 copay Generic/ 50% coinsurance Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Office visit discounted to \$15 when In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$204.59 - \$227.94	\$233.66 - \$260.32	\$496.20 - \$552.83
Rating Area 1	\$222.28	\$253.98	\$539.35
Rating Area 2	\$227.94	\$260.32	\$552.83
Rating Area 3	\$227.94	\$260.32	\$552.83
Rating Area 4	\$204.59	\$233.66	\$496.20
Rating Area 5	\$222.38	\$253.98	\$539.35

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$219.93 - \$245.03	\$251.18 - \$279.85	\$533.42 - \$594.30
Rating Area 1	\$239.06	\$273.02	\$579.80
Rating Area 2	\$245.03	\$279.85	\$594.30
Rating Area 3	\$245.03	\$279.85	\$594.30
Rating Area 4	\$219.93	\$251.18	\$533.42
Rating Area 5	\$239.06	\$273.02	\$579.80

# LifeWise Essential Bronze 6350:

\$6,350	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$20 copay	Office Visit Cost Share
\$50 copay	Specialty Visit Cost Share
0% coinsurance	Pharmacy Cost Share
0% coinsurance	Hospital Cost Share
\$250 copay	Emergency Cost Share

## Notable Features:

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$191.23 - 213.05	\$218.40 - \$243.33	\$463.80 - \$516.74
Rating Area 1	\$207.86	\$237.39	\$504.13
Rating Area 2	\$213.05	\$243.33	\$516.13
Rating Area 3	\$213.05	\$243.33	\$516.74
Rating Area 4	\$191.23	\$218.40	\$463.80
Rating Area 5	\$207.86	\$237.39	\$504.13

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$205.47 - \$229.03	\$234.78 - \$261.58	\$498.59 - \$555.49
Rating Area 1	\$223.45	\$255.20	\$541.94
Rating Area 2	\$229.03	\$261.58	\$555.49
Rating Area 3	\$229.03	\$261.58	\$555.49
Rating Area 4	\$205.57	\$234.78	\$498.59
Rating Area 5	\$223.45	\$255.20	\$541.94



# Premera Blue Cross

# Premera Blue Cross

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
Preferred Gold 1000	\$287.69- \$320.52	\$328.56- \$366.06	\$697.75 - \$777.38	\$1000	Gold	All Counties Except Clark
Preferred Gold 1500	\$280.01- \$311.96	\$319.79- \$356.29	\$679.12- \$756.63	\$1500	Gold	All Counties Except Clark
Preferred Silver 2000	\$258.41 - \$287.90	\$295.12 - \$328.81	\$626.74 - \$698.26	\$2000	Silver	All Counties Except Clark
Preferred Silver 2500 HSA	\$227.86 - \$253.87	\$260.24 - \$289.94	\$552.66 - \$615.73	\$2500	Silver	All Counties Except Clark
Preferred Silver 3000	\$245.68 - \$273.72	\$280.59 - \$312.62	\$595.88 - \$663.88	\$3000	Silver	All Counties Except Clark
Preferred Bronze 5250 HSA	\$182.17 - \$202.97	\$208.06 - \$231.81	\$441.84 - \$492.27	\$5250	Bronze	All Counties Except Clark
Preferred Bronze 5500	\$204.59 - \$227.94	\$233.66 - \$260.32	\$496.20 - \$552.83	\$5500	Bronze	All Counties Except Clark
Preferred Bronze 6350	\$191.23 - 213.05	\$218.40 - \$243.33	\$463.80 - \$516.74	\$6350	Bronze	All Counties Except Clark

# Premera Blue Cross Preferred Gold 1000:

\$1,000	Annual Deductible
\$4,500	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$30 copay	Specialty Visit Cost Share
\$10 Generic/ \$40 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

### Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$287.69 - \$320.52	\$328.56 - \$366.06	\$697.75 - \$777.38
Rating Area 1	\$312.70	\$357.13	\$758.42
Rating Area 2	\$320.52	\$366.06	\$777.38
Rating Area 3	\$320.52	\$366.06	\$777.38
Rating Area 4	\$287.69	\$328.56	\$697.75
Rating Area 5	\$312.70	\$357.13	\$758.42

