

# WASHINGTON HEALTH BENEFIT EXCHANGE

2018 Qualified Health Plan  
and Qualified Dental Plan  
Certification Requests



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9/22/2017



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# SUMMARY OF INDIVIDUAL MARKET

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## *Overview*

7 Issuers  
41 Individual QHPs  
38 Renewals  
3 New

## *Gold*

7 Issuers  
9 Plans  
8 Renewals  
1 New

## *Silver*

7 Issuers  
19 Plans  
18 Renewals  
1 New

## *Bronze*

5 Issuers  
11 Plans  
10 Renewals  
1 New

## *Catastrophic*

2 Issuers  
2 Plans  
2 Renewals  
0 New

# SUMMARY OF DENTAL MARKET

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## *Pediatric Dental*

- 4 Issuers
- 4 Individual QDPs
- 2 Low
- 2 High
- 3 Renewals
- 1 New

## *Family Dental*

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

# AT-A-GLANCE

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1

All counties have individual health and dental plan coverage.

2

Deductibles are increasing, particularly in silver plans

3

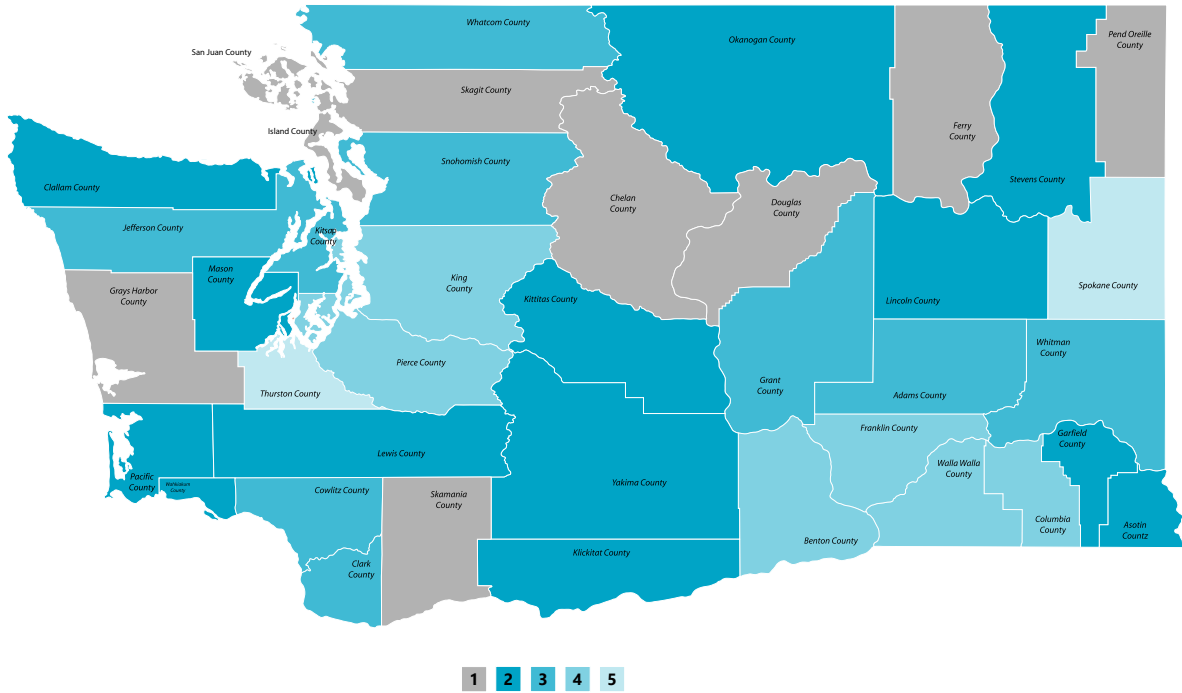
No PPO plans; market evenly divided between EPO and HMP plans.

4

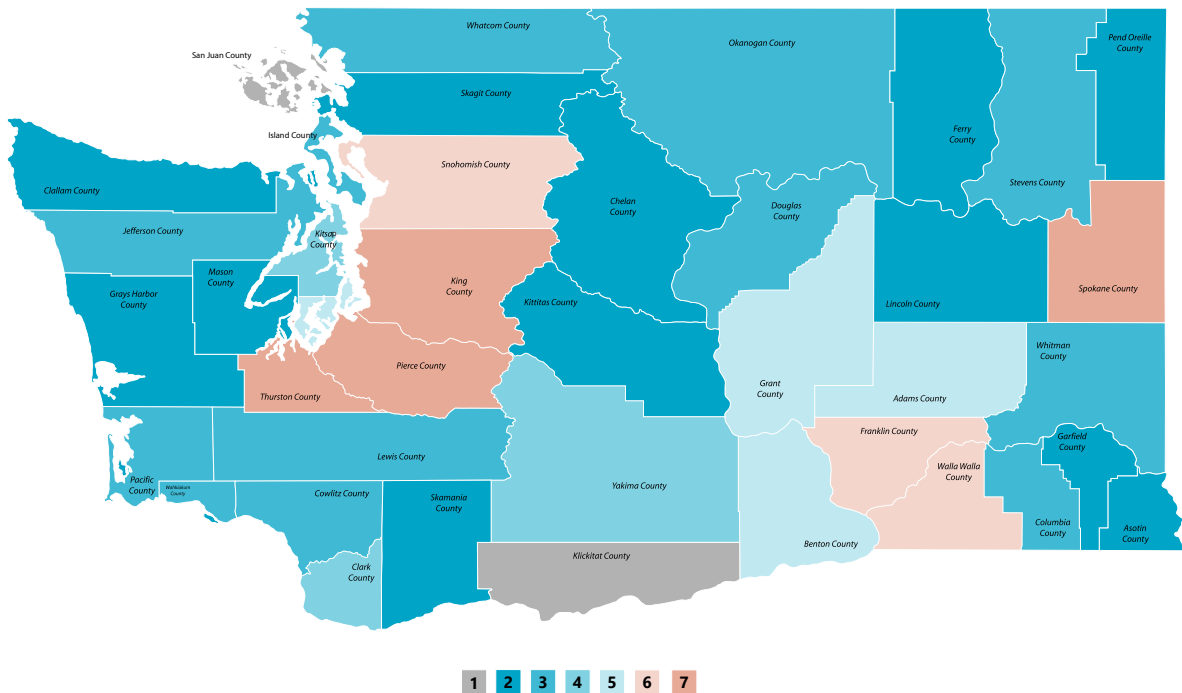
15 plans cover primary care visits before deductible.