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$309.26 - \$344.56	\$353.21 - \$393.52	\$750.08 - \$835.69
Rating Area 1	\$336.16	\$383.92	\$815.30
Rating Area 2	\$344.56	\$393.52	\$835.69
Rating Area 3	\$344.56	\$393.52	\$835.69
Rating Area 4	\$309.26	\$353.21	\$750.08
Rating Area 5	\$336.16	\$383.92	\$815.30



# Premera Blue Cross Preferred Gold 1500:

\$1,500	Annual Deductible
\$4,500	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$30 copay	Specialty Visit Cost Share
\$10 Generic/ \$35 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$200 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Pharmacy not subject to Annual Deductible. Deductible waived for outpatient, lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$280.01 - \$311.96	\$319.79 - \$356.29	\$679.12 - \$756.63
Rating Area 1	\$304.35	\$347.60	\$738.18
Rating Area 2	\$311.96	\$356.29	\$756.63
Rating Area 3	\$311.96	\$356.29	\$756.63
Rating Area 4	\$280.01	\$319.79	\$679.12
Rating Area 5	\$304.35	\$347.60	\$738.18

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$301.01 - \$335.36	\$343.78 - \$383.01	\$730.06 - \$813.38
Rating Area 1	\$327.18	\$373.67	\$793.54
Rating Area 2	\$335.36	\$383.01	\$813.38
Rating Area 3	\$335.36	\$383.01	\$813.38
Rating Area 4	\$301.01	\$343.78	\$730.06
Rating Area 5	\$327.18	\$373.67	\$793.54

# Premera Blue Cross Preferred Silver 2000:

\$2,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$15 Generic/ \$50 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$258.41 - \$287.90	\$295.12 - \$328.81	\$626.74 - \$698.26
Rating Area 1	\$280.88	\$320.79	\$681.23
Rating Area 2	\$287.90	\$328.81	\$698.26
Rating Area 3	\$287.90	\$328.81	\$698.26
Rating Area 4	\$258.41	\$295.12	\$626.74
Rating Area 5	\$280.88	\$320.79	\$681.23

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$277.79 - \$309.49	\$317.26 - \$353.47	\$673.74 - \$750.63
Rating Area 1	\$301.94	\$344.85	\$732.33
Rating Area 2	\$309.49	\$353.47	\$750.63
Rating Area 3	\$309.49	\$353.47	\$750.63
Rating Area 4	\$277.79	\$317.26	\$673.74
Rating Area 5	\$301.94	\$344.85	\$732.33

# Premera Blue Cross Preferred Silver 2500 HSA:

\$2,500	Annual Deductible
\$4,100	Annual Out of Pocket Maximum
20% coinsurance	Office Visit Cost Share
20% coinsurance	Specialty Visit Cost Share
20% coinsurance	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
20% coinsurance	Emergency Cost Share

## Notable Features:

As an HSA plan, the \$2,500 Annual Deductible is for single subscribers only. Families have a \$5,000 Annual Family Deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$227.86 - \$253.87	\$260.24 - \$289.94	\$552.66 - \$615.73
Rating Area 1	\$247.68	\$282.87	\$600.71
Rating Area 2	\$253.87	\$289.94	\$615.73
Rating Area 3	\$253.87	\$289.94	\$615.73
Rating Area 4	\$227.86	\$260.24	\$552.66
Rating Area 5	\$247.68	\$282.87	\$600.71

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$244.95 - \$272.91	\$279.76 - \$311.69	\$594.10 - \$661.91
Rating Area 1	\$266.25	\$304.09	\$645.77
Rating Area 2	\$272.91	\$311.69	\$661.91
Rating Area 3	\$272.91	\$311.69	\$661.91
Rating Area 4	\$244.95	\$279.76	\$594.10
Rating Area 5	\$266.25	\$304.09	\$645.77

# Premera Blue Cross Preferred Silver 3000:

\$3,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$10 Generic/ \$50 Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Deductible waived for outpatient lab, x-ray and professional services. Office visit discounted to \$10 if In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$245.68 - \$273.72	\$280.59 - \$312.62	\$595.88 - \$663.88
Rating Area 1	\$267.05	\$304.99	\$647.69
Rating Area 2	\$273.72	\$312.62	\$663.88
Rating Area 3	\$273.72	\$312.62	\$663.88
Rating Area 4	\$245.68	\$280.59	\$595.88
Rating Area 5	\$267.05	\$304.99	\$647.69

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$264.11 - \$294.25	\$301.64 - \$336.06	\$640.57 - \$713.68
Rating Area 1	\$287.08	\$327.87	\$697.27
Rating Area 2	\$294.25	\$336.06	\$713.68
Rating Area 3	\$294.25	\$336.06	\$713.68
Rating Area 4	\$264.11	\$301.64	\$640.57
Rating Area 5	\$287.08	\$327.87	\$696.27

# Premera Blue Cross Preferred Bronze 5250 HSA :

\$5,250	Annual Deductible
\$5,250	Annual Out of Pocket Maximum
0% coinsurance	Office Visit Cost Share
0% coinsurance	Specialty Visit Cost Share
0% coinsurance	Pharmacy Cost Share
0% coinsurance	Hospital Cost Share
0% coinsurance	Emergency Cost Share

## Notable Features:

As an HAS plan, the \$5,250 Annual Deductible is for single subscribers only.  
Families have a \$10,500 Annual Deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$182.17 - \$202.97	\$208.06 - \$231.81	\$441.84 - \$492.27
Rating Area 1	\$198.02	\$226.15	\$480.26
Rating Area 2	\$202.97	\$231.81	\$492.27
Rating Area 3	\$202.97	\$231.81	\$492.27
Rating Area 4	\$182.17	\$208.06	\$441.84
Rating Area 5	\$198.02	\$226.15	\$480.26

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$195.84 - \$218.19	\$223.66 - \$249.19	\$474.98 - \$529.19
Rating Area 1	\$212.87	\$243.11	\$516.28
Rating Area 2	\$218.19	\$249.19	\$529.19
Rating Area 3	\$218.19	\$249.19	\$529.19
Rating Area 4	\$195.84	\$223.66	\$474.98
Rating Area 5	\$212.87	\$243.11	\$516.28

# Premera Blue Cross Preferred Bronze 5500 :

\$5,500	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$45 copay	Office Visit Cost Share
\$45 copay	Specialty Visit Cost Share
\$25 copay Generic/ 50% coinsurance Brand	Pharmacy Cost Share
20% coinsurance	Hospital Cost Share
\$250 copay and 20% coinsurance	Emergency Cost Share

## Notable Features:

Office visit discounted to \$15 when In-Network Primary Care Physician (PCP) is designated.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$204.59 - \$227.94	\$233.66 - \$260.32	\$496.20 - \$552.83
Rating Area 1	\$222.38	\$253.98	\$539.35
Rating Area 2	\$227.94	\$260.32	\$552.83
Rating Area 3	\$227.94	\$260.32	\$552.83
Rating Area 4	\$204.59	\$233.66	\$496.20
Rating Area 5	\$222.38	\$253.98	\$539.35

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$219.93 - \$245.03	\$251.18 - \$279.85	\$533.42 - \$594.30
Rating Area 1	\$239.06	\$273.02	\$579.80
Rating Area 2	\$245.03	\$279.85	\$594.30
Rating Area 3	\$245.03	\$279.85	\$594.30
Rating Area 4	\$219.93	\$251.18	\$533.42
Rating Area 5	\$239.06	\$273.02	\$579.80

# Premera Blue Cross Preferred Bronze 6350:

\$6,350	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$20 copay	Office Visit Cost Share
\$50 copay	Specialty Visit Cost Share
0% coinsurance	Pharmacy Cost Share
0% coinsurance	Hospital Cost Share
\$250 copay	Emergency Cost Share

## Notable Features:

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$191.23 - \$213.05	\$218.40 - \$243.33	\$463.80 - \$516.74
Rating Area 1	\$207.86	\$237.39	\$504.13
Rating Area 2	\$213.05	\$243.33	\$516.13
Rating Area 3	\$213.05	\$243.33	\$516.74
Rating Area 4	\$191.23	\$218.40	\$463.80
Rating Area 5	\$207.86	\$237.39	\$504.13

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$205.47 - \$229.03	\$234.78 - \$261.58	\$498.59 - \$555.49
Rating Area 1	\$223.45	\$255.20	\$541.94
Rating Area 2	\$229.03	\$261.58	\$555.49
Rating Area 3	\$229.03	\$261.58	\$555.49
Rating Area 4	\$205.57	\$234.78	\$498.59
Rating Area 5	\$223.45	\$255.20	\$541.94



## **Qualified Dental Plan Issuers**



# Delta Dental of Washington

Plan Marketing Name	Level of Coverage	Annual Out-Of-Pocket Maximum	Annual Deductible	Counties Covered	Rate
Delta Dental Individual - Washington Kids	Low (70% AV)	\$1,000.00	\$50.00	Statewide	\$33.13

**Notable Features:**

Accidental injury is covered at 100%.