# NUMBER OF ISSUERS BY COUNTY

2018

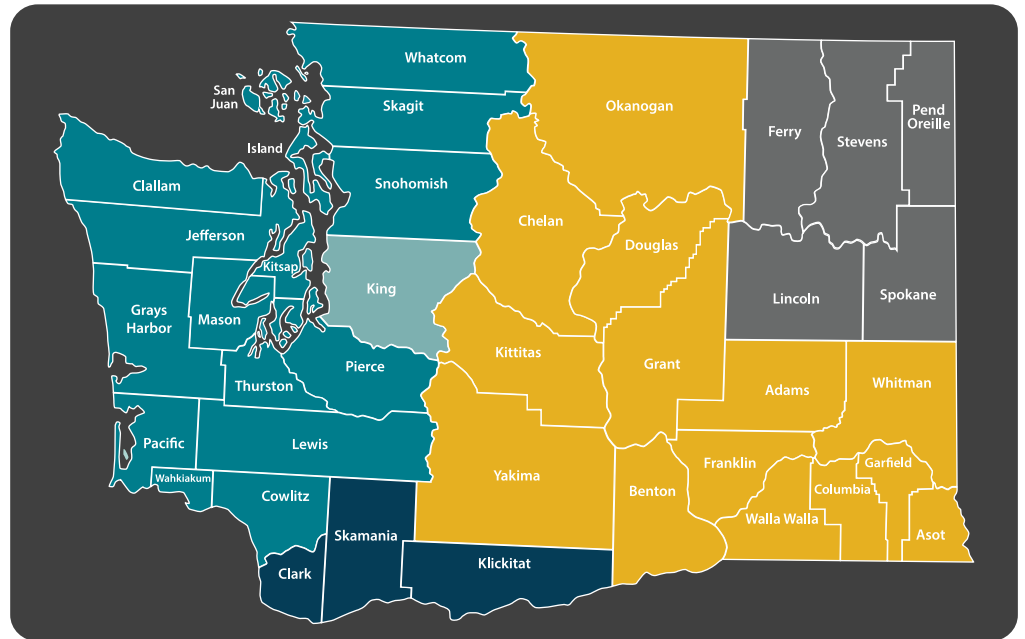
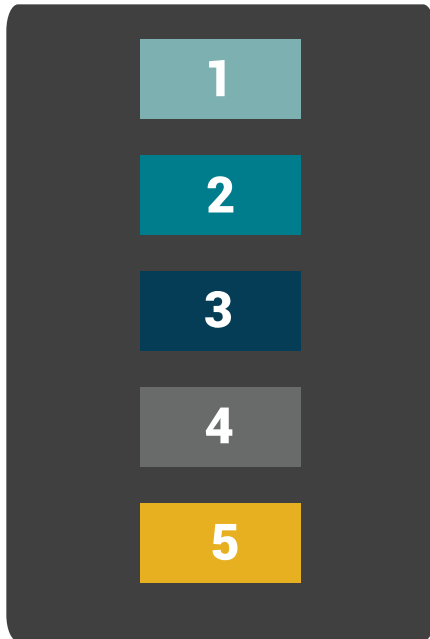


2017



# RATING AREAS AND RATE INFORMATION

## RATING AREAS



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

## RATE INFORMATION

All rates in this document are for a 40 year-old non-smoking individual. The Office of the Insurance Commissioner has approved each silver plan to be offered in the Exchange for 2018, with two sets of rates: lower rates and higher rates, to account for potential termination of cost-sharing reduction (CSR) payments to issuers. The OIC will trigger the second, higher rates during 2018, if necessary. This document shows both rates for silver plans.



# GOLD PLANS

**GOLD**

Issuer: BridgeSpan

Name: Gold Essential 1200 Exchange EPO  
RealValue

**Monthly Premium**  
\$518

**PLAN SUMMARY**

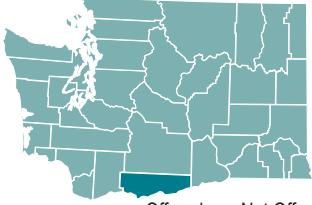
Plan Type: EPO

Deductible: \$1,200

OOPM: \$7,350

PCP co-pay: \$30

Services before deductible: 4 copays prior to primary care deductible/coinsurance



Counties Offered: (1) Klickitat

**GOLD**

Issuer: Coordinated Care

Name: Ambetter Secure Care 1 (2018) with  
3 Free PCP Visits

**Monthly Premium**  
\$376 - \$411

**PLAN SUMMARY**

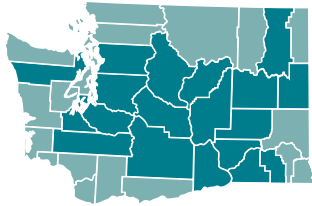
Plan Type: HMO

Deductible: \$1,000 medical; \$500 drugs

OOPM: \$6,350

PCP co-pay: Not applicable

Services before deductible: 3 primary care visits



Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

# GOLD PLANS

GOLD

Issuer: Kaiser Foundation of the Northwest

Name: KP WA Gold 0/20

**Monthly Premium**  
**\$435 - \$457**

## PLAN SUMMARY

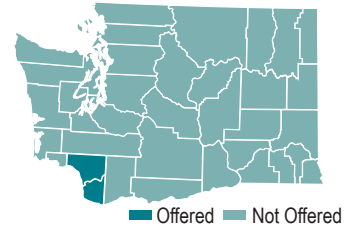
Plan Type: EPO

Deductible: \$0

OOPM: \$7,000

PCP co-pay: \$20

Services before deductible: No deductible



Counties Offered: (2) Clark, Cowlitz

GOLD

Issuer: Kaiser Foundation of the Northwest

Name: KP WA Gold 1000/20

**Monthly Premium**  
**\$406 - \$427**

## PLAN SUMMARY

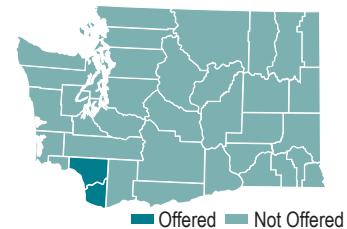
Plan Type: EPO

Deductible: \$1,000

OOPM: \$7,000

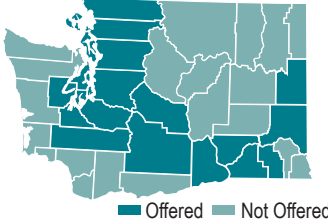
PCP co-pay: \$20

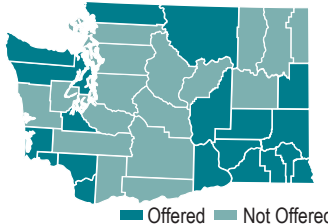
Services before deductible: Not applicable