# Kaiser Foundation Health Plan of the Northwest

Plan Marketing Name	Level of Coverage	Annual Out-Of-Pocket Maximum	Annual Deductible	Counties Covered	Rate
KP WA Pediatric Dental 80	Low (70% AV)	\$1,000.00	N/A	Clark and Cowlitz	\$23.81

**Notable Features:**

Night guards – 10% coinsurance (Not counted towards the Out-of-Pocket Maximum).

# LifeWise Health Plan of Washington

Plan Marketing Name	Level of Coverage	Annual Out-Of-Pocket Maximum	Annual Deductible	Counties Covered	Rate
LifeWise Individual Pediatric Dental Plan	Low (70% AV)	\$2,000.00	\$65.00	Statewide	\$26.50

**Notable Features:**

# Premera Blue Cross

Plan Marketing Name	Level of Coverage	Annual Out-Of-Pocket Maximum	Annual Deductible	Counties Covered	Rate
Premera Blue Cross Individual Pediatric Dental Plan	Low (70% AV)	\$2,000.00	\$65.00	All counties except Clark	\$26.50

**Notable Features:**

# Board Approved & Federally Required QHP Certification Criteria

Issuer
Be licensed and in good standing *
Pay user fees, if assessed on QHPs*
Comply with risk adjustment program (but, monitored by OIC ongoing)
Comply with market rules (e.g., offer at gold and silver level)
Comply with non-discrimination rules*
Achieve accreditation with a national organization
Product
Meet marketing requirements, if established by WAHBE*
Meet network adequacy (which includes essential community providers)*
Provide or participate in providing a health care provider directory*
Implement a quality improvement strategy
Submit health plan data so it can be used in a national standard format*
Use the national standard enrollment form
Use hospital patient safety contracts
If offered, integrate Direct Primary Care Medical Home into QHP
Plan
Comply with essential health benefits*, limits on cost sharing*, metal levels
Comply with service area standards for a QHP (e.g., county, zip code) and submit rates for a plan year*
Submit health plan benefits, cost-sharing, and premium rates data to display on web pages for consumer shopping*

\* Also a QDP criteria    Items in blue are included in OIC Regulatory Review

# Washington Healthplanfinder Individual Market



**September 5, 2013**

**SUPPLEMENTAL**

**2014 Qualified Health Plan and Qualified Dental Plan Certification Requests**

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# **Kaiser Foundation Health Plan of the Northwest**

**Qualified Health Plan**

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# Kaiser Foundation Health Plan of the Northwest

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
KP WA Gold 1000/20	\$332.88 - \$349.52	\$380.18 - \$399.19	\$807.35 - \$847.72	\$1,000	Gold	Clark and Cowlitz
KP WA Silver 1500/30	\$292.23 - \$306.84	\$333.75 - \$350.44	\$708.76 - \$744.2	\$1,500	Silver	Clark and Cowlitz
KP WA Silver 2500/30	\$281.03 - \$295.08	\$320.96 - \$337.01	\$681.59 - \$715.67	\$2,500	Silver	Clark and Cowlitz
KP WA Silver 1750/0/HSA	\$278.14 - \$292.05	\$317.66 - \$333.54	\$674.59 - \$708.32	\$1,750	Silver	Clark and Cowlitz
KP WA Bronze 4500/50	\$261.42 - \$274.49	\$298.57 - \$313.50	\$634.05 - \$665.75	\$4,500	Bronze	Clark and Cowlitz
KP WA Bronze 5000/30%/HSA	\$208.67 - \$219.10	\$238.32 - \$250.24	\$506.10 - \$531.41	\$5,000	Bronze	Clark and Cowlitz
KP WA Catastrophic 6350/0	\$197.47 - \$207.34	\$225.53 - \$236.81	\$478.94 - \$502.89	\$6,350	Catastrophic	Clark and Cowlitz



# Kaiser Foundation Health Plan of the Northwest Gold 1000/20:

\$1,000	Annual Deductible
\$4,650	Annual Out of Pocket Maximum
\$20 copay	Office Visit Cost Share
\$40 copay	Specialty Visit Cost Share
\$10/\$30/20%	Pharmacy Cost Share
20% after deductible	Hospital Cost Share
\$250 copay	Emergency Cost Share