Counties Offered: (2) Clark, Cowlitz

# GOLD PLANS

GOLD				
<p>Issuer: Kaiser Foundation of Washington</p> <p>Name: Flex Gold - 18</p>				<p><b>Monthly Premium</b> \$406 - \$453</p>
PLAN SUMMARY				
<p>Plan Type: HMO</p> <p>Deductible: \$850</p> <p>OOPM: \$5,000</p> <p>PCP co-pay: \$10 copay after deductible</p> <p>Services before deductible: 5 copays prior to primary care deductible/coinsurance</p>				 <p>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima</p>

GOLD				
<p>Issuer: LifeWise</p> <p>Name: LifeWise Essential Gold EPO 1000</p>				<p><b>Monthly Premium</b> \$461 - \$529</p>
PLAN SUMMARY				
<p>Plan Type: EPO</p> <p>Deductible: \$1,000</p> <p>OOPM: \$6,000</p> <p>PCP co-pay: \$30</p> <p>Services before deductible: 2 visits prior to primary care cost sharing begins</p>				 <p>Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>

# GOLD PLANS

**GOLD**

Issuer: Molina

Name: Molina Marketplace Choice Gold

**Monthly Premium**  
\$439 - \$505

**PLAN SUMMARY**

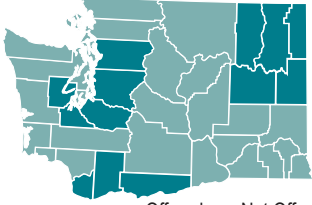
Plan Type: HMO

Deductible: \$3,800

OOPM: \$7,350

PCP co-pay: \$10

Services before deductible: Yes



Counties Offered: (12) Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens

**GOLD**

Issuer: Premera

Name: Premera Blue Cross PersonalCare Gold

**Monthly Premium**  
\$606 - \$621

**PLAN SUMMARY**


Plan Type: EPO

Deductible: \$1,500

OOPM: \$6,800

PCP co-pay: \$15

Services before deductible: 2 visits prior to primary care cost sharing begins



Counties Offered: (3) King, Pierce, Snohomish

# GOLD PLANS

GOLD

Issuer: Premera

Name: Premera Blue Cross Preferred Gold  
EPO 1500

## PLAN SUMMARY

Plan Type: EPO

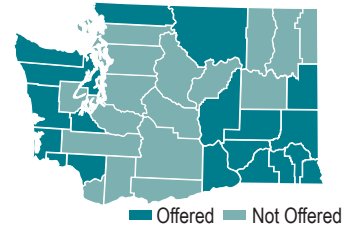
Deductible: \$1,500

OOPM: \$6,800

PCP co-pay: \$15

Services before deductible: 2 visits prior to  
primary care cost sharing begins

**Monthly Premium**  
\$571 - \$636



Counties Offered: (20) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman

# SILVER PLANS

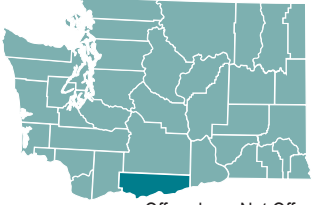
**SILVER**

Issuer: BridgeSpan  
 Name: Silver HDHP 3000 Exchange  
 BridgeSpan EPO RealValue

**Monthly Premium**  
 CSRs funded: **\$387**      CSRs non-funded: **\$492**

**PLAN SUMMARY**

Plan Type: EPO  
 Deductible: \$3,000  
 OOPM: \$6,650  
 PCP co-pay: Not applicable  
 Services before deductible: No



Counties Offered: (1) Klickitat

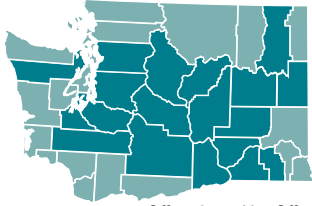
**SILVER**

Issuer: Coordinated Care  
 Name: Ambetter Balanced Care 1 (2018)

**Monthly Premium**  
 CSRs funded: **\$287-\$314**      CSRs non-funded: **\$315-\$344**

**PLAN SUMMARY**

Plan Type: HMO  
 Deductible: \$5,500  
 OOPM: \$6,500  
 PCP co-pay: \$30  
 Services before deductible: Yes

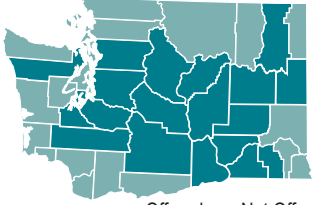


Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

# SILVER PLANS

SILVER

<p>Issuer: Coordinated Care</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: Ambetter Balanced Care 2 (2018)</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$283-\$309</b>      CSRs non-funded: <b>\$310-\$339</b></p>
<p>PLAN SUMMARY</p>	
<p>Plan Type: HMO</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>Deductible: \$6,500</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>OOPM: \$6,500</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>PCP co-pay: \$30</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>Services before deductible: Yes</p> <hr style="border-top: 1px dashed #ccc;"/>	

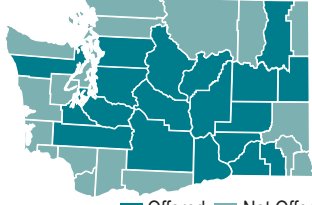


■ Offered    ■ Not Offered

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

SILVER

<p>Issuer: Coordinated Care</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: Ambetter Balanced Care 10 (2018)</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$294-\$321</b>      CSRs non-funded: <b>\$322-\$352</b></p>
<p>PLAN SUMMARY</p>	
<p>Plan Type: HMO</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>Deductible: \$5,000</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>OOPM: \$6,700</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>PCP co-pay: \$20</p> <hr style="border-top: 1px dashed #ccc;"/>	
<p>Services before deductible: Yes</p> <hr style="border-top: 1px dashed #ccc;"/>	



■ Offered    ■ Not Offered

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

# SILVER PLANS

**SILVER**

Issuer: Coordinated Care  
 Name: Ambetter Balanced Care 3 (2018)

**Monthly Premium**  
 CSRs funded: **\$303-\$331**      CSRs non-funded: **\$332-\$363**

**PLAN SUMMARY**

Plan Type: HMO  
 Deductible: \$3,000  
 OOPM: \$6,500  
 PCP co-pay: \$30  
 Services before deductible: Yes

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

**SILVER**

Issuer: Coordinated Care  
 Name: Ambetter Balanced Care 4 (2018)

**Monthly Premium**  
 CSRs funded: **\$274-\$299**      CSRs non-funded: **\$300-\$328**

**PLAN SUMMARY**

Plan Type: HMO  
 Deductible: \$7,050  
 OOPM: \$7,050  
 PCP co-pay: \$30  
 Services before deductible: Yes

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima



# SILVER PLANS

**SILVER**

Issuer: Coordinated Care

Name: Ambetter Balanced Care 1 (2018)  
+ Vision

**PLAN SUMMARY**

Plan Type: HMO

Deductible: \$5,500

OOPM: \$6,500

PCP co-pay: \$30

Services before deductible: Yes

**Monthly Premium**

CSRs funded: **\$292-\$319**      CSRs non-funded: **\$319-\$349**

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

**SILVER**

Issuer: Coordinated Care

Name: Ambetter Balanced Care 2 (2018)  
+ Vision

**PLAN SUMMARY**

Plan Type: HMO

Deductible: \$6,500

OOPM: \$6,500

PCP co-pay: \$30

Services before deductible: Yes

**Monthly Premium**

CSRs funded: **\$287-\$314**      CSRs non-funded: **\$314-\$344**

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

# SILVER PLANS

**SILVER**

Issuer: Coordinated Care  
 Name: Ambetter Balanced Care 10 (2018)  
 + Vision

**PLAN SUMMARY**

Plan Type: HMO  
 Deductible: \$5,000  
 OOPM: \$6,700  
 PCP co-pay: \$20  
 Services before deductible: Yes

**Monthly Premium**  
 CSRs funded: **\$298-\$326**  
 CSRs non-funded: **\$326-\$357**

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

**SILVER**

Issuer: Coordinated Care  
 Name: Ambetter Balanced Care 3 (2018)  
 + Vision

**PLAN SUMMARY**

Plan Type: HMO  
 Deductible: \$3,000  
 OOPM: \$6,500  
 PCP co-pay: \$30  
 Services before deductible: Yes

**Monthly Premium**  
 CSRs funded: **\$308-\$336**  
 CSRs non-funded: **\$337-\$368**

Counties Offered: (19) Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Pierce, Spokane, Stevens, Snohomish, Thurston, Walla Walla, Yakima

# SILVER PLANS

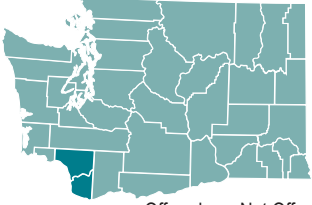
**SILVER**

Issuer: Kaiser Foundation of the Northwest  
Name: KP WA Silver 3500/30

**Monthly Premium**  
CSRs funded: **\$351-\$369**      CSRs non-funded: **\$414-\$435**

**PLAN SUMMARY**

Plan Type: EPO  
Deductible: \$3,500  
OOPM: \$7,350  
PCP co-pay: \$30  
Services before deductible: Not applicable



Counties Offered: (2) Clark, Cowlitz

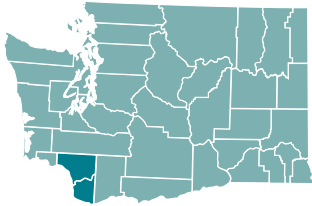
**SILVER**

Issuer: Kaiser Foundation of the Northwest  
Name: KP WA Silver 2500/30

**Monthly Premium**  
CSRs funded: **\$368-\$387**      CSRs non-funded: **\$432-\$453**

**PLAN SUMMARY**

Plan Type: EPO  
Deductible: \$2,500  
OOPM: \$7,350  
PCP co-pay: \$30  
Services before deductible: Not applicable



Counties Offered: (2) Clark, Cowlitz

# SILVER PLANS

SILVER

Issuer: Kaiser Foundation of Washington

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Name: Flex Silver - 18

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PLAN SUMMARY

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Plan Type: HMO

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Deductible: \$1,750

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OOPM: \$6,850

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PCP co-pay: \$20 after deductible

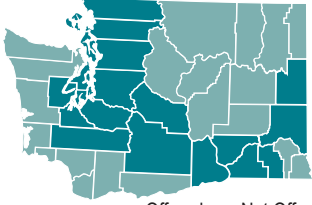
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Services before deductible: 4 copays prior to primary care deductible/coinsurance

**Monthly Premium**

CSRs funded: **\$333-\$371**

CSRs non-funded: **\$403-\$450**



■ Offered    ■ Not Offered

Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima

SILVER

Issuer: Kaiser Foundation of Washington

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Name: VisitsPlus Silver HD - 18

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PLAN SUMMARY

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Plan Type: HMO

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Deductible: \$7,150

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OOPM: \$7,150

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PCP co-pay: \$30

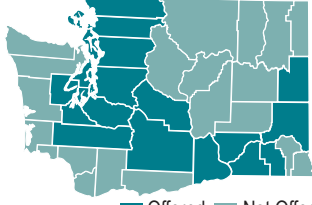
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Services before deductible: No

**Monthly Premium**

CSRs funded: **\$328-\$366**

CSRs non-funded: **\$407-\$453**

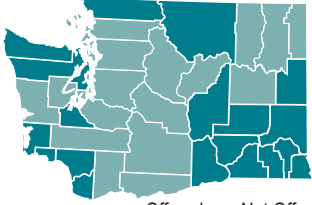


■ Offered    ■ Not Offered

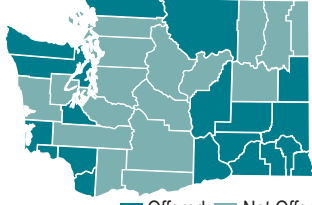
Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima

# SILVER PLANS

SILVER

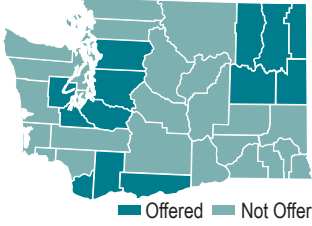
<p>Issuer: LifeWise</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: LifeWise Essential Silver EPO 4000</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$354-\$406</b></p> <p>CSRs non-funded: <b>\$405-\$464</b></p>
<b>PLAN SUMMARY</b>	
<p>Plan Type: EPO</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Deductible: \$4,000</p> <hr style="border-top: 1px dashed #ccc;"/> <p>OOPM: \$7,350</p> <hr style="border-top: 1px dashed #ccc;"/> <p>PCP co-pay: \$30</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Services before deductible: 2 visits prior to primary care cost sharing begins</p>	 <p style="text-align: center; font-size: small;"> <span style="color: #008080;">■</span> Offered    <span style="color: #a0c0c0;">■</span> Not Offered         </p> <p style="font-size: x-small;">           Counties Offered: ( ) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman         </p>