## Notable Features:

Many services covered at copays and not subject to the deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$332.88 - \$349.52	\$380.18 - \$399.19	\$807.35 - \$847.72
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$349.52	\$399.19	\$847.72
Rating Area 3	\$332.88	\$380.18	\$807.35
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$419.41	\$479.02	\$1,017.26
Rating Area 3	\$399.45	\$456.21	\$1,003.09
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Silver 1500/30:

\$1500 medical / \$150 Rx	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$50 copay	Specialty Visit Cost Share
\$15/\$45 after Rx ded/30% after Rx deductible	Pharmacy Cost Share
30% after deductible	Hospital Cost Share
\$350 copay	Emergency Cost Share

## Notable Features:

Many services covered at copays and not subject to the deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$306.84	\$350.44	\$744.20
Rating Area 3	\$292.23	\$333.75	\$708.76
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$368.20	\$420.53	\$893.04
Rating Area 3	\$350.67	\$400.50	\$850.51
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Silver 2500/30:

\$2500 Medical / \$250 Rx	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$30 copay	Office Visit Cost Share
\$50 copay	Specialty Visit Cost Share
\$15/\$45 after Rx ded/30% after Rx deductible	Pharmacy Cost Share
30% after deductible	Hospital Cost Share
\$400 copay	Emergency Cost Share

## Notable Features:

Many services covered at copays and not subject to the deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$295.08	\$337.01	\$715.67
Rating Area 3	\$281.03	\$320.96	\$681.59
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$354.09	\$404.41	\$858.81
Rating Area 3	\$337.23	\$385.15	\$817.91
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Silver 1750/0/HSA:

\$1,750	Annual Deductible
\$4,750	Annual Out of Pocket Maximum
25% after deductible	Office Visit Cost Share
25% after deductible	Specialty Visit Cost Share
\$15/\$45/30% all after deductible	Pharmacy Cost Share
25% after deductible	Hospital Cost Share
25% after deductible	Emergency Cost Share

## Notable Features:

HSA qualified HDHP plan.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$292.05	\$333.54	\$708.32
Rating Area 3	\$278.14	\$317.66	\$674.59
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$350.45	\$400.25	\$849.99
Rating Area 3	\$333.76	\$381.19	\$809.51
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Bronze 4500/50:

\$4500 Medical / \$500 Rx	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$50 copay	Office Visit Cost Share
\$70 copay	Specialty Visit Cost Share
\$30/ \$90 after Rx deductible/ 30% after Rx deductible	Pharmacy Cost Share
20% after deductible	Hospital Cost Share
\$400 copay	Emergency Cost Share

## Notable Features:

Many services covered at copays and not subject to the deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$274.49	\$313.50	\$665.75
Rating Area 3	\$261.42	\$298.57	\$634.05
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$329.40	\$376.19	\$798.90
Rating Area 3	\$313.71	\$358.28	\$760.86
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Bronze 5000/30%/HSA:

\$5,000	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
30% after deductible	Office Visit Cost Share
30% after deductible	Specialty Visit Cost Share
\$20/\$50/30% all after deductible	Pharmacy Cost Share
30% after deductible	Hospital Cost Share
30% after deductible	Emergency Cost Share

## Notable Features:

HSA qualified HDHP plan.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$219.1	\$250.24	\$531.41
Rating Area 3	\$208.67	\$238.32	\$506.1
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$262.92	\$300.28	\$637.69
Rating Area 3	\$250.40	\$285.98	\$607.32
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Kaiser Foundation Health Plan of the Northwest Catastrophic 6350/0:

\$6,350	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$0 after deductible	Office Visit Cost Share
\$0 after deductible	Specialty Visit Cost Share
\$0 after deductible	Pharmacy Cost Share
\$0 after deductible	Hospital Cost Share
\$0 after deductible	Emergency Cost Share

## Notable Features:

Preventive services covered at no charge.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	\$207.34	\$236.81	\$502.89
Rating Area 3	\$197.47	\$225.53	\$478.94
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	\$248.81	\$284.16	\$603.47
Rating Area 3	\$236.96	\$270.63	\$574.73
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a



# **Molina Health Care of Washington**

**Qualified Health Plan**

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# Molina Health Care of Washington