SILVER

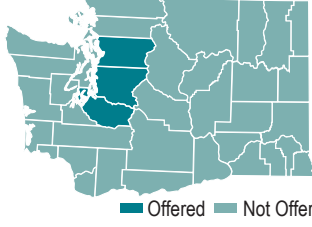
<p>Issuer: LifeWise</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: LifeWise Essential Silver EPO HSA 3000</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$367-\$421</b></p> <p>CSRs non-funded: <b>\$423-\$485</b></p>
<b>PLAN SUMMARY</b>	
<p>Plan Type: EPO</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Deductible: \$3,000</p> <hr style="border-top: 1px dashed #ccc;"/> <p>OOPM: \$6,600</p> <hr style="border-top: 1px dashed #ccc;"/> <p>PCP co-pay: Not applicable</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Services before deductible: No</p>	 <p style="text-align: center; font-size: small;"> <span style="color: #008080;">■</span> Offered    <span style="color: #a0c0c0;">■</span> Not Offered         </p> <p style="font-size: x-small;">           Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman         </p>

# SILVER PLANS

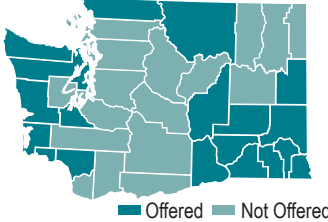
SILVER

<p>Issuer: Molina</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: Molina Marketplace Choice Silver</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$324-\$373</b>      CSRs non-funded: <b>\$362-\$416</b></p>
<b>PLAN SUMMARY</b>	
<p>Plan Type: HMO</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Deductible: \$4,950 medical; \$400 drug</p> <hr style="border-top: 1px dashed #ccc;"/> <p>OOPM: \$7,350</p> <hr style="border-top: 1px dashed #ccc;"/> <p>PCP co-pay: \$30</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Services before deductible: Yes</p> <hr style="border-top: 1px dashed #ccc;"/>	 <p style="text-align: center; font-size: small;"> <span style="color: #008080;">■</span> Offered    <span style="color: #a0c0c0;">■</span> Not Offered         </p> <p style="font-size: x-small;">           Counties Offered: (12) Clark, Skamania, King, Pierce, Mason, Klickitat, Thurston, Spokane, Ferry, Lincoln, Pend Oreille, Stevens         </p>

SILVER

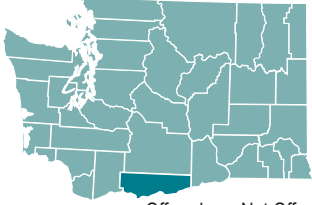
<p>Issuer: Premera</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Name: Premera Blue Cross PersonalCare Silver</p> <hr style="border-top: 1px dashed #ccc;"/>	<p style="text-align: center;"><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$469-\$481</b>      CSRs non-funded: <b>\$517-\$529</b></p>
<b>PLAN SUMMARY</b>	
<p>Plan Type: EPO</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Deductible: \$4,500</p> <hr style="border-top: 1px dashed #ccc;"/> <p>OOPM: \$7,350</p> <hr style="border-top: 1px dashed #ccc;"/> <p>PCP co-pay: \$30</p> <hr style="border-top: 1px dashed #ccc;"/> <p>Services before deductible: 2 visits prior to primary care cost sharing begins</p> <hr style="border-top: 1px dashed #ccc;"/>	 <p style="text-align: center; font-size: small;"> <span style="color: #008080;">■</span> Offered    <span style="color: #a0c0c0;">■</span> Not Offered         </p> <p style="font-size: x-small;">           Counties Offered: (3) King, Pierce, Snohomish         </p>

# SILVER PLANS

<b>SILVER</b>	
Issuer: Premera	<p><b>Monthly Premium</b></p> <p>CSRs funded: <b>\$442-\$492</b>      CSRs non-funded: <b>\$499-\$556</b></p>  <p>Counties Offered: (20) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>
Name: Premera Blue Cross Preferred	
Silver EPO 4500	
<b>PLAN SUMMARY</b>	
Plan Type: EPO	
Deductible: \$4,500	
OOPM: \$7,350	
PCP co-pay: \$30	
Services before deductible: 2 visits prior to primary care cost sharing begins	

# BRONZE PLANS

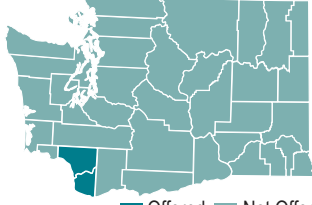
		<b>BRONZE</b>		
Issuer: BridgeSpan	<b>Monthly Premium</b> <b>\$326</b>			
Name: Bronze HDHP 6000 Exchange EPO RealValue				
<b>PLAN SUMMARY</b>				
Plan Type: EPO				
Deductible: \$6,000				
OOPM: \$6,650				
PCP co-pay: Not applicable				
Services before deductible: No				



■ Offered    ■ Not Offered

Counties Offered: (1) Klickitat

		<b>BRONZE</b>		
Issuer: Kaiser Foundation of the Northwest	<b>Monthly Premium</b> <b>\$268 - \$281</b>			
Name: KP WA Bronze 5700/30% H.S.A.				
<b>PLAN SUMMARY</b>				
Plan Type: EPO				
Deductible: \$5,700				
OOPM: \$6,550				
PCP co-pay: 30% after deductible				
Services before deductible: No				



■ Offered    ■ Not Offered

Counties Offered: (2) Clark, Cowlitz



# BRONZE PLANS

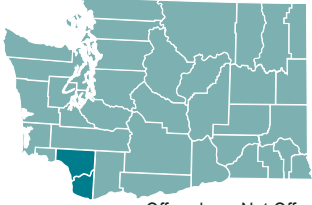
**BRONZE**

Issuer: Kaiser Foundation of the Northwest  
Name: KP WA Bronze 6500/50

**Monthly Premium**  
\$278 - \$292

**PLAN SUMMARY**

Plan Type: EPO  
Deductible: \$6,500  
OOPM: \$7,350  
PCP co-pay: \$50 copay  
Services before deductible: 2 copays prior to primary care deductible/coinsurance



Counties Offered: (2) Clark, Cowlitz

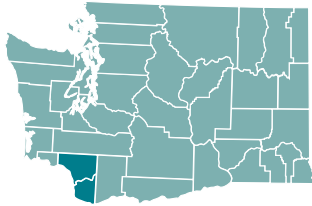
**BRONZE**

Issuer: Kaiser Foundation of the Northwest  
Name: KP WA Bronze 5000/50

**Monthly Premium**  
\$286 - \$300

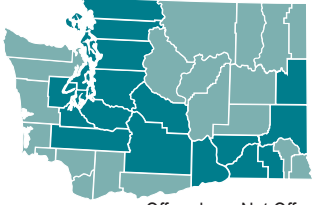
**PLAN SUMMARY**

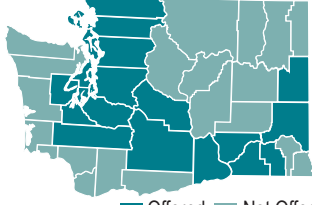
Plan Type: EPO  
Deductible: \$5,000  
OOPM: \$7,350  
PCP co-pay: \$50 copay  
Services before deductible: 2 copays prior to primary care deductible/coinsurance



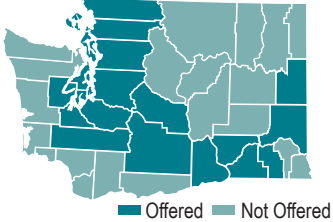
Counties Offered: (2) Clark, Cowlitz

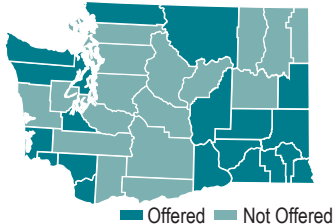
# BRONZE PLANS

<b>BRONZE</b>	<b>Monthly Premium</b> \$264 - \$295
Issuer: Kaiser Foundation of Washington	
Name: Bronze - 18	
<b>PLAN SUMMARY</b>	
Plan Type: HMO	
Deductible: \$7,150	
OOPM: \$7,150	
PCP co-pay: Not applicable	
Services before deductible: No	
	 <p>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima</p>

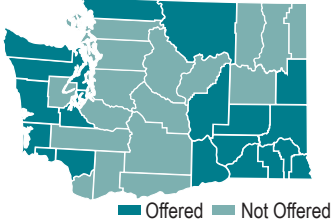
<b>BRONZE</b>	<b>Monthly Premium</b> \$271 - \$303
Issuer: Kaiser Foundation of Washington	
Name: Flex Bronze - 18	
<b>PLAN SUMMARY</b>	
Plan Type: HMO	
Deductible: \$7,000	
OOPM: \$7,150	
PCP co-pay: \$40	
Services before deductible: 3 copays prior to primary care deductible/coinsurance	
	 <p>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima</p>

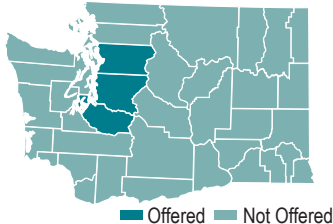
# BRONZE PLANS

<b>BRONZE</b>	
Issuer: Kaiser Foundation of Washington	<b>Monthly Premium</b> \$273 - \$304
Name: Core Bronze HSA - 18	
<b>PLAN SUMMARY</b>	
Plan Type: HMO	 <p>Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima</p>
Deductible: \$5,500	
OOPM: \$6,550	
PCP co-pay: Not applicable	
Services before deductible: No	

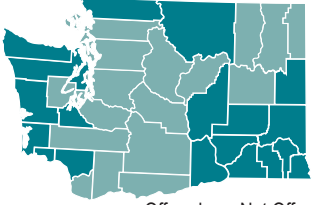
<b>BRONZE</b>	
Issuer: LifeWise	<b>Monthly Premium</b> \$312 - \$357
Name: LifeWise Essential Bronze EPO 6350	
<b>PLAN SUMMARY</b>	
Plan Type: EPO	 <p>Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>
Deductible: \$6,350	
OOPM: \$7,350	
PCP co-pay: \$50	
Services before deductible: No	

# BRONZE PLANS

<b>BRONZE</b>	
Issuer: Premera	<b>Monthly Premium</b> <b>\$392 - \$436</b>
Name: Premera Blue Cross Preferred Bronze HSA EPO 5250	
<b>PLAN SUMMARY</b>	
Plan Type: EPO	 <p>Counties Offered: (20) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>
Deductible: \$5,250	
OOPM: \$6,600	
PCP co-pay: Not applicable	
Services before deductible: No	

<b>BRONZE</b>	
Issuer: Premera	<b>Monthly Premium</b> <b>\$411 - \$422</b>
Name: Premera Blue Cross PersonalCare Bronze	
<b>PLAN SUMMARY</b>	
Plan Type: EPO	 <p>Counties Offered: (3) King, Pierce, Snohomish</p>
Deductible: \$6,350	
OOPM: \$7,350	
PCP co-pay: \$50	
Services before deductible: No	

# BRONZE PLANS

<b>BRONZE</b>	
Issuer: Premera	<b>Monthly Premium</b> \$387 - \$431
Name: Premera Blue Cross Preferred Bronze EPO 6350	
<b>PLAN SUMMARY</b>	
Plan Type: EPO	 <p>Counties Offered: (20) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>
Deductible: \$6,350	
OOPM: \$7,350	
PCP co-pay: \$50	
Services before deductible: No	

# CATASTROPHIC PLANS

CATASTROPHIC

**Monthly Premium**  
\$225 - \$251

Issuer: Kaiser Foundation of Washington

Name: Core Basic Plus Catastrophic - 18

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**PLAN SUMMARY**

Plan Type: HMO

Deductible: \$7,350

OOPM: \$7,350

PCP co-pay: Not applicable

Services before deductible: 3 copays prior to primary care deductible/coinsurance

■ Offered    ■ Not Offered

Counties Offered: (19) Benton, Columbia, Franklin, Island, King, Kittitas, Kitsap, Lewis, Mason, Pierce, Spokane, Skagit, Snohomish, San Juan, Thurston, Whatcom, Walla Walla, Whitman, Yakima,

CATASTROPHIC

**Monthly Premium**  
\$280 - \$294

Issuer: Kaiser Foundation of Northwest

Name: KP WA Catastrophic 7350/0

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**PLAN SUMMARY**

Plan Type: HMO

Deductible: \$7,350

OOPM: \$7,350

PCP co-pay: \$0 copay after deductible

Services before deductible: 3 visits no charge prior to primary care deductible/coinsurance

■ Offered    ■ Not Offered

Counties Offered: (2) Clark, Cowlitz

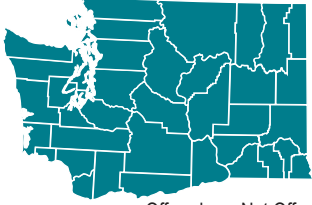
# DENTAL PLANS

Issuer: Delta Dental

DENTAL

**Monthly Premium**  
Per Member:  
**\$34.67**

Name: Delta Dental Individual - Washington Kids Plan



Counties Offered: (39) All

**PLAN SUMMARY**

Plan Type: Child-Only

Coverage: High

Play Type: PPO

Deductible: \$85

Annual Benefit Limit: No


OOPM: \$350

Issuer: Delta Dental

DENTAL

**Monthly Premium**  
Adult: **\$41.41**      Child: **\$35.97**

Name: Delta Dental Family - Essential Plus Plan



Counties Offered: (39) All

**PLAN SUMMARY**

Plan Type: Family

Coverage: High

Play Type: PPO

Deductible: Adult: \$85; Child: \$50

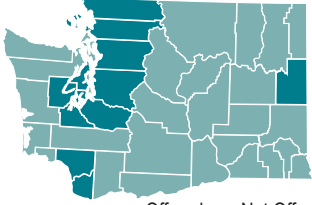
Annual Benefit Limit: Adult: \$1,000; Child: No