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
Molina Marketplace Gold Plan	\$311.49- \$358.22	\$355.75- \$409.11	\$755.49- \$868.71	\$200	Gold	King, Pierce, Spokane
Molina Marketplace Silver Plan	\$272.17- \$313.00	\$310.85- \$357.47	\$660.12- \$759.14	\$1,700	Silver	King, Pierce, Spokane

# Molina Health Care of Washington

## Molina Marketplace Gold Plan:

\$200	Annual Deductible
\$6,350	Annual Out of Pocket Maximum
\$15 Copay	Office Visit Cost Share
\$45 Copay	Specialty Visit Cost Share
\$15 Generic/ \$45 Pref Brand/ No-Pref Brand & Specialty 20%	Pharmacy Cost Share
20% Coinsurance	Hospital Cost Share
\$250	Emergency Cost Share

### Notable Features:

Medical Deductible Applies Only To: Outpatient Hospital/Facility and Inpatient Hospital/Facility service only, Not Outpatient Professional Services - Protects low income consumers. Prescription Drug deductible Only Applies To: Non-Preferred brand and Specialty Drugs. Non-Emergency Medical and Non-Medical Transportation Benefit: Offers low costs (\$5-\$10 per round trip) transportation to/from Physician Offices - To promote access to medical services for low income consumers.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$311.49-\$358.22	\$355.75-\$409.11	\$755.49-\$868.71
Rating Area 1	\$311.49	\$355.75	\$755.49
Rating Area 2	\$358.22	\$409.11	\$868.81
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$358.22	\$409.11	\$868.81
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	N/A	N/A	N/A
Rating Area 3	N/A	N/A	N/A
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A

# Molina Health Care of Washington

## Molina Marketplace Silver Plan:

		CSR Plan Variations		
		73% AV (200-250% FPL)	87% AV (150-200% FPL)	94% AV (100-150% FPL)
\$1,700	Annual Deductible	\$1,400	\$100	\$50
\$6,350	Annual Out of Pocket Maximum	\$5,200	\$2,250	\$2,250
\$30 Copay	Office Visit Cost Share	\$20	\$15	\$3
\$60 Copay	Specialty Visit Cost Share	\$50	\$30	\$8
\$20 Generic/ \$55 Pref Brand/ No-Pref Brand & Specialty 30%	Pharmacy Cost Shares	\$10/ \$40/ 30%	\$8/ \$20/ 20%	\$3/ \$8/ 5%
30% Coinsurance	Hospital Cost Share	30%	20%	5%
\$250	Emergency Cost Share	\$250	\$150	\$100

### Notable Features:

Medical Deductible Applies Only To: Outpatient Hospital/Facility and Inpatient Hospital/Facility service only, Not Outpatient Professional Services - Protects low income consumers. Prescription Drug deductible Only Applies To: Non-Preferred brand and Specialty Drugs.

### Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$272.17-\$313.00	\$310.85-\$357.47	\$660.12-\$759.14
Rating Area 1	\$272.17	\$310.85	\$660.12
Rating Area 2	\$313.00	\$357.47	\$759.14
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$313.00	\$357.47	\$759.14
Rating Area 5	N/A	N/A	N/A

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	N/A	N/A	N/A
Rating Area 1	N/A	N/A	N/A
Rating Area 2	N/A	N/A	N/A
Rating Area 3	N/A	N/A	N/A
Rating Area 4	N/A	N/A	N/A
Rating Area 5	N/A	N/A	N/A



# Coordinated Care

Qualified Health Plan

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# Coordinated Care

Plan	Premium Rate Ranges:			Deductible	Metallic Level	Counties Covered
	Age 29	Age 40	Age 60			
Gold	\$247.01 - \$283.07	\$282.11 - \$323.30	\$599.10 - \$686.56	\$750	Gold	*See Below
Silver	\$205.50 - \$237.00	\$234.70 - \$268.97	\$498.42 - \$567.55	\$1,750	Silver	*See Below
Bronze	\$155.98 - \$178.75	\$178.14 - \$204.15	\$378.30 - \$433.53	\$6,000	Bronze	*See Below

\*Coverage in 14 counties: Adams, Benton, Chelan, Douglas, Franklin, Grant, Grays Harbor, King, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Yakima

# Coordinated Care Ambetter Gold:

\$750	Annual Medical Deductible
\$500	Pharmacy Deductible
\$6,350	Annual Out of Pocket Maximum
20% after deductible	Office Visit Cost Share
20% after deductible	Specialty Visit Cost Share
Tier 1: \$10 copay NSD* Tier 2: \$25 copay SD Tier 3: 30% Tier 4 (Spec): 30%; \$350 max	Pharmacy Cost Share
20% after deductible	Hospital Cost Share
\$250 copay SD**	Emergency Cost Share