OOPM: \$350 individual

# DENTAL PLANS

DENTAL

<b>Issuer:</b> Dentegra	<b>Monthly Premium</b> Adult: <b>\$27.82</b> Child: <b>\$33.54</b>
<b>Name:</b> Dentegra Dental PPO Family Basic Plan	
PLAN SUMMARY	
<b>Plan Type:</b> Family <b>Coverage:</b> Low	
<b>Play Type:</b> PPO	
<b>Deductible:</b> \$75	
<b>Annual Benefit Limit:</b> Adult: \$1,000; Child: No	
<b>OOPM:</b> \$350	

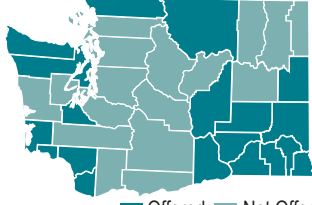


■ Offered    ■ Not Offered

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

DENTAL

<b>Issuer:</b> Lifewise	<b>Monthly Premium</b> Per Member: <b>\$29.07</b>
<b>Name:</b> LifeWise Individual Pediatric Dental Plan	
PLAN SUMMARY	
<b>Plan Type:</b> Child-Only <b>Coverage:</b> Low	
<b>Play Type:</b> PPO	
<b>Deductible:</b> \$65	
<b>Annual Benefit Limit:</b> No	
<b>OOPM:</b> \$350	



■ Offered    ■ Not Offered

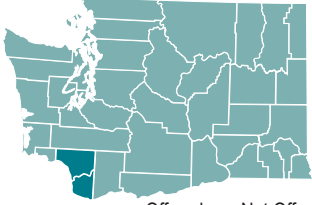
Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman



# DENTAL PLANS

DENTAL

Issuer: Kaiser Foundation of the Northwest	<p style="margin: 0;"><b>Monthly Premium</b></p> Per Member: <b>\$27.54</b>
Name: KP WA Pediatric Dental 100	
<b>PLAN SUMMARY</b>	
Plan Type: Child-Only      Coverage: High	
Play Type: EPO	
Deductible: \$50	
Annual Benefit Limit: No	
OOPM: \$350	

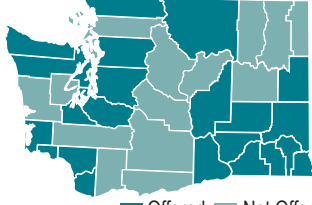


■ Offered    ■ Not Offered

Counties Offered: (2) Clark, Cowlitz

DENTAL

Issuer: Premera	<p style="margin: 0;"><b>Monthly Premium</b></p> Per Member: <b>\$29.85</b>
Name: Premera Blue Cross Individual Pediatric Dental Plan	
<b>PLAN SUMMARY</b>	
Plan Type: Child-Only      Coverage: Low	
Play Type: PPO	
Deductible: \$65	
Annual Benefit Limit: No	
OOPM: \$350	



■ Offered    ■ Not Offered

Counties Offered: (23) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Kitsap, Okanogan, Pacific, Pierce, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman

# APPENDIX I

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All plans listed have met the 19 certification criteria.

## **INDIVIDUAL MARKET**

### **BridgeSpan Health Company**

Gold Essential 1200 Exchange EPO RealValue  
Silver HDHP 3000 Exchange EPO RealValue  
Bronze HDHP 6000 Exchange EPO RealValue

### **Coordinated Care**

Ambetter Secure Care 1 (2018) with 3 Free PCP visits  
Ambetter Balanced Care 1 (2018)  
Ambetter Balanced Care 2 (2018)  
Ambetter Balanced Care 10 (2018)  
Ambetter Balanced Care 3 (2018)  
Ambetter Balanced Care 4 (2018)  
Ambetter Balanced Care 1 (2018) + Vision  
Ambetter Balanced Care 2 (2018) + Vision  
Ambetter Balanced Care 10 (2018) + Vision  
Ambetter Balanced Care 3 (2018) + Vision

### **Kaiser Foundation Health Plan of Washington**

Flex Gold - 18  
Flex Silver - 18  
VisitsPlus Silver HD - 18  
Bronze - 18  
Flex Bronze - 18  
Core Bronze HSA - 18  
Core Basic Plus Catastrophic - 18

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

KP WA Gold 0/20  
KP WA Gold 1000/20  
KP WA Silver 3500/30  
KP WA Silver 2500/30  
KP WA Bronze 5700/30% H.S.A.  
KP WA Bronze 6500/50  
KP WA Bronze 5000/50  
KP WA Catastrophic 7350/0

### **LifeWise Health Plan of Washington**

LifeWise Essential Gold EPO 1000  
LifeWise Essential Silver EPO 4000  
LifeWise Essential Silver EPO HSA 3000  
LifeWise Essential Bronze EPO 6350

## **INDIVIDUAL MARKET**

### **Molina Healthcare of Washington**

Molina Marketplace Choice Gold  
Molina Marketplace Choice Silver

### **Premera Blue Cross**

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

# APPENDIX II

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All plans listed have met the 10 certification criteria.

## **DENTAL**

### **Delta**

Delta Dental Individual - Washington Kids Plan

Delta Dental Family - Essential Plus Plan

### **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

### **Premera Blue Cross**

Premera Blue Cross Individual Pediatric Dental Plan

# APPENDIX III

## Plans by county 2017 vs 2018

<u>COUNTY/CARRIER</u>	<u>2017 PLANS</u>	<u>2018 PLANS</u>	<u>COUNTY/CARRIER</u>	<u>2017 PLANS</u>	<u>2018 PLANS</u>
<b>ADAMS</b>	<b>27</b>	<b>18</b>	<b>FRANKLIN</b>	<b>38</b>	<b>26</b>
Community Health Plan	2	0	Bridgespan	6	0
Coordinated Care	12	10	Community Health Plan	2	0
Lifewise	4	4	Coordinated Care	12	10
Molina	3	0	Kaiser Foundation of WA	8	8
Premera	6	4	Lifewise	4	4
			Premera	6	4
<b>ASOTIN</b>	<b>10</b>	<b>8</b>	<b>GARFIELD</b>	<b>10</b>	<b>8</b>
Lifewise	4	4	Lifewise	4	4
Premera	6	4	Premera	6	4
<b>BENTON</b>	<b>36</b>	<b>26</b>	<b>GRANT</b>	<b>27</b>	<b>18</b>
Bridgespan	6	0	Community Health Plan	2	0
Coordinated Care	12	10	Coordinated Care	12	10
Kaiser Foundation of WA	8	8	Lifewise	4	4
Lifewise	4	4	Molina	3	0
Premera	6	4	Premera	6	4
<b>CHELAN</b>	<b>15</b>	<b>10</b>	<b>GRAYS HARBOR</b>	<b>10</b>	<b>4</b>
Coordinated Care	12	10	Lifewise	4	0
Molina	3	0	Premera	6	4
<b>CLALLAM</b>	<b>10</b>	<b>11</b>	<b>ISLAND</b>	<b>18</b>	<b>8</b>
Lifewise	4	4	Kaiser Foundation of WA	8	8
Premera	6	7	Lifewise	4	0
<b>CLARK</b>	<b>20</b>	<b>14</b>	Premera	6	0
Bridgespan	5	0	<b>JEFFERSON</b>	<b>22</b>	<b>21</b>
Kaiser of NW	8	8	Coordinated Care	12	10
Lifewise	4	4	Lifewise	4	4
Molina	3	2	Premera	6	7
<b>COLUMBIA</b>	<b>18</b>	<b>26</b>	<b>KING</b>	<b>69</b>	<b>23</b>
Coordinated Care	0	10	Bridgespan	22	0
Kaiser Foundation of WA	8	8	Coordinated Care	12	10
Lifewise	4	4	Kaiser Foundation of WA	8	8
Premera	6	4	Lifewise	4	0
<b>COWLITZ</b>	<b>18</b>	<b>19</b>	Molina	3	2
Kaiser of NW	8	8	Premera	3	3
Lifewise	4	4	Regence	17	0
Premera	6	7	<b>KITSAP</b>	<b>24</b>	<b>19</b>
<b>DOUGLAS</b>	<b>17</b>	<b>10</b>	Bridgespan	6	0
Community Health Plan	2	0	Kaiser Foundation of WA	8	8
Coordinated Care	12	10	Lifewise	4	4
Molina	3	0	Premera	6	7
<b>FERRY</b>	<b>5</b>	<b>2</b>	<b>KITTITAS</b>	<b>11</b>	<b>18</b>
Community Health Plan	2	0	Coordinated Care	0	10
Molina	3	2	Kaiser Foundation of WA	8	8
			Molina	3	0

# APPENDIX III (Cont'd)

## Plans by county 2017 vs 2018

<u>COUNTY/CARRIER</u>	<u>2017 PLANS</u>	<u>2018 PLANS</u>	<u>COUNTY/CARRIER</u>	<u>2017 PLANS</u>	<u>2018 PLANS</u>
<b>KLICKITAT</b>	<b>4</b>	<b>5</b>	<b>SNOHOMISH</b>	<b>49</b>	<b>25</b>
Bridgespan	0	3	Bridgespan	14	0
Molina	0	2	Coordinated Care	12	10
Lifewise	4	0	Kaiser Foundation of WA	8	8
			Lifewise	4	0
<b>LEWIS</b>	<b>22</b>	<b>18</b>	Premera	3	7
Community Health Plan	2	0	Regence	8	0
Coordinated Care	12	10			
Kaiser Foundation of WA	8	8	<b>SPOKANE</b>	<b>41</b>	<b>28</b>
			Bridgespan	6	0
<b>LINCOLN</b>	<b>15</b>	<b>12</b>	Community Health Plan	2	0
Coordinated Care	12	10	Coordinated Care	12	10
Molina	3	2	Kaiser Foundation of WA	8	8
			Lifewise	4	4
<b>MASON</b>	<b>11</b>	<b>10</b>	Molina	3	2
Kaiser Foundation of WA	8	8	Premera	6	4
Molina	3	2			
			<b>STEVENS</b>	<b>17</b>	<b>12</b>
<b>OKANOGAN</b>	<b>13</b>	<b>8</b>	Community Health Plan	2	0
Lifewise	4	4	Coordinated Care	12	10
Molina	3	0	Molina	3	2
Premera	6	4			
			<b>THURSTON</b>	<b>41</b>	<b>31</b>
<b>PACIFIC</b>	<b>12</b>	<b>11</b>	Bridgespan	6	0
Community Health Plan	2	0	Community Health Plan	2	0
Lifewise	4	4	Coordinated Care	12	10
Premera	6	7	Kaiser Foundation of WA	8	8
			Lifewise	4	4
<b>PEND OREILLE</b>	<b>5</b>	<b>2</b>	Molina	3	2
Community Health Plan	2	0	Premera	6	7
Molina	3	2			
			<b>WAHKIAKUM</b>	<b>12</b>	<b>11</b>
<b>PIERCE</b>	<b>44</b>	<b>27</b>	Community Health Plan	2	0
Bridgespan	10	0	Lifewise	4	4
Coordinated Care	12	10	Premera	6	7
Kaiser Foundation of WA	8	8			
Lifewise	4	0	<b>WALLA WALLA</b>	<b>38</b>	<b>26</b>
Molina	3	2	Bridgespan	6	0
Premera	3	7	Community Health Plan	2	0
Regence	4	0	Coordinated Care	12	10
			Kaiser Foundation of WA	8	8
<b>SAN JUAN</b>	<b>8</b>	<b>8</b>	Lifewise	4	4
Kaiser Foundation of WA	8	8	Premera	6	4
<b>SKAGIT</b>	<b>14</b>	<b>8</b>	<b>WHATCOM</b>	<b>18</b>	<b>19</b>
Bridgespan	6	0	Kaiser Foundation of WA	8	8
Kaiser Foundation of WA	8	8	Lifewise	4	4
			Premera	6	7
<b>SKAMANIA</b>	<b>7</b>	<b>2</b>			
Lifewise	4	0			
Molina	3	2			

# APPENDIX III (Cont'd)

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## Plans by county 2017 vs 2018

<u>COUNTY/CARRIER</u>	<u>2017 PLANS</u>	<u>2018 PLANS</u>
<b>WHITMAN</b>	<b>18</b>	<b>16</b>
Kaiser Foundation of WA	8	8
Lifewise	4	4
Premera	6	4
<b>YAKIMA</b>	<b>28</b>	<b>18</b>
Bridgespan	6	0
Community Health Plan	2	0
Coordinated Care	12	10
Kaiser Foundation of WA	8	8