\*NSD = Not Subject to Deductible \*\*SD = Subject to Deductible

## Notable Features:

Plan includes 3 free visits. In-Network primary and specialty office visits, ER, inpatient, and Tier 2 drugs subject to deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$247.01 - \$283.07	\$282.11 - \$323.30	\$599.10 - \$686.56
Rating Area 1	\$257.57	\$294.17	\$624.72
Rating Area 2	\$283.07	\$323.30	\$686.56
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$247.01	\$282.11	\$599.10
Rating Area 5	\$281.27	\$321.24	\$682.19

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	n/a	n/a	n/a
Rating Area 3	n/a	n/a	n/a
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a

# Coordinated Care Ambetter Silver:

		CSR Plan Variations		
		73% AV (200-250% FPL)	87% AV (150-200% FPL)	94% AV (100-150% FPL)
\$1,750	Annual Medical Deductible	\$1,750	\$250	\$100
\$1,000	Annual Rx Deductible	\$500	\$250	\$50
\$6,350	Annual Out of Pocket Maximum	\$5,200	\$2,250	\$2,250
\$40 copay	Office Visit Cost Share	\$25	\$5	\$1
\$60 copay	Specialty Visit Cost Share	\$50	\$10	\$2
Tier 1: \$20 copay NSD Tier 2: \$75 copay SD Tier 3: 30% Tier 4 (Spec): 30%; \$350 max	Pharmacy Cost Shares	Tier 1: \$15* Tier 2: \$40** Tier 3: 30% Tier 4 (Spec): 30%; \$350 max	Tier 1: \$5* Tier 2: \$30** Tier 3: 30% Tier 4 (Spec): 30%; \$350 max	Tier 1: \$1* Tier 2: \$5** Tier 3: 30% Tier 4 (Spec): 30%; \$350 max
25% after deductible	Hospital Cost Share	25%	25%	5%
\$250 copay SD**	Emergency Cost Share	\$150**	\$150**	\$100**

\*NSD = Not Subject to Deductible \*\*SD = Subject to Deductible

## Notable Features:

In-Network primary and specialty office visit copays, generic drug copays are not subject to deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$205.50-\$235.50	\$234.70-\$268.97	\$498.42-\$567.55
Rating Area 1	\$214.29	\$244.74	\$519.73
Rating Area 2	\$235.50	\$268.97	\$571.18
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$205.50	\$234.70	\$498.42
Rating Area 5	\$234.00	\$267.25	\$567.55

\*Tobacco Rates - N/A

# Coordinated Care Ambetter Bronze:

\$6,000 Combined Medical + RX	Annual Medical Deductible
\$6,350	Annual Out of Pocket Maximum
40% after deductible	Office Visit Cost Share
40% after deductible	Specialty Visit Cost Share
Tier 1: \$25 copay NSD* Tier 2: \$50 copay SD** Tier 3: 30% Tier 4 (Spec): 30%; \$350 max	Pharmacy Cost Share
40% after deductible	Hospital Cost Share
40% after deductible	Emergency Cost Share

\*NSD = Not Subject to Deductible \*\*SD = Subject to Deductible

## Notable Features:

Plan includes 3 free visits. In-Network primary and specialty office visits, ER, inpatient and Tier 2 drugs subject to deductible and coinsurance; medical and drug has integrated deductible.

## Rates by Rating Area:

	Non-tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	\$155.98 - \$178.75	\$178.14 - \$204.15	\$378.30 - \$433.53
Rating Area 1	\$162.64	\$185.76	\$394.48
Rating Area 2	\$178.75	\$204.15	\$433.53
Rating Area 3	N/A	N/A	N/A
Rating Area 4	\$155.98	\$178.14	\$378.30
Rating Area 5	\$177.61	\$202.84	\$430.77

	Tobacco Rates		
	Age 29	Age 40	Age 60
Rate Range	n/a	n/a	n/a
Rating Area 1	n/a	n/a	n/a
Rating Area 2	n/a	n/a	n/a
Rating Area 3	n/a	n/a	n/a
Rating Area 4	n/a	n/a	n/a
Rating Area 5	n/a	n/a	n/a



